

Submission to the House of Commons Standing Committee on Finance 2019 Pre-Budget Recommendations *August 2018*

Dietitians of Canada is a pan-Canadian health professional association, representing the voice of dietitians.

Dietitians are passionate about food. There are more than 10,000 dietitians in Canada and we all share deep appreciation of food, a curiosity to understand the science behind it, and the tools to unlock its potential. Like all regulated health professionals, we undergo comprehensive and rigorous training, both on the job and in universities. We are committed to collaborating with patients, clients and communities to achieve their shared goals of better eating and improved health.

Dietitians of Canada recommends that the Government of Canada:

1. Support the development of coordinated pan-Canadian telehealth dietitian services, in relation to the Healthy Eating Strategy for Canadians (Health Canada) and A Food Policy for Canada (Agriculture and Agri-Food Canada),
2. Include the services of Registered Dietitians as part of the Public Service Health Care Plan, to ensure federal government employees have access to dietitian services, to promote employee health,
3. Provide incentives to provinces and territories to support access to interprofessional health care services, including dietitians, especially in primary care and home care settings, and
4. Require monitoring of household food insecurity rates in every cycle of the Canadian Community Health Survey (using the Household Food Security Survey Module), to measure and track reductions in household food insecurity as an outcome indicator of success, in relation to the implementation of comprehensive poverty reduction strategies.

Context and Rationale for Recommendations

Ensuring Canada's Competitiveness through Nutrition, Health and Workplace Productivity



- Unhealthy eating habits and poor nutrition are key contributors to the development of chronic diseases
- Recent analysis estimates the cost of not meeting healthy eating recommendations at \$13.8 billion in Canada
- Household food insecurity is associated with an increased risk of having chronic health conditions (1.5 – 3.5 times higher)
- Food insecurity in childhood negatively impacts physical and mental health, potentially contributing to diminished future employment prospects and workplace productivity
- Having one or more chronic health conditions or diseases significantly increases work absenteeism and presenteeism
- Diet-related worksite health promotion interventions can improve labour productivity by 1%–2%
- Nutrition counselling by dietitians can reduce health-related lost productivity by up to 64%, and decrease disability days by up to 87%, compared to usual medical care

Recommendation 1: Support the development of coordinated pan-Canadian telehealth dietitian services

All Canadians should have access to dietitian services to support healthy eating and to manage chronic disease. Unfortunately, many Canadians do not have access to dietitian services. According to the Public Health Agency of Canada's 2011 report on diabetes, only 26% of patients with diabetes had seen a dietitian in the past year. Given the importance of nutrition counseling in diabetes management, as evidenced by the 2018 Diabetes Canada Clinical Practice Guidelines, it appears the health system is not connecting these patients with appropriate care, and/or that the shortage of dietitians is preventing access to adequate care. In the 2013 Canadian Physicians Survey, 46% of primary care physician respondents indicated that access to dietitians was unsatisfactory for their patients.

A coordinated pan-Canadian strategy for teledietetics should be developed in collaboration with the provinces and territories. Currently, some publicly-funded (“free”) telehealth dietitian services are available in only four provinces – [British Columbia, Manitoba, Ontario, and Newfoundland and Labrador](#) while the remaining provinces and territories do not offer such a service. Telephone counseling provided by dietitians is an effective component of interventions aimed at improving dietary habits, and has the capacity to provide access to dietitians in rural, remote and other underserved areas as well as offer broad language services. Access to teledietetics services has been shown to contribute to improved health outcomes and reduction of risk factors, such as improved blood sugar control for people with diabetes, reduced blood pressure for people with hypertension, and weight loss for people with excess body fat.

In 2018, Dietitians of Canada collaborated with Health Canada's First Nations and Inuit Health Branch to deliver a pilot teledietetics service targeting First Nation communities in Saskatchewan. Initial evaluation has been very positive and is a good example of service provision to populations living in remote areas, and with limited access to health professionals. A pan-Canadian approach could also support implementation of federal and provincial food policy and dietary guidance, by offering Canadians easy access to a central resource for evidence-based, consistent advice on food and nutrition.

Recommendation 2: Dietitian services for federal government employees, as part of the Public Service Health Care Plan

The Public Service Health Care Plan (PSHCP) is the largest employer-sponsored health care plan in Canada. Currently, dietitian services are **not** one of the health care services included for the 1.4 million federal public service employees and their families (including retirees) receiving coverage under the PSHCP. This oversight should be corrected immediately to ensure access to full interprofessional health care, promoting wellness and productivity in the workplace.

Approximately 30% of Canadians have a chronic disease—and many have more than one condition adversely affecting their physical or mental health. Poor health of employees is costly for employers: employees make more claims leading

to higher premiums and prescription drug costs, and workplace productivity decreases due to employee absenteeism and presenteeism.

Lifestyle interventions led by dietitians can help employers save money by reducing the amount of health-related lost productivity by as much as 64% and decreasing disability days by as much as 87%. Interventions led by dietitians can also contribute to improved employee health. Examples include: reduced risk of developing type 2 diabetes (by as much as 70%); improved levels of blood pressure, blood glucose and blood cholesterol; and better management of food allergies and food intolerances. According to two US studies, for each dollar (\$1.00) spent on medical nutrition therapy with a dietitian, cost savings of up to \$4.00 can be achieved within the health system.

As the only regulated health professionals in food and nutrition, dietitians are qualified to offer Canadians trust-worthy, evidence-based and individualized food and nutrition counseling. Dietitians translate the science of nutrition into practical advice for individuals and their families. In order to have a healthy and productive workforce, the Federal Government should invest in its employees' health and ensure coverage for dietitian services as part of the PSHCP.

Recommendation 3: Interprofessional health care teams with dietitians, especially in primary care and home care

Team-based care, particularly in primary care settings and home care, continues to evolve across Canada. However, access to dietitians' services within teams varies significantly, and many Canadians do not have adequate access to dietitian services. In 2018, Dietitians of Canada commissioned environmental scans of dietitian services within [primary care](#), [home care](#), and [long term care](#) settings across Canada. The results of these scans highlight great inequities for access to dietitian services between and within provincial/territorial health systems. Considering the important linkages between nutritional health and workplace productivity (as noted on page 3), investment in increasing Canadians' access to dietitian services could contribute to significant benefits.

Dietitians of Canada supports the recommendations of Organizations for Health Action (HEAL) for investments in seniors' health. In particular, investments in home care have potential to save health system dollars. Increased productivity of the workforce may be seen, by reducing informal caregivers' time away from employment. We urge the Federal Government to provide incentives to provincial and territorial health systems to increase access to dietitian services, in conjunction with pan-Canadian teledietetics access.

The Canadian Institute for Health Information must be funded to track workforce data of all regulated health professions, including dietitians. Such information is required for health human resource planning in order to deliver quality health and health care services. Currently, there is no national database that accurately captures the dietitian workforce. In 2012, the [House of Commons Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities](#) recommended that the Canadian Institute for Health Information continue tracking and collecting workforce data in health professions, including dietitians.

Recommendation 4: Require monitoring of household food insecurity rates in every cycle of the Canadian Community Health Survey, as part of implementation of comprehensive poverty reduction strategies

Dietitians of Canada recommends that the Government of Canada implement a comprehensive poverty reduction strategy, including a commitment to monitor its effectiveness at reducing the prevalence of household food insecurity.

Implementation of a comprehensive national poverty reduction strategy with clear targets and accountability mechanisms would contribute to ensuring that all Canadians can buy healthy food. The [2017 poverty strategy consultation process](#) raised the issue of food insecurity and highlighted the particular issues faced by First Nations, Inuit, and Metis populations. Food insecurity (inadequate or insecure access to food because of financial constraints) is a significant social and health problem in Canada, which affects 4 million Canadians. Strategies and initiatives to reduce poverty and food insecurity must be designed and implemented to ensure all households in Canada have adequate and secure incomes.

Food insecurity is strongly linked to negative health outcomes, including higher prevalence of chronic diseases, including depression, diabetes, and heart disease. Adults living in food insecure households are more likely to suffer from 3 or more chronic conditions, and to become high-cost users of the health system. Food insecurity increases the risk of developing poor health and chronic diseases, while the presence of poor health and chronic diseases make it more difficult to cope, work and care for oneself, thus increasing the risk of food insecurity, a bi-directional relationship among these variables.

Given food insecurity is a sensitive indicator of income inadequacy/insecurity, all poverty reduction initiatives must be monitored to ensure effectiveness – this should include measuring food insecurity prevalence in all communities and regions, including First Nations people living on-reserve, as an outcome measure for a poverty reduction strategy. Specifically, we recommend that all provinces and territories be required to use the Household Food Security Survey Module in every Canadian Community Health Survey (CCHS) cycle, to provide indication of impact of poverty reduction strategies implemented across Canada.

Our recommendations and rationale are based on peer-reviewed evidence. References available on request.

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