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Summary of Community Discussion

The Canadian diet and the future of health promotion

By Ketan Shankardass & Janette Leroux

As we reflect on 30 years of the Ottawa Charter while considering how to push the boundaries of health promotion over the next 30 years, we spent about 60 minutes discussing how to improve the nutritional status of all people in Ontario.

Health promoters have long worked to address food and diet, although efforts have traditionally focused on behavior change through educational and counseling interventions targeting dietary at an individual level. It is difficult to talk about diet without talking about social determinants of health, as risk factors and incidence of diet-related chronic diseases are concentrated among groups of people who are socially marginalized and historically oppressed, including low income and First Peoples. Accordingly, there has been a more renewed focus on vulnerable populations alongside population level interventions to ensure that health promotion work does not further exacerbate social and health inequalities. Redirecting focus and efforts to more structural and environmental barriers to food access, and shifting the conversation from individual food choice to collective food security are critical ways forward for health promotion.

Moderator:

Ketan Shankardass is an associate professor at Wilfrid Laurier University working in health sciences and community psychology. As a social epidemiologist, his teaching and research focus on addressing health inequities from "cell-to-society". His recent work examines governments implementing Health in All Policies initiatives, neighbourhood determinants of chronic stress, and the public understanding of health equity in Ontario.

Discussants:

Tim Stevenson is Cree/Ojibway from Peguis First Nation, with family in Fox Lake, Manitoba. Currently, he is working at Food Matters Manitoba as Northern Indigenous Liaison and was previously as Traditional Harvest Research Coordinator. Prior to this, Tim worked extensively with First Nation communities in Manitoba, providing research, advocacy, facilitation and liaison addressing issues such as, health and wellness, education, employment and training and youth development. He is passionate about learning traditional customs and enjoys working directly with communities.

Irena Knezevic is an assistant professor in communication, culture and health at Carleton University, and an instructor at the Centre for Studies in Food Security at Ryerson University. Irena studies food and health environments, and collaborates extensively with health facilities and community organizations.

Wayne Roberts is a leading thinker and practitioner in the field of innovative local and urban food systems. He managed the Toronto Food Policy Council on behalf of Toronto Public Health for ten years prior to 2010, and has served on the boards of several major food system non-profits across North America, such as the Community Food Security Coalition, Food Secure Canada, and FoodShare. Wayne is also an author whose most recent books is the second edition of The No-Nonsense Guide to World Food.

Background

Food and diet is closely connected to a population's health, and indeed the nutritional status of a population is highly amenable to change!

For example, over the last 30-odd year in the United States, the prevalence of overweight and obesity grew. A narrow focus on obesity can be stigmatizing, and indeed, data clearly indicate an overall shift in the mean population distribution of body mass index over this period. This shift is generally understood not as a growing failure of individuals to maintain healthy diets, but rather a product of structural changes in our environment (including policies and alternations of the built environment) that have influenced our activity levels as well as our diets. But not everyone in the population experienced these changes equally. Groups of people who are socially marginalized and historically oppressed, including people with low incomes and First Peoples, disproportionately experience highest risk factors and incidence of diet-related chronic disease, at least in part due to environmental and structural barriers to a healthful diet.

Health promotion can play an instrumental role in advocating for health equity, and in addressing the root social determinants of diet and nutrition. Historically, health promotion efforts directed at a whole-population level have been shown to actually widen health inequalities. Targeting structural and physical barriers to food rather than focusing on the psychology of individual food "choice", and considering the role that diet plays in the inequitable distribution of health and disease is critical to meaningful discussions on food security.

In the broader context of increasing rates of overweight and obesity, and diet-related morbidity and mortality, particularly associated with an aging

Canadian population, working to ensure a sustainable and equitable food system for everyone has great potential for improving population health overall.

Given that diet is a key determinant of who avoids high risk for these diseases, and that social determinants of health strongly shapes diet, there is a renewed focus on food security. Yet, the problem of food access is determined locally and differs across social groups, producing a myriad of challenges for achieving food security. For example, data suggests that, on average, diets have not changed in the ways that you might expect, over time in Canada. Compared to 20 years ago, most people in Canada are eating less fat, a bit more salt, but about the same amount of energy. One troubling trend is that, as a population, we are consuming fewer nutrients than is optimal. In a sense, we're actually starving ourselves of what we ought to be eating if we want to be healthy.

Within our population, the story for many First Peoples in Canada is unique. In recent decades, there has been an increase in absolute energy intake among First Peoples, and an increase in the relative contribution of carbohydrates (particularly sucrose) and saturated fats. Thus, problems of diabetes and obesity are more common in some First Peoples communities. This trend can be explained partly by the colonization of First Peoples by the Canadian government, which resulted in the destruction of traditional food systems and practices of many First Peoples. For example, the reservation system moved many First Peoples away from their traditional habitats, restricting their ability to maintain agricultural systems. On the other hand, there has been growing reliance on "market food" systems used elsewhere in Canada. This trend is matched by the indoctrination of European dietary practices through the residential school system. Moreover, as the climate changes, there are additional pressures facing Canadians who lives in the far North; overwhelmingly affecting First Peoples.

Low income Canadians are experiencing some of the same health and nutrition problems as First Peoples, and their food security is sometimes driven a lack of affordable, healthy food sources in some areas – what we call food desserts.

And both of these groups experience an income gap deriving from exclusion from economic opportunity relative to other Canadians that leads directly to food insecurity and a growing reliance on local food systems, food banks and other charitable food-based solutions to make ends meet.

Thus, the conversation of food in health promotion can be categorized into food choice and food security. In other words, the problem for the wealthy and otherwise powerful in this country is one of healthful dietary choice, and finding ways to get healthier bits into their already plentiful diets; while the problem for other people in Canada is more significant and difficult to tackle, with structural problems that leave some people at a much greater disadvantage.

This community discussion focused on: surfacing stubborn problems and structural barriers facing marginalized and disadvantaged communities for health promoters working on nutrition; discussing concrete interventions currently in place elsewhere to address those problems; and identifying big ideas on the horizon for pushing boundaries in health promotion practice. Below is a point form summary of some key points from this discussion.

Challenges

- The cost of good food is high
- Training of health promoters working on food issues is inadequate
- There is not enough support for disempowered people to work on developing their own food systems (e.g., the dominance of unpaid internships)
- Urban sprawl has led to food deserts in some parts of the province
- Many First Peoples live on reservations where they are segregated from their traditional food systems and overly-reliant on the market system
- The government's relationship with First Peoples is unaccountable

Concrete Interventions

- Institutions can use their contracting power to support local sustainable food systems, e.g., the University of Toronto's recent move to put conditions on the food service providers it works with
- See examples from U.S. cities (e.g., Detroit) of how to reclaim abandoned spaces for local agriculture and markets
- The Brazilian food guide aims for "zero hunger" and talks about a "right to food"
- THRIVE Nova Scotia takes a primordial approach to preventive health that emphasizes the importance of food systems across the life course
- Getting health promoting food system strategies embedded into the official plans of local governments and Boards of Health, e.g., City of Toronto official plan via the Toronto Food Policy Council
- Community gardening initiatives

- High-density community greenhouses in remote communities and communities that are overly-reliant on market food systems
- Co-ops for harvesting, processing and distributing healthy, affordable foods (e.g., apple sauce) and traditional foods (e.g., geese). These can promote cultural identity while support food security.
- Gleaning initiatives that divert good food from waste
- Community-based organizations enable access to food but also new generations of people to take on food systems
- Food initiatives in health care organizations can help rehabilitate patients by providing opportunities for motor rehabilitation, health food harvesting and preparation skills and general restoration.

Big Ideas

- To support First Peoples in Canada working on bottom-up solutions, cultural competency training should be mandatory for health promoters and institutions relevant to food; and Canadian institutions should generally work to implement the Calls to Action of the recent Truth and Reconciliation Commission.
- Youth must be mobilized to work for stronger local food systems; they are the engine of transformational change
- "Nudge", the idea of making the easiest choice the healthiest choice
- Food should be more strongly promoted as a social determinant of health
- Traditional food lessons should be made core curriculum for Indigenous students
- Civil society must act to ensure that their own local food system is nourishing and sovereign, i.e., guerilla health promotion initiatives
- Basic income guarantee to support healthy food selection
- Ultimate goal for Indigenous communities to foster renewed traditional food systems at the local level, which will require not only development to improve access to food, but also to teach Indigenous youth about traditional foods and food preparation. This is not only a nutritional intervention but also one of community mental health promotion.