Canada's New Healthy Eating Strategy: Implications for Healthcare Professionals and a Call to Action

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Abstract

Nearly two-thirds of all deaths worldwide are from non-communicable chronic diseases, with a similar proportion in Canada. According to the Global Burden of Disease Study, unhealthy eating is the leading risk for death and the second leading risk for disability in Canada. It is clear that to adequately address this major health issue, we need a comprehensive approach that includes strong governmental policy. In 2016 the Canadian government released its Healthy Eating Strategy, for which updating Canada's Food Guide was a key element. The Government has proposed to release the guiding principles and policy statements documents in early 2019, followed by the healthy eating plans later in 2019. Much of this work aligns with many policies that have been developed and adopted by the Canadian health and scientific organizations that are members of the Canadian Hypertension Advisory Committee. As such, the current editorial is a call to action for the healthcare and scientific community, both individuals and organizations, to ensure they have policies consistent with and supportive of those that have been developed through the Hypertension Advisory Committee collaboration, and to actively participate in providing input and feedback on the Healthy Eating Strategy through the Health Canada Stakeholder Registry.

Resume

Près des deux tiers de tous les décès dans le monde sont attribuables à des maladies chroniques non transmissibles, dont une proportion semblable au Canada. Selon l'Étude mondiale sur le

fardeau de la maladie, une mauvaise alimentation est le principal risque de décès et le deuxième risque d'invalidité au Canada. Il est clair que pour s'attaquer adéquatement à cet important problème de santé, nous avons besoin d'une approche globale qui comprend une politique gouvernementale solide. En 2016, le gouvernement canadien a publié sa Stratégie en matière de saine alimentation, dont la mise à jour du Guide alimentaire canadien était un élément clé. Le gouvernement a proposé de publier les principes directeurs et les énoncés de politique au début de 2019, puis les plans de saine alimentation plus tard en 2019. Une grande partie de ce travail s'harmonise avec un certain nombre de politiques qui ont été élaborées et adoptées par les organismes scientifiques et de santé canadiens qui sont membres du Comité consultatif canadien sur l'hypertension artérielle. À ce titre, l'éditorial actuel est un appel à l'action à l'intention de la communauté scientifique et du milieu de la santé, tant les particuliers que les organisations, pour s'assurer qu'ils disposent de politiques conformes à celles qui ont été élaborées dans le cadre du comité consultatif sur l'hypertension et qui les appuient, et pour participer activement à la formulation de commentaires et de suggestions sur la stratégie sur la saine alimentation au moyen du Registre des intervenants de Santé Canada.

The Impact of Unhealthy Diets on Canadians

The World Health Organisation (WHO) estimates that 63% of deaths worldwide result from non-communicable chronic diseases (NCDs), such as cardiovascular disease, cancer, diabetes, and obesity.¹⁻³ It is estimated that NCDs cost Canada \$190 billion/yr,⁴ a financial burden which continues to grow as NCD morbidity, comorbidity, and mortality is increasing.⁵ Superimposed on these changes has been an escalation in the absolute numbers of people with hypertension,^{6,7} dyslipidemia,⁸ and diabetes,⁹ all of which also significantly contribute to mortality and morbidity.^{7,8,10}

Unhealthy eating is the leading risk for death and the second leading risk for disability in Canada. According to the Global Burden of Disease Study, dietary risks are estimated to have killed approximately 48,000 Canadians and resulted in over 800,000 years of disability in 2016.¹¹ The economic burden of unhealthy eating in Canada is high, accounting for an estimated \$13.8 billion/year.¹² Key drivers of this unhealthy eating pattern in Canadians are increased consumption of processed foods high in calories, salt, sugar, and saturated fat and a lack of whole grains, nuts, seeds, legumes, fruits and vegetables.^{13,14} For example, 75% of Canadians surpass the recommended dietary salt intake and over half of Canadians are consuming diets above the recommended sugar and saturated fat levels.¹³

The Role of Policy In Diet

Historically, limited access to food has been a major challenge facing humans.^{15,16} However, the Second Agricultural Revolution around the 18th century was seen as a major shift in food production leading to the Industrial Revolution, and a rapid expansion in food availability.¹⁷ Since that time there has been a concerted effort by governments to develop policies to increase the production and distribution of low cost and more durable

food that is free from infectious pathogens and detrimental toxins, with a specific emphasis on food security and economics.¹⁸ Examples of government policies include: varied subsidy programs; healthy eating advertising campaigns; assessment of food for bacteria or toxins; food labeling; and nutritional assistance to low-income citizens.¹⁹

Individual dietary eating patterns are influenced by a series of complex elements.²⁰ However, to date, most Canadian government policies around the impacts of diet on NCDs have generally been based on education and target personal choice.¹⁸ Unfortunately, there are many factors at the sociocultural, community environment, and corporate commercial level that work together to directly impact an individual's capacity to purchase, prepare, and consume foods.²¹⁻²⁴ All of these factors can be strongly influenced by government policy and / or regulation. For example, Mozaffarian et al. highlighted ways in which governments can positively shape the dietary patterns of their citizens.¹⁸ These are wide-ranging strategies which are based on current behavioural and policy science and a growing evidence base for their effectiveness. Taken together, it is clear that government policy is a key driver for significantly impacting the major role diet plays in the health of Canadians.²⁵ Furthermore, many Canadian health and scientific organizations already have supported a broad range of policy statements supporting healthy public food policy.^{26,27}

Canada's New Healthy Eating Strategy

In October 2016, the Government of Canada, through Health Canada, released its new Healthy Eating Strategy,²⁸ the vision for which is: "Make the healthier choice the easier choice for all Canadians." As highlighted above, several synergistic policy strategies can be leveraged to improve the diet of Canadians

and “no single intervention can tackle the complexities of the current food system.”^{18,25} As such, it is unsurprising that many internationally recommended food policies have been included in the Healthy Eating Strategy. Specifically, the strategy targets providing better nutrition information, improved food quality, protecting vulnerable populations, and improving food access and availability. The cornerstone initiatives of this strategy are:

- Revision of Canada’s Food Guide
- Improved food label information and front-of-package labelling
- Reducing sodium in food
- Eliminating industrial trans fats
- Running a campaign to reduce sugary drinks consumption
- Restricting marketing of unhealthy foods and beverages to children
- Expanding and updating Nutrition North Canada

Of these initiatives, the revision and reconceptualization of the Food Guide is a cornerstone element, providing the evidence-based context for the rest of the strategy and having the greatest impact on the day-to-day activities of health care professionals.

Canada’s New Food Guide

Today, we have unprecedented access to information. The majority of Canadians obtain various healthcare and related information from the internet.²⁹ This phenomenon, coupled with the surge in usage of social media,³⁰ has created a nutrition information environment that is strewn with contradictory messages and potential erroneous, misleading, or harmful advice.^{31,32} In this context, it is unsurprising that the majority of people felt that the current Canadian Food Guide, which was originally developed in 1992 and updated in 2007, needed not only to be updated for content, but also usability.³³

To achieve its goal of developing a new Food Guide,³⁴ the Canadian government has a multiphase approach planned: Assessing current evidence to update dietary guidance policy; Provision of simplified resources (including visuals, tips, and messages); and Launching an integrated, mobile-first online solution. The Government has proposed that the Dietary Guidance Policy be further broken down with staged releases of the guiding principles and policy statements (with plans to be released in early 2019) and healthy eating plans (planned release later in 2019).

From the information that the Government has released to date,³⁴ the 2019 Food Guide appears to be built around key guiding principles that then guide recommendations and policy, rather than being a predominantly prescriptive food guide like the previous version. For example, one proposed guiding

principle is “Processed or prepared foods and beverages high in sodium, sugars or saturated fat undermine healthy eating.” The recommendations that follow this principle could include: limiting consumption of processed or prepared foods high in sodium, sugars, or saturated fat; and avoiding processed or prepared beverages high in sugars. In theory, these would then lead to federal policy change around the use of trans-fats in industrially produced foods and could lead to federal or provincial taxation of sugary drinks.

It is also envisaged that these guiding principles will also be the pillars for the development of healthy eating plans. Given the diversity of the Canadian population, it is clear that a static document that provides rudimentary guidelines on food groups is probably going to be inadequate to service the majority of Canadians. As such, the proposed healthy eating plans will provide information about potential eating patterns based on contextual considerations of an individual, such as sociodemographic data. It is anticipated that these will also incorporate up-to-date statistical data from ongoing food surveillance surveys, like Canadian Community Health Survey, and evolving nutritional science data, such as systematic reviews of macro and micronutrient food intake and NCD risk. If achieved, these healthy eating plans will provide tailored information which is up-to-date and context specific to any Canadian.

To ensure that the core tenants of the new Food Guide reach as many people as possible Health Canada has indicated it is also developing a series of tools that will hopefully improve the effectiveness of the guide. A series of visual aids around key messaging and actionable tips, including simplified information and promoting food skills are planned to be disseminated through various media such as videos and social media. However, the critical driver of these efforts will be the development of an interactive web-based application. It is anticipated that this mobile interface will provide customised usable information that will enhance the Food Guide experience for both the general population and health care professionals.

The Role of Health Care Professionals in the New Healthy Eating Strategy and Food Guide

Moving forward there are 3 key areas where health care professionals will be critical for the success of the Healthy Eating Strategy and Food Guide: consultation, implementation, and holding government to account.

Consultation

Transparency in the food guideline development is a driving tenant in the new strategy. There was criticism of previous Food Guides that there were too many vested interests being represented, such as the food industry.^{35,36} The hallmarks of the

current process include extensive consultation with healthcare professionals, academic, patient, community, and health care groups (with all meetings and correspondence on healthy eating being published on a website: <https://www.canada.ca/en/services/health/campaigns/vision-healthy-canada/healthy-eating/meetings-correspondence.html>). Industry has not participated in the process. Moving forward it is expected that this will continue. It is intended that there will be continual consultation with key academic and clinical experts on the content of the Dietary Guidance Policy, as well as, user-driven changes made to the web-based application and tools to enhance accessibility and usability.

Health Canada has facilitated this process by setting up a Stakeholder Registry (<https://www.canada.ca/en/health-canada/corporate/about-health-canada/public-engagement/stakeholder-registry.html>) where anyone can sign up to participate in the consultation process. As clinicians and academics, we have an opportunity to ensure that all aspects of the Healthy Eating Strategy stay current, meaningful, and accessible.

Implementation

Ultimately, the success of the Healthy Eating Strategy will be measured by the way it has impacted the dietary habits of Canadians, and thus made meaningful improvements in the long-term health of the nation. Though the Government will undoubtedly undertake a variety of campaigns to raise awareness of the various elements and tools of the Healthy Eating Strategy and Food Guide, health care professionals will play a significant role in implementing these at the individual level and through our organizations at a population level.

It is hoped that the tools that will be developed, especially around the Food Guide, will be pertinent for both patients and healthcare professionals. Further, making healthcare professionals aware of these tools and how best to optimally implement them will be important. Identifying the key drivers of why and how healthcare professionals would want to incorporate these into their practice will be critical in empowering patients in their behaviour change efforts. Examples of where healthcare practitioners can work to enhance implementation include: utilising the personalisation feature for the Food Guide could lead to better tailoring of meals for patients with complex NCDs; developing local healthy food procurement policies³⁷; enhancing the education of healthcare providers through reforming pre- and post-certification curriculum; and working to incorporate dietary quality and food security assessment into standard electronic health records. Developing local, provincial, and national quality measures of implementation can provide an appropriate framework to engage the community and track success.³⁸

Accountability

As intimated above, the first step of accountability is to be able to systematically monitor any implemented changes so that they can be evaluated for progress and potential readjustment. This means that systems need to be developed that can be leveraged to hold the federal government accountable. Individuals, as well as health institutions, societies, and associations, need to ensure that the Healthy Eating Strategy is translated into meaningful action by the federal government.

Given the decentralized healthcare structure in Canada, pushing to provide a coherent and interconnected extension to the Healthy Eating Strategy across all levels of governance (i.e., the local healthcare environment, city and borough levels, and provincially), as well as a system for monitoring its implementation, is also important. Having a coordinated strategy across different ministries and governmental bodies would provide the optimal scenario to impact the health of Canadians.

One final aspect of accountability which needs to be addressed is that of conflicts of interest. There is clear evidence in the US that industry, through its lobbyists, can have undue influence on policy.^{39,40} Whilst Health Canada has done an unprecedented job of developing the Healthy Eating Strategy independently from industry, we all must be cognizant of our own biases and conflicts. This is especially true as we work to develop more comprehensive implementation and surveillance plans.

Conclusion

There is clear evidence that dietary factors are the greatest modifiable risk factor for NCDs. Past successes in tackling national behavioural issues, such as tobacco use, have relied on a multipronged approach, meaning that we as healthcare professionals need to be actively involved in all aspects to ensure that there is a major culture change around diet and a subsequent improvement in health. Historically, Canada's Food Guide has provided a more limited role than one would hope in impacting the dietary patterns of Canadians. Through the Healthy Eating Strategy, Health Canada has developed a platform which has the potential to lay the foundations for meaningful change in improving diet. The proposed new Food Guide has been developed through extensive consultation, a process that is expected to continue to ensure its relevancy and has been structured to provide customizable information for the majority of Canadians. However, it is important to remember that it is difficult for many Canadians to eat healthily in their current food environment. As highlighted in the recent Calgary Statement on policies for nutrition and health (see Appendix 1⁴¹) "There is a need to create food environments through public policies that support Canadians in maintaining healthy diets where they live, learn, work, and play." As such, the Healthy Eating Strategy

can be seen as a starting point for the continued development of policies which emphasize the best interests of Canadians, rather than those of industry or certain agricultural sectors.

Canadian healthcare professionals and academics have a key role to play in the implementation of the policies and tools from the Healthy Eating Strategy, the Food Guide, ensuring accountability at all levels, and the evolution of the philosophies which underpin the Healthy Eating Strategy through the continual development of appropriate policies. If we can meaningfully improve the Canadian diet, we will be able to reap significant health, economic, and societal benefits. In 2011, Canadian healthcare and scientific organizations developed a Framework for the prevention and control of hypertension.^{26,27} Given 80% of hypertension is associated with unhealthy diets, the Framework highlighted the central role of unhealthy diets and emphasized the need to create healthy eating environments through health food policies. It is notable that the Canadian healthcare and scientific organizations give the highest priority to efforts to implement healthy food policies in the Framework.²⁶ Furthermore, since the development of the framework, Canadian health and scientific organizations of the Canadian Hypertension Advisory Committee, have created consensus policy statements on: restrictions of marketing unhealthy food to children; healthy food procurement; research monitoring and evaluation on Canada's food supply and food policies; defining healthy foods; taxation on unhealthy food and subsidies on healthy food; reducing financial conflicts of interest with the food sector; a fact sheet and call to action on dietary sodium; and a fact sheet and call to action on unhealthy eating.^{42,43} All of these would seem to align with the main tenants of the Healthy Eating Strategy and provide a pathway to translate policy to action.

Call to Action

We call on the whole Canadian healthcare and scientific community, both individuals and organizations, to ensure they have policies consistent with and supportive of those in the Calgary

Statement⁴¹ and Call for Action to Implement a Healthy Food Policy Agenda,²⁵ including all the related policy statements,^{42,43} and advocate to all levels of government to rapidly implement such policies. For example, Canadian healthcare and scientific organizations can actively encourage their membership to consider signing the Calgary Statement Petition (at <https://www.change.org/p/enact-food-policies-to-curb-chronic-disease-and-health-inequity-for-all-canadians>) and join other healthy food policy advocacy efforts. Furthermore, we encourage the community to actively participate in providing input and feedback on the Healthy Eating Strategy through the Health Canada Stakeholder Registry (<https://www.canada.ca/en/health-canada/corporate/about-health-canada/public-engagement/stakeholder-registry.html>). This could be the most important thing we do for our patients and our society.

Organizations Involved in and Journals that are Publishing this Call to Action

This editorial was generated from members of the Canadian Hypertension Advisory Committee, which is a coalition of Canadian health and scientific organizations (See Appendix 2 for specific organizations which have contributed to statements from the committee) and was sent for review from all participating member organizations. The authors of this editorial represent the following organizations that participate in the Canadian Hypertension Advisory Committee: Canadian Association of Cardiovascular Prevention and Rehabilitation; Hypertension Canada; Canadian Pharmacists Association; and the Heart and Stroke Foundation of Canada, though these organizations have not directly endorsed this specific editorial. To ensure that this call (or elements of it) has as wide an impact as possible it is being simultaneously published in the following journals and newsletters: *Canadian Pharmacists Journal*; *Canadian Journal of Diabetes*; *Canadian Journal of General Internal Medicine*; *Canadian Family Physician*; *Health and Fitness Journal of Canada*; *Canadian Nurse*; and *CV Edge*.

References

- World Health Organization. Preventing Chronic Diseases: A Vital Investment: A WHO Global Report. . Geneva: The World Health Organization. , 2005.
- Flegal KM, Kruszon-Moran D, Carroll MD, Fryar CD, Ogden CL. Trends in obesity among adults in the united states, 2005 to 2014. *JAMA* 2016;315:2284–2291.
- Fryar CD, Carroll MD, Ogden CL. Prevalence of overweight, obesity, and extreme obesity among adults: United states, trends 1960--1962 through 2009--2010. Washington, DC: Centers for Disease Control and Prevention, 2015.
- Chronic Disease Prevention Alliance of Canada. Submission to SOCRegarding Bill S-228, An Act to amend the Food and Drugs Act (prohibiting food and beverage marketing directed at children), 2017, https://sencanada.ca/content/sen/committee/421/SOCI/Briefs/ChronicDiseasePreventionAlliance_e.pdf Last accessed: January 15, 2019
- World Health Organization. Global Status Report on Non-Communicable Diseases, 2010., 2011:http://www.who.int/nmh/publications/ncd_report2010/en/.
- Schiffman EL, Campbell NRC, Feldman RD, Kaczorowski J, Lewanczuk R, Padwal R, Tobe SW. Hypertension in Canada: Past, Present, and Future. *Annals of Global Health* 2016;82:288–299.
- Padwal RS, Bienek A, McAlister FA, Campbell NRC. Epidemiology of Hypertension in Canada: An Update. *Can J Cardiol* 2016;32:687–694.
- Asghari S, Aref-Eshghi E, Hurley O, Godwin M, Duke P, Williamson T, Mahdavian M. Does the Prevalence of Dyslipidemias Differ between Newfoundland and the Rest of Canada? Findings from the Electronic Medical Records of the Canadian Primary Care Sentinel Surveillance Network. *Frontiers in Cardiovascular Medicine* 2015;2.
- Cheng AYY. Introduction. *Canadian Journal of Diabetes* 2013;37:S1–S3.
- Vasan RS, Sullivan LM, Wilson PWF, Sempos CT, Sundstrom J, Kannel WB, Levy D, D'Agostino RB. Relative Importance of Borderline and Elevated Levels of Coronary Heart Disease Risk Factors. *Ann Int Med* 2005;142:393–402.
- Institute for Health Metrics and Evaluation. Global Burden of Disease Arrow Diagram, 2016, <http://vizhub.healthdata.org/gbd-compare/> Last accessed: May 3, 2018
- Lieffers JRL, Ekwaru JP, Ohinmaa A, Veuglers PJ. The economic burden of not meeting food recommendations in Canada: The cost of doing nothing. *PLoS ONE* 2018;13:e0196333.
- Garriguet D. Sodium consumption at all ages. *Health Rep* 2007;18:47–52.
- Langlois K, Garriguet D. Sugar consumption among Canadians of all ages. *Health Rep* 2011;22:23–7.
- Jones PM. Agricultural Enlightenment: Knowledge, Technology, and Nature, 1750–1840. Oxford, UK: Oxford University Press, 2016.
- Mokyr J. The Enlightened Economy. An Economic History of Britain 1700–1850. New Haven, US: Yale University Press, 2012.
- Kessler DA. The Evolution of National Nutrition Policy. *Annu Rev Nutr* 1995;15:xiii–xxvi.
- Mozaffarian D, Angell SY, Lang T, Rivera JA. Role of government policy in nutrition—barriers to and opportunities for healthier eating. *BMJ* 2018;361.
- Wilde P. Food Policy in the United States: An Introduction. New York, US: Routledge, 2013.
- Afshin A, Micha R, Khatibzadeh S, Schmidt LA, Mozaffarian D. Dietary Policies to Reduce Non-Communicable Diseases. In: Brown GW, Yamey G, Wamala S, eds. *The Handbook of Global Health Policy*. Chichester, UK: Wiley-Blackwell, 2014:177–194.
- Brug J. Determinants of healthy eating: motivation, abilities and environmental opportunities. *Family Practice* 2008;25:i50–i55.

22. Brug J, Kremers SP, Lenthe Fv, Ball K, Crawford D. Environmental determinants of healthy eating: in need of theory and evidence: Symposium on 'Behavioural nutrition and energy balance in the young'. *Proc Nutr Soc* 2008;67:307–316.
23. Mozaffarian D. Salt, sugar, and fat or branding, marketing, and promotion? *Lancet* 2013;382:1322–1323.
24. Mason P, Lang T. Sustainable Diets. London: Routledge, 2017.
25. Canadian Hypertension Advisory Committee. A Call for Action to Implement a Healthy Food Policy Agenda. Consensus Statement of Canadian Health and Scientific Organizations. . 2016.
26. Campbell N, Young ER, Drouin D, Legowski B, Adams MA, Farrell J, Kaczorowski J, Lewanczuk R, Lum-Kwong MM, Tobe S. A Framework for Discussion on How to Improve Prevention, Management, and Control of Hypertension in Canada. *Can J Cardiol* 2012;28:262–269.
27. Healthy Blood Pressure Framework Steering and Drafting Committee. Pan Canadian Framework on the Prevention and Control of Hypertension: a "discussion" paper "on the way" forward, 2012, https://hypertension.ca/wp-content/uploads/2017/11/2012_Final_Hypertension_Framework_English.pdf Last accessed: 30th October, 2018
28. Government of Canada. Health Canada's healthy eating strategy, 2018, <https://www.canada.ca/en/services/health/campaigns/vision-healthy-canada/healthy-eating.html> Last accessed: October 30th, 2018
29. Underhill C, McKeown L. Getting a second opinion: health information and the Internet. *Health Rep* 2008;19:65–9.
30. Smith A, Anderson M. Social Media Use in 2018: Pew Research Center 2018, <http://www.pewinternet.org/2018/03/01/social-media-use-in-2018/> Last accessed: October 30th, 2018
31. Nagler RH. Adverse outcomes associated with media exposure to contradictory nutrition messages. *Journal of health communication* 2014;19:24–40.
32. Fox S, Duggan M. Health Online 2013: Pew Research Center 2013, <http://www.pewinternet.org/2013/01/15/health-online-2013/> Last accessed: October 30th 2018
33. Ipsos Public Affairs. Canada's Food Guide Consultation – Phase 1 What We Heard Report. Ottawa, Canada: Ipsos, 2016.
34. Government of Canada. Revision process for Canada's Food Guide, 2018, <https://www.canada.ca/en/health-canada/services/canada-food-guides/revision-process.html> Last accessed: October 30th, 2018
35. Kondro W. Proposed Canada Food Guide called „obesogenic“. *Can Med Assoc J* 2006;174:605.
36. Vogel L. Meat and dairy supporters seek industry-friendly changes to food guide. *Can Med Assoc J* 2018;190:E201.
37. Campbell N, Duhaney T, Arango M, Ashley LA, Bacon SL, Gelfer M, Kaczorowski J, Mang E, Morris D, Nagpal S, Tsuyuki RT, Willis KJ. Healthy food procurement policy: an important intervention to aid the reduction in chronic noncommunicable diseases. *Can J Cardiol* 2014;30:1456–9.
38. Ingram R, Scutchfield FD, Costich JF. Public Health Departments and Accountable Care Organizations: Finding Common Ground in Population Health. *Am J Pub Health* 2015;105:840–846.
39. Brownell K, Battle Horgen K. Food Fight: The Inside Story of the Food Industry, America's Obesity Crisis, and What We Can Do About It. New York, US: McGraw-Hill, 2003.
40. Shipan CR, Volden C. Bottom-Up Federalism: The Diffusion of Antismoking Policies from U.S. Cities to States. *American Journal of Political Science* 2006;50:825–843.
41. The Calgary Statement. Enact food policies to curb chronic disease and health inequity, 2018, <https://www.change.org/p/enact-food-policies-to-curb-chronic-disease-and-health-inequity-for-all-canadians> Last accessed: October 30th, 2018
42. Hypertension Canada. Advocacy (English page), <https://hypertension.ca/advocacy/> Last accessed: 7th December, 2018
43. Hypertension Canada. Mobilisation (page en français), <https://hypertension.ca/fr/advocacy/> Last accessed: 7th December, 2018

Appendix 1. Calgary Statement on Policies for Nutrition and Health

<https://www.change.org/p/enact-food-policies-to-curb-chronic-disease-and-health-inequity-for-all-canadians>

Unhealthy dietary patterns are a leading risk factor for death and disability in Canada. Best available evidence supports a diet rich in whole, unprocessed vegetables, fruits, whole grains, and protein foods, with an emphasis on protein foods that are plant-based such as nuts, seeds and legumes, and moderate amounts of animal-based protein sources such as fish, poultry, meats and low-fat dairy products. Processed foods high in sodium, sugar and saturated and trans fats should be avoided. Canada's new Food Guide should provide a foundation for healthy eating. However, it is difficult for many Canadians to eat healthy within the current food environment. There is a need to create food environments through public policies that support Canadians in maintaining healthy diets where they live, learn, work, and play. Such policies must include those that ensure:

- nutritious foods and beverages are accessible and affordable to all Canadians, including those who are socioeconomically disadvantaged and those who live in remote and/or northern communities;
- dietary inequities decline over time;
- children are protected from the marketing of unhealthy foods and beverages;
- children have access to nutritious foods and beverages where they learn and play;
- processed foods and beverages high in sodium, sugar, and saturated fats have front-of-package warning labels;
- public funds are not spent on unhealthy foods and beverages;
- the health and societal costs associated with unhealthy foods and beverages are recovered through taxation of unhealthy foods;
- all foods, including those obtained in restaurants, are labeled so it is easy to understand if they are healthy or unhealthy;
- ongoing monitoring and evaluation of the quality of Canadians' dietary intakes and the food supply; and
- the influence of the food industry on government healthy food policies is minimized.

Policies should promote the intake of healthy, whole foods while acknowledging the many interlinked factors that shape Canadians' dietary patterns. The Calgary Statement calls on all Canadians, and specifically those in government and non-governmental organizations, to prioritize the implementation of policies and programs that enable all Canadians to maintain a healthy diet throughout the entire course of their lives.

Appendix 2. Organizations That Have Endorsed At Least One Canadian Hypertension Advisory Committee Position Statement Or Call To Action

Alberta Policy Coalition for Chronic Disease Prevention*
 Alberta Public Health Association
 Canadian Association of Cardiovascular Prevention and Rehabilitation*
 Canadian Association of Paediatric Nephrologists*
 Canadian Cardiovascular Society
 Canadian Council of Cardiovascular Nurses*
 Canadian Dental Association
 Canadian Medical Association*
 Canadian Nurses Association*
 Canadian Pharmacists Association*
 Canadian Public Health Association
 Canadian Society of Internal Medicine*

Canadian Society of Nephrology*
 Canadian Stroke Network*
 Childhood Obesity Foundation
 College of Family Physicians of Canada*
 Diabetes Canada*
 Dietitians of Canada*
 Food Secure Canada*
 Heart and Stroke Foundation of Canada*
 Hypertension Canada*
 Kidney Foundation of Canada
 Public Health Physicians of Canada
 Quebec Coalition on Weight-Related Problems (Weight Coalition)

*Organisations that specifically endorsed the Call for Action to Implement a Healthy Food Policy Agenda²⁵