Eat Healthy Stay Healthy

A Call for Action to Implement a Healthy Food Policy Agenda

Consensus Statement 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 food as part of a set of key recommendation to improve health and prevent diet-related chronic disease, including hypertension.

The development of this Call to Action was led by the Heart and Stroke Foundation of Canada, Canadian Institute for Health Research (HSFC-CIHR) Chair in Hypertension Prevention and Control and is the result of an extensive consultative and collaborative process.

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Call for Healthy Food Policies in Canada

On the basis that:

- Diet is the leading risk factor for death, disability and life-years lost being estimated to cause over 65,000 deaths and 864,000 life years lost in Canada in 2010. (1)

- Unhealthy diet has been consistently linked with chronic diseases (heart disease, stroke, hypertension, diabetes, dyslipidemia) and some cancers, (2) which constitutes the majority of the disease burden in Canada. An estimated 80% of hypertension, which affects over 7 million Canadians, is directly or indirectly attributed to unhealthy diet. (3)

- An estimated 60% of Canadian adults and close to one-third of children are overweight or obese, largely caused by unhealthy diets. (4)

- Canadians self-reported dietary intakes do not meet national dietary recommendations despite high reliance on public education concerning healthy eating and healthy diets. Children and adults are under-consuming the recommended servings of vegetables and fruits, an established proxy for healthy eating habits, and exceeding daily recommended intakes of sodium. (5,6)

- The majority (61.7%) of dietary calories (energy) in Canada is from highly processed products. (7)

- Improving Canadian’s diets is a stated priority for preventing chronic disease by the Government of Canada. (8)

- Food environments are big contributors to diet-related chronic disease. (9) Population based interventions to promote healthy diets are priority actions by the United Nations and World Health Organization to reduce non-communicable diseases (NCDS) (9) and have been estimated to be potentially cost-saving. (10)

- Creating healthy food environments offers a greater potential to improve diet and reduce dietary risk thereby creating a healthier, more productive population and society.

- Easy access to affordable healthy food is a key determinant of a healthy diet and is critical to the health and wellbeing of individuals and our society.

**Key Terms**

**Dietary Risks**
The Global Burden of Disease study defines dietary risks, as diets high in sodium, processed and red meat, trans-fatty acids and sugar-sweetened beverages and low in fruits, vegetables, nuts and seeds, whole grains, omega 3 fatty acids, fibre, milk, calcium, and polyunsaturated fatty acids (1)

**Healthy Foods and Beverages**
In the context of marketing restrictions to children, the World Health Organization broadly defines healthy foods and beverages as those low in saturated fat, trans-fatty acids, free sugars, and salt. (11)

**Healthy Public Policy**
“...characterized by an explicit concern for health and equity in all areas of policy, and be accountable for health impact. Such policies make healthy choices possible or easier for citizens.” (12)
Recommendations

FEDERAL, PROVINCIAL AND TERRITORIAL GOVERNMENTS TO:

- Support, develop and implement public policies based on the best available evidence, to create an environment that facilitates and enables Canadians to achieve national dietary recommendations (see table). These directions are supported by key WHO and UN documents to prevent and control NCDS (13,14) and are consistent with international food policy recommendations for healthy diets. (15)

- Monitor and evaluate the implementation and effects of dietary policies.

- Monitor and publicly report on the progress of the food industry to limit and/or address levels of sodium, trans fats, saturated fat and sugar in food supply.

- Support training and education of health care professionals to increase knowledge on the role of diet on health and disease, and to increase skill in supporting Canadians to eat healthy.

- Increase funding for research on diet and its relationship to health and disease.

NON-GOVERNMENTAL ORGANIZATIONS TO:

- Act as advocates for healthy public policy to improve diet.

- Promote and support the prioritization and integration of healthy diets into national, provincial, territorial and municipal government and non-governmental organization health agendas.

Policy Directions to Decrease Dietary Risk Associated with Non-Communicable Disease (2,3,9,11,13-20)

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<tr>
<th>POLICY DIRECTIONS</th>
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<td>Restrict the marketing of unhealthy foods and beverages to children and youth.</td>
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<td>Implement healthy food and beverage procurement policies in publicly funding buildings and other settings (private, not for profit) that buy, serve and sell food to Canadians.</td>
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<td>Regulate additions of sodium and trans fatty acids in processed food products. Determine best approach to reduce added sugar and saturated fat in the food supply.</td>
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<td>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.</td>
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<td>Targeted subsidies for healthy food products combined with taxation of unhealthy food products.</td>
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<td>Set standards and rules to reduce the influence of the commercial food and beverage industry in setting of healthy public policy based on best available evidence.</td>
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It is acknowledged that a comprehensive approach to improve diet to prevent disease needs to focus on system level interventions that reduce the prevalence and severity of food insecurity which impacts individuals’ ability to access healthy food in adequate quantities and quality to maintain good health. (21) To this end, policy approaches aimed at increasing income levels for low-income populations should be prioritized, advocated for, and implement at federal, provincial, and municipal levels.
References


