

# Improving Canada's Eating Environment

Increasing Food and Nutrition Research, Monitoring and Evaluation

A Canadian Health Organization Call to Action

April 15, 2016



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Published by the CIHR-HSFC Chair  
in Hypertension Prevention and  
Control.

Calgary, Alberta Canada

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<sup>1</sup> Hypertension Advisory Committee membership does not imply member organizational support or approval of this statement.

# Statement of Support

## *Des appuis de taille*

The following health care professional, health and scientific organizations, support<sup>2</sup> this Call to action to Increase Food and Nutrition Research, Monitoring and Evaluation



Published by the CIHR HSFC Chair  
in Hypertension Prevention and  
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Publié par FSC/IRSC Chaire sur le  
contrôle et la prévention de  
l'hypertension

Calgary, Alberta Canada

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# Call to Action

## Increasing Food and Nutrition Research, Monitoring and Evaluation

### Issue Statement

Chronic diseases (cardiovascular disease, diabetes, cancer, obesity, and some mental health disorders) constitute the majority of Canada's disease burden. Dietary factors were the leading risk for death and disability in Canada in 2010 contributing to 65,000 deaths, 864,000 life years lost and over a million years of disability<sup>1</sup>. Recent estimates suggest that more than 30,000 premature deaths could be averted annually if Canadians' diets complied with dietary recommendations, particularly for fruit and vegetable intake<sup>2</sup>. Research is critical to provide the evidence related to dietary risks at both the individual and system levels to assess trends and inform policy-making.

This call to action advocates for a robust and coordinated agenda for nutrition-focused research, monitoring, and surveillance. The prioritization of dietary research will create a better understanding of the impact of diet on health and disease, and inform the development and evaluation of population-based nutrition interventions

### Background

Several food and nutrition surveillance gaps have been identified, among them: the lack of data on food intake and nutritional status, the lack of physical measures and biomarkers of nutritional status, health outcomes and their links; and lack of data on the extent, impacts and solutions to compromised food access and food insecurity<sup>3</sup>. Developing a stronger evidence base to inform food and nutrition policy is a stated priority for the Canadian Institutes of Health Research (CIHR)<sup>4</sup>; however investments to adequately research the impact of diet on health and disease is minimal from any and all funding sources.

Current national data sources on dietary patterns, including the Canadian Community Health Nutrition

#### Food and Nutrition Surveillance in Canada

An effective national food and nutrition surveillance system should include nationally representative *periodic population surveys* and the capacity to link food, nutrition and other health-related data.

The system must provide *the capacity to monitor trends* and respond to emerging needs, including those of special populations, and be designed for optimal interface with research activities.

Priorities and objectives must be set based on the *most important policy and program needs* for surveillance information.

*A sustained commitment* to adequate financial and logistical support is essential.

Health Canada. Food and Nutrition Surveillance in Canada: An Environmental Scan.

Survey and the Canadian Health Measures Survey offer a level of food and nutrition surveillance. However, they are often inconsistently timed, short-term (often limited to one-to-two days of dietary intake), cross-sectional and largely reliant on self-report and recall measures<sup>4</sup>. National benchmarking of the food environment and its impact on individual dietary behaviors is also missing from current data sources.

The World Health Organization (WHO) Global Action Plan for the Prevention and Control of non-communicable diseases (NCDs) identified a series of global targets, notably a 25% reduction in premature mortality from NCDs by 2025<sup>5</sup>. To support member states to achieve this target, the accompanying Global Monitoring Framework drafted 25 indicators, which included a series of 'system response' indicators, notably policies to limit sodium, saturated

fats and trans-fats in the food supply and policies to reduce marketing to children<sup>6</sup>.

Canada has recently launched the *Chronic Disease Indicator Framework* to systematize and enhance the surveillance and reporting of chronic diseases and their determinants<sup>7</sup>. Unfortunately, system-level indicators such as those proposed by the WHO are absent from this framework<sup>8</sup>. To assess national progress toward international chronic disease prevention targets, Canada needs to work toward the implementation of a continuous food and nutrition surveillance system which captures individual and system level nutrition indicators.

## Promising Models

To benchmark and support global monitoring of nutrition policies and related actions, a group of international researchers have developed a Government Healthy Food Environment Policy Index (Food-EPI)<sup>8</sup>. Examples of the benchmarks required include:

- Government spending on population nutrition promotion
- Government funding for research targeted at obesity and NCD prevention
- Monitoring systems for food composition, food provision, food promotion, food consumption, overweight/obesity/NCDs
- Evidence-informed food-based dietary guidelines
- Population targets to reduce intake of unhealthy nutrients of concern (sodium, free sugars, trans-fats, and saturated fats)
- Strong visible political support for improving population nutrition
- Proactive measures to manage investment and protect regulatory capacity with respect to public health nutrition
- Subsidies on foods (e.g. research and development, infrastructure support) are for healthy rather than unhealthy foods<sup>9</sup>.

Pilot-tested in New Zealand<sup>10</sup>, this Index has the potential to: fill global and national monitoring gaps for food; define benchmarks for policies and environments; assess the impacts of evidence-informed policies on changes in food environments

and health outcomes; assess the determinants of diet-related NCDs; and encourage public and private sector action<sup>11</sup>.

## Recommendations

### Monitoring and Surveillance

- The Government of Canada has data systems that can be used to inform the development of a comprehensive food and nutrition surveillance strategy. This should be led by Health Canada, Statistics Canada, and the Public Health Agency of Canada with ongoing commitment to financial, staff and logistical support<sup>7</sup>. In particular, the Government of Canada should commit to:
  - Regular, reliable, ongoing monitoring of dietary intakes; nutritional-status; outcomes associated with dietary risks; knowledge, attitudes and practices about healthy eating; and food environments. This should be done annually with a maximum of every five years for more extensive survey tools<sup>7</sup>.
  - Regular monitoring of the nutrient composition of processed foods (including those sold in restaurants) to check progress toward individual and population based nutrition targets and guidelines, particularly for sodium, saturated fats, trans-fats and free-sugars<sup>7</sup>.
  - Increasing capacity to link diet and nutrition data with health and disease outcomes at the population level.
  - Increasing capacity to monitor dietary risks across high-risk or vulnerable population groups including but not limited to northern and remote populations.
  - Developing clear targets and implementing recommended policy interventions [see Table] based on surveillance data and global/national NCD targets<sup>7</sup>.
  - Timely analysis, dissemination, and reporting of risk factor surveillance data, including nutrition data, to identified stakeholders to inform policy making.
  - Implementing policies and procedures to reduce conflicts of interest in nutrition research, surveillance and policy setting.

## Funding and Research

- Funding bodies, including the Canadian Institutes of Health Research, should provide long-term funding to benchmark and monitor population dietary trends. Specifically, more funding should be targeted at research to:
  - Identify and define associations between intake of unhealthy nutrients and health outcomes.
  - Conduct cost-effective analysis of recommended nutrition policies [see Table] and the extent to which Canadian policies align with global best practice interventions.
  - Better identify the determinants and barriers to healthy eating by age, gender, socio-economic status, culture and ethnicity.
  - Identify conflicts of interest and their impact in nutrition policy and research
- Funding bodies should cross-collaborate to leverage resources to fund long-term nutrition surveillance activities. Funding should be free of conflicts of interest where the conflict does not advance the public health mandate.
- Governments and funding bodies should develop mechanisms for interactions between government and non-governmental organizations on dietary policy interventions <sup>7</sup>.
- Governments and funding bodies should develop public and patient engagement mechanisms to ensure their perspectives are captured in the setting of nutrition policy and research.

## Advocacy

- Health and scientific organizations should advocate for more timely, robust surveillance and analysis to monitor nutrition trends and the impact of nutrition policies.

### POLICY DIRECTIONS TO DECREASE DIETARY RISK ASSOCIATED WITH NON-COMMUNICABLE DISEASE (11-15)

Restrict the marketing of unhealthy foods and beverages to children and youth.

Implement healthy food and beverage procurement policies in publicly funded buildings and other settings (private, not for profit) that buy, serve and sell food to Canadians.

Regulate additions of sodium and trans fatty acids in processed food products. Determine best approach to reduce free-sugars and saturated fat in the food supply.

Introduce and improve nutrition labeling, including health claims, on processed food products and in eating establishments to assist Canadians in understanding and identifying which foods are healthy and/or unhealthy.

Targeted subsidies for healthy food products combined with taxation of unhealthy food and beverage products.

Set standards and regulations to reduce the influence of the commercial food and beverage industry in setting of healthy public policy based on best available evidence.

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