

**Report to
Rapport au:**

**Ottawa Board of Health
Conseil de santé d'Ottawa
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**Submitted by
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Ward: CITY WIDE / À L'ÉCHELLE DE LA VILLE File Number: ACS2017-OPH-HPP-0003

**SUBJECT: FEDERAL GOVERNMENT HEALTHY EATING STRATEGY
CONSULTATIONS**

**OBJET: CONSULTATION SUR LA STRATÉGIE EN MATIÈRE DE SAINE
ALIMENTATION DU GOUVERNEMENT FÉDÉRAL**

REPORT RECOMMENDATION

That the Board of Health for the City of Ottawa Health Unit receive this report for information.

RECOMMANDATION DU RAPPORT

Que le Conseil de santé de la circonscription sanitaire de la Ville d'Ottawa prenne connaissance de ce rapport.

BACKGROUND

Health Canada's '[Vision for a Healthy Canada](#)' identifies actions to help people achieve and maintain good physical and mental health. The Healthy Eating Strategy is a key element of this vision. As part of his verbal update at the November 2016 meeting of the Ottawa Board of Health, Dr. Isra Levy provided an overview of Health Canada's Healthy Eating Strategy, which includes initiatives to improve healthy eating information, the food supply and the food environment. Ottawa Public Health (OPH) welcomed this announcement and then Minister Philpott's vision to address an individual's nutrition knowledge and skills, as well as improving the food environment. Consequently, OPH and the Board have taken a number of actions in relation to Health Canada's proposed Healthy Eating Strategy. For instance, the Board of Health members had previously sent a letter to the Minister in February 2016, with a copy to the Provincial Minister of Health and Long-Term Care and other Boards of Health, to endorse the priorities outlined in the Federal Minister of Health Mandate Letter to promote public health. Following the verbal update, a subsequent letter was sent to applaud the commitments outlined in Health Canada's Healthy Eating Strategy. In fulfilling its commitment to support the government, OPH submitted also responses to the first open consultations for the Healthy Eating Strategy on Canada's Food Guide, front-of-pack nutrition labelling and banning partially hydrogenated oils in foods. A memo was provided to the board in January 2017 to highlight these submissions. The Board further sent a letter to then Minister Philpott in support of *Bill S-228* and *C-313* in April 2017 following the approval of the report *Healthy Eating, Active Living: Protecting Vulnerable Populations through Restrictions in Marketing of Foods and Beverages*.

Over the course of the next several years, Health Canada has announced that there will be opportunities to provide input to help shape the future of public health nutrition policies at the federal level. Health Canada recently conducted two open consultations regarding the revision of Canada's Food Guide and restricting marketing.

The purpose of this report is to inform the Board of Health of OPH's response to the federal government's consultation on revisions to Canada's Food Guide and restricting marketing to children.

DISCUSSION

Many personal and environmental factors influence food and drink choices. Personal factors such as education, cooking skills, time commitments, family and peers influence the foods people choose to consume. Access to, and cost of, healthy food also influences food choices, as does the availability of unhealthy foods and beverages in an

environment with direct and indirect advertising. An encompassing response from government at all levels can help to address this reality.

Both federal government's consultations on [Canada's Food Guide](#) and [Restricting Marketing to Children](#) were geared towards health professionals, as the questions were more technical and required knowledge and understanding of evidence. The consultations closed on Monday August 14, 2017. The recommendations contained in these submissions align with the Board of Health's *Strategic Initiative to Inspire and Support Healthy Eating and Active Living* as well as with the report *Making Healthy Eating and Active Living the Easy Choice*.

OPH's submission to the federal government on Canada's Food Guide is included in Document 1 and the submission to the federal government on Restricting Marketing to Children is included in Document 2.

Canada's Food Guide consultation

Canada's Food Guide is intended to provide practical healthy eating recommendations based on the best evidence to help Canadians make informed food choices. This recent consultation was a follow-up to the fall of 2016 consultation.

Following the first consultation, Health Canada proposed three (3) Guiding Principles with recommendations for the new Food Guide. OPH provided feedback to the new proposed material and Guiding Principles, which is summarized below.

Overall, the Guiding Principles and recommendations proposed by Health Canada for the new food guide align with OPH's initial feedback in the first consultation, which included: focusing on a total diet approach, choosing more natural or "minimally processed foods" and less "ultra-processed foods", highlighting other aspects of healthy eating beyond types and amounts of foods, including habits like building food skills and eating together as a family;, and focusing on more plant based sources of protein. The proposed Principles also align with OPH's Healthy Eating Strategy.

Guiding Principle 1: A variety of nutritious foods and beverages are the foundation for healthy eating.

- Regular intake of vegetables, fruit and whole grains and protein-rich foods – especially plant-based sources of protein
- Inclusion of foods that contain mostly unsaturated fat, instead of foods that contain mostly saturated fat

- Regular intake of water

OPH recommended clarifying plant-based sources and to remove emphasis on a greater protein intake. OPH also suggested that saturated and unsaturated fats be clearly defined in simple terms with examples of food sources to help Canadians better understand the difference.

Guiding Principle 2: Processed or prepared foods and beverages high in sodium, sugars or saturated fat undermine healthy eating.

- Limited intake of processed or prepared foods high in sodium, sugars or saturated fat
- Avoidance of processed beverages high in sugars

OPH suggested that Health Canada clearly define processed or prepared foods and recommended that artificially sweetened- beverages should be limited ^{1,2}.

Guiding Principle 3: Knowledge and skills are needed to navigate the complex food environment and support healthy eating.

- Selecting nutritious foods when shopping or eating
- Planning and preparing healthy meals and snacks
- Sharing meals with family and friends whenever possible

OPH suggested that the language be simplified and that an additional recommendation be included that focuses on mindful eating and shared responsibility of eating for parents and children.

OPH participated in the online survey – for more detail on responses and recommendations see Document 1.

Consultation on Restricting Marketing to Children

Health Canada asked Canadians for input on their proposal for restricting marketing of unhealthy foods and beverages to children 17 years of age and under. The objective of this initiative is to reduce the exposure of children to unhealthy food and beverage

¹ Fowler, S.P. et al. Fueling the Obesity Epidemic? Artificially Sweetened Beverage Use and Long-term Weight Gain. Obesity Society. [Internet] 2008 [cited 2017 Jul]. Available from: <http://onlinelibrary.wiley.com/doi/10.1038/oby.2008.284/full>

² Borges, M.C. et al, Artificially Sweetened Beverages and the Response to the Global Obesity Crisis. PLOS Medicine. [Internet] 2017 [cited 2017 Jul]. Available from: <http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002195>.

advertising, which can influence food preferences and choices, resulting in the over-consumption of unhealthy food, and leading to poor health outcomes (see Health Canada's background document, [Toward Restricting Unhealthy Food and Beverage Marketing to Children](#)). As presented by OPH to the Board in the April 2017 report [Healthy Eating, Active Living: Protecting Vulnerable Populations through Restrictions in Marketing of Foods and Beverages](#), evidence shows that marketing influences children's food preferences and choices and are a contributor to unhealthy food and beverages consumption that may contribute to negative diet-related health outcomes^{3,4}.

OPH commends Health Canada for taking the lead in protecting our children and youth through proposing restrictions on marketing of unhealthy food and beverages to children and youth (under 17 years of age).

OPH generally supported Health Canada's proposal, and recommended that Health Canada consider restrictions on marketing of all food and beverages to children and youth aged 17 and under. This would acknowledge that children lack adequate cognition to understand the intent and impact of marketing^{5,6,7}; the challenges of setting a threshold definition for 'unhealthy' foods; the evidence that shows that foods children eat and ask their parents to buy can be influenced by advertising, and that food advertisements are often for products that are high in salt, fat, sugar and calories^{8,9,10,11}.

OPH participated in the online survey – for more detail on responses and recommendations see Document 2.

CONCLUSION

Healthy public policy is a foundation to health promotion. While public awareness and skill building are important components to enabling individuals to make healthy choices,

³ McGinnis, J.M. Gottman, J.A., Kraak, V.I. (Eds.) Food Marketing to children and youth: threat or opportunity? Committee on Food Marketing and the Diets of Children and Youth, Institute of Medicine of the National Academies. Washington, D.C.: The National Academies Press; 2006.

⁴ Hastings G, McDermott L, Angus K, Stead M, Thomson S. The Extent, Nature and Effects of Food Promotion to Children: A Review of the Evidence. Geneva, Switzerland: World Health Organization; 2006.

⁵ Wilcox BL, Kunkel D, Cantor J, Dowrick P, Linn S, Palmer E (2004). Report of the APA Task Force on Advertising and Children. pp. 64. Available at <http://www.apa.org/pi/families/resources/advertising-children.pdf>

⁶ John DR (1999). Consumer socialization of children: a retrospective look at twenty-five years of research. Journal of Consumer Research.26, 183-213.

⁷ Carter OB, Patterson LJ, Donovan RJ, Ewing MT, Roberts CM (2011). Children's understanding of the selling versus persuasive intent of junk food advertising: implications for regulation. Social Science Medicine. 72, 962-968.

⁸ McGinnis, J.M. Gottman, J.A., Kraak, V.I. (Eds.) Food Marketing to children and youth: threat or opportunity? Committee on Food Marketing and the Diets of Children and Youth, Institute of Medicine of the National Academies. Washington, D.C.: The National Academies Press; 2006.

⁹ Hastings G, McDermott L, Angus K, Stead M, Thomson S. The Extent, Nature and Effects of Food Promotion to Children: A Review of the Evidence. Geneva, Switzerland: World Health Organization; 2006.

¹⁰ World Health Organization. Commission on Ending Childhood Obesity. (2016). Report of the Commission on Ending Childhood Obesity

¹¹ Sadeghirad B, Duhaney T, Motaghipisheh S, Campbell NCR, Johnston BC. Influence of unhealthy food and beverage marketing on children's dietary intake and preference: a systematic review and meta-analysis of randomized trials. Obesity Reviews 2016;17(10):945-959

healthy policies and programs that improve access to healthy food all contribute to making healthy eating and active living choices easier. Consequently, OPH will continue to work towards influencing policies that impact eating habits and the foods available to Canadians. Specifically, OPH will continue to contribute to Health Canada's Healthy Eating consultations.

RURAL IMPLICATIONS

There are no rural implications associated with this report.

CONSULTATION

There was no public consultation undertaken in preparing this information report.

LEGAL IMPLICATIONS

There are no legal impediments to receiving this report for information.

RISK MANAGEMENT IMPLICATIONS

There are no risk management implications associated with this report.

FINANCIAL IMPLICATIONS

There are no financial implications associated with this information report.

ACCESSIBILITY IMPACTS

There are no accessibility implications associated with this report.

ENVIRONMENTAL IMPLICATIONS

There are no environmental implications associated with this report.

TERM OF COUNCIL PRIORITIES

This report supports the Board of Health's Strategic Priority "Healthy Eating, Active Living".

SUPPORTING DOCUMENTATION

Document 1 – OPH Submission to Health Canada on the revision to Canada's Food Guide

Document 2 – OPH Submission to Health Canada on Restricting Marketing

DISPOSITION

This report is presented to the Board of Health for information.

Document 1 - OPH Submission to Health Canada on the revision to Canada's Food Guide

Health Canada's Food Guide Consultation

Guiding Principle 1:

A variety of nutritious foods and beverages are the foundation for healthy eating.

- Regular intake of vegetables, fruit, whole grains and protein-rich foods* - especially plant-based sources of protein
- Inclusion of foods that contain mostly unsaturated fat, instead of foods that contain mostly saturated fat
- Regular intake of water

Do you agree with the following statement? Yes

It is relevant to my work and/or my organization's work. Yes

It provides enough info. Yes

Recommendation 1: Regular intake of vegetables, fruit, whole grain and protein-rich foods, especially plant-based sources of protein

Do you agree or disagree with this recommendation? Yes

What do you like about this recommendation?

- Emphasis on vegetables, fruit, whole grains and plant-based sources of protein

What do you dislike about this recommendation?

- Recommending protein-based foods may imply that the Canadians are not getting enough protein in their diets. According to Health Canada, most people are getting enough protein in their diets.
Health Canada, Protein [Internet] 2012 [cited 2017, Jul]. Available from: <https://www.canada.ca/en/healthcanada/services/nutrients/protein.html>.
- Using "especially" plant-based sources of protein may lead to the assumption that meats, poultry and fish are not nutritious.

- Protein-rich food term is a nutrient-based focus, whereas other foods mentioned are more food group-based. Suggest rewording to: Regular intake of vegetables, fruit, whole grain and plant-based sources of protein such as legumes/pulses, tofu, nuts/seeds (to clarify what are plant-based sources).
- The recommendations contradict the proposed Guiding Principle 2, which focuses on reducing Canadian's intake of prepackaged and processed foods, while Guiding Principle 1 suggests consuming food and beverages that are pre-packaged for convenience.
- To help meet these recommendations, Canadians can choose nutritious foods and beverages, including:
 - foods and beverages that require little or no preparation such as fresh, frozen and canned vegetables and fruit, canned legumes or fish, tofu, plain milk or fortified plant-based beverages;
 - foods and beverages that are pre-packaged for convenience (such as pre-washed salad greens, pre-cut fruit) or to increase shelf-life (such as powdered milk);
 - foods like nuts, seeds, fatty fish, avocado, and vegetable oils instead of foods like high fat cheeses and cream; and
 - foods obtained through gardening, hunting, trapping, fishing and harvesting.

Recommendation 2: Inclusion of foods that contain mostly unsaturated fat instead of foods that contain mostly saturated fats

Do you agree or disagree with this recommendation? Somewhat agree

What do you like about this recommendation?

- Promotion of unsaturated fat as a better fat (as opposed to simply stating lower fat).

What do you dislike about this recommendation?

- Need to define, in simple terms, what are saturated and unsaturated fats and provide examples of sources of foods for each.

- Still controversy about the impact of saturated fats on health from various sources (dairy products vs. other sources).
Huth, P.J., and Park, K. M Influence of Dairy Product and Milk Fat Consumption on Cardiovascular Disease Risk: A Review of the Evidence^{1,2}, [Internet] 2012 [cited 2017 Jul]. Available from: <http://advances.nutrition.org/content/3/3/266.full>.
- Suggest removing “instead of foods that contain mostly saturated fats”, to focus on positive language.
- Cheese and yogurts should be lower fat, yet homogenized milk (3.25%) should not be restricted for young children. It is suggested that no distinction between low-fat and regular fat milk products be made to decrease confusion. According to studies, milk fat content may or may not affect health as once thought.
Huth, P.J., and Park, K. M Influence of Dairy Product and Milk Fat Consumption on Cardiovascular Disease Risk: A Review of the Evidence^{1,2}, [Internet] 2012 [cited 2017 Jul]. Available from: <http://advances.nutrition.org/content/3/3/266.full>

Recommendation 3: Regular intake of water

Do you agree or disagree with this recommendation? Strongly agree

What do you like about this recommendation?

- That it is prominently included in the recommendations. Regular intake of water is an important recommendation.

What do you dislike about this recommendation?

- Should clarify that water should be the primary choice for hydration

Guiding Principle 1 and its Recommendations:

Is there anything else you would like to say about Guiding Principle 1 and its recommendation?

- Since water should be the beverage of choice, it is suggested that the Guiding Principle focuses on a variety of foods and water, instead of a variety of beverages since beverages beyond milk and water may be higher in sugar. Suggest rewording GP1: “Water and a variety of nutritious foods are the foundation for healthy eating”.

- Suggest that the last bullet included under the explanation “What this means for Canadians” (i.e. “foods obtained through gardening, hunting, trapping, fishing and harvesting”) be placed in the GP3 (it is more part of the environment found in the considerations section).
- The GP1 still focuses on specific nutrient such as fat. To better align with the guiding principle, the recommendation for GP1 should state which fat should be eaten to build the healthy diet; while only noting which fats to limit in the GP2, which focuses on foods and beverages to be limited.

Based on your experience working with older adults, children and youth, Indigenous populations, low-income people, newcomers, or people with low literacy, is there any further feedback that you would like to give us?

- Need to emphasize that type of food for children and youth/teens required is same as for adults. Family food is for everyone over the age 2.
- Need more discussion around the indigenous populations regarding traditional foods/cultural foods.
- Will be important in the next phase to develop tools/resources that target Canada’s low literacy population, which should include resources that do not rely minimally on reading, while using more visuals.
- Clear explanation of the fat (saturated, unsaturated) and protein-rich foods need to be provided in the resources for the public.

Guiding Principle 2:

Processed or prepared foods and beverages high in sodium, sugars or saturated fat undermine healthy eating.

- Limited intake of processed or prepared foods high in sodium, sugars or saturated fat
- Avoidance of processed or prepared beverages high in sugars

Do you agree with the following statement? Yes

It is relevant to my work and/or my organization’s work. Yes

Is it clear. No

It provides enough info.

No

Recommendation 1: Limited intake of processed or prepared foods high in sodium, sugars or saturated fat

Do you agree or disagree with this recommendation? Somewhat agree

What do you like about this recommendation?

- Importance of limiting processed/prepared foods and beverages.
- There is a need to be explicit about what to eat on a regular basis (GP1) and what needs to be limited (GP2).

What do you dislike about this recommendation?

- The term “limited” should be clearly defined, as the concept of “moderation” messages in current Canada’s Food Guide on consumption is ambiguous. (van Dellen MR, Isherwood JC, Delose JE. How do people define moderation? Appetite 101:156-162, 2016. Available from: <https://doi.org/10.1016/j.appet.2016.03.010>)
- Clearly define “processed and prepared foods” with examples to reduce confusion.
- Suggest wording for R1: “Limited intake of processed or commercially prepared foods high in sodium, sugars or saturated fat”, as this recommendation should solely focus on commercially processed foods. As well, as clearly state that commercially processing food increases the addition of sugar, sodium, and saturated fats.
- Include messaging about limiting restaurant foods in the principle more prominently.

Recommendation 2: Avoidance of processed or prepared beverages high in sugars

Do you agree or disagree with this recommendation?

Strongly agree

What do you like about this recommendation?

- Beverages play a significant role in sugar consumption. Avoidance is clear and direct.

What do you dislike about this recommendation?

- Processed beverages with artificial sweeteners are not included in the guiding principles or recommendations. Suggest including a statement to limit artificially sweetened beverages as well as beverages high in sugar.
Fowler, S.P. et al. Fueling the Obesity Epidemic? Artificially Sweetened Beverage Use and Long-term Weight Gain. Obesity Society. [Internet] 2008 [cited 2017 Jul]. Available from: <http://onlinelibrary.wiley.com/doi/10.1038/oby.2008.284/full>.
Borges, M.C. et al, Artificially Sweetened Beverages and the Response to the Global Obesity Crisis. PLOS Medicine. [Internet] 2017 [cited 2017 Jul]. Available from: <http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002195>.

Guiding Principle 2 and its recommendations

Is there anything else you would like to say about Guiding Principle 2 and its recommendation?

- Provide a clear definition of processed and prepared foods.

Based on your experience working with older adults, children and youth, Indigenous populations, low-income people, newcomers, or people with low literacy, is there any further feedback that you would like to give us?

- When the consumer tools and resources are developed this principle needs to be explained with a clear statement. Many people may not understand what “undermine” means.

Guiding Principle 3:

Knowledge and skills are needed to navigate the complex food environment and support healthy eating.

- Selecting nutritious foods when shopping or eating out
- Planning and preparing healthy meals and snacks
- Sharing meals with family and friends whenever possible

Do you agree with the following statement? Yes

It is relevant to my work and/or my organization’s work. Yes

Is it clear?

No

Principle seems heavy with words and complicated which could be confusing to the general population. Simplify the language.

It provides enough info.

Yes

Recommendation 1: Selecting nutritious foods when shopping and eating out

Do you agree or disagree with this recommendation? Somewhat agree

What do you like about this recommendation?

- Eating healthy foods start with shopping for the ingredients.
- Recognition that society is changing and people are eating out more often. This statement encourages Canadians to make better choices while eating out.

What do you dislike about this recommendation?

- Need to include additional recommendations about “how to eat”, without distractions, mindful eating, responsibility of eating for parents and children (parents decide on the what, when, where, children decide on the how much). Satter, E. Division of Responsibility in Feeding. [Internet] 2016. [cited 2017 Jul]. Available from:
<http://www.ellynsatterinstitute.org/dor/divisionofresponsibilityinfeeding.php>
- Selecting nutritious foods at the grocery store and at the restaurants are very different and both would need clear specific guidance for each setting/environment.
- In 2010, half of Ottawa adults (53%) ate at a restaurant, at fast food or picked up ready-to-eat food from a grocery store two or more times in the past week. For new comers, eating out may be a new way of life. Providing tools to support healthy eating out would complement the statement.

Recommendation 2: Planning and preparing healthy meals and snacks

Do you agree or disagree with this recommendation? Strongly agree

What do you like about this recommendation?

- It emphasizes a move away from choosing highly processed foods.
- If enhances the importance of food literacy; knowledge, skills, behaviour.

What do you dislike about this recommendation?

- It does not make reference to using wholesome ingredients or basic ingredients. Suggest rewording the recommendation to Planning and preparing healthy meals and snacks using a variety of whole foods.
- Suggest that specific tools and resources be developed to help Canadians plan and prepare healthy meals.

Recommendation 3: Sharing meals with family and friends whenever possible

Do you agree or disagree with this recommendation? Strongly agree

What do you like about this recommendation?

- Focuses on additional dimension of healthy eating, including the social aspect, and role modeling, which are equally important as the food eaten.

What do you dislike about this recommendation?

- Suggest including recommendations about how to eat, for example, without distractions, mindfully
- This may be difficult for some people (e.g. isolated, elderly) that do not have family or friends. The statement could also include more options for situations when family and friends are not around at times, such as making meal time pleasant and important.
- “Sharing meals” may be misinterpreted. Suggest or use different wording such as “eating together”. (Lower income population may not be in position to share a meal). For example, Eat meals with family and friends whenever possible.

Guiding Principle 3 and its recommendations

Is there anything else you would like to say about Guiding Principle 3 and its recommendation?

- Suggest that the consumer tools and resources be lower literacy level, easy to understand and actionable. Resources to enhance skills and knowledge to make the healthier choice will be needed to support all populations.
- Pleased to see the recognition and acknowledgement that healthy eating encompasses the whole eating environment.

- Food literacy needs to be better addressed to complement this GP.
- Food access and food security also need to be addressed as food skills, knowledge may not be a priority or be irrelevant in certain situations.

Based on your experience working with older adults, children and youth, Indigenous populations, low-income people, newcomers, or people with low literacy, is there any further feedback that you would like to give us?

Children and youth: need to emphasize how important food literacy and skill is for this population. Include more options about food skill as a life skill. Integration into the school setting would help with the promotion at a younger age.

Older adults: importance of providing support for shopping and physical access to food; Need to provide tools to support the challenges with cooking for one/two, boredom.

Considerations:

Do you agree or disagree with these considerations?

- Determinants of Health - Strongly Agree
- Cultural Diversity - Strongly Agree
- Environment - Strongly Agree

What do you like about these considerations? All good considerations to include.

General Comments:

Determinants of Health

- It is essential to consider the Determinants of Health in making healthy eating recommendations for Canadians
- It is stated upfront that, "Food choices are not simply a matter of personal choice."
- There is acknowledgment of the need to prevent health inequities with the statement, "...to avoid increasing unfair and avoidable differences in health status."

Cultural Diversity

- Recognition that inclusion of different foods from different cultures can support healthy eating.
- Recognition of the Canada's diversity
- Specific mention of Indigenous peoples and traditional foods.

Environment

- Reference to potential impacts of food system on the environment
- Including the estimated value of food loss/waste in Canada; it would be good to emphasize that there needs to be much more efforts towards prevention of food waste/loss through all parts of the food system

What do you dislike about these considerations?

General Comments:

Missing concept of equity from 3 considerations.

Determinants of Health

- Not enough detail (e.g., definition, examples) on the Determinants of Health; suggest providing additional information such as:
 - Determinants of Health are the best predictors of health for individuals and populations
 - Examples of some of the DOH: income and social status, education, employment, housing, physical environment, social support networks, gender, biology and genetics
- The term 'access' in the statement, "...factors that influence our ability to make healthy food choices, including access to and availability of nutritious foods..." does not differentiate between physical (geographic) access and economic access to food. Given that in 2012, 4 million individuals in Canada experienced some level of food insecurity (inadequate or insecure access to food due to financial constraints), it is imperative to acknowledge income as a key determinant of health particularly in relation to healthy eating.
Tarasuk V, Mitchell A, Dachner N. (2014). Household Food Insecurity in Canada,

2012. Toronto: Research to identify policy options to reduce food insecurity (PROOF). Retrieved from: <http://proof.utoronto.ca/resources/proof-annual-reports/annual-report-2012/>.

- The statement, “Health Canada’s proposed healthy eating recommendations are based on the best available evidence, while considering that healthy choices can be affordable...” presumes that all Canadians have adequate food budgets within which to make food choices consistent with healthy eating recommendations; however, this is not the case for a significant proportion of the Canadian population as referenced above.
- The statement, “For example, a range of nutritious foods form the foundation of healthy eating: frozen, packaged and canned products are convenient and nutritious options, especially when fresh food is out of season, costs more or unavailable” presumes that while these less expensive processed forms of food are less costly that they are ‘affordable’ which is not the case for a significant proportion of the population. This statement is not an appropriate discussion point for the Determinants of Health consideration.

Cultural Diversity

- There should be an additional statement that addresses the underlining issue of processed versus wholesome foods. Wholesome foods (i.e., unprocessed or minimally processed foods) from any cultural background support healthy eating while ultra-processed foods (although culturally appropriate) do not.
- In the past the food guide has incorporated a variety of cultural foods as examples within the food guide. It is recommended to include these visuals. Also, suggest considering different tools for different cultures, which could be culturally adapted (versus only translated).

Environment

- There should be an additional statement that addresses the need to work towards a sustainable food system, which minimizes negative impact on the environment...
- The sentence, “...diets higher in plant-based foods and lower in animal-based foods are associated with a lesser environmental impact, when compared to current diets high in sodium, sugars and saturated fat” is not clear. Recommend stating that eating diets with less ultra-processed food and more whole foods is

more environmentally sustainable. (Friel S, Barosh L, Lawrence M. Towards Healthy and Sustainable Food Consumption: An Australian Case Study. Public Health Nutrition, Vol 17-5, 1156-1166, May 2014. Retrieved from:

<https://doi.org/10.1017/S1368980013001523>)

- The sentence, “The application of skills, such as planning meals and food purchases can also help decrease household food waste” could be stated more clearly; for example, “Using food skills, such as planning food purchases, meal planning and how to use leftovers can help prevent food waste at home.”

Document 2 - OPH Submission to Health Canada on Restricting Marketing

Health Canada's Marketing to Children Consultation

Question 1: Based on your knowledge of nutrients, should Health Canada's marketing restrictions focus on sodium (salt), sugars, and saturated fat?

Not sure,

Additional foods and beverages beyond those high in sodium, sugars and saturated fat should be restricted regardless of the criteria as they are not nutritionally beneficial and/or can be dangerous for children and youth ^{1,2,3}. They are:

- Caffeinated products (including energy drinks)
- Food and beverages with added nutrients that create a health halo effect (e.g. Water with added vitamins, soda pop with added fibre, orange juice with added calcium and/or vitamin D)
- Products containing non-nutritive sweeteners

References

1. Cairns G, Angus K, Hastings G, Caraher M. Systematic review of the evidence on the nature, extent and effects of food marketing to children. A retrospective summary. *Appetite* 2013; 62:209-215.
2. Robinson, T. N., Borzekowski, D. L. G., Matheson, D. M., & Kraemer, H. C. (2007). Effects of fast food branding on young children's taste preferences. *Archives of Pediatrics and Adolescent Medicine*, 161(8), 792–797.
3. Valkenburg, Patti M. and Moniek Buijzen. (2005) Identifying determinants of young children's brand awareness: Television, parents, and peers. *Applied Developmental Psychology*, 26 (2005) 456 – 468.

Question 2: In your estimation, which is more appropriate as the basis for restricting marketing to children: Option 1 (~5% DV) or Option 2 (15% DV) thresholds for sodium, sugar and saturated fats?

Option 1

The more restrictive threshold (~5% of the DV of saturated fat, sugars or sodium) for defining unhealthy foods would be most appropriate. This reinforces existing federal

policies for nutrient content claims, and aligns with nutrition labelling policies where 5% DV represents 'a little' and 15% DV represents 'a lot'. It also ensures close alignment with the foods in Canada's Food Guide. For %DV to be effective, serving size reference amounts must be standardized across the industry to ensure product size is not manipulated to fit within the restriction (Health Canada 2014).

In addition, there is evidence that supports 5% of the DV of saturated fat, sugars or sodium for defining unhealthy foods:

Sugar – The World Health Organization recommends that sugar intake should not exceed 10% of total energy intake ¹.

Sodium – Evidence shows that between 76% to 97% of children ages 1-18 years consume sodium in excess of the Upper Limit; and that the majority of children exceed the Adequate Intake (AI) on a daily basis ². The use of a 15% DV will contribute to the risk of overconsumption of sodium, especially for younger children where the AI is lower.

Fat – Recent data released from the 2015 Canadian Community Health Survey reported that Canadians aged 1 to 18 consumed higher percentages of their energy from fat in 2015 compared with 2004³. The use of a 5% DV will support lower consumption of fat.

References

1. WHO (2015). Sugar Intakes for Adults and Children (2015).
http://apps.who.int/iris/bitstream/10665/149782/1/9789241549028_eng.pdf?ua=1
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<http://www.statcan.gc.ca/pub/82-003-x/2006004/article/sodium/4148995-eng.htm>.
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Question 3: Based on your understanding of non-sugar sweeteners (such as Aspartame and Sucralose), should Health Canada prohibit the marketing to children of all foods and beverages containing non-sugar sweeteners?

Yes,

Health Canada should prohibit the marketing to children of all foods and beverages containing non-sugar sweeteners. While the benefits and risks of artificial sweeteners in

the child population remains unclear, at this time. Research has demonstrated that artificial sweetener consumption is increasing in all age groups, particularly in children ¹. In addition, current evidence suggests that the marketing of these products may influence a child's preference for other sugar-sweetened beverages in the same brand ². As such, utilizing the precautionary principle, the marketing of these products should be restricted at this time, until more research has been conducted regarding the benefits and/or long term risks for children and youth's consumption of artificial sweeteners, especially as it relates to energy compensation, satiety, sweet craving, food intake, weight control and any other health impacts^{3,4,5}.

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Question 4: Would the definitions proposed adequately protect children from unhealthy food and beverage marketing?

No.

Health Canada proposes the following definitions for “child-directed” marketing:

“Child-directed” marketing on **television** includes all unhealthy food and beverage marketing aired, on weekdays from 6:00 a.m. to 9:00 a.m. and from 3:00 p.m. to 9:00 p.m., and on weekends between 6:00 a.m. and 9:00 p.m.

“Child-directed” marketing on the **internet** includes all unhealthy food and beverage marketing on websites, platforms and apps that are popular with children, even when these digital channels are intended for adults as well.

OPH supports the choice of using time of day rather than audience thresholds as discussed in the consultation paper. Restrictions on marketing of food and beverages based on time of the day rather than a threshold of the audience would provide more comprehensive protection. To further strengthen this definition, the following recommendations can further help protect children and youth:

- In addition to restricting marketing of unhealthy foods and beverages at the specified times on television, clear restrictions at all hours are recommended for specialty channels with the target audience of children and youth, such as Teletoon, MuchMusic, YTV, Disney Channel.
- Restrictions between 6 AM to 9 PM would allow to protect children who are not in child care nor in school. Ideally, restricting during these hours would be considered to protect all children. As this option may be difficult to implement, OPH proposes at a minimum to consider providing enhanced restrictions when children and youth are on holiday such as for Christmas and summer breaks whereas marketing restrictions would be extended to 6 AM to 9 PM.
- Extending to 10 PM to protect youth 16 and under as programming between 9 and 10 PM does attract this audience.

In regards to “child-directed” marketing on the internet, the approach suggested aligns with the recommendations from the World Health Organization (WHO) regional office for Europe in their report on digital marketing¹. OPH supports this approach, and as suggested by the WHO, to ensure proper protection, the restrictions should encompass mixed audiences. This report suggests using the United States Federal Trades Commission approach in the Children’s Online Privacy Protection Act (COPPA) as a model, as it specifies that “if (a) service targets children as one of its audiences – even if children are not the primary audience – then (the) service is ‘directed to children’”. Provision should also be made for a mechanism by which media can be assessed externally as directed to children². Furthermore, OPH encourages Health Canada use the term “digital” instead of “internet”. Digital encompasses a wider range of mediums and would enable best protecting in an ever-evolving online landscape. Digital includes websites, mobile communications, texting, online and video games, apps, social media, and future online mediums.

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Question 5: Based on your experience, are there any other marketing techniques that influence children and should be considered as part of the marketing restrictions?

Yes,

OPH suggests that Health Canada reviews and matches the comprehensive list of marketing techniques of the WHO in “A Framework for implementing the set of recommendations on the marketing of foods and non-alcoholic beverages to Children”.

- Advertising
 - Broadcast: including TV and radio.
 - Print media: including newspapers, magazines and comic books.
 - Online: including on-search engines, social networking sites, news sites and blogs, as well as television programmes, films and media clips watched online.
 - Outdoors: including billboards, posters and moving vehicles.
 - Cinemas.
- Product placement and branding
 - Product placement, e.g. in TV, radio, films, computer games.
 - Publicity.
 - Branded books, e.g. counting books for pre-schoolers.
 - Branded toys e.g. fast food store as a playhouse.
 - Branded computer games.
 - Interactive web sites, e.g. with puzzles and games.
- Sponsorship
 - TV and radio programmes.
 - Events: including community and school events and contests.
 - Educational materials and equipment.
 - Programmes: including public health campaigns and school

- breakfast or lunch programmes.
- Venues.
- Sport teams.
- Direct marketing
 - Promotional emails.
 - Promotional sales by telephone.
 - Text messaging to mobile phones.
 - Home catalogues, leafleting and canvassing (also known as “doorstep selling”).
 - Contests or sweepstakes.
 - “Money off” vouchers.
 - Promotion and sampling schemes in schools, e.g. chocolate drives.
- Product design and packaging
 - Product design: colours and shapes, e.g. dinosaur-shaped products.
 - Packaging design: imagery, colours, playshapes.
 - Product portions: e.g. king size, duo packs.
 - In-pack and on-pack promotions: e.g. gifts, puzzles, vouchers.
- Point-of-sale
 - On-shelf displays.
 - Displays at check-outs, pay-points, end-of-aisles in supermarkets.
 - Special offers and pricing incentives.
 - Vending machines in schools and youth clubs.
 - Loyalty schemes.
 - Free samples and tastings

Question 6: Based on your experience, are there any other channels used for marketing to children that should be considered as part of the marketing restrictions?

Yes, other channels to be considered:

- Signage other than billboards such as delivery trucks wrapped in unhealthy foods and/or beverages;
- Marketing of toys and games that normalize unhealthy food environments and food choices such as Candy Land, Lego (e.g., Lego Friends HotDog Van,

Cupcake Café), Barbie Food Truck, [Play Mobile Food Truck](#), Play-Doh (e.g., cupcake celebration play set), colouring and activity books.

It is recommended that Health Canada include language that is broad enough to encompass any new forms of technology that would be used for marketing to ensure children and youth remain protecting with the ever evolving digital marketing.

Question 7: Are there certain situations where some marketing techniques should be exempted from broad marketing restrictions?

Yes,

The only exemption that should be considered is for non-commercial marketing for valid public health education or public awareness campaigns.

Otherwise, if exemptions on some marketing techniques are allowed, larger amounts of marketing dollars could be shifted to the exempted techniques and continue to impact children and youth food choices and purchases as well as build brand awareness and loyalty. A similar example was found in a study of the Quebec regulation (restriction to under 13) and studies in the United States (restrictions to under 12) showed that when regulations only applied to children, food and beverage companies intensified their marketing efforts, targeting teens^{1,2,3}.

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Question 8. Do you have any other feedback?

As Ottawa's Medical Officer of Health, I commend Health Canada for taking the lead in protecting our most vulnerable through restrictions on marketing of unhealthy food and beverages to children and youth (under 17 years of age). Public health appreciates the opportunity to consult on the development of this legislation.

There are challenges of setting a threshold definition for 'unhealthy' foods. Focusing on restrictions of marketing of unhealthy food and beverage, unfortunately, enables companies to build brand loyalty and brand awareness^{1,2,3,4}. Throughout the Health Canada consultation document, there is mention of how marketing drives brand loyalty. On page 15 of the Health Canada discussion paper for public consultation document, under Branding: *"Brand marketing connects and motivates consumers on an emotional level, affecting children's food preferences and choices. Children are particularly brand sensitive and show preferences for brands at a young age. Companies can use brand marketing to promote a company or they may brand just one "healthier" food or beverage within a product line. Thus, while avoiding direct promotion of unhealthy products, they promote them by association..."*

Research demonstrates that marketing and easy access to unhealthy foods high in fat, sugar, salt and calories, and sugar-sweetened beverages have contributed to rising caloric intake in many populations. Children and youth are developing lifelong health habits in an environment where direct and indirect marketing of food and beverages is increasingly prevalent. The evidence shows that unhealthy food marketing is an important and independent causal factor in the childhood obesity epidemic. The regular consumption of sugar-sweetened beverages, including energy drinks, is not conducive to a healthy diet. Studies show that foods children eat and ask their parents to buy can be influenced by advertising. Food advertisements are often for products that are high in salt, fat, sugar and calories^{5,6,7,8,9}.

By restricting only "unhealthy food", the food industry could focus on healthier products or products that are not restricted under the marketing ban to build brand loyalty with children and youth^{4,10}. For example, fast food restaurants offer healthier sides (e.g. apple slices) in children's meals and marketing overall meals high in fat, salt and calories. As such, I, as the Medical Officer of Health for the City of Ottawa, support and recommend that Health Canada consider restrictions on marketing of **all food and beverages** to children and youth aged 16 and under. This would acknowledge that children lack adequate cognition to understand the intent and impact of marketing^{11,12,13}.

The Quebec Consumer Protection Act (CPA) has prohibited commercial advertising targeted to children under 13 years since 1980¹⁴. Literature has shown that compared to children in the rest of Canada, children in Quebec see fewer food advertisement on television and in their schools¹⁵. This type of regulation in Quebec is associated with decreased fast food consumption¹⁵. Quebec has one of the highest vegetables and fruit consumption rates and the lowest childhood obesity rates among 6-11 year olds in Canada^{16,17}. Although, this legislation is not full-proof, lessons learned from the Quebec context should be thoroughly reviewed, as local groups have reported which exemptions and methods are still being used to target children and youth.

Furthermore, as the consultation also pertains to marketing of unhealthy beverages, I recommend that Health Canada explore how alcohol marketing reaching and targeting youth can be included in restrictions to marketing of unhealthy food and beverages to children and youth. Review of several longitudinal studies demonstrated that alcohol advertising and promotion increases the likelihood that adolescents will start to use alcohol, and to drink more if they are already using¹⁸. Although in Ontario, there is the *Liquor Licence Act Regulation and Advertising Guideline*, there have been several instances in the media recently reporting that marketing of alcohol reaches youth through new products that can appeal to youth¹⁹, use of celebrities popular with youth and especially with newer forms of digital media such as social media platforms like Snapchat. Marketing restrictions on alcohol at the federal level could help strengthen current provincial restrictions.

Finally, it is recommended that the marketing restrictions, once established be evaluated, monitored, sufficiently resourced and enforced. This will ensure the expected impact is achieved.

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