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## CHAPTER 6

# The Politics of Government Dietary Advice

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### OVERVIEW

- What current trends exist in development of nutrition standards, dietary guidelines and food guides?
- How do stakeholders affect the development of government dietary guidance?
- Why is dietary advice vulnerable to political influence?

Although dietary guidelines are based on science, they are also subject to pressures from food companies concerned about the commercial implications of advice to restrict certain nutrients or foods. This chapter reviews examples of food industry influence on dietary advice issued by the World Health Organization in 2004, the United States of America in 2005 and Canada in 2007. These examples suggest the need for establishing processes that keep dietary recommendations free of political influence.

### Key terms

dietary guidelines  
food guides  
nutrient standards

## Introduction

Governments issue dietary advice to their citizens in order to promote consumption of agricultural and food products as well as to improve health. In the USA, for example, the Department of Agriculture (USDA) has produced **food guides** for consumers since the early 1900s. The early guides were designed to help Americans overcome nutritional deficiencies and typically recommended increased consumption of foods from various groups. To the extent that such guides encourage eating more food to prevent nutrient deficiencies, they elicit little opposition; such advice benefits all stakeholders in the food system, from producers to consumers. However, prevention of chronic diseases—coronary heart disease, certain cancers, stroke and diabetes—sometimes requires restrictions on dietary components that raise risks for these conditions. Advice to reduce intake of energy (measured in calories or kilojoules), saturated fat, cholesterol, sugars and salt—and of their principal food sources—inevitably provokes opposition from the affected food companies (Nestle 2007).

The history of **dietary guidelines** and food guides is rife with examples of controversy over advice to 'eat less' of any nutrient or food. Food companies are businesses and, like any business in today's global marketplace, must expand sales, meet growth targets and produce immediate returns for investors. Given that all but the poorest countries in the world provide more food on average than is needed by their populations, the food industry is especially competitive. The US food supply, for example, provides 3900 calories (16 300 kilojoules) per person each day, nearly twice the average amount of energy required. Unlike the situation with shoes, clothing and electronics, consumption of food is limited even for those with the largest appetites, making competition especially intense. The need to sell more food in an overabundant marketplace explains why the annual growth rate of the American food industry is only a percentage point or two, why food companies compete so strenuously for a sales-friendly regulatory and political climate, and why they so aggressively defend the health benefits of their products and attack critics of their marketing, sales and lobbying practices (Nestle 2007).

More often than not, food industry pressures have succeeded in inducing government agencies to eliminate, weaken or thoroughly obfuscate recommendations to eat less of certain nutrients and their food sources. In part, they do so by taking advantage of current trends in nutrition science towards defining human nutritional requirements as increasingly complex and individualised. This chapter offers examples of the ways economic pressures and scientific trends affect dietary advice from three sources: the World Health Organization (WHO) in 2004, the USA in 2005 and Canada in 2007. Similar issues related to Australian dietary guidelines released in 2003 have been reviewed previously (Duff 2004). Table 6.1 summarises those guidelines.

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Table 6.1 Dietary guidelines for Australian adults, 2003

Enjoy a wide variety of nutritious foods:
• Eat plenty of vegetables, legumes and fruits.
• Eat plenty of cereals (including breads, rice, pasta and noodles), preferably wholegrain.
• Include lean meat, fish, poultry and/or alternatives.
• Include milks, yoghurts, cheeses and/or alternatives. Reduced-fat varieties should be chosen, where possible.
• Drink plenty of water.
And take care to:
• Limit saturated fat and moderate total fat intake.
• Choose foods low in salt.
• Limit your alcohol intake if you choose to drink.
• Consume only moderate amounts of sugars and foods containing added sugars.
• Prevent weight gain: be physically active and eat according to your energy needs.
• Care for your food: prepare and store it safely.
• Encourage and support breastfeeding.

Source: NHMRC (2003)

## The WHO Global Strategy, 2004

In the early 2000s, WHO began development of a Global Strategy to help member nations reduce the burden of death and disease related to poor diet and inactivity. The agency's intent was to provide evidence-based recommendations along with action plans and implementation policies (Waxman & Norum 2004). The process began with an Expert Consultation involving international scientists who were asked to review existing research and make recommendations. Their report, commonly referred to as 'Technical Report 916', appeared in 2003 (WHO 2003a). The process also involved stakeholder consultations with member states, UN agencies, governmental and nongovernmental organisations, the food industry and other private sector groups, as well as negotiation of co-sponsorship with the Food and Agriculture Organization (FAO). The final Global Strategy, released jointly by the two UN agencies, was ratified by member states in May 2004 (WHO 2004).

The dietary guidance components of this process proved especially contentious. In 2002, the Expert Consultation committee drafted a preliminary research review that included quantitative goals for intake of specific nutrients (see Table 6.2). To anyone familiar with the history of such recommendations, these goals should have been unremarkable; they were consistent with decades of similar targets established by numerous countries (Cannon 1992).

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**Table 6.2** Goals for ranges of nutrient intake recommended in the WHO/FAO consultation report

Dietary factor	Goal (% of total energy, unless otherwise stated)
Total fat	15–30%
Saturated fatty acids	<10%
Polyunsaturated fatty acids	6–10%
n-6 Polyunsaturated fatty acids	5–8%
n-3 Polyunsaturated fatty acids	1–2%
Trans fatty acids	<1%
Monounsaturated fatty acids	By difference
Total carbohydrate	55–75%
Free sugars	<10%
Protein	10–15%
Cholesterol	<300 mg per day
Sodium chloride (sodium)	<5 g per day (<2 g per day)
Fruits and vegetables	≥400 g per day
Total dietary fiber	From foods
Non-starch polysaccharides (NSP)	From foods

Source: WHO (2003a)

Nevertheless, one goal provoked unusual attention: to limit intake of 'free' sugars (those added in processing or naturally present in honey, syrups and fruit juices) to 10 per cent or less of daily caloric intake. The 10 per cent target was hardly news. The USDA's 1992 Pyramid food guide, for example, recommended a range of 7 to 13 per cent of calories from added sugars, depending on caloric needs (USDA 1992). For a diet containing 2000 calories (8400 kilojoules), the 10 per cent goal permits a daily intake of 50g of 'free' sugars, but one 20-ounce (600mL) soft drink contains more than that amount. Sugar producers and trade groups said this level of restriction was not scientifically justified as neither sugars nor their primary food sources had been shown to cause obesity (World Sugar Research Organization 2002). In the USA, lobbyists for sugar trade organisations induced the Department of Health and Human Services (HHS) to submit critiques of the draft based on materials they provided (Steiger 2002). Although sugar groups ostensibly based their arguments on science, their concerns were clearly economic. Such a recommendation, they said, would be likely to produce 'serious, detrimental and long-lasting effects on the agriculture and the economy of [sugar-producing] countries' (Khan 2003).

Just prior to release of Technical Report 916, the Sugar Association threatened not only to publicly expose flaws in the report but also to ask Congress to withdraw US funding for WHO; it demanded that WHO immediately remove the 916

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Report from its website and withdraw the report. Sugar groups also induced the co-chairs of the US Senate Sweetener Caucus to ask the HHS Secretary to use his influence to have the report rescinded (Briscoe 2003). In arguing against the 10 per cent target, sugar groups invoked US standards for nutrient intake published as Dietary Reference Intakes (DRIs) by the Institute of Medicine (IOM), a scientific organisation that conducts research studies for federal agencies. In developing the DRIs, the IOM (2002) had established the safe upper limit of daily sugar intake at 25 per cent of calories, a cap established to permit diets to contain adequate levels of essential nutrients. Sugar groups, however, chose to interpret the 25 per cent cap as a recommendation. In response, the IOM president wrote to HHS to deny that his organisation endorsed 25 per cent as a goal (Fineberg 2003). Despite sugar industry pressures, the published version of Technical Report 916 included the 10 per cent goal for 'free' sugars (Table 6.2).

While development of Report 916 was underway, WHO and FAO began drafting the Global Strategy. Early in 2003, the agencies sent a 'consultation document' to member states that omitted quantitative targets for nutrient intake, and further regional consultations with the health sector were relatively uncontroversial (Norum 2005). Food industry representatives, however, continued to argue that the Global Strategy should not advise restrictions: that it should recognise that there are no good foods or bad foods, and should instead emphasise adequate nutrient intake, personal initiative, consumer education and physical activity (WHO 2003b). At the same time, industry groups were actively working to convince member states that acceptance of Technical Report 916 as the research basis for the Strategy would adversely affect the economies of sugar-producing countries. The World Sugar Research Organization, for example, distributed a report illustrating the loss to sugar producers that would occur if global consumption dropped to 10 per cent of calories. Despite flaws in this analysis, it convinced many member states to lobby against the recommendation (Waxman 2004).

Lobbying continued during preparation of the final Global Strategy document. Just prior to a meeting of the WHO Executive Board in January 2004, the US HHS continued to write to WHO restating criticisms of Technical Report 916, even after its publication (Steiger 2004a), a tactic interpreted as an attempt to stall the Global Strategy (Norum 2005). A subsequent HHS letter proposed line-by-line edits of the draft Global Strategy that repeated written statements of industry lobbyists (Steiger 2004b). These statements and correspondence were 'leaked' to the internet and made available to the press (Zarocostas 2004).

In May 2004, the 57th World Health Assembly endorsed the Global Strategy, but not without major concessions to the food industry (WHO 2004). Analysis of drafts produced between April 2003 and May 2004 provided substantial evidence of food industry influence. As ratified, the Global Strategy states that foods high in fat, sugar and salt increase the risk for non-communicable diseases, but advice about sugars is just

to 'limit the intake of free sugars'. The controversial 10 per cent goal is not mentioned, and neither is any mention of Technical Report 916—not even a footnote.

## US Dietary Guidelines, 2005

Since 1980, the USDA and HHS have jointly issued *Dietary Guidelines for Americans* as a policy statement on nutrition and health. The Guidelines provide dietary advice to reduce risks for chronic diseases for everyone over the age of two. Although virtually unknown to the public, the Guidelines greatly influence what the public eats, first because they govern the content of federal nutrition programs, and second because they are widely invoked by nutrition professionals, journalists and food companies. Advice to eat more of a nutrient can be used by companies to market products. But because 'eat less' advice might turn the public away from products, the Guidelines are inevitably contentious.

The Guidelines were controversial from their inception. In 1990, Congress required the two agencies to review and revise the Guidelines every five years. Each revision requires appointment of an advisory committee to review the research, hold hearings, collect testimony and write a report, and each of these steps is subject to intense lobbying by food companies and trade associations. Food companies nominate candidates for committee positions, submit research reviews on the value of their products to health, testify at hearings, and meet with agency officials to promote the health benefits of their products and the lack of evidence for adverse effects (Nestle 2007).

The politics of the 2005 Guidelines began with the process of nominating committee members. The *Federal Advisory Committee Act* of 1972 requires all such committees to be 'fairly balanced' and not 'inappropriately influenced by ... any special interest' (FACA 1972), but the Center for Science in the Public Interest (CSPI), a nutrition advocacy group, charged that seven of the 13 members of the 2005 committee had financial ties to the International Life Sciences Institute, National Dairy Council or other industry groups (CSPI 2003).

Furthermore, the development of the 2005 Guidelines was politicised in unprecedented ways. Unlike previous committees, the 2005 committee was informed that it would not actually write the Guidelines. Instead, agency staff would write the report and recommendations. Moreover, the committee was instructed to take an entirely 'science-based' approach to evaluating research. Whereas previous committees were told to offer advice based on their best interpretation of existing research, the 2005 committee was to make recommendations only if justified by sound and compelling science, a subtle but important distinction. And whereas previous committees reviewed available research as the basis for recommendations, this committee was to create guidelines for diets that would meet DRI **nutrient standards**. These changes must be understood as a reflection of the industry-friendly approach of the administration of

US President George W. Bush as well as of the secrecy and level of control under which it operates and expects its agencies to operate.

The result was that the Guidelines, which are meant for policy makers and health professionals, became the second step of a three-step process. The Guidelines would have to meet the DRI standards; they would then constitute the basis of a food guide for the general public. In recent years, however, the DRIs have become extraordinarily complex. The 1989 10th edition of the Recommended Dietary Allowances (RDAs), now part of the DRIs, was a single volume of just under 300 pages. The recent DRIs, however, comprise six volumes ranging from 432 to 1331 pages each (IOM 1997-2005). As was the case with the RDAs, the DRIs are population standards set at levels likely to meet the needs of virtually all adults and, therefore, greatly exceed the needs of most individuals.

As shown in Table 6.3, the first four editions of the Guidelines included just seven recommendations (these dealt with food variety, body weight, saturated fat and cholesterol, sugar, salt, alcohol, and fruits and vegetables). The 2000 Guidelines added advice about becoming physically active, following the Pyramid food guide, and ensuring food safety (USDA & HHS 2000). The 2005 Guidelines, however, took complexity to a new level. Although the advisory committee decided that its findings supported just nine principal messages (DGAC 2004), the agencies overrode its advice and created 41 recommendations (23 for the general population and 18 for special population groups such as pregnant women and the elderly), and issued the Guidelines as a 70-page pamphlet (USDA & HHS 2005).

**Table 6.3** Evolution of the US Dietary Guidelines, 1980-2005

Year	Key recommendations	Content pages
1980	7	19
1985	7	23
1990	7	26
1995	7	41
2000	10	37
2005	41	70

Source: USDA and HHS at [www.health.gov/DietaryGuidelines/](http://www.health.gov/DietaryGuidelines/)

Buried in this morass of information—especially in the report's Tables—are important messages: balance calories and be more active; emphasise fruits, vegetables, and whole grains; eat less of animal foods; avoid trans fats; and reduce intake of sugars and 'junk' foods (those of poor nutritional value). These, however, are difficult to distinguish from 'distracter guidelines', those that have little to do with food choices. Whereas the 2000 Guidelines included one recommendation for food



safety ('keep food safe to eat') and one for physical activity ('be physically active each day'), the 2005 Guidelines contain three lengthy recommendations with five sub-recommendations for food safety, and six equally lengthy recommendations with four sub-recommendations for physical activity (for example, 'To sustain weight loss in adulthood: Participate in at least 60 to 90 minutes of daily moderate-intensity physical activity while not exceeding caloric intake requirements. Some people may need to consult with a healthcare provider before participating in this level of activity'). Political influence is best detected in certain specific Guidelines, as discussed below.

## Weight management

Throughout the process of developing the Guidelines, food industry groups repeatedly attempted to divert attention from food to physical activity. The American Beverage Association (2004) said that 'the guidelines should include an increased emphasis on the importance of physical activity for children, adolescents and adults', and the Grocery Manufacturers of America (2004) said, 'If Americans should be striving to improve their diets, then why would the final Report neglect to incorporate physical activity in its tables? Instead, the Report's recommendations should base dietary patterns on—at a minimum—a "low active" level of physical activity...'

Physical activity is critical for maintaining a healthy body weight, but the emphasis on such recommendations distracts attention from 'eat less' messages. Key advice about weight management in the 2005 Guidelines is to 'balance calories from foods and beverages with calories expended', and 'make small decreases in food and beverage calories and increase physical activity'. Just one sentence—not a recommendation—explains that 'the healthiest way to reduce calorie intake is to reduce one's intake of added sugars, fats, and alcohol ...'

The Guidelines' advice about portion sizes also has become more complicated. In 1995, USDA and HHS recommended: 'Eat smaller portions and limit second helpings of foods high in fat and calories', and in 2000 said: 'Whatever the food, eat a sensible portion size'. The 2005 advisory committee wrote '... more calories are consumed when a large portion is served rather than a small one. Thus, steps are warranted for consumers to limit the portion size they take or serve to others ...' (DGAC 2004). The agencies, however, chose to introduce the concept of portion size with a 'science-based' disclaimer: 'Though there are no empirical studies to show a causal relationship between increased portion sizes and obesity, there are studies showing that controlling portion sizes helps limit calorie intake, particularly when eating calorie dense foods ...' (USDA & HHS 2005).

## Sugars

The 1980 and 1985 Guideline editions concisely recommended 'avoid too much sugar', but subsequent versions became increasingly complicated, as shown in

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Table 6.4. By 2005, the sugar guideline comprised 27 words, required translation (DASH is Dietary Approaches to Stop Hypertension), and was buried in a chapter on carbohydrates. The downplaying of advice to eat less sugar may have been due to the ties of some committee members to sugar industry groups, as charged by CSPI (2003), but was without question a consequence of the WHO sugar controversy discussed earlier. While officials at HHS were challenging the WHO's 10 per cent sugar recommendation, this same agency could hardly permit the Guidelines to say 'eat less sugar'.

Table 6.4 Evolution of the US dietary recommendations for sugars

Dietary guidelines	Sugar guideline or recommendation
1980	Avoid too much sugar
1985	Avoid too much sugar
1990	Use sugars only in moderation
1995	Choose a diet moderate in sugars
2000	Choose beverages and foods to moderate your intake of sugars
2005	Choose and prepare foods and beverages with little added sugars or caloric sweeteners, such as amounts suggested by the USDA Food Guide and the DASH Eating Plan.

Source: USDA and HHS at [www.health.gov/DietaryGuidelines/](http://www.health.gov/DietaryGuidelines/)

## Meat

Guidance about meat consumption occurs in a chapter on fats. The Advisory Committee (DGAC 2004) noted the relationship between meat, intake of saturated fat and certain cancers in several statements:

- 'The major way to keep saturated fat low is to limit one's intake of animal fat ...'
- 'Epidemiologic, experimental (animal), and clinical investigations suggest that diets high in ... meat (both red and white) ... are associated with an increased incidence of colorectal cancer'
- 'In general, fat of animal origin seems to be associated with the highest risk [of prostate cancer]'

In commenting on the committee report, CSPI (2004) said that the guidelines ought to say 'eat less ... beef, pork ... and other foods that are high in saturated fat, trans fat, or cholesterol. People don't eat nutrients, they eat food'. In contrast, the National Cattlemen's Beef Association (2004) commented: 'A message to "choose lean protein sources" offers guidance consistent with the report's [other messages]'. The agencies apparently agreed and their advice reads: 'When selecting and preparing meat, poultry, dry beans, and milk or milk products, make choices that are lean, low-fat, or fat-free.' That meat and dairy products are major sources of saturated fat is

relegated to a table: 'Contribution of Various Foods to Saturated Fat Intake in the American Diet'.

### *Dairy foods*

The most surprising change from earlier Guidelines was to increase the century-long recommendation of two daily dairy servings to three. The committee and agencies explained this increase as required by a near doubling of the DRI for *potassium* from 2.7 g/day in 1989 to 4.7 g/day (IOM 2004). The IOM said this increase was needed to overcome the effects of high sodium diets on blood pressure, particularly among African-Americans, but this rationale is puzzling on several grounds. The IOM based the increase on the highest amount of potassium needed to compensate for high dietary intake of sodium. However, most individuals would be expected to require much less. Furthermore, while dairy foods are good sources of potassium, they also are high in sodium and are major sources of saturated fat in US diets. Vegetables and fruits are better sources of potassium and are low in sodium. In addition, minority populations most susceptible to high blood pressure often cannot tolerate the lactose in dairy foods, and questions about the role of dairy foods in osteoporosis and other chronic diseases remain unsettled (Willett & Skerrett 2005). Nevertheless, the agencies decided that Americans would be more likely to increase potassium intake by eating more dairy foods. An investigative report by the *Wall Street Journal* attributed this decision to skilful lobbying by the National Dairy Council, as well as to the financial ties of several members of the advisory committee to dairy trade groups (Zamiska 2004).

### US MyPyramid Food Guide, 2005

In the third step in the process, the USDA creates a food guide for the general public based on the Dietary Guidelines. This agency's previous Pyramid food guide was issued in 1992 after a year of controversy over its positioning of meat and dairy foods near the 'eat less' tip of the diagram (Nestle 2007). In 2005, the USDA redesigned the Pyramid and renamed it MyPyramid (USDA 2005a). Unlike the previous Pyramid, which was meant to illustrate a dietary pattern appropriate for all Americans, this one was individualised and, therefore, more complicated.

The MyPyramid design is remarkable for its lack of food. Instead, the design illustrates ribbons of colour meant to represent specific food groups. A stick figure runs up a set of stairs along the left side. To understand the meaning of this design, consumers must have access to the internet; log on to the USDA website; type in a few details about age, sex and activity level; and obtain a personalised dietary prescription at one of 12 calorie levels. Careful perusal of the website reveals that the USDA continues to promote hierarchy in food choice: 'The wider base stands for foods with little or no solid fats or added sugars. These should be selected more

often. The narrower top area stands for foods containing more added sugars and solid fats' (USDA 2005b). This point, however, is easily missed.

Although influenced by politics, the process for developing the Dietary Guidelines was mostly transparent; transcripts of committee meetings and draft reports appeared promptly on the internet. In contrast, the process used by the USDA to replace its 1992 Pyramid was highly secret, and it is not obvious how agency staff made decisions. One clue comes from Porter Novelli, the public relations firm hired by the USDA to develop both the 1992 and 2005 Pyramids. The firm presented a preliminary design to the Dietary Guidelines Advisory Committee in January 2004. That design looked much like the final version with one critical exception; it illustrated hierarchy in food choice. For example, the grain band displayed whole grain bread at the bottom, pasta about half way up, and cinnamon buns at the top. The USDA chose to eliminate visible hierarchy in the final version. Because the reasons for this decision are not public, one can only presume that the agency did not wish to advise eating less of any food, useful as that advice might be to an overweight public.

## Canada's Food Guide, 2007

On 5 February 2007, Health Canada released 'Eating Well with Canada's Food Guide', an update of the previous 1992 version (Health Canada 2007a). Like the US MyPyramid, this Guide offers more complicated and individualised advice and does so for many of the same reasons. Canada's Guide does not replicate MyPyramid but instead must be understood as evolving from previous Canadian Food Guides, particularly the 1992 version. Table 6.5 summarises the principal recommendations of Canadian Food Guides from 1942 to 2007.

**Table 6.5** Evolution of Canada's food guide recommendations, daily servings for adults, 19 to 50+ years, 1942–2007

Year	Vegetables & Fruit	Grain Products	Milk & Alternatives	Meat & Alternatives
1942	5	5-7	1	1†
1944	5	5	1-2	1†
1949	5	5	1	1†
1961	5	2	1½	1†
1977	4-5	3-5	2	2
1982	4-5	3-5	2	2
1992	5-10	5-12	2-4	2-3
2007	7-10	6-8	2-3	2-3

† In addition to eggs

Source: Health Canada (2002 and 2007)

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Like all such guides, this one is intended to improve food selection and promote nutritional health. Canada has issued food guidance since 1942, and the evolution of this advice is notable for an increase in the number of recommended servings. For the first 50 years, the guides were based on a 'foundation diet' approach designed to ensure intake of the minimum amount of food needed to meet the nutritional requirements of most people in the population (Health Canada 2002). In 1992, however, Health Canada switched the basis of the Guide to a 'total diet' approach. This called for diets that would meet energy and nutrient requirements defined by recently established Canadian standards (CIC 1990; Bush & Kirkpatrick 2003). Because these standards are based on research on single nutrients, this approach leads to apparently higher levels that encompass the nutrient needs of most individuals within a population. The 'total diet' approach resulted in advice to consume more food and, therefore, more calories. Although this advice appeared at a time when chronic diseases had replaced nutrient deficiencies as the principal public health problems related to diet, its effect was to double the recommended number of grain servings, more than double the number of vegetable and fruit servings, and increase the number of meat servings by 50 per cent.

Responses to the release of the 1992 Guide indicated substantial food industry influence on its development and content, as revealed in newspaper accounts such as 'Industry Forced Changes to Food Guide ...' (Anon. 1993) and 'Food Guide Changed After Industry Outcry' (Evenson 1993). Such accounts were based on documents obtained under Canada's *Access to Information Act* that revealed earlier drafts had been altered in response to protests from beef, egg and sugar producers. The then Minister of National Health and Welfare, Benoit Bouchard (1993), defended the Guide as 'based on sound science' and reflecting the 'total diet' approach: 'There are no good foods or bad foods,' he said. 'It is the overall choices of foods made and not any one food ... that determines healthful eating.' Despite this statement, the 1992 Food Guide design—a rainbow—was intended to indicate that some foods *are* better than others and should be eaten in greater quantities; its largest bands were devoted to the grain and vegetables and fruit groups.

A decade later, concerns about rising rates of obesity and chronic diseases suggested the need to revise the Guide (Shields & Tjepkema 2006). The rise in obesity had occurred in parallel with a 14 per cent increase in the calories available in the Canadian food supply (Statistics Canada 2002). Furthermore, Canada had jointly participated with the USA in development of the DRIs and had adopted these standards (Health Canada 2007b). Revising the Food Guide provided an opportunity to reverse the 'eat more' messages of the 1992 version.

To do so, Health Canada conducted a series of consultations and stakeholder sessions, and worked closely with advisory groups (Health Canada 2007b). Critics immediately complained that industry groups appeared to be overrepresented in the process. Invitational stakeholder meetings included far more industry than

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independent experts (Health Canada 2004a; 2004b). Critics charged that members of advisory committees had ties to food industry groups, had potential conflicts of interest, and lacked independence and expertise (Jeffery 2005; Freedhoff 2006). Although the Ontario Society of Nutrition Professionals in Public Health had nominated potential members, none of its nominees was appointed (Jeffery 2005). Meanwhile, food companies and trade associations hired lobbyists and submitted detailed briefs to ensure that the Food Guide would reflect their interests (Waldie 2007).

In late 2005, Health Canada proposed to decrease the recommended daily servings of fruits and vegetables from 5–10 to 5–8 and to increase servings of meat from 2–3 to 4 for men. This proposal was termed 'obesogenic' by commentators who calculated that following the Guide would produce diets overly high in calories (Kondro 2006). The Dairy Farmers of Canada met with Health Canada to complain that the Guide placed soy milk in the milk category (Payne 2006). How Health Canada dealt with such complaints can only be surmised. Reviewers of early drafts were required to return them, and neither draft guidelines nor transcripts of consultations or committee meetings were posted on the internet.

As published, the 2007 Guide is more complicated than the previous version. The most significant changes from 1992 are an increase in the minimum number of vegetable and fruit servings and a decrease in grain servings. Changes from the 2006 draft were a reduction in the prominence given to soy milk, and elimination of a food shopping tip to 'buy local, regional, or Canadian foods when available'. The final Guide advises consumers to be active, read food labels, limit trans fats, satisfy thirst with water, enjoy eating, and eat well. 'Eat well' includes an 'eat less' message: '[by] limiting foods and beverages high in calories, fat, sugar, or salt (sodium) such as cakes and pastries, chocolate and candies, cookies and granola bars, doughnuts and muffins, ice cream and frozen desserts, soft drinks, sports and energy drinks, and sweetened hot or cold drinks' (Health Canada 2007a). The reasons for such changes, however, are not stated.

Contradictions between the written messages and the illustrations make the Guide difficult to interpret. For example, it recommends 'Drink skim, 1%, or 2% milk each day', and 'Select lower fat milk alternatives', yet illustrates dairy products in their full fat versions. The meat illustrations do not depict red meats at all and exclusively depict meat alternatives such as fish, beans, tofu, eggs, nuts and peanut butter. The explanation of how to count Food Guide Servings is illustrated by a vegetable and beef stir-fry with rice, a glass of milk, and an apple for dessert. This meal includes a total of seven servings from the various groups plus a teaspoon of canola oil. It would take a skilled cook to stir fry 2.5 oz of lean beef and one cup of mixed broccoli, carrot and sweet red pepper in so little oil. These are small points, but potentially confusing.

Like MyPyramid, the Canadian Food Guide personalises the recommendations by creating nine diet categories based on age and gender, each with its unique allotment of servings. Also, like MyPyramid, consumers obtain this information

through use of a computer. An interactive website permits users to create 'My Food Guide' (Health Canada 2007c). A woman aged 31 to 50 years, for example, is to select seven servings of vegetables and fruit, six grains, and two each of milk and meat (or alternatives) each day, which may seem like too much food. The site provides examples of foods from which to choose, but these are not distinguished by nutritional quality. One can easily select a diet that contains all of the servings from iceberg lettuce, white breads and waffles, full-fat dairy products, and high-fat red meats.

Finally, the Guide breaks precedent in suggesting that foods alone are insufficient to meet nutritional needs. It advises women capable of becoming pregnant to take a multivitamin with folic acid, pregnant women to take one with iron, and everyone over age 50 to take 400 IU of vitamin D. Advice to take supplements appears to derive from the single-nutrient focus of the DRIs and their establishment at levels that meet or exceed the 97th percentile of population requirements.

## Conclusion

Nutrition scientists maintain—quite correctly—that science is complex, that individualisation makes sense for advising people about their own diets, and that dietary standards and dietary guidelines are meant as tools for professionals, not the general public. Because standards and guidelines are the basis of food guides for the general public, they need to be based not only on science but also on the need to communicate basic principles of diet and health to an increasingly confused public. As chronic diseases overtake nutrient deficiencies as public health nutrition problems, dietary guidance should encourage people to optimise eating patterns by clearly stipulating the foods best to eat on a habitual basis. Dietary guidance should also explicitly encourage people to reduce energy intake by eating less of 'junk' foods. Governments should be responsible for providing accurate and sound nutrition advice to their populations; the fact that most have difficulty doing so is an indication of the power of food companies to influence the process. Nutrition and health advocates should be diligent in encouraging governments to issue dietary advice that is clear, unambiguous and useful to the public.

## SUMMARY OF MAIN POINTS

- Governments issue dietary guidance to improve the health of their populations.
- Advice to consume more of a country's agricultural and food products in order to prevent nutrient deficiencies is usually uncontroversial.
- Advice to restrict intake of certain foods to prevent obesity and chronic diseases is inevitably controversial.

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- Food companies use the political process to weaken, undermine or eliminate dietary guidelines that suggest eating less of their products.
- To avoid controversy, dietary guidelines and food guides tend to reject public health messages; to express advice in terms of nutrients, not foods; and to issue more complicated and individualised advice.
- Despite political pressures, dietary guidelines and food guides invariably recommend diets based mainly on foods of plant origin: vegetables, fruit and whole grains.

## SOCIOLOGICAL REFLECTION

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Dietary guidelines and food guides, although apparently 'science-based', are created by individuals who serve on government committees and are subject to the same kinds of influences as any other members of society. Because the food industry is the sector of society with the strongest stake in the outcome of dietary guidance, government agencies and committee members are inevitably influenced by its concerns. Controversy over dietary advice derives from the contradiction between the health-promoting goals of public health and the profit-making goals of food companies.

- Consider the language used in the Australian Dietary Guidelines given in Table 6.1. Which of these guidelines would be most resisted by the food industry?
- How do these guidelines compare to those developed in the USA?

## DISCUSSION QUESTIONS

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1. Why do governments issue dietary guidelines and food guides?
2. Who are the principal stakeholders in the development of dietary guidance?
3. How important are dietary guidelines and food guides? Whose interests do they serve?
4. How do food companies and trade groups influence dietary guidance?
5. How do nutrient standards and dietary guidance illustrate trends towards the increasing complexity and individualisation of dietary advice?
6. How could public health approaches improve the development of dietary guidelines and food guides?

### *Further investigation*

1. Why does public health nutrition policy rely so heavily on dietary guidelines? What alternative approaches could governments use to improve public health?
2. Are dietary guidelines equally useful to affluent and economically disadvantaged groups?



## FURTHER READING AND WEB RESOURCES

### Books

- Lang, T. & Heasman, M. 2004, *Food Wars: The Global Battle for Mouths, Minds, and Markets*, Earthscan Publications, London.
- Nestle, M. 2007, *Food Politics: How the Food Industry Influences Nutrition and Health*, Revised edition, University of California Press, Berkeley.
- WHO 2003, *Diet, Nutrition, and the Prevention of Chronic Disease: Report of a Joint WHO/FAO Expert Consultation* (WHO Technical Report Series 916), WHO, Geneva, [http://whqlibdoc.who.int/trs/WHO\\_TRS\\_916.pdf](http://whqlibdoc.who.int/trs/WHO_TRS_916.pdf).

### Websites

- Canada's Guidelines for Healthy Eating: [www.hc-sc.gc.ca/fn-an/food-guide-aliment/index\\_e.html](http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/index_e.html)
- Codex Alimentarius (FAO/WHO Food Standards): [www.codexalimentarius.net/web/index\\_en.jsp](http://www.codexalimentarius.net/web/index_en.jsp)
- Dietary Guidelines for Americans: [www.health.gov/DietaryGuidelines/](http://www.health.gov/DietaryGuidelines/)
- Dietary Guidelines for Australians: [www.nhmrc.gov.au/publications/synopses/dietsyn.htm](http://www.nhmrc.gov.au/publications/synopses/dietsyn.htm)
- Food and Agricultural Organization (FAO)—Nutrition and Consumer Protection: [http://www.fao.org/ag/agn/index\\_en.stm](http://www.fao.org/ag/agn/index_en.stm)
- Food Guides by Country: [www.fao.org/ag/agn/nutrition/education\\_guidelines\\_country\\_en.stm](http://www.fao.org/ag/agn/nutrition/education_guidelines_country_en.stm)
- Food Politics: [www.foodpolitics.com/](http://www.foodpolitics.com/)
- United States Food and Drug Administration (FDA)—Center for Food Safety & Applied Nutrition: [www.cfsan.fda.gov/list.html](http://www.cfsan.fda.gov/list.html)
- WHO Global Strategy on Diet, Physical Activity and Health: [www.who.int/dietphysicalactivity/en/](http://www.who.int/dietphysicalactivity/en/)

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