



December 8, 2016

Hasan Hutchinson and Karen McIntyre
Directors General of the Office of Nutrition Policy and Promotion,
Health Products and Food Branch
Health Canada

Dear Dr. Hutchinson and Ms. McIntyre,

Re: Canada's Food Guide Consultation, Phase 1

The Ontario Society of Nutrition Professionals in Public Health (OSNPPH) congratulates your leadership on this healthy eating policy issue. Strengthening healthy eating recommendations and messages for the public, policy makers, and health professionals is a goal we share. OSNPPH is especially pleased that Canada's Food Guide, a tool integral to our practice as registered dietitians in public health, is being modernized through a rigorous process to reflect current evidence and consumer need.

OSNPPH is the independent and official voice of Registered Dietitians (RDs) working in Ontario's public health system. OSNPPH provides leadership in public health nutrition by promoting and supporting member collaboration to improve the health of Ontario residents. In our work, we consistently turn to Health Canada for guidance, evidence, and support.

OSNPPH's members are eager to consult with the Office of Nutrition Policy and Promotion (ONPP) towards the newly-announced Healthy Eating Strategy, including the development of healthy eating recommendations and related materials, including Canada's Food Guide, as we recognize this as an urgent requirement to achieve the radical changes needed to Canadians' dietary practices.

The revised Canada's Food Guide must be shaped by enhanced dietary guidelines with recommendations from various expert stakeholders and requires multiple approaches to meet the unique needs of all Canadians. A total diet, whole-foods based dietary pattern should frame the approach of the new Food Guide.

We strongly recommend Health Canada provide alternative approaches for public consultation to ensure it is an equitable and fair process. The online survey is currently the only option available for members of the general public to provide input on the review of Canada's Food Guide. This precludes the important voices of many populations, including seniors, vulnerable groups such as low income and new Canadians, who may not be computer literate, do not have computer access and/or have language barriers.



As the government embarks on a Health Eating Strategy, OSNPPH is providing key recommendations, outlined below as well as detailed in the accompanying Appendix.

- I. Consider a multi-pronged approach in developing a Dietary Guidance Policy Document for Canadians**
- II. Cross-Link the Dietary Guidance with a Canadian Food Policy**
- III. Build Support for the new and revised Dietary Guidance within the context of a Healthy Eating Strategy**

We look forward to hearing from the ONPP so that OSNPPH can continue to contribute our expertise to the Healthy Eating Strategy consultation, including Canada's Food Guide, and subsequent phases. Please feel free to connect with us at executive@osnp-ph.on.ca.

Sincerely,

Candice Einstoss, RD
Co-Chair Year 2, OSNPPH

Erinn Salewski, RD
Co-Chair Year 1, OSNPPH



Appendix

OSNPPH's Recommendations For Developing Dietary Guidance for Canadians

I. Consider a multi-pronged approach in developing a Dietary Guidance Policy Document for Canadians

As noted in the Evidence Review (Evidence Review for Dietary Guidance: Summary of Results and Implication for Canada's Food Guide 2016), there is need for overarching guidelines upon which to base high-level interventions such as developing nutrition standards and policies. The Evidence Review raises very concerning facts about the eating habits of Canadians, including that the majority had low intakes of Vegetables and Fruit; Milk and Alternatives; and whole grains, while about one-third of total calories came from foods higher in fat, sugar, or salt. The magnitude of change needed cannot be achieved by only the updating of a tool(s). To make healthy food choices the easier food choice, necessary aspects for updating dietary guidance includes:

a. Segment Audiences:

It is critical that dietary guidance be tailored and targeted. This requires population segmentation to determine different nutritional needs and different circumstances that require different sets of messaging and different tools and approaches.

b. Consider those Most at Risk:

It is crucial for dietary advice to be reflective of and address health inequities. Targeted universalism should be the framework for dietary guidance. This needs to be accessible, practical, and relevant along the many social determinants of health, including income, education, employment conditions, housing, culture/race, disabilities and gender.

c. Create Healthy Food Environments:

Environments where people live, learn, work and play must be supportive of healthy eating. This has been raised by many experts as well as in the Evidence Review, which noted that food choices are not simply a matter of personal choice. Especially noteworthy is commercial marketing to children who are cognitively immature to recognize and mitigate the unhealthy effects on them.

d. Incorporate Eating Behaviors, Skills and Attitudes:

The "how" of eating also needs to be addressed. The guidance, along with Canada's Food Guide, needs to have an emphasis on fostering a culture of valuing food and preserving time for food-related activities, especially family meals; division of responsibility for feeding between parents/caregivers and children; and the development of food literacy and food skills across the lifespan.



e. Complement Healthy Lifestyle Messages:

Dietary guidance should be complementary to other major lifestyle factors that promote health, such as daily physical activity and nurturing mental health.

f. Compile a Toolkit:

As identified in the Evidence Review, the need for “moving away from the all-in-one format” and “developing new products” should be explored fully. Building on existing tools and methods include promoting further the Eat Well Plate, updating the Resource for Educators and Communicators and My Food Guide mobile “app”, continuing to provide a print version of the Food Guide, tools to support reading both food and menu labels. The utilization of intermediaries should also be considered and capitalized on.

II. Cross-Link the Dietary Guidance with a Canadian Food Policy:

Personal food choices and food factors of environment, supply, and systems mutually affect each other. However, food environments are too often not conducive to making the healthy choice the easy choice. And, our current Canadian food supply is too abundant in foods high in calories, unhealthy fats, sugar, and sodium, and too low in nutrients and fibre. Ultra-processed foods are increasingly permeating our modern food supply. Sustainability in terms of production, economics, and social and ecological impacts is vital for food to be safe, nutritious, culturally-appropriate, and affordable. Accordingly, a national strategy that promotes healthy eating, through dietary guidance and the food guide, must be cross-referenced with a national food strategy. Achieving the ubiquitous change in food environments and the food supply required to cross-support health will require systems-level approaches and cross-sectorial policy development and reform.

III. Build Support for the New and Revised Dietary Guidance:

Though the Evidence Review found the current Food Guide to be a sound tool, its credibility has been questioned. Consequently, there is need for much more effective and positive marketing for dietary guidance from Health Canada to instil greater buy-in and confidence in the tool, and other tools to support healthy eating.

Key to building support is to engage experts (academics, health professional groups, and NGOs) in the development of the overall dietary guidelines, Canada’s Food Guide and associated tools. Additionally, it will be important for Health Canada to pilot test and draft approaches with intermediaries (educators and communicators), as well as the various target audiences. A final important factor to credibility is to assure that the dietary guidance and associated tools is informed by the most-updated evidence; the 2015 Canadian Community Health Survey (CCHS) must be incorporated.