



Brief of Bill Jeffery, BA, LLB, Executive Director  
Non-profit Centre for Health Science and Law (CHSL) and  
Editor of the advertisement-free *Food for Life report*

before the

Senate Standing Senate Committee on Agriculture and Forestry  
regarding its study on food literacy  
May 9, 2019 in Ottawa

*Food for Life Report* is advertisement-free and its non-profit publisher, the Centre for Health Science and Law, does not accept funding from industry or government. This is our conflict of interest safeguard. Thousands of Canadians are paid-subscribers to *Food for Life Report*, and all Senators and MPs receive complimentary copies thanks to free postage for mail sent to Parliament. Our magazine is still in the start-up phase, but the intention is to publish six times annually.

*Food for Life Report* conducts food product comparisons, and features articles about nutrition-related topics. Our mission is to help make Canadians more savvy eaters and industry and government more accountable, so we advocate food law reforms to help improve the food environment and food supply. Our most recent issue rated advice in popular diet and nutrition books (as well as *Canada's Food Guide*) against Canadian estimates of the disease burden of various aspects of diet-related disease. This issue also features an article on the nutrition education of medical doctors and a nutrition-conscious user's guide to the menu at Tim Hortons. We are presently in the midst of editing our sixth print issue, which puts the spotlight on nutrition and alcohol consumption of children and youth.

*Food for Life Report* is a successor to the Canadian edition of a US magazine, *Nutrition Action Healthletter*, which was discontinued in 2016 largely because the US publisher decided the nearly five-fold higher Canadian postage rates made continuing prohibitively expensive. We have managed to continue a Canadian magazine so far despite vastly unfavourable economies of scale by becoming extremely frugal and relying heavily on highly qualified volunteers. While the federal budget proposes to provide refundable tax credits to support for-profit and non-profit journalism, the tax credits are designed to support general news publication that cover food and health, not specialized publications like ours. I don't understand the wisdom of the distinction.

Subscription revenues help us advocate food and nutrition law reform, mostly at the federal and international level, all of which broadens our perspective and informs our analysis in the magazine. Law and policy, as much as culture, education, and economics, shape food environments. And food literacy can be of minimal assistance to children and adults who are surrounded by nutrient-poor foods, advertisements, and labelling where they live,

*Helping to make Canadians more savvy eaters and governments and industry more accountable.*

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work and play or whose financial means and cashflow undermine their ability to afford fresh fruits and vegetables.

So, for 22 years, I have advocated:

- improvements to nutrition labelling,
- reductions in sodium and trans fats,
- shifting food taxes from nutritious foods to ones that promote poor health,
- restrictions on marketing to children,
- conflict of interest safeguards in nutrition law and policy making, and
- a national school food program (which could food literacy curriculum developed with Health Canada's unique nutrition science expertise).

Recently my organization has also helped provide technical assistance on legal measures to restrict the promotion of breast-milk substitutes in Sub Saharan African for UNICEF. I estimate that sub-optimal breast-feeding causes approximately 300,000 deaths of babies on that continent where water quality is often poor and health infrastructure is generally too weak to properly care for children who get food poisoning from contaminated water, intrinsically contaminated infant formula, or other infections that could be prevented by immune systems that are properly developed by breastfeeding. I suspect the risk of formula feeding to Canadian babies has been under-estimated, especially if the rate of intrinsic contamination in Canadian formula remain accurate, though there is a need for better evidence.

According to Canadian data from the Global Burden of Disease, approximately 48,000 Canadians die annually from, in order of impact:

1. **too much sodium (12,191 deaths)\*\***
2. too little vegetables and fruit (6,265 and 6,094 deaths, respectively)
3. too little whole grains (11,735 deaths)
4. too little nuts and seeds (9,711 deaths)
5. **too little polyunsaturated fat (4,484 deaths)\*\*** from grapeseed, corn and sunflower oils, as the optimum replacement for sources of saturated fat found in animal fat and tropical oils such as coconut and palm oils. Generally, replacing saturated fat with non-whole grain foods would provide little benefit.
6. too little fibre (4,520 deaths)
7. fish omega-3 fats (3,970 deaths)
8. too much processed meat (2,949 deaths)
9. **too much sugary beverages (2,255 deaths)\*\*** While added sugar from other sources might more than double this estimate, Health Canada's high, 100-gram Daily Value for sugar grossly and systematically understates the risk of those sugars which the WHO recommends to reduce to under 25 grams per day.

(The individual risk tallies are slightly overlapping.) These estimates are generated by applying quality-grading to weigh meticulously catalogued systematic reviews of the scientific literature and applying them to Canadian consumption and other health data. The investigators are based at the Seattle-based Institute for Health Metrics and Evaluation at the University of Washington.<sup>1</sup> There have been other efforts to quantify risk in this way and we will do a review of them in a future issue.

Most Canadians do not appear to be aware of these risks and, in my view, it is Health Canada's responsibility to apprise them of this risk or conduct its own re-analysis of GBD figures. Health Canada does not publicly acknowledge these figures.

Health Canada's proposal to mandate warning labels for the amounts of sodium, saturated fat, and total sugar will help act as an interesting new counterpoint to marketing claims on labels that often feature single-nutrients in foods that are generally not very nutritious. However, that approach to labelling will likely amplify the misperception that most diet-related disease can be avoided by reducing the saturated fat, sugar, and sodium. Doing so, of course, would help, but not nearly as much as switching to whole grains and optimizing fruit and vegetable intake. Likewise, many products are made with filler ingredients (like water and starch), a practice that is rarely disabused by product labels and sometimes deception is actively promoted, by colouring white bread with molasses to make it look whole wheat, by adding water to pasta sauce, and vitamin marketing claims to boxes of sugary cereals,

Though Health Canada did reference GBD conclusions in its background material for the *Snap Shot* of the new *Food Guide*, it has not published plans to quantify risks in the full version of the *Food Guide* to be published later this year, nor to widely promote the full *Guide* to the Canadian public.

Also, I worry that its proposal to implement front of pack labelling will further distort the public's understanding of good nutrition. Health Canada's answer is that, essentially, it is ok for food labels to distort the risk information because, if Canadians study the *Food Guide* and integrate that knowledge with what they learn from the labels, they will be able to get a complete picture. Food labels could feature a rating scheme that shows the overall healthfulness of a food, and, essentially, integrates all of the information about diet and disease into a single rating for each food.

Health Canada's approach puts most of the onus on Canadians to understand the evidence, make numerous calculations based on the incomplete information on the labels (especially for ingredients), and integrate that scientific and numerical information in their head to make a choice. Few if any Canadians can do that, so most rely on short-cuts, like hyper-focusing on a single nutrient, claim, or ingredient, or following a dietary regime that is unlikely to be consistent with the best available evidence. Some diets seem so self-evidently foolish to follow: the grapefruit diet springs to mind. But so many others are prompted seductively and effectively in popular books and some, such as the keto and paleo diets are advocated by a small number of physicians. A group of 500 Canadian doctors tried to pressure Health Canada to favourably reflect these diets in *Canada's Food Guide* on the basis of a selective review of the scientific literature. It is incumbent on Health Canada to more publicly challenge this approach to eating and medicine. In the current issue of *Food for Life Report*, we also make recommendations for policies to help stop unscrupulous and mis-informed articles and books from being published without responding to the best available evidence and to better educate medical doctors about nutrition. Family doctors vastly outnumber dietitians, but receive virtually no training in nutrition science or counselling.

Some dietary regimes are based on flimsy evidence and, thus, likely to be harmful or suboptimal. But if someone loses a few pounds, then it can be hard to shake their devotion to it. Similarly, if parents feed certain food to their families there must be a strong emotional impulse to view those decisions as good nutrition. When Health Canada does not effectively respond to media coverage or medical care based on junk nutrition science, misconceptions begin to embed in popular opinion.

## References

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<sup>1</sup> See the Seattle, Washington-based Institute for Health Metrics and Evaluation's disease risk factor calculator, the Global Burden of Disease report, which uses country data compiled by the World Health Organization, to estimate, e.g., that approximately 51,000 deaths in Canada in the year 2013 were due to dietary risks: <http://vizhub.healthdata.org/gbd-compare/> Also, World Health Organization. *Global Health Risks: Mortality and burden of disease attributable to selected major risks*. 2009. W.H.O. Geneva. See, esp. p. 17. Available at: [http://www.who.int/healthinfo/global\\_burden\\_disease/GlobalHealthRisks\\_report\\_full.pdf](http://www.who.int/healthinfo/global_burden_disease/GlobalHealthRisks_report_full.pdf) Statistics Canada. *Mortality, Summary List of Causes, 2008*. 2011. Ottawa. Catalogue no. 84F0209X which indicates the total number of deaths in 2008 was 238,617, 20% of which is: 47,723. Available at: <http://www.statcan.gc.ca/pub/84f0209x/84f0209x2008000-eng.pdf>