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The Canadian government has a food disorder, and it's helping to fuel the country's obesity epidemic.

No one knows that better than Dr. Jean-Pierre Després, director of research in cardiology at Laval University's Heart and Lung Institute in Quebec City, and the first international multidisciplinary chair on cardiometabolic risk.

Després has made a career of studying belly fat or, more specifically, visceral obesity – the fat that gets wedged in the abdomen in places where it can be deadly, such as the liver and heart. You might have a normal weight and only a slight paunch but be, as Després says, a time bomb for diabetes and cardiovascular disease.

He's blunt about the cause – toxic foods and our sedentary lifestyle.

Disturbingly, those toxic foods are everyday edibles that reach our plates in part because Canada has no national food policy, no national strategy to ensure its food system actually delivers nutritious food.

Health Canada dutifully publishes the Canada's Food Guide, but, bizarrely, healthy food plays an insignificant role in health-care treatment, according to Després.

The country's new agricultural and agri-food policy, "Growing Forward," focuses on making that sector economically viable, which means producing profitable calories, skewed to meat and dairy as well as crops that go into the most highly processed food, which are least healthy. Feeding Canadians seems a distant concern given that agricultural programs support crop and meat production geared for export but let local vegetable and fruit farming all but die, along with that sector's freezing and canning processors, which could provide local produce through the winter.

Indeed, Canada, which now imports 80 per cent of its fruits and vegetables, cannot even supply the servings recommended by its own Food Guide.

So our homegrown food supply – and the Canadian diet – is beginning to look a lot like a dog's breakfast, packed with meat, dairy and grains, and nearly devoid of fruits and vegetables.

This is a food system that casts citizens as "consumers" and Canadians are paying for it with poor health and lives lost. Two-thirds of health-care costs can now be attributed to chronic diseases associated with unhealthy eating, according to a study released this year by the Canadian Agri-Food Policy Institute (CAPI), "Building Convergence." The numbers are staggering: \$32 billion a year for cancer and cardiovascular disease; \$15.6 billion annually for diabetes by 2010.

It's an increasingly sick food system that's twice subsidized – first through agricultural policy and then through health-care budgets.

Yet there is a food fix for this health-care mess. Després believes that the most economical way to treat diet-related diseases is to prevent them from occurring in the first place. And that means prescribing healthy food and physical activity, the only "magic pill" for what ails us.

"We know what needs to be done," he says. "It's not rocket science. But we just don't do it."

Frustrated by government inaction on obesity research, Després developed a prevention model that speaks the money language of food as a commodity. He put a "price tag" on doing something and measured the "return on investment." Funded by the Canadian Institutes of



Before a blood test to assess her cholesterol, Margaret Webb must dig into eggs scrambled with cream, cheddar cheese, white toast, peanut butter, peaches and whipped cream.

FRANCIS VACHON FOR THE TORONTO STAR

Health Research, Després' Synergie Project is the first long-term, non-pharmacological study of visceral obesity.

The test subjects in the three-year program were 144 men with large abdomens and high triglycerides – two key indicators that they were on a collision course with diabetes and cardiovascular disease. Després prescribed what he calls "lifestyle reshaping."

A nutritionist and a kinesiologist met one-on-one with the men monthly to gradually improve their diets and increase physical activity to 160 minutes per week.

That support was "the winning formula," according to kinesiologist Julie Hins. "Each person had his own obstacles. They needed someone behind them to help face those challenges."

Nutritionist Maggie Vallières says virtually all the men were suffering from a diet too high in sugar, fat, salt and processed foods, and not enough fruits and vegetables. That's a typical Canadian diet, as only 36 per cent of us – according to the CAPI study – eat the recommended five to 10 servings of fruits and vegetables a day.

Not only is there a strong correlation between low fruit and vegetable consumption and obesity, but simply eating those recommended servings could also decrease cancers by at least 20 per cent, according to a recent study by the World Cancer Research Fund and American Institute of Cancer Research.

Vallières worked with the men to transform their diets gradually, so the changes would stick. "They felt healthier. They liked and appreciated more nutritious food."

The price tag on the three-year package is \$1,000 to \$1,200 per person per year, cheap compared to the cost of treating diabetes alone, \$1,000 to \$15,000 a year for life.

And the return on investment? After just one year, the men lost, on average, 15 pounds but, more important, shed 30 per cent of their most deadly fat, that visceral belly. Other key markers of risk – such as high triglycerides, blood pressure and HDL cholesterol – all improved significantly. The men who stuck through three years of the program (65 per cent) maintained those improvements after it ended last year.

And then there is the return on investment that can't be measured in dollars. Michel Blanchet, 55, who lost 20 pounds, says the program not only staved off major health problems but gave him a new exuberance for life.

On walks, he enjoys whizzing past wheezing 20-year-olds on hills. "I came out of this program so proud. I am setting goals I never would have set before, to go on long hikes, to sail on the ocean."

Després says the prevention package offers treatment where none exists. "A primary-care doctor tells me that almost 40 per cent of her patients have the big belly syndrome, but she has no tools to address it."

Shifting health care to such prevention models and making a national commitment to healthy eating and fitness could save Canada billions, according to the "Building Convergence" report. It recommends integrating health and agriculture strategy to focus on improving the nutritional quality of Canada's food supply and the Canadian diet.

SunRoot Farm, in East Hants County, N.S., offers a snapshot of what that might look like at the farm level – farmer as health-care worker. The organic operation received funding from social services and community and provincial health departments to deliver subsidized organic vegetables to families who otherwise couldn't afford them.

Corrie Melanson, one of three partners who run the farm, says their client families report losing weight, having more energy and generally feeling better. "We have a lot of folks who are diabetic and they have been able to reduce the amount of insulin they take."

Tying agriculture to such health outcomes has the potential to deliver what Canadians really need: Healthy food as good medicine.

As Després says, "The science of obesity is complicated, but we don't need a complicated plan."