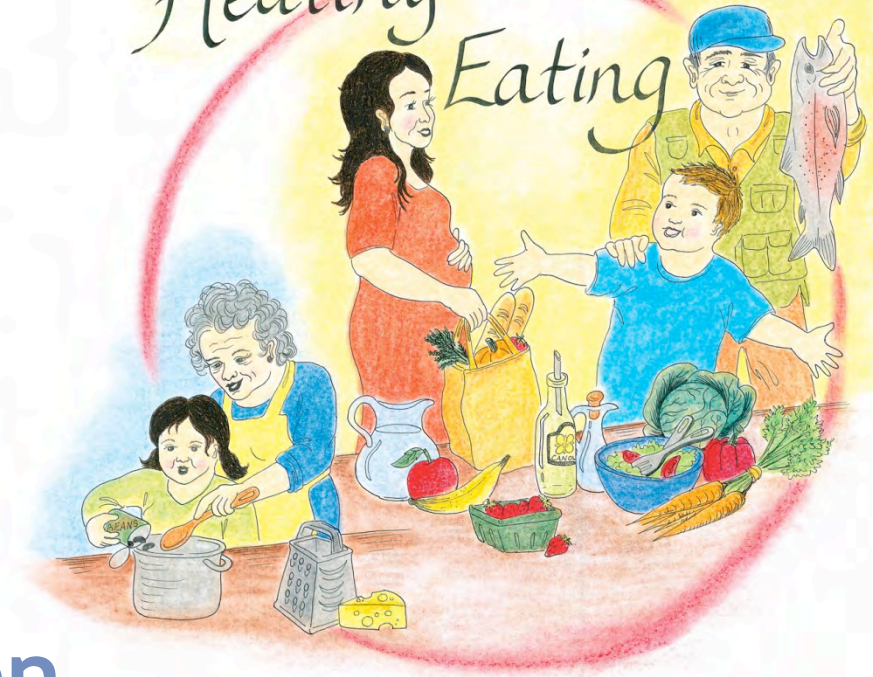


Healthy Eating



Position on Healthy Eating

An Integrated Population Health Approach

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northern health
the northern way of caring

“... Sometimes it feels like this. There I am standing by the shore of a swiftly flowing river, and I hear the cry of a drowning man. So I jump into the river, put my arms around him, pull him to shore and apply artificial respiration. Just when he begins to breathe, there is another cry for help. So I jump into the river, reach him, pull him to shore, apply artificial respiration, and then just as he begins to breathe, another cry for help. So back in the river again, reaching, pulling, applying, breathing and then another yell. Again and again, without end, goes the sequence. You know, I am so busy jumping in, pulling them to shore, applying artificial respiration, that I have no time to see who is upstream pushing them all in.”

McKinlay, J.; 1979

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1.0 Introduction

This report outlines the position of Northern Health regarding healthy eating. Food has always been on the radar of public health departments. However, concerns have expanded from food safety to minimizing deficiency diseases and, presently, to supporting the link between nutrition and chronic disease prevention. Using a population health approach, we will engage with communities and people to move toward increased health and wellness. Specifically, this will be accomplished by advocating for and promoting for healthy eating, including reducing poor nutrition and resulting poor health outcomes. We will work with community partners to improve the health and wellbeing and quality of life of those living, working, learning, playing, and being cared for in Northern BC.

2.0 Food and Health

Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

- World Health Organization, nd.

Health is a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities.

- Ottawa Charter for Health Promotion, 1986.

Healthy eating is fundamental to the overall health of individuals, families and communities. An unhealthy diet is a major risk factor for many chronic diseases and conditions, such as osteoporosis, hypertension, cardiovascular disease, anaemia, diabetes, and obesity.ⁱ However, diet is also a modifiable risk factor for most people. Across an individual's lifespan, it supports daily living by promoting physical, mental and social wellbeing. Healthy eating promotes:

- **Physical wellbeing** by balancing quality and quantity of nutrients and energy from a variety of foods to meet nutrition requirements. In turn, this supports daily activity, optimal growth and development, a strong immune system and the minimization of nutrition-related disease, illness, and morbidity.^{ii, iii, iv}
- **Mental wellbeing** by supporting mental alertness, optimal brain function and development, and hormonal balance. This includes supporting a healthy relationship with food, a positive body image and outlook on life, feelings of comfort, satisfaction, and pleasure.^{v, vi, vii, viii, ix}
- **Social wellbeing** by facilitating social bonds with family and friends through encouraging sharing, connecting and social interactions in the acts of food preparation, eating together, and feeding. Healthy eating can contribute to skill development and support the practice and continuity of tradition and culture (i.e. celebrations and social events).^{x, xi, xii, xiii, xiv}

2.1 What We Eat: A Complicated Issue

Healthy eating is about more than just the food that is eaten. It is a complex concept that fuels the disparity between what constitutes healthy eating, what people believe to be healthy eating, and eating behaviours in practice.^{xv}

As we move forward and discuss these issues in greater depth, it is important to define relevant terms. This will assist in understanding individual-level and system-level goals.

- **Diet:** food and drink that is regularly consumed; eating habits.^{xvi} In mass media, the term 'diet' commonly describes weight loss regimens.
- **Healthy Eating:** a focus on nourishment to support optimal growth, development and vitality. Healthy eating is getting enough, good-for-you and good tasting food to provide energy for everyday living and to support short-term and long-term health and wellness. For healthy eating to support healthy communities, food is sourced from relatively local sources, produced in sustainable ways, and is affordable.

2.2 Current Canadian Diet

Overall, Canadians are not eating well. Less than 1% of Canadians follow a diet consistent with Canada's Food Guide (see below for recommendations), with more men than women having diets classified as 'poor.' Canadians' diets scored 58.8/100 on the Healthy Eating Index. In this index, a score of less than 50 is considered to be a 'poor diet' and a score over 80 is considered to be a 'good diet.' One in six Canadians scored less than 50. Thus, the average Canadian diet is much closer to the 'poor diet' category than to the 'good diet' category. Of course, we must also recognize that the Canadian population is not homogenous and that some groups are at higher risk of a poorer diet (i.e. low income and First Nations).^{xvii}

In particular, trouble spots were identified, including poor consumption of dark green vegetables, orange vegetables, whole fruits, and whole grains. It was also identified that a higher percentage of calories are being consumed from 'other foods.'^{xviii}

2.3 Healthy Eating: An Integrated Concept

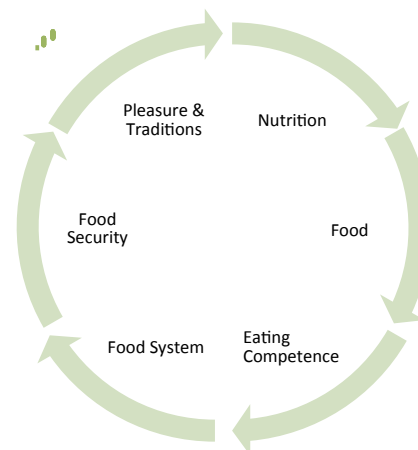
The important public health issue is the availability and cost of healthy and nutritious food. Access to good, affordable food makes more difference to what people eat than health education.

British Columbia Provincial Health Officer, 2006, 106

The data in Section 2.2 above demonstrates that there is a gap between current eating habits, or the *diets* of Canadians, and healthy eating. This gap is fuelled by a complex set of issues, including nutrition, food, eating competence, food systems, food security, and pleasure and traditions (Figure 1).^{xix} Each of these components will be defined in the sections below.

Figure 1:

Components of Healthy Eating



Several factors influence food choice but are often outside of the control of the individual. This is particularly challenging because most nutrition efforts place responsibility on individuals to make better choices. Control over the concepts outlined below diminishes among the vulnerable populations in society, including socioeconomically disadvantaged and First Nations people, as these populations typically have fewer resources to address or change their nutritional health.

An unhealthy diet is less often a matter of personal choice and more often a function of social and economic inequalities.

-Ontario Healthy Communities Coalition, 2006, 3.

2.3.1 Nutrition

The state of nutrition is associated with a balanced diet of foods that are healthy and wholesome, commonly measured by Dietary Reference Intakes (DRIs). DRIs inform the development of food based dietary guidelines (Section 2.4). DRIs are the amount of nutrients we need to prevent deficiencies and lower the risk of chronic disease.^{xx} Meeting DRI recommendations will supply the majority of Canadians with the right amount of nutrients to support health from the beginning to the end of life.^{xxi}

2.3.2 Food

While science supports the connection between nutrients and health, food is the best source of nutrients. Food is a complex blend of components that support the body's utilization of nutrients. An emphasis on food selection rather than nutrients alone is key. Food also fulfills other needs, such as pleasure and the fulfillment of traditional practices, as will be discussed below (Section 2.3.6).

2.3.3 Eating Competence

Good eating is typically defined as eating the right amount of the right foods. However, eating competence can build a more comprehensive foundation for healthy eating. Competent eating includes four components: positive attitudes about eating and food, flexible food acceptance attitudes and skills, recognition, trust and response to internal regulators of hunger and fullness, as well as feelings of satiety and the food management skills to plan for, prepare and have regular meals and snacks.

Eating competence is supported in children when parents enact a Division of Responsibility (parents decide **what**, **when** and **where** foods will be served and children decide **whether** they will eat and **how much** they will eat). For children and adults, eating competence is supported within the context of regular family-style meals and planned snacks. In particular, family meals are positively associated with intake of fruits, vegetables, grains, and calcium-rich foods and negatively associated with soft drink consumption.^{xxii}

Higher levels of eating competence are correlated with lower body mass index scores and better coronary risk profiles, such as lower blood pressure and lower total cholesterol.^{xxiii}

2.3.4 Food Systems

A food system includes all processes involved in feeding a population, such as: growing, harvesting, processing (transforming or changing), packaging, transporting, marketing, consuming, and disposing of food.^{xxiv} Since the 1950s, food systems have fundamentally changed. Specific changes include: where, how, and who produces our food, where and how our food is processed, and where and how our food is eaten.^{xxv}

Changing food systems is important for healthy eating because food has become a commodity. As a result of current day processing, packaging, and marketing practices, much of what is in grocery stores does not facilitate healthy eating choices.^{xxvi, xxvii, xxviii}

Nutrition labelling efforts work towards informing consumers to determine if food choices fit within a healthy diet.

2.3.5 Food Security

Food security is the ability to obtain safe, culturally acceptable, and nutritionally adequate diet through a sustainable food system.^{xxix} In addition to nutrition and food systems discussed above, food security concerns issues of:

- **Food access** - ability to acquire enough food to support life, health, and activity.
- **Food safety** - includes the safety of foods being sold (i.e. non-contaminated) and the safe preparation and storing of foods to avoid food-borne illness.
- **Sustainability** - provision of fair and profitable income for producers, environmental protection, and support of local society.
- **Culturally acceptable foods** - recognition of the cultural acceptance and meaningful processes involved in how food is obtained, prepared, distributed, and eaten.^{xxx}
- **Social justice** - related to fair and profitable income for those who earn their livings from the food system and the injustices of food insecurity and hunger.

Healthy eating is enabled by a food system that supports food security. If food security is compromised, healthy eating is compromised.

2.3.6 Pleasure/Traditions

Beyond providing nutrition, food fulfills social, cultural, and traditional roles in our lives. For the majority of people, food choices are most influenced by taste.^{xxxi} The taste, smells, and textures of food can provide pleasure. For example, one author notes that:

...the consumption of traditional foods is more than just about eating; it is the endpoint of a series of culturally meaningful processes involved in the harvesting, processing, distribution, and preparation of these foods. For many Aboriginal peoples, these processes require the continued enactment of culturally important ways of behaving, which emphasize cooperation, sharing, and generosity.^{xxxii}

As such, the socio-cultural and historical values of food must also be considered in healthy eating.

2.4 Healthy Eating Guidelines

Public perceptions are strongly influenced by dietary guidance.^{xxxiii} Health organizations seek to provide dietary guidance to help prevent or manage chronic conditions and diseases in the population at large; common recommendations can be drawn about what to eat, how much to eat, and what foods to avoid.^{xxxiv, xxxv}

In 2007, Health Canada released the updated, evidence-based national healthy eating guidelines, *Eating Well with Canada's Food Guide*. The guidelines were developed to help Canadians move toward improved health outcomes through the benefits that can be obtained through healthy eating. The guidelines were intended for Canadians over 2 years of age and two versions of the guide exist: one for the general population and one for First Nations, Inuit, and Métis peoples. The latter, as a result of its inclusion of game meats, frozen vegetables and fruit, may be relevant for many Northern residents, independent of ethnicity.

2.4.1 Eating Well with Canada's Food Guide

The guide promotes adequacy, moderation, variety, and balance in food choices.^{xxxvi} In particular, Canadians are encouraged to eat a variety of servings each day from the four food groups: Vegetables & Fruit, Grain Products, Milk & Alternatives, and Meat & Alternatives. The recommended number of servings each day varies by age and gender (Appendix A) to respond to the unique needs along the lifecycle. Within each food group, quality guidance statements are provided. For example, eat at least one dark green and an orange vegetable each day; eat vegetables and fruit rather than juice; choose whole grain products at least half the time; and eat two food guide servings of fish each week. Generally, the guidelines promote:

- ⇒ the inclusion of a variety of plant-based foods (including fruits and vegetables, whole grains, legumes, and nuts),
- ⇒ limiting energy intake from total fats,
- ⇒ shifting fat consumption from saturated to unsaturated fats,
- ⇒ seeking to eliminate trans-fats,
- ⇒ limiting energy intake from foods rich in sugars, and
- ⇒ limiting sodium intake from all sources.

*Eat food. Not too much.
Mostly plants.*

- Michael Pollen, 2008.

2.4.2 Eating Well Beyond the Food Guide

Eating Well with Canada's Food Guide provides guidelines for Canadians over 2 years of age. As such, there is a segment of the population that is not covered by these guidelines and other guidelines exist.^{xxxvii, xxxviii, xxxix}

For infants, a diet of breast milk alone, with vitamin D supplement, is recommended to 6 months of age and is encouraged to 2 years and beyond. At 6 months, complementary foods that are rich in iron are recommended. Young children need quality sources of dietary fat to support brain development and help meet calorie needs for growth and development. As the child grows and develops, additional foods are added so that at age 2 years, the dietary pattern promoted in the food guide is followed.

3.0 Northern Health Position

Northern Health seeks to optimize health and wellness and improve quality of life by promoting healthy eating among all Northern residents, by working with individuals and community partners to support and promote:

- A broad, balanced, inclusive and responsive definition of healthy eating.
- The right of all to achieve healthy eating.
- Physical and social environments, programs, and policies that support healthy eating along the continuum of life.
- Use of a “do no harm” approach to healthy eating to promote positive relationships with food and eating and positive body image, to discourage the development of disordered eating attitudes and behaviours.

Northern Health will enable healthy eating by:

- promoting a comprehensive approach to healthy eating that considers nutrition, food, eating competence, food systems, community food security, pleasure and traditions, and how these factors influence healthy eating.
- leading and supporting **internal** policies, programs and initiatives to create supportive environments for staff, clients, patients and residents.
- collaborating with **external** partners to support community level, systemic change to enable the development and maintenance of sustainable food systems and healthy eating environments where people live, learn, work and play.

4.0 Strategies to Achieve this Position

The Ottawa Charter for Health Promotion is a worldwide resolution of the World Health Organization. Signed in Ottawa in 1986, this global agreement calls for action towards health promotion through five areas of strategic action. In concert, these strategies can create a comprehensive approach to addressing risk factors, such as promoting healthy eating.

This section presents examples that support the five strategic action areas of the Ottawa Charter to achieve the same goals outlined in this position paper. Examples are evidence-based and come from an environmental scan of strategies proven effective in other places.

4.1 Build Healthy Public Policy

A broad range of local, regional, provincial, and federal organizations have a role to play in building healthy public policies that promote healthy eating. Some examples include:

- Policies to support local food growth, production, and integration into commercial food supply chains and institutions. This includes food policy frameworks with municipal governments, food policy councils, and healthy food charters (i.e. [Smart Growth on the Ground](#)).
- Policies to support all people having access to healthy eating (i.e. policies to support a living wage).
- Support a pan-Canadian agri-food policy; a coordinated, cross-sector policy that addresses inequities in food systems, improves food security, and improves the nutritional status of Canadians (i.e. [Canadian Agri-Food Policy Institute](#)).
- Policies to promote healthier composition of foods; the development of food products/meals with little or no sodium or sugar (i.e. Toronto Food Policy Council's proposal to [change food information systems](#)).
- Policies to support family meals. For example, create family eating spaces in recreation centres to encourage families to eat together.
- Policies which support incorporating local foods into NH food facilities and other food providers, such as restaurants, markets, and vending.
- Enforce nutrition policies in institutional settings, such as schools, public buildings, and recreation centres.
- Policies to promote improved availability of healthy foods in geographically isolated places.

- Policies to limit the advertising of unhealthful eating practices and foods.
- Regional health authority to provide leadership in promoting and providing healthy food in its facilities and workplaces to model good corporate behaviour.
- Northern Health to provide baseline nutrition training for all NH employees and partners (physicians) to ensure consistent messaging to the public.

4.2 Create Supportive Environments

People interact with different settings in daily life - places where they live, work, learn, play, and are cared for. These places should be considered when seeking to create supportive environments.

Our ultimate goals should be to structure neighbourhoods, homes, and institutional environments so that healthy behaviours are optimal defaults.

-Story et al. 2008, 262.

Within each of these environments, we can work to promote healthy eating using such examples as:

4.2.1 Home

- Promote eating competence in the context of regular family-style meals and planned snacks (i.e. [Better Together](#), Nutrition Education Network of Washington's [Eat Better, Eat Together Toolkit](#)).
- Promote a *Division of Responsibility* of feeding by parents and children; parents decide **what**, **when**, and **where** foods will be served and children decide **whether** they will eat and **how much** they will eat (i.e. Ellyn Satter's [Guidelines for Feeding](#)).
- Promote healthy care settings (adult and child day care). Strengthen the process to support increased nutrition and quality of foods served, how they are served, and training for professionals to help ensure healthier food environments.
- Sponsor programs which develop skills for choosing and preparing healthy foods (i.e. [Food Skills for Families](#)).

4.2.2 Work

- Promote comprehensive workplace health approaches, which emphasize healthy eating (i.e. Waterloo's [Project Health](#) program and their [healthy eating toolkits](#)).
- Support the development of healthy workplace vending strategies (i.e. Capital Health's [Healthy Eating Strategy](#); Region of Peel's [Healthy Vending Machine Choices](#); BC Ministry of Labour and Citizens' Services' [Healthier Choices](#) policies).
- Host Lunch and Learn sessions for employees to learn about healthy food choices and the benefits of healthy eating (i.e. Waterloo's Project Health offers [Lunch and Learn](#) sessions to review Canada's Food Guide).
- Provide promotional materials which promote healthy lunches to take to work (i.e. Project Health's [Healthy Food Guidelines for Workplaces](#)).
- Promote involvement by all, including senior management, in participatory planning to focus on the needs of employees and the optimal use of on-site resources. Planning should be tailored to the special features of each workplace environment.

4.2.3 School

- Consider the infrastructure or physical capacity of a space to have real food cooked on site and served to students.
- Promote learning of local food systems in schools (i.e. [Farm to School programs](#)).
- ‘Train the trainer’ - provide educational opportunities to teachers on food and nutrition.
- Basic food, nutrition and cooking classes as compulsory learning in school to improve individual knowledge, skills and resources later in life.
- Promote fruit and vegetable snack programs (i.e. BC Agriculture in the Classroom’s [Fruit and Vegetable Nutritional Program](#)).
- Support fundraising programs which do not negatively impact healthy eating targets.

4.2.4 Leisure

- Promote healthy vending and food choice options in recreational facilities (i.e. [eat Smart Ontario](#), New Brunswick’s [Healthy Foods in Recreational Facilities](#) program).
- Promote participation in community gardens (i.e. Government of Alberta’s [Guide to Community Gardens](#))
- Promote family-style meals in outdoor settings as a leisure activity (i.e. picnic tables in parks).
- Encourage breast-feeding friendly spaces (i.e. World Health Organization’s [Baby-Friendly Hospital Initiative](#)).

4.3 Strengthen Community Action

Successful actions to promote healthy eating are planned and implemented through partnerships and collaboration. Often public, private, and non-governmental organizations can be involved from local, regional, provincial, and federal levels. Examples of partnerships that can build community capacity and promote healthy eating include:

- Work to identify local stakeholders in food systems (i.e. Washington [Food System Directory](#)).
- Work with stakeholders to create awareness around food systems and the benefits (nutritional, economic, and environmental) of more localized food systems (i.e. [Healthy Eating With the Seasons](#); Ottawa River Institute’s [Local Food Buying Guide](#)).
- Engage community-based stakeholders to raise awareness around food costing, food quality, availability, and accessibility (i.e. [Cost of Eating in British Columbia](#); [Nova Scotia Participatory Food Costing Project](#)).
- Work with stakeholders such as stores, workplaces, and community partners to make healthy foods more available and affordable (i.e. Nunavut/Northwest Territories’ [Healthy Foods North](#) program).
- Partner with local governments and agricultural organizations to support local food production and consumption.
- Identify and work with local stakeholders to encourage consumers to make informed dining choices in food establishments, such as restaurants.

4.4 Develop Personal Skills

A variety of resources and support systems can support individuals and families to build better health outcomes through awareness, engagement, education and capacity building. Many stakeholders can focus on the different levels of behaviour change and tailor programs accordingly. Examples of programs and campaigns which encourage the development of personal skills towards promoting healthy eating include:

- Using standard and accepted healthy eating guidelines, encouraging the public to build balanced meals and snacks using their preferred foods (i.e. Canada's [My Food Guide](#), United Kingdom's [EatWell Plate](#), United States' [Choose My Plate](#)).
- Incorporate eating competence into nutrition education (i.e. Center for Food and Environment's [Choice, Control, and Change](#) program).
- Community-based and culturally appropriate education for individuals on food preparation, nutrition, cooking, meal/menu planning, budgeting, and eating competence (i.e. Health Canada's [Improving Cooking and Food Preparation Skills](#); [Food Skills for Families](#)).

4.5 Reorient Health Services

A broad range of people can assist in reorienting health services. For example, health professionals, local government, community planners, sport and recreation professionals, general practitioners, allied health professionals, and volunteers can influence healthy eating. Some examples of where this has been effective include:

- Engaging with regional stakeholders to train and certify volunteer community-based food advisors (i.e. Ontario's [Food Advisor Program](#)).
- Integrating provincial, territorial, and federal (Aboriginal) services to promote collaboration of health professionals from various organizations to provide high quality, cost-effective care.
- Integrating primary health programs with community-based stakeholders where there are common mandates. For example, from hospital care to community health.
- Encourage local governments, citizens, and other stakeholders to develop a Northern Food and Nutrition Surveillance Strategy; plan dissemination to all stakeholders (i.e. [Model Core Program Paper on Food Security](#)).

5.0 Conclusion

In conclusion, Northern Health is adopting a position on healthy eating as a primary modifiable behavioural risk factor for the development and progression of a wide variety of chronic diseases and for the improved health and well-being of northerners. These disease states significantly burden our health care system and the population's overall health. The message is consistent with provincial and national initiatives. This paper also presents evidence-based strategies that are undertaken in other places and are proven to promote healthy eating. The strategies support the comprehensive framework presented by the Ottawa Charter and support Northern Health's position.

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Appendix A Canada's Food Guide Recommendations

Recommended Number of Food Guide Servings per Day

Age in Years	Children			Teens		Adults			
	2-3	4-8	9-13	14-18		19-50		51+	
	Girls and Boys			Females	Males	Females	Males	Females	Males
Vegetables and Fruit	4	5	6	7	8	7-8	8-10	7	7
Grain Products	3	4	6	6	7	6-7	8	6	7
Milk and Alternatives	2	2	3-4	3-4	3-4	2	2	3	3
Meat and Alternatives	1	1	1-2	2	3	2	3	2	3

- **Vegetables & Fruit**
 - ⇒ Choose at least one dark green and one orange vegetable each day.
 - ⇒ Have vegetables and fruit more often than juice.
 - ⇒ Choose vegetables and fruit prepared with little or no added fat, sugar or salt.
- **Grain Products**
 - ⇒ Make at least half of your grain products whole grain each day.
 - ⇒ Choose grain products that are lower in fat, sugar or salt.
- **Milk & Alternatives**
 - ⇒ Drink skim, 1% or 2% milk each day.
 - ⇒ Select lower-fat milk alternatives.
- **Meat & Alternatives**
 - ⇒ Have meat alternatives such as beans, lentils and tofu often.
 - ⇒ Eat at least two Food Guide Servings of fish each week.
 - ⇒ Select lean meat and alternatives prepared with little or no added fat or salt.

Additional Guidelines:

- Eat a variety of foods from the four food groups to get all the nutrients needed.
- Include a small amount (30 - 40 mL) of unsaturated fat each day as part of cooking, salad dressings, margarine and mayonnaise.
- Satisfy thirst with water. Limit sugar sweetened beverages.
- Limit foods high in calories, fat, sugar or salt (sodium).
- Read food labels to make wise food choices.
- Combine healthy eating with being active to support a sense of energy and wellbeing, help prevent disease, and to achieve a healthy body weight.

Additional Guidelines for Age-Specific Groups:

Infants

- A diet of breast milk alone, with vitamin D supplement, is recommended to 6 months of age and is encouraged to 2 years and beyond. At 6 months, complementary foods that are rich in iron are recommended. Young children need quality sources of dietary fat to support brain development and help meet calorie needs for growth and development. As the child grows and develops, additional foods are added so that at age 2 years, the dietary pattern promoted in the guide is followed.

Children

- Do not restrict nutritious foods because of fat content; serve small nutritious meals and snacks each day; focus is on supporting growth and development.

Women of Childbearing Age

- If there is a possibility of becoming pregnant and for those who are pregnant or breastfeeding, take a daily multivitamin containing folic acid; pregnant women should ensure their multivitamin also contains iron; pregnant and breastfeeding women need an extra 2 to 3 servings each day.

Canadians over 50 Years

- Take a daily vitamin D supplement of 400 IU.

Eating Well with Canada's Food Guide supports the four aspects of diet quality:

1. **Adequacy** - a measure of the sufficiency of intake of nutrients and foods
2. **Moderation** - whether certain nutrients or foods are consumed in excess
3. **Variety** - the diversity of food choices
4. **Balance** - the equilibrium of food intake

Source: Garriguet, D. 2009. [Diet Quality in Canada](#). *Statistics Canada Health Reports* 20(3): 1-12. [Catalogue no. 82-003-XPE].