

A National Model for Defining Healthy and Unhealthy Foods and Beverages

Canadian Health and Scientific Organization
Consensus Statement

April 15, 2016



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 diseases, including hypertension.

Led by the Heart and Stroke Foundation of Canada –Canadian Institutes of Health Research (HSFC-CIHR) Chair in Hypertension Prevention and Control, the writing of this statement was supported by the these members of the Canadian Hypertension Advisory Committee²:

- **Norm Campbell**, C.M., MD, CIHR/HSFC Chair in Hypertension Prevention and Control, University of Calgary, Calgary AB
- **Tara Duhaney**, MHSc, Canadian Hypertension Advisory Committee, University of Calgary, Calgary AB
- **Lisa Ashley**, RN, CCHN(C), M. Ed, Faculty of Health Sciences, School of Nursing, University of Ottawa, Ottawa ON
- **Manuel Arango**, MA, MHA, Heart and Stroke Foundation, Ottawa ON
- **Angelique Berg**, Hypertension Canada, Markham ON
- **Felicia Flowitt**, Hypertension Canada, Markham ON
- **Mark Gelfer**, MD, Department of Family Medicine, University of British Columbia, Vancouver BC
- **Janusz Kaczorowski**, Ph.D, Département de médecine familiale et médecine d'urgence, Université de Montréal, Montréal, Québec
- **Eric Mang**, MPA, College of Family Physicians of Canada, Mississauga, ON
- **Dorothy Morris**, RN, MA CCN(C), Canadian Council of Cardiovascular Nurses; Vancouver Island Health Authority, Victoria, BC
- **Ross Tsuyuki**, BSc(Pharm), PharmD, MSc, FCSHP, FACC., Faculty of Medicine and Dentistry, University of Alberta, Edmonton AB
- **Kevin Willis**, Ph.D., Canadian Stroke Network, Ottawa ON

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² Hypertension Advisory Committee membership does not imply organizational support or approval of this statement

Statement of Support

Des appuis de taille

The following health care professional, health and scientific organizations, support³ this *Consensus statement on the need for A National Model for Defining Healthy and Unhealthy Foods and Beverages*



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A Canadian Model for Defining Healthy and Unhealthy Foods and Beverages

Issue Statement

There is increasing urgency among the global and Canadian health community to develop policies to improve diet and prevent diet-related diseases. In Canada, the implementation of effective nutrition policies is lagging in part because no national or uniformly applied criteria exist for healthy and/or unhealthy foods and beverages.

To drive action by governments, researchers and non-governmental organizations on nutrition policy and to inform nutrition-based research, Canada needs a standardized model for defining health and unhealthy food products. This position statement offers recommendations toward the development of such model.

Context and Rationale

Poor diet increases disease risk.

In 2010, diet was the leading risk factor for death, disability and life-years lost in Canada estimated to cause over 65,000 deaths, 864,000 life years and over a million years of disability¹. While we have data for the top dietary risks in Canada [see table] specific amounts and thresholds either needed for health or resulting in ill-health are not defined. Importantly, these risks reflect the general population and are exempt for individuals following diets to manage medical conditions,

The majority of Canadians do not meet national dietary recommendations.

Both children and adults are under consuming fruits and vegetables, and exceeding the recommended upper limit of 2300 mg of sodium day^{2,3}. As a population, data show that the majority (61.7%) of dietary calories (energy) consumed come from highly processed products⁴.

Nutrition is a stated government priority.

Over the past two decades, Canada has committed to several chronic disease frameworks, nationally and internationally^{5,6,7,8}. Notably, all identify as priorities for action population approaches to improve diet.

Effective, system-level nutrition policies are consistently recommended interventions to prevent and control non-communicable diseases (NCDs) by the World Health Organization, the United Nations and other NCD-based organizations^{5,6,9,10,11}. Noted interventions with established evidence of effectiveness and cost-effectiveness include dietary salt reduction, restricting the marketing of unhealthy

Top dietary risks for death in Canada, both sexes, all ages 2010¹

- 1 Diet low in fruits
- 2 Diet low in nuts and seeds
- 3 Diets high in sodium
- 4 Diet high in trans fatty acids
- 5 Diet low in omega 3 fatty acids
- 6 Diet low in vegetables
- 7 Diet high in processed meat
- 8 Diet low in fibre
- 9 Diet low in whole grain
- 10 Diet low in polyunsaturated fatty acids
- 11 Diet high in sugar-sweetened beverages
- 12 Diets low in calcium
- 13 Diet low in milk (low fat)
- 14 Diet high in red meat

** Dietary risks are ranked from greatest to lowest

foods and beverages to children, food taxation and subsidies, and better front-of-package labeling^{12,13}. Such interventions need to be part of the NCD policy response in Canada and require clear criteria to define healthy or unhealthy food products.

The healthfulness of foods and beverages is not consistently defined.

There is a lack of uniformity in scope, application, monitoring and nutrient criteria pertaining to Canada's 'healthy' and 'unhealthy' food definitions^{10,14,15}. Over 20 different front-of-package labelling schemes using industry-defined criteria to define the product 'healthfulness' are used currently¹⁴. The risk is that consumers become misinformed and misled into choosing products which are not consistent with national dietary recommendations. Discrepancies further relate to foods that are acceptable to market to children. Products defined as "better for you" by the food industry currently are inconsistent with Canada's Food Guide, and by other countries' nutrition criteria would be inappropriate to market to children¹⁵.

There are 'healthy' and 'unhealthy' foods.

Some arguments suggest that there are no unhealthy foods, only unhealthy diets¹⁶. It has been suggested that governments and some stakeholders are reluctant to classify foods as 'healthy' or 'unhealthy', recommending instead that the focus be on defining when, where and for whom foods are 'healthy' or 'unhealthy'¹⁷. The challenge, however, is that unhealthy diets are invariably made up of unhealthy foods and beverages. The more one consumes unhealthy food/beverages, the more one's diet becomes unhealthy. With diet being the risk factor for illness, death and disability, assessing the cumulative risks or additive value of key nutrients is needed to evaluate risks posed by individual foods.

Stakeholders support developing a standardized definition of 'healthy' foods and beverages.

A government-commissioned environmental scan to identify actions that have been undertaken to define 'healthy food' in Canada showed strong stakeholder support for a standardized definition. The report acknowledged that a standardized set of criteria could resolve current definitional inconsistencies within specific applications and help build capacity for innovation and branding¹⁸.

Promising Practice Models

There are a number of evidence-informed and tested frameworks for classifying the healthfulness of food products. The following sources, while not

exhaustive, act as a starting point for Canada to consider in developing a national model to define health and unhealthy foods and beverages:

- UK Food Standards Agency Nutrient Profiling Model^{19,20,21,22}
- World Health Organization European Nutrient Profiling Model²³
- Canada's ten-provincial school food and nutrition guidelines^{17,18}
- Canada's Provincial and Territorial Guidance Document for the development of Nutrient Criteria for Foods and Beverages in Schools²⁴
- Alberta's Nutrition Guidelines for Adults²⁵
- Brazil's Dietary Guidelines for the Brazilian population²⁶

Recommendations

Recommendation 1: Health Canada develops a federal/provincial/territorial (FPT) technical document defining the key nutrients and criteria thresholds for the health of the population. Development of the criteria should consider already developed evidence-informed nutrition frameworks [see section above]. Consideration should be given to developing a food classification nomenclature to appropriately reflect, capture and restrict foods and beverages which contribute to disease risk. Categories such as 'Serve Most Often' and 'Serve Sometimes', as currently used in many school food guidelines, is too broad to sufficiently enable consumers to distinguish between healthy and unhealthy foods.

Recommendation 2: The Government of Canada works with provinces and territories to develop an implementation plan with identified timelines and targets to phase in nutrition criteria and supporting policies. Strategies should include public awareness and education activities with key public, NGO and government stakeholders. Monitoring systems should be in place to assess implementation of national nutrition guidelines and should be updated regularly (every five years) to reflect emerging research, evidence and demographic dietary trends.

Recommendation 3: The Government of Canada develops specific timelines and targets for the food

industry to enable them to meet the nutrition criteria contained in the national nutrition guidelines. This work will need to align with the implementation plan developments for provinces and territories.

Conclusions

Government policies to improve the food environment and reduce non-communicable disease risk are premised on being able to concretely define and classify healthy and/or unhealthy food and beverage products. While Canada is making progress on developing nutrition criteria for school environments, a consistent, comprehensive definition of healthy food for all Canadians does not exist.

The development and implementation of a Canadian model to define healthy and unhealthy foods will fill an important policy void while supporting national dietary recommendations and internationally recommended dietary policies.

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