

Submission to the House of Commons Standing Committee on Finance 2018 Pre-Budget Recommendations *August 2017*

Dietitians of Canada is pleased to provide input to the 2018 pre-budget consultations. [Dietitians of Canada](#) is a professional association representing over 5000 members at local, provincial and national levels. We provide a leadership voice for advancing health through food and nutrition by providing evidence-informed and actionable advice that informs policy in support of healthy eating and healthy food environments.

We congratulate the Government of Canada's mandate to develop a collaborative and broad-based approach to addressing food and nutrition-related issues in Canada. Dietitians of Canada appreciates the leadership and vision of Health Canada in launching the Healthy Eating Strategy, as well as Agriculture and Agri-Food Canada's mandate to develop a national food policy that promotes a food supply that is healthy and environmentally sustainable. We also applaud the Government of Canada's targeted investments in home care and mental health, an important issue we raised in our [2017 pre-budget recommendations](#). Dietitians of Canada will continue to work together with provincial and territorial governments to ensure these investments support more comprehensive and equitable access to home care and mental health services, including access to dietitian services.

As per this pre-budget theme of productivity and competitiveness, Dietitians of Canada submits the following recommendations aimed at improving health, reducing health inequities and ensuring a strong dietetic workforce, all of which would support Canadians to be as healthy and productive as possible in their communities and workplaces.

1. Coordinated Pan-Canadian Telehealth Dietitian Services

Access to dietitian services is not currently meeting Canadians' needs despite the role of healthy eating in maintaining wellness and the recognized burden of nutrition-related conditions. Dietitians of Canada recommends the Government of Canada provide funding to support a coordinated pan-Canadian teledietetics strategy to enhance access to dietitians and to support implementation of federal and provincial food policy and dietary guidance.

All Canadians should have access to dietitian services to support healthy eating and chronic disease management objectives. Unfortunately, access to dietitian services is not currently meeting Canadians' needs. According to the

Public Health Agency of Canada's 2011 report on diabetes, only 26% of patients with diabetes have seen a dietitian in the past year. Given the importance of nutrition counseling in diabetes management as evidenced by the 2013 Canadian Diabetes Association Clinical Practice Guidelines, it appears that 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 felt that access to dietitians was unsatisfactory.

A coordinated pan-Canadian teledietetics strategy should be developed in collaboration with provinces that currently provide such a service including [British Columbia, Manitoba and Ontario](#) (Newfoundland recently announced they will be introducing a similar service), as well as provinces and territories that do not offer such a service, so that all Canadians can access dietitian services to support healthy eating and chronic disease prevention and management objectives. [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. Dietitians of Canada is collaborating with First Nations and Inuit Health to launch a pilot teledietetics service targeting First Nation communities in Saskatchewan – an example of service provision to populations with many health concerns, living in remote areas, and with limited access to health professionals. Additionally, this pan-Canadian approach can support implementation of federal and provincial food policy and dietary guidance by offering Canadians easy access to a central resource for evidence-based and consistent food and nutrition advice.

2. Dietitian Services as part of the Federal Government's Employee Health Care Plan

The Public Service Health Care Plan (PSHCP) is the largest employer-sponsored health care plan in Canada. Currently, for the 1.4 million federal public service employees and their families (includes retirees) receiving coverage under the PSHCP, dietitian services are not one of the health care services included. Dietitians of Canada recommends that the Federal Government include dietitian services as part of its employee health care plan.

Approximately 30% of Canadians have a chronic disease. This costs employers money as employees make more claims leading to higher premiums and prescription drug costs. As the only regulated food and nutrition professional, dietitians are qualified to offer Canadians trust-worthy, evidence-based and tailored food and nutrition counseling for overall wellness and the prevention, management and treatment of chronic diseases. In order to have a healthy and productive workforce, the Federal Government should invest in its employees' health and include dietitian services as part of its employee health care plan. Lifestyle interventions led by dietitians can help employers save money by reducing health related lost productivity by 64% and decreasing disability days by 87%. Interventions led by dietitians can also improve the health of employees by reducing the risk of developing type 2 diabetes by up to 70%; improving blood pressure, blood glucose and cholesterol levels; and managing food allergies and intolerances. According to two US studies, for every one dollar spent on medical nutrition therapy by a dietitian, health care cost savings approach \$4.00.

3. Achieving a Sufficient and Secure Income for All Households – Reduce Poverty and Food Insecurity

Dietitians of Canada recommends that the Government of Canada immediately fund a 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. 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. Examples of the Government of Canada's commitment to improving income security include the recent implementation of and positive changes in the Canada Child Benefit, and continued supports through the Old Age Security program. 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.

4. Access to Healthy Affordable Food and Safe Water in Canada's North and Indigenous Communities

Policy changes must be considered by Indigenous and Northern Affairs Canada (INAC) to address household food insecurity in all Indigenous communities in Canada, especially in Canada's northern communities. The remote community, transportation subsidy program known as Nutrition North Canada (NNC) does not sufficiently address the larger issue of widespread food insecurity in our three northern territories. The Government of Canada must also implement policy change to provide the resources required such that all Canadian communities have reasonable means for water purification and distribution of safe potable water.

While Dietitians of Canada supports the mandate of the Minister of Indigenous and Northern Affairs to update and expand NNC, the scope and severity of food insecurity in northern and remote regions, especially among Indigenous peoples requires greater investment of resources. Household prevalence of food insecurity in Nunavut 2014 was 46.8%, Northwest Territories was 24.1% and data for Yukon was not collected. The limitations of NNC – including the limited number of eligible communities and the subsidy for transportation of perishable foods only while excluding country foods and non-perishable staples such as flour – prevent it from positively impacting the food insecurity crisis across the north. Dietitians of Canada recommends that INAC contribute to ongoing efforts to ensure equitable access to healthy food by all residents and households in Canada's north by directly addressing the high prevalence and severity of household food insecurity in Canada's northern and remote communities. It is our view that the federal government efforts should recognize and target the needs of vulnerable populations directly with income subsidies and/or subsidies directed to improving access to basic market foods and staples, as well as supports for greater access to traditional or country foods. Such a focus will result in more long-term benefits to health within a population currently experiencing a greater rate of chronic health conditions and the social challenges associated with poverty.

Dietitians of Canada is particularly pleased to note the recent engagement on the [Safe Drinking Water for First Nations Act](#), to help find long-term actions to ensure safe drinking water for residents of First Nations communities. We noted this concern in our [2017 pre-budget submission](#).

5. Excise Tax on Sugar-Sweetened Beverages

Dietitians of Canada recommends that the Government of Canada implement an excise tax of at least 10-20% on sugar-sweetened beverages sold in Canada, given the negative impact of these products on the health of the population and the viability of taxation as a means to reduce consumption. Revenue generated from taxation could be used to fund other initiatives that support healthy eating and chronic disease reduction.

Dietitians of Canada recently published a position paper entitled [Taxation and Sugar-Sweetened Beverages: Position of Dietitians of Canada](#). There is good evidence linking consumption of sugar-sweetened beverages to excess weight, obesity, and chronic disease onset in children and adults. Taxation of sugar-sweetened beverages holds substantiated potential of decreasing its consumption. Based on economic models and results from recent taxation efforts, an excise tax can lead to a decline in sugar-sweetened beverage purchase and consumption. According to Canadian research, a tax of 5 cents/100mL is capable of generating up to \$1.8 billion per annum. For the greatest impact, revenue generation from taxation measures should be combined with other policy interventions that support healthy eating and chronic disease reduction such as increasing access to healthy foods while decreasing access to unhealthy foods in schools, daycares and recreation facilities; restrictions on the marketing of foods and beverages to children; and effective, long term educational initiatives.

6. National Workforce Database of Health Professionals that Includes Dietitians

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 and is needed to support a pan-Canadian health human resources strategy for the training, recruitment and retention of all health professionals required to deliver quality health and health care services.

A 2011 report on the dietitian workforce in Canada concluded that there is already a dietitian shortage in all areas of the country, especially in rural and remote areas, and that the situation will worsen with the impending increase in vacancies owing to retirement, population growth and new job creation in the areas of chronic disease management and specialized nutrition care. The [Health Action Lobby](#) (HEAL), a coalition of national organizations including Dietitians of Canada, supports a pan-Canadian health human resource strategy for the training, recruitment and retention of health professionals and recommends strategic investment in health human resource planning. Currently, there is no national database that captures the dietitian workforce. The Canadian Institute for Health Information tracks workforce data of six health professions, but dietitians are not included. In 2012, the [House of Commons](#)

[Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities](#) recommended that “... *Canadian Institute for Health Information continue its good work in tracking and collecting workforce data in health professions, including the dietitians, laboratory technicians and social workers professions on its list.*” While the Health Workforce Database currently contains information on 30 groups of health care professionals in Canada, only 9 professions have record-level data; for dietitians, there was aggregate data for 1988 to 2013 and the next release is anticipated in 2018. This lack of reliable and specific data limits the profession’s ability to make accurate projections for future human resources’ needs.

References available on request.

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