
Improving Canada's Eating Environment

A Call to Action to Buy and Sell Healthy Foods and Beverages

Consensus Recommendations of Canadian
Health and Scientific Organizations



Purpose

This statement supports the advancement of the *Pan-Canadian Framework for Healthy Blood Pressure*¹ which advocates for the implementation of healthy dietary policies as part of a set of key recommendations to improve health and prevent diet-related chronic disease, including hypertension.

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Please click [here](#) to view the list of health and scientific organizations that have offered their support for this statement.

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Background

The premature death, disability and financial impact from chronic non communicable diseases (NCDs) threaten health systems and the stability of many national economies (1-5). A large number of Canadians already suffer from NCDs including heart disease (1.3 million) (6), stroke (300,000)(6), or cancer (10 year prevalence 722,833 (<http://www.statcan.gc.ca/pub/82-003-x/2009001/article/10800-eng.htm#4>, accessed Sept 13 2012)). In addition a growing proportion of the Canadian population has risk factors for NCD such as obesity (5.5 million (7)), hypertension (7.4 million (8)), dyslipidemia (>12 million (M Joffres personal communication from the Canadian Health Measures Survey) and diabetes (2.4 Million (9)). Currently in Canada, more than 90% of adult Canadians have at least one risk factor for NCDs and NCDs cause 89% of deaths <http://www.chhs.ca/sites/default/files/Document%20Links/Reports/English/CHHS%20-%20Building%20a%20Heart%20Healthy%20Canada%20-%20EN%20-%20Feb%202009.pdf> accessed Aug 31 2012) (10) . This extends into the pediatric population. We are facing an epidemic of childhood obesity and it is noteworthy that obese children have a startlingly high prevalence of risk factors for NCD (10).

Diet plays a major causative role in many NCDs. For example, some analyses (12;13) underscore that diet plays a significant role in the current obesity epidemic, with a combination of diet and obesity accounting for more than 80% of hypertension (14), and 40% of NCD deaths (3). Based on an estimated 7.5 million adult Canadians with diagnosed hypertension, some 6 million (80%) are likely to have hypertension caused by unhealthy food and beverages. In turn, NCD deaths and disability associated with an unhealthy diet can largely be attributed to added sugar, saturated and trans fatty acids, and sodium added during food and beverage processing (3). It is especially critical to improve the diets of children, as they are exposed to and unwittingly acquire tastes at a young age for unhealthy foods and diets for a full lifespan. Without substantive change, today's Canadian children are predicted by some investigators to live shorter lives with more disability at younger ages than their parent's generation (11).

Health promotion to improve knowledge and awareness as an isolated intervention is likely to have little impact (1;12-20). For example, the ongoing epidemic of obesity occurred despite widespread public and political knowledge and awareness. Ironically, 86% of adult Canadians indicate their eating habits are good to excellent and large proportions of Canadians are attempting to eat healthier (21) (22;23). Extensive education over a period of years, even in clinical trial settings, has only a small sustained impact on sodium consumption (24). Therefore, the solution advocated by the United Nations and the World Health Organization focuses on a series of integrated governmental policies to improve the food environment coupled with education (13;25). Some recommended food policies are shown in table 1.

A key recommendation is for government and nongovernmental organizations to develop and implement policies to purchase and provide healthy foods (26-28). Such policies are referred to as "healthy food and beverage procurement policies" and can be applied to daycares,

schools, prisons, hospitals, long term care facilities, the military, government cafeterias and restaurants, as well as the commercial sector, in worksites and in non-commercial organizations (28). A recent unpublished review found that healthy food procurement policies almost uniformly had a positive impact on healthy food purchases, resulted in healthier eating, improved attitudes towards healthy foods and were well received by consumers (29). The only three food procurement programs in the review that assessed health indicators found improvements (blood pressure and body mass index (BMI)). Results from health economic modeling studies indicate food procurement programs can be cost-saving both for the instituting organization (29) and for populations (30). Ensuring that consumers are educated about healthy eating and the rationale for the food procurement program, and ensuring competitive pricing for the healthier foods are believed to be critical success factors (29).

TABLE 1: SOME RECOMMENDED POLICIES TO IMPROVE POPULATION DIETS AND REDUCE DIETARY ASSOCIATED DISEASES

Defining limits with timelines for reducing the addition of harmful additives (sodium, added sugars, saturated and trans fatty acids) to foods and beverages
Defining requirements with timelines of the addition to foods of dietary components (e.g. iodine) that are currently deficient in diets
Restricting 'unhealthy' food and beverage marketing directed to children and youth
Implementation of healthy food and beverage procurement policies for governmental and nongovernmental organizations
Providing financial incentives, including through agricultural policies, for making fresh fruits and vegetables more widely available, accessible and affordable
Mandatory point of purchase nutrition labeling to enable consumer to quickly and easily understand if the food and beverage product is healthy or unhealthy at the point of purchase. A good first step might be the establishment of guidelines for point of purchase programs
Taxes on foods and beverages that contain harmful additives to recoup the excess direct and indirect health care expenditures of consuming unhealthy food and beverages (e.g. taxes on sugar sweetened beverages)
Holding the food and the salt industry accountable for providing misleading information on the health impacts of food and food additives, and for the direct and indirect health care costs of unhealthy foods and beverages and the premature deaths and disability caused by them(e.g. fines and or government sponsored law legal actions
Ongoing monitoring and evaluation of the nutrients in processed foods with public disclosure (including verification of data provided by industry)
Restricting commercial influence through stronger conflict of interest guidelines on healthy public food policy, including healthy food and beverage procurement policy
Establishing zoning policies to restrict establishments that sell unhealthy food and beverages from locating close to schools and areas where children are likely to be (e.g., play grounds)

The current epidemic of overweight and obesity is facilitated by an environment where large portion sizes are the norm. Healthy food procurement policy should also include provisions for supporting a reduction in calorie intake through the serving of smaller portion sizes (31). A recent example is the restriction on soft drink sizes sold in New York City. Serving size standards and limits based should be developed to reflect Canada's Food Guide (32).

Many governmental and nongovernmental organizations have stated policies that prioritize the health and wellbeing of their citizens, students, clients, members or customers. For example, most Canadian provinces have policies for providing healthy food and beverages to children in daycares and schools that are consistent with statements valuing health and well-being (28). However, even in these settings where there are food procurement policies, they may be voluntary either at institutional or regional organizational level and may not be effectively implemented. There may also be financial conflicts of interest with schools realizing cost savings through exclusive contracts with food processing companies. Further, often there are inconsistencies in definitions of what foods and beverages are healthy and not healthy in the policies (28). The Centre for Disease Control in the United States and the Public Sector Food Procurement Initiative in England has produced documents to assist in the development and implementation of healthy food and beverage procurement policies (26;27). L'Abbe et. al. have also recently performed an environmental scan of national and international food procurement policies for Health Canada (28). Although uptake of healthy food and beverage procurement policies is increasing, to achieve the full impact broad implementation is required (32).

Call to Action

The sponsoring Canadian health and scientific organizations (table 2) call upon government and non-government organizations (both commercial and non-commercial) to broadly adopt healthy food and beverage procurement policies across the spectrum of our society. Comprehensive adoption of such policies will help create a healthy food environment and assist Canadians to make healthy choices. Specific recommendations are provided to governments and to the commercial and the non-commercial sectors, all of which share responsibility for the health of Canadians.

Overarching Recommendations for governmental and nongovernmental policy

1. Implement a program to educate consumers about the health benefits of healthy eating and the rationale for the healthy food and beverage procurement policy. This will build support for the policy, demand for healthy dietary choices and acceptance of smaller portion sizes.
2. Encourage use of fresh foods (fruits, vegetables etc.) or fresh frozen foods. If not available only minimally processed foods should be substituted.
3. Take steps to ensure healthier food and beverages are affordable and, if possible, less expensive than unhealthy options.

4. Ensure that foods are well suited to the habits of the population being served (e.g., children vs. elderly, ethnicity).
5. Make gradual changes in the nutrient criteria where personal tastes require time to adapt to change (e.g., sodium).
6. Apply the policy to all food and beverage sources including vending machines.
7. Include criteria for calories and levels of sodium, added sugars, trans fatty acids, and saturated fats.
8. Serving size standards should be based on Canada's Food Guide. Reduce serving sizes to be appropriate to the needs of the population being served specifically avoiding excessive portions.
9. Ensure access to safe drinking water is available (e.g., drinking fountains).
10. Use national standards, such as the Canadian Dietary Reference Intake Values developed by the Institute of Medicine and Canada's Guide to Healthy Eating, in developing nutrient criteria.
11. Update the policy periodically to incorporate new knowledge.
12. Evaluate the program and where appropriate introduce effective incentives for implementation and effective disincentives for poor compliance.
13. Share best practices including challenges and successes.
14. Immediately and publicly operationalize this policy statement.

Governments

Federal, Provincial, and regional government are responsible for public health and need to take leadership roles in developing and implementing healthy food and beverage procurement policies and in assisting nongovernmental organizations to do the same.

1. Develop standardized criteria and operational definitions to distinguish and classify 'healthy' and 'unhealthy' foods and beverages. Definitions should be developed using objective, evidence-based methods free of commercial and other conflicts of interest.
2. All levels of government are recommended to require the implementation of healthy food and beverage procurement policies in public buildings, whenever public funds are used to purchase foods and beverages, and in publicly funded programs.

3. All levels of government are recommended to provide education on the healthy food and beverage procurement policy in advance of its introduction. Educational material on healthy eating should be provided in settings where food and beverages are available and menus should include labeling for calories, sodium, added sugar, and saturated and trans fatty acids.
4. Ensure safe palatable drinking water is available at no cost where food is provided (e.g. drinking fountains) and is readily accessible in all public institutions.
5. All levels of government are recommended to urgently prioritize healthy food and beverage procurement policy implementation for settings where food and beverage is provided or sold to children, Aboriginal peoples and other highly vulnerable populations where dietary related diseases are particularly prevalent.
6. Provide adequate funding to support the successful implementation and monitoring of the governmental food and beverage procurement policies.
7. Health Canada and provincial departments of health are recommended to assist and guide the nongovernmental sectors (commercial and noncommercial) in implementing policies by developing policy templates and training programs for food and beverage procurement and food preparation.
8. Federal government funding agencies are recommended to support and evaluate the impact of implementing healthy food and beverage procurement policies with a particular focus on vulnerable populations.
9. All levels of government should promote the sharing of best practices regarding healthy food and beverage procurement policies in both the public and private sectors.
10. The Government of Canada should conduct a health economic analysis to assess the cost-effectiveness and the relative strength of healthy food and beverage procurement policies in comparison to other influences on diets and diet-related health outcomes.

Commercial Sector

1. Wherever possible, implement healthy food and beverage procurement policies in all settings where food and beverage is provided or sold to employees and or clients.
2. Provide training and educational material to employees and/or clients on the health benefits of healthy eating and the rationale for food and beverage procurement policies.
3. Make easily accessible and visible educational material on healthy eating in settings where food and beverages are provided. Menus should include labeling for calories, sodium, added sugars, and saturated and trans fatty acids.

4. Ensure safe palatable drinking water is available at no cost where food is provided (e.g. drinking fountains) and is readily accessible wherever feasible.

Non-commercial organizations

(e.g., Professional organizations, private day cares, schools and institutions)

1. Wherever possible, implement healthy food and beverage procurement policies in all settings where food and beverage is provided or sold to employees and or clients.
2. Provide training and educational material to employees and or clients on the health benefits of healthy eating and the rationale for food procurement policies.
3. Make easily accessible and visible educational material on healthy eating in settings where food and beverages are provided. Menus should include labeling for calories, sodium, added sugars, and saturated and trans fatty acids.
4. Ensure safe palatable drinking water is available at no cost where food is provided (e.g. drinking fountains) and is readily accessible wherever feasible.
5. Collaborate with local health authorities, nongovernmental organizations and other stakeholders to develop and implement education and awareness programs on the importance of and need for the healthy food and beverage procurement policies.
6. Wherever possible, incorporate and address the need for healthy food and beverage procurement policies into position papers, strategic plans, conferences, programs and other communication mediums.

Canadian Public

1. Request healthy food and beverage and procurement policies from government programs, nongovernmental organizations you are associated or interact with and from employers at the worksite.
2. Advocate for healthy food and beverage and procurement policies in daycares, schools, long term care facilities and hospitals where there is a clear organizational responsibility for the health and wellbeing of students, clients, customers and employees.

Conclusion

Improving the health and well-being of Canadians and ensuring the sustainability of our health system is a responsibility for all Canadians. Supporting the broad implementation of healthy food and beverage procurement policies is one step. The sponsoring organizations call on all Canadians, but specifically those with organizational responsibility for others, to immediately begin to work on implementing healthy food and beverage procurement policies.

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