

Health Canada

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Re: Canada's Food Guide Consultation

From: Group of concerned Canadian Physicians and Allied Health Care providers

For the past 35+ years, Canadians have been urged to follow the Canadian Dietary Guidelines. During this time, there has been a sharp increase in nutrition-related diseases, particularly obesity and diabetes.

We are especially concerned with the dramatic increase in the rates of childhood obesity and diabetes. In 1980, 15% of Canadian school-aged children were overweight or obese. Remarkably, this number more than doubled to 31% in 2011 (23); 12% of children met the criteria for obesity in the same reporting period (1,2,3). This has resulted in a population with a high burden of disease, causing both individual suffering, and resulting in health care systems which are approaching their financial breaking points (3). The guidelines have not been based on the best and most current science, and significant change is needed.

From the Report of the Standing Senate Committee on Social Affairs on Obesity in Canada, *"Canada's dated food guide is no longer effective in providing nutritional guidance to Canadians. Fruit juice, for instance, is presented as a healthy item when it is little more than a soft drink without the bubbles"* (4). Appendices A, B and C include key recommendations made by the Standing Senate Committee, show the Brazilian dietary guidelines as a progressive dietary guideline example emphasizing real food, and shows some examples of Real Food for Canadians from the Public Health Collaboration UK.

We are a group of Canadian Physicians and Allied Health Care professionals who wish to see significant change to the dietary guidelines, and insist they be based on best and current evidence. As such, we support (and have slightly modified) the manifesto of the US Nutrition Coalition (<http://www.nutrition-coalition.org/manifesto-3/>), which outlines evidence-based facts for change. This will significantly reduce the burden of dietary diseases in the coming years, and vastly impact the amount of health care dollars spent on these diseases. These points for change are based on rigorous science, are entirely relevant to our own guidelines, and are strongly endorsed by this group of healthcare professionals.

Points for Change

The Canadian Dietary Guidelines should:

1. Clearly communicate to the public and health-care professionals that the low-fat diet is no longer supported, and can worsen heart-disease risk factors (5,6,7,8,22,24,27,31,34).
2. Be created without influence from the food industry (4).
3. Eliminate caps on saturated fats (8,20,22,34).
4. Be nutritionally sufficient, and those nutrients should come from real foods, not from artificially fortified refined grains (9, 34).
5. Promote low-carb diets as at least *one* safe and effective intervention for people struggling with obesity, diabetes, and heart disease (10,11,13,21,27,34).
6. Offer a true range of diets that respond to the diverse nutritional needs of our population (12).
7. Recognize the controversy on salt and cease the blanket "lower is better" recommendation (15,16,26,33,34).
8. Stop using any language suggesting that sustainable weight control can simply be managed by creating a caloric deficit (14,21,27,28,29,30,32).
9. Cease its advice to replace saturated fats with polyunsaturated vegetable oils to prevent cardiovascular disease (17,18,19,20).
10. Stop steering people away from nutritious whole foods, such as whole-fat dairy and regular red meat (18,34).
11. Include a cap on added sugar, in accordance with the updated WHO guidelines, ideally no greater than 5% of total calories (25).
12. Be based on a complete, comprehensive review of the most rigorous data available. In the absence of randomized clinical controlled trial data, rely on large epidemiologic studies with major clinical outcomes (avoid relying on surrogate endpoint studies), but accept that the level of evidence is less robust. If such data is not available, the Guidelines should remain silent.

Thank you for your consideration of these recommendations. We have an opportunity to become a world leader with our dietary guidelines, with recommendations that reflect the best current evidence. We can dramatically improve the health of Canadians, and halt the dramatic rise in health care costs associated with treating chronic dietary diseases.

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APPENDIX A

Key recommendations from the Report of the Standing Senate Committee on Social Affairs on Obesity in Canada and practical examples for Canadians.

Recommendation 6

The committee recommends that the Minister of Health immediately undertake a complete revision of Canada's food guide in order that it better reflect the current state of scientific evidence. The revised food guide must:

- *Be evidence-based;*
- *Apply meal-based rather than nutrient-based principles;*
- *Effectively and prominently describe the benefits of fresh, whole foods compared to refined grains, ready-to-eat meals and processed foods; and,*
- *Make strong statements about restricting consumption of highly processed foods.*

We offer some common examples of real foods that will appeal Canadians who bring the wide range of cuisines to our national palate.

Real Food Examples

Fats & Proteins - Eggs, sardines, mackerel, salmon, beef, chicken (with skin), lamb, pork, liver, kidney, heart, avocados, olives, full-fat cheese, full-fat yoghurt, cream, almonds, macadamia nuts, brazil nuts, walnuts

Carbohydrates - Broccoli, spinach, green beans, bell peppers, tomatoes, mushrooms, cauliflower, courgettes, onions, carrots, butternut squash, wild blueberries, strawberries, apples, oranges, lemons, parsnips, beans, legumes, potatoes, fermented breads, whole grains (rice, oats, bulgur, wheat berries, quinoa etc).

Drinks - Water, tea, herbal tea, fruit tea, coffee, whole milk, heavy cream

Oils - Beef tallow, butter, coconut oil, ghee, duck fat, lard and cold-pressed olive oil

Fake processed food examples:

Fats & Proteins - Low-fat cheeses, low-fat yogurt, low-fat margarine, beans in sauce, flavoured nuts, canned whipped cream

Carbohydrates - Sugary cereals, refined breads, refined pastas, potato chips, biscuits, cakes, sweetened and dried fruit

Drinks - Sugary soft drinks, fruit juices, low-fat milk, sugary milkshakes, pre-packaged smoothies

Oils - Sunflower oil, corn oil, vegetable oil, soya oil and canola oil.*

(*adapted from <https://phcuk.org/>)

Recommendation 7

The committee further recommends that the Minister of Health revise the food guide on the guidance of an advisory body which:

- *Comprises experts in relevant areas of study, including but not limited to nutrition, medicine, metabolism, biochemistry, and biology; and,*
- *Does not include representatives of the food or agriculture industries.*

Appendix B

Brazilian Dietary Guidelines as an Example

A model for consideration is the Dietary Guidelines for the Brazilian Population, which addresses many of the above points, but also focuses on their own 10 steps to Healthy diets, including:

1. Make natural or minimally processed foods the basis of your diet.
2. Use oils, fats, salt, and sugar in small amounts when seasoning and cooking natural or minimally processed foods and to create culinary preparations.
3. Limit consumption of processed foods.
4. Avoid consumption of ultra-processed foods.
5. Eat regularly and carefully in appropriate environments and, whenever possible, in company.
6. Shop in places that offer a variety of natural or minimally processed foods.
7. Develop, exercise and share cooking skills.
8. Plan your time to make food and eating important in your life.
9. Out of home, prefer places that serve freshly made meals.
10. Be wary of food advertising and marketing.

http://189.28.128.100/dab/docs/portaldab/publicacoes/guia_alimentar_populacao_ingles.pdf

Of note in these guidelines is the absence of a focus on macronutrients and calorie counting. We believe the guidelines should reflect science and we trust Canadians will embrace a whole food lifestyle.

Appendix C

Used with permission from Public Health Collaboration United Kingdom (<https://phcuk.org/>)

<https://phcuk.org/wp-content/uploads/2016/05/Healthy-Eating-Guidelines-Weight-Loss-Advice-For-The-United-Kingdom-Public-Health-Collaboration.pdf>

“The Real Food Lifestyle is an approach that allows for individual flexibility, and accepts that a variety of real food diets can be used to maintain personal good health. In order to improve public health in the UK the Public Health Collaboration recommends that as a nation we follow The Real Food Lifestyle by eating real food, avoiding fake food and are active everyday.”

A week of living The Real Food Lifestyle could be as follows:

	Breakfast	Lunch	Dinner	Snack	Activity
Monday	Full fat Greek yoghurt with nuts and berries	Salmon with green beans and boiled new potatoes	Chicken curry with cauliflower	Almond butter with celery	20 minutes strength exercise
Tuesday	Fried kippers with tomatoes	Lentil soup	Moussaka with grilled courgettes	Macadamia nuts	20 minutes walk at lunchtime
Wednesday	Full fat Greek yoghurt with nuts and berries	Frittata with salad and olive oil	Cream cheese stuffed chicken wrapped in bacon with buttered broccoli	Olives	4 minutes aerobic interval training
Thursday	Ground almond and flaxseed scone with butter and blueberries	Avocado and prawn salad with balsamic vinegar	Sirloin steak with cauliflower, spinach and garlic mash	Peach	20 minutes strength exercise
Friday	Strawberries and unsweetened coconut flakes	Homemade cream vegetable soup	Seafood and okra stir-fry cooked in coconut oil	Brazil nuts	20 minutes walk at lunchtime
Saturday	Scrambled eggs and bacon with fried	Tinned tuna and kidney bean salad with olive oil	Homemade beef bolognese with zucchini	Apricot	4 minutes aerobic interval training

	mushrooms		spaghetti		
Sunday	Full fat Greek yoghurt with nuts and berries	Roast chicken, potatoes and vegetables	Homemade cream of mushroom soup	Pecan nuts	1 hour walk in park or countryside