

# Recommendations for the 2015 Federal Budget

*August 2014*

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**Dietitians of Canada is pleased to provide input to the pre-budget consultations.** [Dietitians of Canada](#) (DC), the national professional association representing more than 6000 dietitians, promotes evidence-based best practice in dietetics, advances the profession's unique body of knowledge of food and nutrition, and supports members in their diverse roles in health and wellness. Healthy eating is a key recognized factor in wellness and the management of major chronic diseases. Dietitians are the most trusted source of nutrition advice.

Of the six themes noted for input to the budget, our recommendations are most relevant to: *supporting families and helping vulnerable Canadians by focusing on health, education and training*. Our recommendations also support: *ensuring prosperous and secure communities, improving Canada's taxation and regulatory regimes; and maximizing the number and types of jobs for Canadians*.

Our recommendations are based on a review and synthesis of the best available evidence and are not presented in any order of priority.

1. Invest in a regular cycle of comprehensive national monitoring and surveillance of food consumption and dietary intakes of Canadians, that includes support from a nutrient database of Canadian foods as well as timely reporting of results.
2. Provide national leadership and coordination in the development of a comprehensive pan-Canadian health human resources strategy that includes a national workforce database of health professionals that includes dietitians.
3. Increase investment in health promotion and chronic disease prevention program and policy initiatives including support for pan-Canadian telehealth dietitian services and a strategy to address the advertising of unhealthy food and beverages to children.
4. Reduce the nationwide prevalence of individual and household food insecurity and associated negative health consequences by investing in a comprehensive poverty reduction strategy for Canada.

**Theme: Supporting families and helping vulnerable Canadians by focusing on health, education and training**

**Recommendation 1:**

**Invest in a regular cycle of comprehensive national monitoring and surveillance of food consumption and dietary intakes of Canadians, that includes support from a nutrient database of Canadian foods as well as timely reporting of results.**

Sufficient capacity and resources for a regular cycle of monitoring and surveillance of the food supply, dietary intakes and health of Canadians are required to support health promotion and disease prevention action. Effective program planning requires sufficient monitoring and surveillance information to prioritize and target programming, to reach the most vulnerable citizens and accomplish maximum impact on population health.

There have been only two national surveys of Canadians' food consumption and dietary intakes in the past forty years, a time during which food supply has changed drastically, per capita calorie intakes have increased and the prevalence of obesity has reached epidemic levels. A long-term commitment to comprehensive monitoring on a regular and ongoing basis is essential. Consumption data is imperative for accurate assessments of trends in dietary intakes of population groups and cannot be extracted solely from market data tracking of per capita product purchases. In addition, national nutrition surveys must also include food consumption data from Canadians living on-reserve (Aboriginal) and in the Territories. Currently, food consumption data for these two groups will not be included in the 2015 Canadian Community Health Survey.

Dietitians continue to call for the development of a current nutrient database of all Canadian and imported foods and food products. Access to such a database would:

- support more accurate monitoring of nutrition trends within the food supply,
- provide more accurate dietary intake data for the assessment of dietary adequacy/nutrition risk in vulnerable populations,
- provide consumption data specific to food and beverage items of concern or interest such as energy drinks, and
- inform policy and program development and evaluation.

Committed resources are required to conduct regular, ongoing monitoring and surveillance of the health and safety of Canada's food supply and to assess food consumption patterns and dietary intakes of Canadians, with sufficient capacity to analyze data and report on the same in a timely manner.

**Themes: Supporting families and helping vulnerable Canadians by focusing on health, education and training;  
Maximizing the number and types of jobs for Canadians**

**Recommendation 2:**

**Provide national leadership and coordination in the development of a comprehensive pan-Canadian health human resources strategy that includes a national workforce database of health professionals that includes dietitians.**

A 2011 report on the dietitian workforce in Canada<sup>1</sup> concludes that there is already a dietitian shortage in all areas of the country, especially in rural and remote areas, and that the situation will worsen with the impending increase in vacancies owing to retirement, population growth and new job creation in the areas of chronic disease management and specialized nutrition care. The Health Action Lobby (HEAL), a coalition of national organizations including Dietitians of Canada, supports a pan-Canadian health human resources strategy for the training, recruitment and retention of health professionals and recommends strategic investment in health human resources planning.

Currently, there is no national database that captures the dietitian workforce. The Canadian Institute for Health Information (CIHI) tracks workforce data of six health professions, but dietitians are not included. This lack of reliable and specific data limits the profession's ability to make accurate projections for future human resources' needs, even as nutrition and food issues remain a high priority in government health departments and among the public. The House of Commons Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities recently recommended that "... Canadian Institute for Health Information continue its good work in tracking and collecting workforce data in health professions, including the dietitians, laboratory technicians and social workers professions on its list." <sup>2</sup>

**Theme: Supporting families and helping vulnerable Canadians by focusing on health, education and training**

### **Recommendation 3:**

#### **Increase investment in health promotion and chronic disease prevention program and policy initiatives including support for pan-Canadian telehealth dietitian services and a strategy to address the advertising of unhealthy food and beverages to children.**

It is estimated that more than half of Canadians suffer from chronic diseases (e.g., type 2 diabetes, heart disease, high blood pressure).<sup>3</sup> Chronic diseases are estimated to cost billions of dollars annually, including direct costs of health care and accommodation and indirect costs attributed to early death, loss of productivity and income. In 2008, the estimated total economic burden of illness and injury in Canada was \$192.8 billion (in 2010 constant dollars), and estimates of the total Canadian economic burden of illness and injury increased 13.8% from 2005 to 2008.<sup>4</sup> According to the World Health Organization, an unhealthy diet is one of the primary risk factors for chronic disease.<sup>5</sup>

Access to dietitian services is not currently meeting needs despite the role of healthy eating in maintaining wellness and the recognized burden of nutrition-related conditions. For example, according to the Public Health Agency of Canada's 2011 report on diabetes, only 26% of patients with diabetes have seen a dietitian.<sup>6</sup> Given the importance of nutrition counseling in diabetes management, as evidenced by the 2013 Clinical Practice Guidelines<sup>7</sup>, it appears that the health system is not connecting these patients with appropriate care, and/or that the shortage of dietitians is preventing access to adequate care. In the 2013 Canadian Physicians Survey<sup>8</sup>, two-fifths of Canadian physician respondents felt that access to dietitians was unsatisfactory.

Telephone advice provided by a registered dietitian is an effective component of interventions aimed at improving dietary habits, weight loss and diabetes management and has the capacity to provide access to rural and remote and other underserved areas. All provinces in Canada have shown an interest in providing telehealth dietitian services.

A coordinated pan-Canadian telehealth strategy developed in collaboration with provinces that currently provide such a service ([BC, Alberta, Manitoba and Ontario](#)) and with those provinces and territories that do not offer such a service, would help Canadians access dietitian services to support healthy eating and chronic disease management objectives.<sup>9</sup>

The 2010 Federal government report, *Curbing Childhood Obesity – a Framework for Action*<sup>10</sup>, recommended three strategies, one of which called for coordinating efforts to look “at ways to increase the availability and accessibility of nutritious foods and decrease the marketing of foods and beverages high in fat, sugar and/or sodium to children.”

To date, there has been no investment by the Federal government in protecting children from the marketing of foods and beverages high in fat, sugar and/or sodium. Dietitians of Canada released a position paper in 2010<sup>11</sup> on the issue of advertising to children, calling for Federal government leadership in establishing standards for the food industry on advertising to children.

Investing in the “up-stream” elements of the health system, including a telehealth dietitian service strategy, public health nutrition programs such as the Canada Prenatal Nutrition Program, nutrition education, and policy initiatives and programs to prevent childhood obesity, including efforts to decrease advertising of unhealthy foods to children, reduces the burden on the “down-stream” emergency and acute care services.

**Themes: Supporting families and helping vulnerable Canadians by focusing on health, education and training; Improving Canada's taxation and regulatory regimes; Maximizing the number and types of jobs for Canadians**

#### **Recommendation 4:**

### **Reduce the nationwide prevalence of individual and household food insecurity and associated negative health consequences by investing in a comprehensive poverty reduction strategy for Canada.**

In 2012, almost 4 million (one in eight) Canadians lived in households that experienced food insecurity, including approximately 2.8 million adults and 1.15 million children under age 18. These figures likely underestimate the true prevalence of individual and household food insecurity because they are based on data that exclude people who are particularly vulnerable to food insecurity such as the homeless and those who live on First Nations reserves.<sup>12</sup> Food insecurity has been defined as "the inability to acquire or consume an adequate diet quality or sufficient quantity of food in socially acceptable ways, or the uncertainty that one will be able to do so".<sup>13</sup>

Dietitians of Canada will soon release a review of the literature on individual and household food insecurity in Canada and its impact on the health and well-being of Canadians. This is an update of our 2005 position paper.<sup>14</sup> The 2014 review will provide evidence suggesting that the link between food insecurity and chronic disease is bi-directional: food insecurity is associated with risk for chronic disease and complications in the management of chronic disease, but it also appears that being chronically ill, especially with multiple conditions, increases the risk of food insecurity. Children in food insecure households are more likely to have poor overall health and/or be hospitalized, be diagnosed with iron deficiency anemia and asthma, and have significant negative developmental problems and behavioural problems. Among older individuals, other health problems include poor general health, poor oral health, and chronic disease such as diabetes, hypertension, and heart disease. The experience of food insecurity makes it more difficult to manage chronic health problems requiring dietary modification, such as diabetes. Food insecurity appears to be related to particularly severe health impacts among those with HIV/AIDS, increasing HIV transmission risk behaviours, decreasing access to HIV treatment and care, and increasing the risk of death.

To date, increased income and secure, sufficient employment are the only factors that have been associated with improved overall rates of food insecurity (e.g., guaranteed annual income as Canada has provided for seniors; social assistance rates that allow recipients to afford basic necessities including food and shelter; and improved access to full-time/ secure jobs that can support household needs and provide protection from financial crises between jobs).<sup>15</sup> Recently the Newfoundland and Labrador Poverty Reduction Strategy has been noted as the main contributor to decreasing food insecurity rates in that province.<sup>16</sup>

Implementation of a comprehensive national poverty reduction strategy with clear targets and accountability mechanisms would contribute to ensuring that all Canadians could access enough healthy food and live healthier lives.

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