

December 24, 2004

Ms. Isabelle Sirois
Office of Nutrition Policy And Promotion
2936 Baseline
Nepean, Ontario
K1A 0K9

By Fax: 941-2432

Re: Preliminary feedback on request for input on Canada's Guidelines for Healthy Eating.

Dear Ms. Sirois:

Further to Mary Bush's request earlier this month for preliminary input regarding revisions to the *Canada's Guidelines for Healthy Eating*, I am providing the following comments on behalf of the Centre for Science in the Public Interest.* Our recommendations also pertain to the on-going revisions to the *Canada Food Guide to Healthy Eating*. We hope that this input will help guide deliberations on both reviews and will be reflected in the revised statements that are circulated for further public comment later in the winter of 2005.

Application of the World Health Organisation's *Technical Report #916*, and the Institute of Medicine's Dietary Reference Intake Reports to Health Canada's public education tools

It appears that Health Canada is relying heavily on the Institute of Medicine's Dietary Reference Intake reports in considering revisions to the *Nutrition Recommendations for Canadians (1990)*, and, by extension, revisions to the 1992 public education vehicles, the *Canada Food Guide to Healthy Eating (CFGHE)*, and *Canada's Guidelines for Healthy Eating (CGHE)*. While the IOM nutrient reports may be useful for informing revisions to all three documents, the units of analysis used in the *CFGHE* and the *CGHE* are mainly food groups and food categories, not nutrients. As such, I have attached, as an appendix, a table summarizing the conclusions of a World Health Organization expert scientific report (namely, *Technical Report #916*) about the impact of key food categories and ingredients on the risks for major chronic diseases. In May 2004, we shared a variation of this table with Health Canada and other national health authorities through the Codex Food Labelling Committee in our efforts to aid revisions to

* The Centre for Science in the Public Interest is a non-profit health advocacy organization focussing on nutrition issues with offices in Ottawa and Washington, DC. Our Ottawa advocacy efforts are funded by over 100,000 subscribers to the Canadian edition of *Nutrition Action Healthletter*. CSPI accepts no funding from government or industry and *Nutrition Action* carries no advertisements.

the international standard for quantitative ingredient declarations (QUID) in food labelling and advertising.¹

Comparing the 1982 and 1992 versions of the *Canada Food Guide*

When the *CFGHE* was revised in 1992, the number of recommended servings of all food groups was increased significantly. In particular, recommended range of servings of “Grain Products” rose from 3-5 in 1982 to 5-12 in 1992; “Milk Products” rose from 2 servings for adults to 2-4 servings; “Vegetables and Fruit” rose from 4-5 to 5-10; and “Meat and Alternatives” rose from 3-5 to 5-12.

While it is certainly true that a lot of the trouble with the diets of Canadians is likely due to excessive intake of foods from the “Other Foods” category, there may be little scientific evidence to justify retaining the higher recommended servings for meat consumption or for the refined-flour carbohydrates depicted in the “Grain Products” group. Indeed, WHO *Technical Report #916* cited no beneficial effects of meat consumption on risk for life-threatening diseases including cancer, cardiovascular disease, hypertension, diabetes, dental carries, or obesity, but instead, noted an *increased* risk of certain forms of cancer associated with consuming preserved and red meat. Similarly, both high fat meat and dairy, which are not decisively discouraged in either 1992 document, generally contain high amounts of saturated fat which increases the risk of cardiovascular disease.

Health Canada’s logistic analysis of “Food Group Scores” measured against caloric and micro- and macro-nutrient intake appears to have been conducted in a way that artificially validates the Canada Food Guide to Healthy Eating.² The summary results appear to indicate that reducing the recommended servings from the current “Meat and Alternatives” group, for instance, may help reduce life-threatening intake of saturated fats with comparatively inconsequential reductions in micronutrient intake. Similarly, reducing the recommended servings of “Grain Products” (especially those made from refined grains) should be explored to accommodate, perhaps, an increased recommendation for servings of “Vegetables and Fruit” – for which there is ample evidence of health benefit.

Again, in assessing such as shift, we urge Health Canada to recognize that the real health benefits of decreasing caloric and saturated fat intake, for instance, are much more significant than the minor adverse health outcomes that *might* accompany certain micronutrient deficiencies -- *if* those deficiencies arose. (Note that Health Canada research also observed that all of the key nutrients available in “Meat and Alternatives” food group are also available in one -- and usually two -- other food groups.³) For greater clarity, avoiding heart attacks is more important than avoiding skin rashes, for example. As such, we suggest that, at a minimum, the logistic analysis be repeated using fewer servings of at least the meat and grain foods groups with a view to recommending fewer servings of both.

The importance of clear and specific dietary advice

In light of the enormous human and economic toll of diet related chronic disease associated, especially, with excessive intake of calories, saturated fat, *trans* fat, and sodium, and inadequate intake of calcium, and in light of the serious problem with rising obesity rates, there is a strong need for dietary guidance to be clear and specific. As such, we recommend that the following revisions be made to the *CGHE*:

Current	<i>Proposed new or revised statement</i>
Enjoy a VARIETY of foods.	<i>(Retain in its current form.)</i>
Emphasize cereals, breads, other grain products, vegetables and fruit.	<u><i>Eat more vegetables, fruits, whole grain cereals and breads.</i></u>
Choose lower-fat dairy products, leaner meats and food prepared with little or no fat.	<u><i>Choose non-fat or low-fat milk, and milk products, beans, and oily fish (such as salmon and trout). If you eat meat or poultry, choose low-fat forms and prepare them with little or no fat.</i></u>
Achieve and maintain a healthy body weight by enjoying regular physical activity and healthy eating.	<u><i>Limit calorie intake to manage body weight. And enjoy physical activity at any weight. Spend less time watching TV and playing video games.</i></u>
Limit salt, alcohol and caffeine.	<u><i>Avoid most processed and restaurant foods, which are high in salt. Limit caffeine and, if you consume alcohol, do not exceed two drinks per week for men and one for women.</i></u>
New statement:	<u><i>Eat less cheese, beef, pork, cream, whole and 2% milk, egg yolks, pastries, and other foods that are high in saturated fat, trans fat or cholesterol.</i></u>
New statement to address the health problems associated with foods high in <i>added-</i> sugars:	<u><i>Drink fewer soft drinks, and limit cake, cookies, frozen desserts, and other foods rich in added refined sugars.</i></u>
New statement to reflect widespread contemporary use of restaurant , drive-through, and take-out foods and the high-calorie, nutrient-poor nature of typical menu items:	<u><i>When dining out, choose low-fat vegetable and fruit dishes instead of high-calorie, nutrient-poor dishes. Drink water, low fat milk, or real juice. Share or take home the remainder of dishes served in large portion sizes. Avoid desserts.</i></u>

These *Guidelines* and the so-called "directional statements" in the *CFGHE*, if revised accordingly, can help provide more precise usable advice to complement the generic broad brush *CFGHE* classification scheme. However, they will be undermined if Food Group names do not echo and reinforce these messages. For instance, the current *CFGHE* marginalizes vegetarian choices despite the grave health consequences associated with excess saturated fat and inadequate fibre intake. Similarly, the *CFGHE* effectively exaggerates the comparatively minor adverse health consequences, even for strict vegetarians (who consume complimentary proteins), of deficiencies in micronutrients found in meat. The *CFGHE* food group titles also fail to clearly represent the health benefits of consuming more whole grains, beans, nuts, etc. To that end we recommend modifying the titles of the Food Groups as follows:

Current Titles	<i>Proposed Titles (text proposed by CSPI is underlined)</i>
Grain Products	<u>Whole Grain Products</u>
Vegetables and Fruit	<i>(Retain in current form.)</i>
Milk Products	<u>1% or less milk products and fortified low-fat soy alternates.</u> ¹
Meat and Alternatives	<u>Fish, beans, nuts, and low-fat meat/poultry alternatives</u> ²
Other Foods	<u>Non-essential foods to limit or avoid.</u> ³

We have provided as much supporting rationales and evidence in support of these recommendations as possible in light of the limited time provided by Health Canada to furnish comments. If you or any of your colleagues have any questions do not hesitate to contact me by phone or e-mail.

Respectfully submitted,

Bill Jeffery, L.L.B.
National Coordinator

¹ Also specify “whole milk” in current age-specific recommendation for children aged 2-3.

² Also modify directional statement accordingly.

³ Add two directional statements: “If you use oils, choose products low in saturated and trans fats.”
“Avoid foods that are high in salt, sugar, white flour, and partially hydrogenated vegetable oil.”

Appendix

Food Ingredients for which there is convincing or probable evidence of causative (C) or protective (P) effects on disease risks <i>(Report of the Joint WHO/FAO Expert Consultation on Diet, Nutrition and the Prevention of Chronic Diseases, (Tech. Rpt. 916), Geneva, 2003)</i>						
Common processed food ingredients with non-nutrient health effects	Cancer	Cardiovascular Disease	Hypertension	Diabetes	Dental Caries	Obesity
Fruits	P (96,100)	P (81,89,90)	P (86)	P (75,77)		
Vegetables	P (96,100)	P (81,89,90)	P (86)	P (75, 77)		
Whole grain cereals		P (88, 90)		P (75, 77)		
Non-starch polysaccharides (from whole grains, fruits, vegetable)		P (82, 90)		P (75, 77)		P (58, 63)
Legumes		P (89)	P (89)	P (77)		P (56 footnote "c")
Free sugars					C (109, 112, 114, 116, 118, 119)	C (57)
Preserved and red meat	C (96)					
Salt preserved foods; salt (as distinct from sodium)	C (96)					
Fish		P (81, 88, 90)				
Fish Oils		P (81, 88)				
Unsalted nuts (in moderation)		P (82, 87, 88)				
Hydrogenated Oils		C (89)				
Chinese-style salted fish	C (96)					
Water (as an indicator of energy density)						P (70)

N.B. Numbers in parentheses refer to pages in *Technical Report #916* where applicable conclusions are made.

ENDNOTES

¹ Because consuming appropriate amounts of these food ingredients are so important for improving and maintaining health, and because deception about the amounts in processed foods is so common in the marketing of food in Canada, we are disappointed that the Canadian Food Inspection Agency has not progressed further in its attempt, begun January 2003, to establish new rules for requiring percentage ingredient labelling on processed foods. Such percentage ingredient declarations on processed food labels could help consumers better follow advice Health Canada gives in dietary advice for Canadian consumers.

² Health Canada, *Canada's Food Guide to Healthy Eating: Assessment Relative to Dietary Reference Intakes*, (Ottawa: HC, 2003). (See: http://www.hc-sc.gc.ca/hpfb-dgpsa/onpp-bppn/review_assessment_dri_e.pdf)

³ Krista Esslinger and Beth Junkins, *Assessment of Canada's Food Guide to Healthy Eating Relative to Dietary Reference Intakes*, conference speaking notes, (Ottawa: Health Canada, January 20, 2004) at 2. (See: http://www.hc-sc.gc.ca/hpfb-dgpsa/onpp-bppn/pres_assessment_of_dri_e.pdf).