

Interpreting Canada's 2019 Food Guide and Food Labelling for Health  
Professionals



# Interpreting Canada's 2019 Food Guide and Food Labelling for Health Professionals

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# PREFACE

This textbook provides the novice learner with a foundational understanding of Canada's 2019 Food Guide and Food Labelling. It highlights important considerations for future health professionals seeking to adopt the new food guide into their practice, including strategies towards healthy eating. This open textbook underscores a relational inquiry approach to inform discussions with clients about nutrition and healthy eating.





# Learning Outcomes and Legend

This textbook is best viewed online in the “Read Book” format available through Pressbooks. The Read Book format enables all accessible multimedia content. Users can also download a PDF or request a print copy through eCampusOntario’s Open Library.

## Learning Outcomes

### *Learning Outcomes*

#### **By the end of this book, you will:**

1. Explain the principles of Canada’s 2019 Food Guide.
2. Examine recommendations about healthy eating.
3. Recognize the legal requirements of food labelling.
4. Identify the components of the nutrition facts table.
5. Identify the nature of the ingredient list.
6. Explain how to integrate the food guide into the nursing process.
7. Critically reflect on the role of social determinants of health as it relates to the food guide and the nursing process.
8. Interpret the food guide in the context of the unique attributes and life circumstances of the client.
9. Adopt a relational inquiry approach to inform discussions with clients about the food guide.

## Legend

Throughout this text you will encounter various learning–teaching strategies. Here is a short summary:

- **Textual information** describes the content.
- **Points of Consideration** provide additional information to push your thinking beyond the main point to consider in practice. Points of consideration are visually separated from the rest of the textual information using a text box.

- Findings that require intervention, highlighted as **take action**, such as abnormal or critical findings or findings that require health promotion.
- **Activities** give you an opportunity to evaluate your learning.
- **Videos** and **podcasts** help you understand the information in a different way.
- Important phrases are **bolded**.
- Unfamiliar and complex terms are bolded and included in the **glossary** at the end of the book. If reading the book online, hover your cursor over a bolded word to reveal the definition.

# About eCampusOntario and Authors

## About eCampusOntario

eCampusOntario is a not-for-profit corporation funded by the Government of Ontario. It serves as a centre of excellence in online and technology-enabled learning for all publicly funded colleges and universities in Ontario and has embarked on a bold mission to widen access to post-secondary education and training in Ontario. This textbook is part of eCampusOntario's Open Library, which provides free learning resources in a wide range of subject areas. These open resources can be assigned by instructors for their classes, downloaded by learners to electronic devices or printed through the University of Waterloo print on demand service. These free and open resources are customizable to meet a wide range of learning needs, and we invite instructors to review and adopt the resources for use in their courses.

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# Acknowledgments

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# CHAPTER 1: AN INTRODUCTION TO CANADA'S FOOD GUIDE

By Jennifer L. Lapum, Oona St-Amant, Wendy Garcia, Rezwana Rahman



# Learning Outcomes

## *Learning Outcomes*

**By the end of this chapter, you will be able to:**

- Explain the principles of Canada's 2019 Food Guide.
- Examine recommendations about healthy eating.



# Self Assessment



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# Why Should You Care About the Food Guide?

As a health professional, it is important that you are **familiar with Canada's Food Guide 2019**. Amidst rapidly changing food trends and evolving fads, the food guide offers health professionals concise and reliable information to inform professional practice. You can find the guide and related documents online at: [Canada's food guide](#). You will find that there are many resources, some directed at the health professional and some directed at the consumer (i.e., the client/family). A selection of the documents of interest include:

- The food guide snapshot
- Canada's Dietary Guidelines for Health Professionals and Policy Makers
- Healthy eating recommendations
- Tips for healthy eating
- Recipes

As a health professional, part of your scope of practice is to engage in **health promotion and disease prevention discussions** with clients as illustrated in **Figure 1.1**. This engagement transcends **primary care, secondary care, and tertiary care** across the lifespan. One component of a comprehensive health promotion approach is an active dialogue about eating patterns (sometimes referred to as diet). Nutrition and eating patterns in healthcare often focus on food choices (eating “nutritious” and “not so nutritious” foods) and behaviours (eating “too much” or “too little”). While focusing on eating patterns may be useful for having individual discussions with clients, health professionals also need to be cognizant of the broader social context that informs nutrition and food security, also known as the **social determinants of health**.



**Figure 1.1:** Health promotion and disease prevention discussion

By understanding the social determinants of health, health professionals can have meaningful discussions with clients about nutrition that **resonate with their life circumstances**. For example, your discussion may extend beyond just “what to eat” to also consider food security, access to fresh foods, ways to store it, and dietary risk which have implications for health and illness. Additionally, culture is an important determinant that influences eating patterns and food choices, and this may not necessarily translate to what is reflected in the food guide. Thus, health professionals should be curious about culture, equipped with skills to help clients better understand how their foods fit within, or even beyond, the food guide, and how their cultural eating practices can lead to healthy food decisions.

Although this resource does not focus specifically on social determinants of health, it seeks to



highlight the social framework that surrounds the food guide. As a health professional, you need to be prepared to discuss eating, health, and the food guide with clients and their families across the lifespan. Understanding and interpreting the food guide is **important at all stages of life**; however, discussion between clients and health professionals are typical during early childhood development, pregnancy, and in the context of illness.

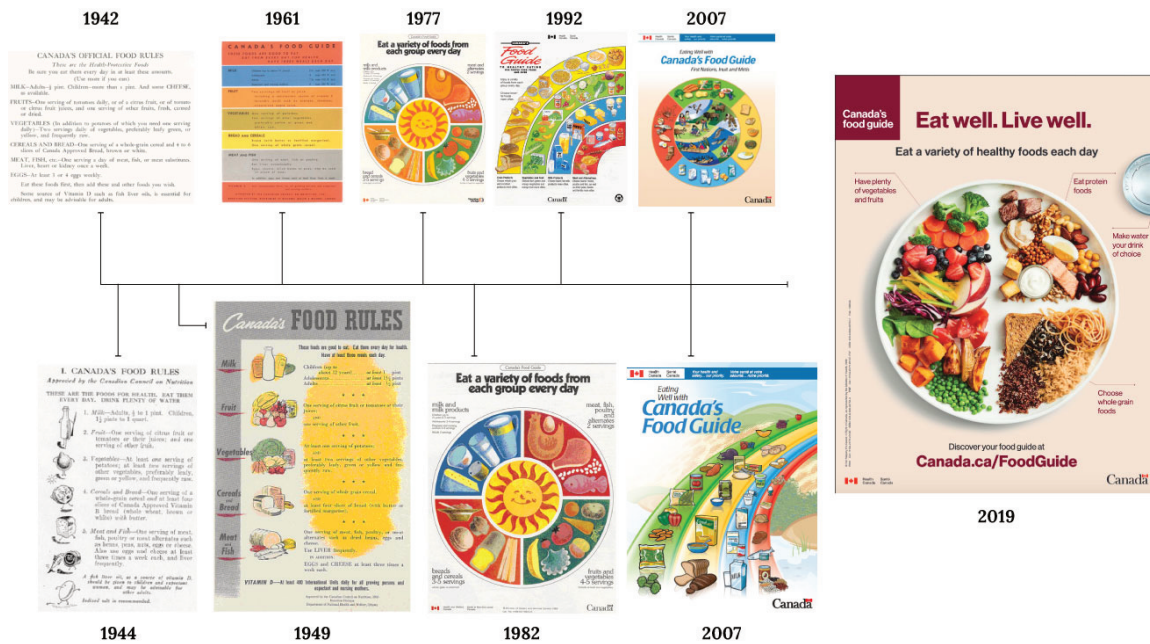
#### *Points of Consideration*

The term “diet” in this interpretation of Canada’s Food Guide 2019 is generally avoided, as the goal is health promotion and not necessarily weight loss. To some, the term “diet” suggests **short-term, often restrictive, changes to eating patterns**. While healthy eating is an objective of Canada’s Food Guide 2019, this resource does not promote a dichotomy of exclusively “healthy” and “unhealthy” eating patterns that reinforce labels that emphasize shame or blame. Instead, healthy eating should be thought of as a continuum, one that recognizes both the joy and importance of what and how we eat.



# Emergence of Canada's New Food Guide

There have been **many variations of the food guide** over several decades, as illustrated in **Figure 1.2**. The original food guide emerged in 1942; however, it was referred to as “food rules” at the time (Health Canada, 2019a). As you can imagine, the term “rule” is no longer used because it implies rigid principles with no recognition of social and cultural context. Prior to the 2019 version, the most recent adaptation to the food guide happened in 2007. That iteration included recommendations based on some studies and focused on four food groups: Vegetables and fruit; Grain products; Milk and alternatives; and Meat and alternatives. It also included recommended number of servings in each food group and information about what is considered a serving for different types of food, based on gender and age.




**Figure 1.2:** Evolution of the food guide

In early 2019, Health Canada released a **new food guide** with accompanying documents such as “Canada’s Dietary Guidelines for Health Professional and Policy Makers.” The aim of these resources is to support Canadians in patterns of healthy eating and nutritional well-being (Health Canada, 2019b). Alongside **evidence-informed healthcare and decision making**, it was time for a new food guide, especially since the last one was released over ten years ago. As a healthcare professional and/or a

student in a health-related program, you are probably aware that guiding documents and resources should be informed by current evidence, which is typically considered five to ten years.

The new version of Canada's Food Guide, hereafter referred to as Canada's Food Guide 2019, has piqued great enthusiasm and interest because this version is **based on evidence** gathered from scientific reports, particularly systematic reviews, and wide-ranging consultation with health professionals, population and nutrition experts, national Indigenous organizations, and the general population (Health Canada, 2019b). The fact that this food guide is evidence-informed is significant because it aligns with the discourse of evidence-informed decision making in healthcare and the abundance of health benefits and risks related to nutritional intake. Additionally, previous food guides were influenced by the food and beverage industry, which biased the recommendations.

Check out **Film Clip 1.1** of an audio podcast by historian Dr. Ian Mosby who talks about the evolution of the food guide and the limitations of the current version.



## Interview about the Evolution of Canada's Food Guide

with

Dr. Ian Mosby, Assistant Professor, Department of History, Ryerson University

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<https://ecampusontario.pressbooks.pub/foodguide/?p=44>

**Film Clip 1.1:** Dr. Ian Mosby speaking about the evolution of the food guide

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# Canada's Food Guidelines

Most Canadians see the image below (**Figure 1.3**) when they first attempt to access Canada's Food Guide 2019 (Health Canada, 2019b). This image is part of the “Food guide snapshot” that is often shared with clients and families as a starting point for discussion.

When scanning the plate in **Figure 1.3**, you will notice a colourful plate with a diverse mix of foods in which: half the plate is filled with vegetables and fruit; one quarter of the plate has proteins including tofu, legumes, nuts, seeds, yogurt, lean meat/fish and only a small amount of red meat; one quarter of the plate has whole grain foods (e.g., bread, pasta, rice); and, there is a glass of water beside the plate.



**Figure 1.3:** Canada's Food Guide from Health Canada (2019b) “Canada's Dietary Guidelines for Health Professional and Policy Makers”

The food guide snapshot is now available in 28 languages as illustrated in **Figure 1.4**.



**Figure 1.4:** Food guide snapshot available in 28 languages



**Figure 1.5:** Integrating nutritious foods into eating patterns

There are three specific guidelines that inform “Canada’s Dietary Guidelines for Health Professionals and Policy Makers” (Health Canada, 2019b).

As illustrated in **Figure 1.5** and outlined in **Table 1.1**, the first guideline focuses on the integration of nutritious foods to form the foundation of a person’s eating patterns (Health Canada, 2019b). This reproduction (**Table 1.1**) is a copy in part of the version available at: <https://food-guide.canada.ca/static/assets/pdf/CDG-EN-2018.pdf>.

Guideline 1	Considerations
-------------	----------------



<p>Nutritious foods are the foundation for healthy eating</p> <ul style="list-style-type: none"> <li>• Vegetables, fruit, whole grains, and protein foods should be consumed regularly. Among protein foods, consume plant-based more often. <b>Note:</b> Protein foods include legumes, nuts, seeds, tofu, fortified soy beverage, fish, shellfish, eggs, poultry, lean red meat including wild game, lower fat milk, lower fat yogurts, lower fat kefir, and cheeses lower in fat and sodium.</li> <li>• Foods that contain mostly unsaturated fat should replace foods that contain mostly saturated fat.</li> <li>• Water should be the beverage of choice.</li> </ul>	<p>Nutritious foods to encourage</p> <ul style="list-style-type: none"> <li>• Nutritious foods to consume regularly can be fresh, frozen, canned, or dried.</li> </ul> <p>Cultural preferences and food traditions</p> <ul style="list-style-type: none"> <li>• Nutritious foods can reflect cultural preferences and food traditions.</li> <li>• Eating with others can bring enjoyment to healthy eating and can foster connections between generations and cultures.</li> <li>• Traditional food improves diet quality among Indigenous Peoples.</li> </ul> <p>Energy balance</p> <ul style="list-style-type: none"> <li>• Energy needs are individual and depend on a number of factors, including levels of physical activity.</li> <li>• Some fad diets can be restrictive and pose nutritional risks.</li> </ul> <p>Environmental impact</p> <ul style="list-style-type: none"> <li>• Food choices can have an impact on the environment.</li> </ul>
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**Table 1.1:** Canada’s Dietary Guidelines: Guideline 1

As illustrated in **Figure 1.6** and outlined in **Table 1.2**, the second guideline focuses on the reduction of foods and beverages that are processed and pre-packaged (Health Canada, 2019b). This reproduction (**Table 1.2**) is a copy in part of the version available at: <https://food-guide.canada.ca/static/assets/pdf/CDG-EN-2018.pdf>



**Figure 1.6:** Reducing processed foods

Guideline 2	Considerations
<ul style="list-style-type: none"> <li>Processed or prepared foods and beverages that contribute to excess sodium, free sugars, or saturated fat undermine healthy eating and should not be consumed regularly.</li> </ul>	<p>Sugary drinks, confectioneries and sugar substitutes</p> <ul style="list-style-type: none"> <li>Sugary drinks and confectioneries should not be consumed regularly.</li> <li>Sugar substitutes do not need to be consumed to reduce the intake of free sugars.</li> </ul> <p>Publicly funded institutions</p> <ul style="list-style-type: none"> <li>Foods and beverages offered in publicly funded institutions should align with Canada’s Dietary Guidelines.</li> </ul> <p>Alcohol</p> <ul style="list-style-type: none"> <li>There are health risks associated with alcohol consumption.</li> </ul>

**Table 1.2:** Canada’s Dietary Guidelines: Guideline 2

As illustrated in **Figure 1.7** and outlined in **Table 1.3**, the third guideline focuses on food skills and food literacy to promote healthy eating patterns (Health Canada, 2019b). This reproduction (**Table 1.3**) is a copy, in part, of the version available at: <https://food-guide.canada.ca/static/assets/pdf/CDG-EN-2018.pdf>.



**Figure 1.7:** Family meal preparation

<b>Guideline 3</b>	<b>Considerations</b>
<p>Food skills are needed to navigate the complex food environment and support healthy eating</p> <ul style="list-style-type: none"> <li>• Cooking and food preparation using nutritious foods should be promoted as a practical way to support healthy eating.</li> <li>• Food labels should be promoted as a tool to help Canadians make informed food choices.</li> </ul>	<p>Food skills and food literacy</p> <ul style="list-style-type: none"> <li>• Food skills are important life skills.</li> <li>• Food literacy includes food skills and the broader environmental context.</li> <li>• Cultural food practices should be celebrated.</li> <li>• Food skills should be considered within the social, cultural, and historical context of Indigenous Peoples.</li> </ul>

	<p>Food skills and opportunities to learn and share</p> <ul style="list-style-type: none"> <li>• Food skills can be taught, learned, and shared in a variety of settings.</li> </ul> <p>Food skills and food waste</p> <ul style="list-style-type: none"> <li>• Food skills may help decrease household food waste.</li> </ul>
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**Table 1.3:** Canada’s Dietary Guidelines: Guideline 3

*Points of Consideration*

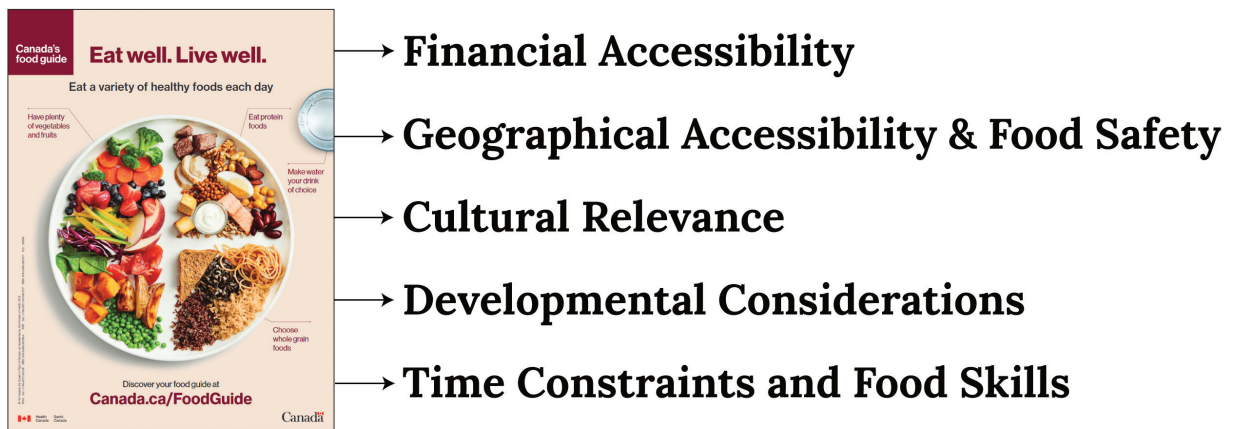
As per Health Canada (2019b), Canada’s Food Guide 2019 was developed for individuals who are two years of age and older. In addition, it is clearly noted that specialized guidance is required for those who are younger than two years of age and/or have specific dietary requirements such as protein, iron, and calcium intake among other nutrients. More information on infant feeding and healthy term infants up to 24 months can be located at: [Infant feeding and healthy term infants](#).

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Content related to the three guidelines, reflected in the three tables, was reproduced in part for non-commercial purposes, with editorial changes, from Health Canada (2019), “Canada’s Dietary Guidelines for Health Professional and Policy Makers.”

# A Glimpse into the Critiques of Canada's Food Guide 2019

As with every version of the food guide, there are common critiques, some of which are illustrated in **Figure 1.8** and which require a critical and reflective discussion. Some of the critiques that have been common with Canada's Food Guide 2019 are related to:



**Figure 1.8:** Common critiques related to Canada's Food Guide 2019

In chapter three, you will have the opportunity to critically reflect on how to collaborate with clients and their families to address some of these concerns.



# Reflective Questions

1) What are the main principles of Canada's Food Guide 2019?

2) In what ways does your own diet follow or not follow Canada's Food Guide 2019? While reflecting on this question, document a **24-hour food recall** of foods and beverages that you have consumed, and use that as a reference. While this only represents one day, it is often used as a snapshot of a person's eating patterns. It is typical to ask the client if their 24-hour food recall is representative of a usual day for them.





# Evaluate Your Learning



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# Key Takeaways

The key takeaways of this chapter are:

- Canada's Food Guide 2019 is evidence-informed.
- Canada's Food Guide 2019 is developed for individuals who are two years of age and older and for those who do not have specific dietary requirements.
- The main guidelines note that: nutritious foods are the foundation for healthy eating; processed or prepared foods and beverages that contribute to excess sodium, free sugars, or saturated fat undermine healthy eating and should not be consumed regularly; and, food skills and food literacy are needed to navigate the complex food environment and support healthy eating.



# References

Health Canada (2019a). History of Canada's food guides from 1942 to 2007. Retrieved from: <https://www.canada.ca/en/health-canada/services/canada-food-guide/about/history-food-guide.html>

Health Canada (2019b). Canada's dietary guidelines for health professionals and policy makers. Retrieved from: <https://food-guide.canada.ca/static/assets/pdf/CDG-EN-2018.pdf>



# CHAPTER 2: NUTRITION LABELLING

By Jennifer L. Lapum, Lisa Seto Nielsen, and Rezwana Rahman





# Learning Outcomes

## *Learning Outcomes*

**By the end of this chapter, you will be able to:**

- Examine the legal requirements of food labelling.
- Identify the components of the nutrition facts table.
- Identify the nature of the ingredient list.



# Self Assessment



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# What is Nutrition Labelling?

**Nutrition labelling** is information included on labels of packaged foods about nutrient content. Considering the health impact of foods and effects related to obesity, cardiovascular diseases, diabetes, and other conditions, there has been a shift in many countries to mandate and regulate nutrition labelling (Viola, Bianchi, Croce, & Ceretti, 2016). The Canadian government has made efforts to create labels that provide necessary information for consumers. However, it is important to be aware that nutrition labelling is often poorly understood by consumers. Health professionals are expected to be knowledgeable about how to read and interpret nutrition labels (including **nutrition facts tables** [NFT] and the ingredients list). Such knowledge will allow health professionals to help clients read nutrition labels, like that which is illustrated in **Figure 2.1**, and to make informed choices about healthy and safe eating that meets the dietary needs of each individual.



**Figure 2.1:** Reading nutrition labels

Health Canada is responsible for constructing policies to meet the standards set by the Food and Drugs Act (FDA). The Food Directorate of Health Canada is responsible for the “development of policies, regulations and standards that relate to the use of health claims on food” (Government of Canada, 2016, 3rd para). Other governing bodies, such as the Canadian Food Inspection Agency (CFIA), have responsibilities for administering and enforcing food labelling policies as well as managing

the Consumer Packaging and Labelling Act. Under this legislation, food producers must meet governmental labelling requirements.

Most prepackaged food labels (e.g., can of soup, bag of chips, bag of frozen peas) must include the NFT, a list of ingredients, allergen statements, and best before dates. The NFT is mandatory on prepackaged foods with the exception of some items such as alcoholic beverages and products that have few nutrients (e.g., coffee and spices). The Government of Canada (2019a) does not require nutritional labelling on foods such as fresh fruits and vegetables and foods sold at farmers' markets. In general, it is mandatory to show both official languages of Canada (French and English) on labels, with some exceptions (e.g., specialty foods, local foods, test market foods, and shipping containers) as long as the products are not resold to consumers.

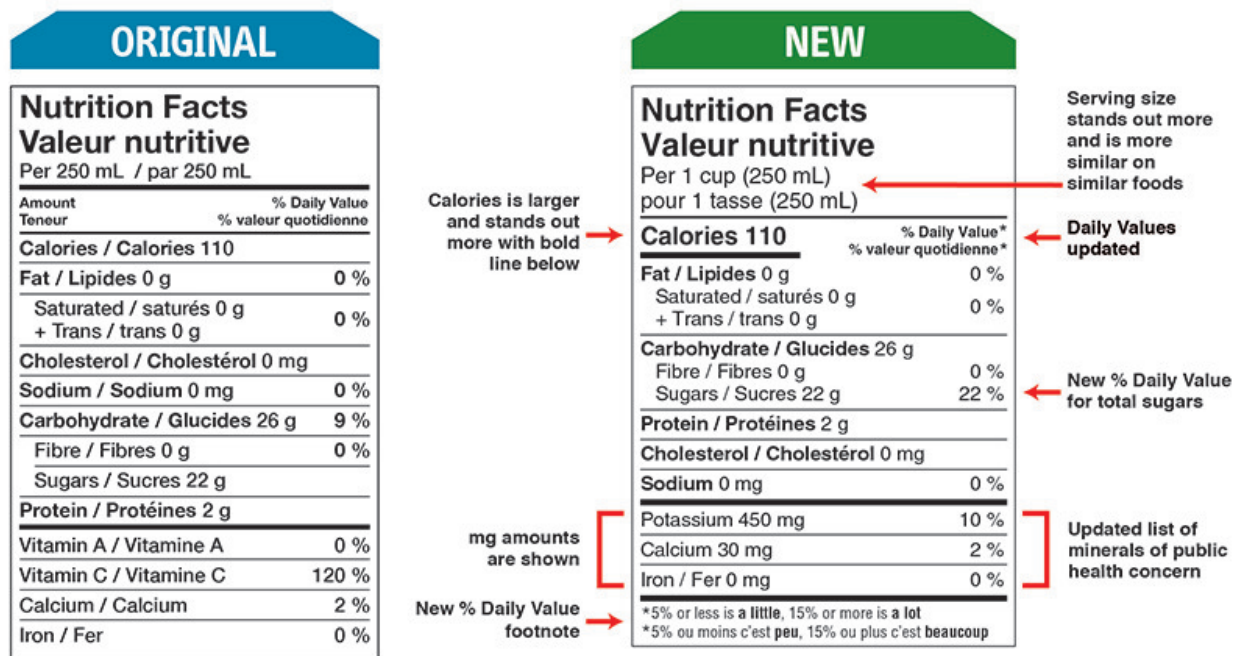
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# The Nutrition Facts Table and Ingredient List

Under Government of Canada (2019a) regulations, the NFT must provide information about serving size, calories, **percent daily value (% DV) of nutrients**, and core nutrients. Currently, the requirements for nutrient information are changing and industry has five years to make changes so that NFT include: fat, saturated fat, trans fat, cholesterol, sodium, carbohydrate, fibre, sugars, protein, potassium, calcium, and iron (Government of Canada, 2019a; Government of Canada, 2017). **Figure 2.2** illustrates the new NFT as compared with the original (i.e., the previous version).

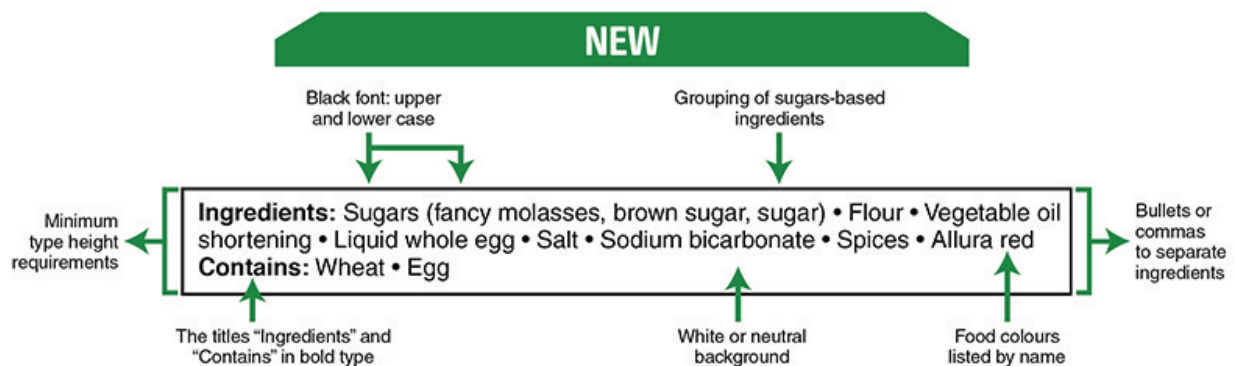


**Figure 2.2:** Comparison of the original NFT and the new NFT

The NFT displays the % DV so consumers can determine the amount of a certain nutrient in one serving. For example, the Government of Canada (2019b) indicates that 5% of the DV or less of a nutrient is considered “a little” while 15% of the DV or more of a nutrient is considered “a lot.” You should be aware that the % DV is not used to identify whether a person has had sufficient nutrients in a day, particularly considering that many foods do not require the NFT (Government of Canada, 2019b). Rather, it is best to talk with your clients about using the % DV to compare and make choices

between different types of food that are higher in healthy nutrients (e.g., fibre) and lower in nutrients that are not healthy (e.g., sodium and trans fat) (Government of Canada, 2019b).

The list of ingredients (as illustrated in **Figure 2.3**) is mandatory on most packaged foods that contain more than one ingredient, and ingredients are listed in order of weight. The weight of ingredients listed will be an important aspect of your conversation with a client. You may choose to draw their attention to that aspect of food labelling and discuss with them how it might impact their food choices. In addition, caffeinated energy drinks require that the amount of caffeine is included with a statement that the product is a “high source of caffeine” and “not recommended for children, pregnant/breastfeeding women” (Canadian Food Inspection Agency, 2015).



**Figure 2.3:** List of ingredients

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# Allergens

Where needed, food labels may also include an “Allergen Declarations and Gluten Sources” statement which captures the **top ten priority food allergens**. The ten priority allergens are set by Health Canada and include egg, soy, sesame seeds, milk, seafood, tree nuts (including peanuts as per **Figure 2.4**), sulphites, wheat, and mustard. If any of these priority food allergens are present, they must be listed in the ingredients and/or in a statement that begins with “contains” or “may contain” on a food product label.



**Figure 2.4:** Food allergies include peanut allergies.  
Graphic created with peanut icon by Tomas Knopp  
and circle icon by Pur Seven from the Noun Project

It is prudent for any consumer, particularly people with food allergies or those who are purchasing or preparing food for people with allergies, to read food labels. It is important to note that companies can change ingredients without telling consumers; therefore, the responsibility to read labels remains with the consumer. When clients have an allergy, it is meaningful to discuss the importance of letting the host of a social gathering know ahead of time and always talking with the seller or producer of food at farmer’s markets and restaurants.

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# Best Before and Expiry Dates

The **best before** date (or meilleur avant) as illustrated in **Figure 2.5** indicates the anticipated amount of time an unopened food product keeps its freshness, taste, nutritional value, or any other qualities claimed by the company, when stored properly. The Canadian Food Inspection Agency (2018) indicates that unopened products “should be of high quality until the specified date.” As soon as the product is opened, the best before date no longer applies. The best before date must appear on packaged foods that have a shelf life of 90 days or less such as milk, yogurt, and bread. Products still can be purchased or eaten after best before dates as these dates are not related to product safety.



**Figure 2.5:** Best before dates

Packaged foods that show an **expiration date** (as illustrated in **Figure 2.6**) must be consumed before that date or discarded after the expiry date. The expiry date must not be mistaken for the best before date. Expiration dates are not required on all foods. The Canadian Food Inspection Agency (2018) indicates that foods that have “strict compositional and nutritional specifications” must have expiry dates (e.g., infant formula, meal replacements, nutritional supplements, formulated liquid diets for oral and tube feeding).



**Figure 2.6:** Expiration dates

Expiration dates and best before dates rely on a consumer's ability to follow instructions concerning proper food storage. You may need to reinforce with clients the importance of keeping “cold food cold and hot food hot” so that bacteria do not grow (Government of Canada, 2014). The Government of Canada (2014) indicates that refrigerator temperatures should be kept at +4° Celsius and freezer temperatures are to be kept at -18° Celsius. Further information about refrigeration and freezer times for safety and quality can be viewed at: <https://www.canada.ca/en/health-canada/services/general-food-safety-tips/safe-food-storage.html>

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# Country of Origin

Many of the food products sold and consumed in Canada are produced around the world, which is illustrated in **Figure 2.7**.



**Figure 2.7:** Food sold and consumed in Canada from around the world. Graphic created with icons from the Food Line Icons by Vector Market from the Noun Project and Globe Icon by randomhero from the Noun Project

If a food product is imported from another country, its **country of origin** must be on the label. See **Film Clip 2.1** of Dr. Lisa Seto Nielsen, a registered nurse, speaking about assumptions concerning food that is produced outside of Canada.



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<https://ecampusontario.pressbooks.pub/foodguide/?p=68>

**Film Clip 2.1:** Dr. Lisa Seto Nielsen speaking about assumptions concerning food that is produced outside of Canada

If products are produced in Canada, they must include the name and address of the responsible company. Food products that say “Product of Canada” must follow specific guidelines. For example, a Product of Canada item must have most (generally 98%) of its food, processes, and labour originating in Canada. This means that Product of Canada foods were grown or raised by Canadian farmers and are prepared and packaged by Canadian food companies.

The claim “Made in Canada” means that the manufacturing or processing of the food occurred in Canada. A claim can be made on a label if the last substantial step in processing a product occurred in Canada, regardless of whether the ingredients are domestic or imported. For example, the processing of cheese, dough, sauce, and other ingredients to create a pizza would be considered a substantial step. If the food product contains some food grown by Canadian farmers, it can use the claim “Made in Canada” with domestic and imported ingredients. If all of the ingredients have been imported, it can use the claim “Made in Canada” from imported ingredients.

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# Critical Considerations

Part of the health professional's role is to help clients navigate and understand food nutrition tables. See **Table 2.1** about important items to consider.

Item to Consider	Comment
Consider the location of the NFT.	The NFT often appears on the back or side of food packages and may be difficult to find or access. Groups, such as the Dietitians of Canada (2018), are asking Health Canada to move the NFT to the front of package since it is an important factor in how consumers make healthy food choices.
Consider the meaning of serving size.	The serving size on NFT is not always the recommended quantity of food that a person should eat (Government of Canada, 2019c). The serving size only indicates the amount of food used to calculate the numbers for the NFT (Government of Canada, 2019c). In addition, serving sizes may not be consistent across similar foods, making comparisons difficult. Health Canada is working to make serving sizes on NFT more consistent for easier comparison with alike foods and making them realistically reflect the amount of food that Canadians would typically eat (Government of Canada, 2017).
Consider what is missing from the NFT.	The NFT does not list all nutrients. For example, there is an effort underway to mandate the inclusion of potassium, calcium, and iron in the NFT because most Canadians do not consume sufficient amounts of these nutrients, which are important to health (Government of Canada, 2017).

<p>Consider who uses NFT.</p>	<p>NFT are useful to make healthier food choices and build an awareness of what is in the food we consume. However, Campos, Doxey, and Hammond (2011) found variability in the use of the NFT in different groups including:</p> <ul style="list-style-type: none"> <li>• Higher use of NFT among people who have special dietary requirements due to certain health conditions.</li> <li>• Higher use of NFT among Caucasian people.</li> <li>• Lower use of NFT among children, older adults, and those with low socio-economic status.</li> </ul>
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**Table 2.1:** NFT items to consider

# Reflective Questions

1. What must be included in the nutrition facts table?
2. What facilitates or hinders the use of nutrition facts tables?



# Evaluate Your Learning



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<https://ecampusontario.pressbooks.pub/foodguide/?p=74>



# Key Takeaways

Health professionals play an integral role in helping and empowering clients to better understand nutrition labelling and incorporate it into healthy eating patterns and food choices. As a health professional, it is important that you:

- Understand the legal requirements of nutrition labelling so that you can have informed discussions with clients and advocate when companies do not follow policies.
- Collaborate with clients on identifying and responding to their goals related to NFT, ingredients lists, and other nutrition labelling.





# References

- Campos, S., Doxey, J., & Hammond, D. (2011). Nutrition labels on pre-packaged foods: A systematic review. *Public Health Nutrition*, 14(8), 1496-1506.
- Canadian Food Inspection Agency (2018). Date labelling on pre-packaged foods. Retrieved from: <http://www.inspection.gc.ca/food/information-for-consumers/fact-sheets-and-infographics/date-labelling/eng/1332357469487/1332357545633>
- Canadian Food Inspection Agency (2015). Transition of caffeinated energy drinks from NHPs to food using temporary market authorization letters (TMAL). Retrieved from: <http://www.inspection.gc.ca/food/requirements/labelling/caffeinated-energy-drinks/eng/1377613077840/1377613161282>
- Dietitians of Canada (2018). Nutrition labelling. Retrieved from: <https://www.dietitians.ca/Dietitians-Views/Food-Regulation-and-Labeling/Nutrition-Labeling.aspx>
- Government of Canada (2019a). Nutrition facts tables. Retrieved from: <https://www.canada.ca/en/health-canada/services/understanding-food-labels/nutrition-facts-tables.html#a4>
- Government of Canada (2019b). Percent daily value. Retrieved from: <https://www.canada.ca/en/health-canada/services/understanding-food-labels/percent-daily-value.html>
- Government of Canada (2019c). Serving size. Retrieved from: <https://www.canada.ca/en/health-canada/services/understanding-food-labels/serving-size.html?wbdisable=true>
- Government of Canada (2017). Food labelling changes. Retrieved from: <https://www.canada.ca/en/health-canada/services/food-labelling-changes.html>
- Government of Canada (2016). Health claims. Retrieved from: <https://www.canada.ca/en/health-canada/services/food-nutrition/food-labelling/health-claims.html>
- Government of Canada (2014). Safe food storage. Retrieved from: <https://www.canada.ca/en/health-canada/services/general-food-safety-tips/safe-food-storage.html>
- Viola, G., Bianchi, F., Croce, E., & Ceretti, E. (2016). Are food labels effective as a means of health prevention? *Journal of Public Health Research*, 5(768), 139-142. Retrieved from: <https://www.jphres.org/index.php/jphres/article/view/768/330>



# CHAPTER 3: INTEGRATING THE FOOD GUIDE INTO THE NURSING PROCESS

By Jennifer L. Lapum, Lisa Seto Nielsen, Oona St-Amant, and Rezwana Rahman



# Learning Outcomes

## *Learning Outcomes*

### **By the end of this chapter, you will be able to:**

- Explain how to integrate the food guide into the nursing process.
- Critically reflect on the role of social determinants of health as it relates to the food guide and the nursing process.
- Interpret the food guide in the context of the unique attributes and life circumstances of the client.
- Adopt a relational inquiry approach to inform discussions with clients and families about the food guide.



# Self Assessment



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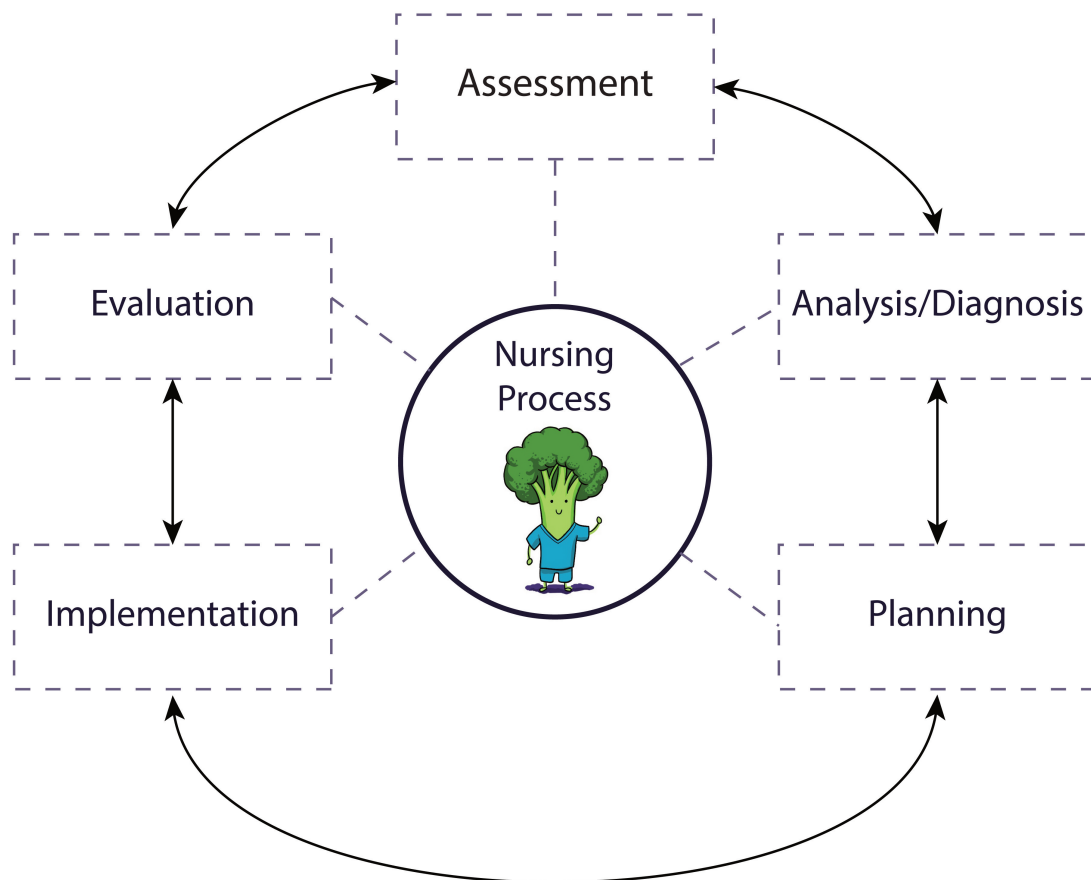




# The Nursing Process

The nursing process (see **Figure 3.1**) is an important framework to guide you when collaborating with clients and families, especially to help them make sense of Canada's Food Guide 2019 and healthy eating practices. There are versions of the nursing process, but the iterative steps generally include:

1. Assessment
2. Analysis/Diagnosis
3. Planning
4. Implementation
5. Evaluation



**Figure 3.1:** The nursing process

As the first step of the nursing process, a **subjective assessment** provides data about the client's eating patterns, social determinants of health, and personal resources. It can be useful to provide a copy of Canada's Food Guide: Food Guide Snapshot so that they can discuss it with you, ask questions, and reflect on how it might be taken up in the context of their lives. For example, you may initiate a discussion using interview probes with the client such as:

- Tell me what you see when looking at the plate (in the snapshot).
- What questions do you have for me that are important to you?
- In what ways do your eating patterns align with this food plate?
- In what ways do your eating patterns not align with this food plate?

During this phase, you should also assess their personal concerns and goals surrounding their eating patterns and healthy eating. Using a **relational approach** and **unconditional positive regard**, you can focus on what is important to them in terms of eating and nutrition in the context of their own lives.

This **baseline data** provides an important starting point as you begin to analyze the client's strengths, areas for improvement, and their own concerns and goals. Some clients and families may have a limited understanding of healthy eating and Canada's Food Guide while others may have extensive knowledge. You can use a conversational and collaborative approach with the client as you are analyzing their eating patterns, knowledge, and goals before you arrive at a diagnosis.

The next phase is to **work collaboratively with the client** to develop a plan of care that is created **with them** as opposed to **for them**. As part of the planning phase, you help the client identify goals that are relevant and important to them, achievable in a specific time period, and measurable. It is important that you understand the client's life and what is important to them in order to position the client for success in the implementation phase. During the planning phase, you should also collaborate with the client on developing an evaluation plan. During the evaluation, you will be able to make comparisons with the baseline data.

# Reflecting on Healthy Eating Along a Continuum

In addition to assessing the client, you need to assess and reflect on **your own values and beliefs** about healthy eating and food practices. Like all health professionals, you may hold assumptions about what constitutes “healthy” eating and may place value on certain foods. Eating is a very personal and intimate experience that is informed by a variety of factors, including **societal norms**, media, trends, culture, family, material resources, the environment, tastes, and memories. How one defines healthy eating is complex and as a health professional, you must be aware of your own assumptions when assisting clients and families to develop goals and outcomes for healthier eating patterns. When you are able to reflect on your own values and assumptions, it facilitates non-judgemental dialogue and demonstrates positive regard for the client’s overall well-being.

Historically, consumption of food has been **medicalized**, wherein certain foods have been categorically labelled as “good” or “bad”. This approach to food can perpetuate feelings of shame and silence when clients identify as consuming foods that have been labelled as “bad”. A more accepting and effective approach is to look at **healthy eating along a continuum** and **collaborate** with clients to garner a **holistic view** of their dietary intake and food practices. A holistic view removes a focus on merely what is problematic. Instead, the focus is to identify and emphasize existing healthy eating habits from which you can collaborate with the client to plan and implement nursing interventions. Healthy eating is not just about the physical nourishment of the body, but also encompasses the social and ethical components that inform a client’s decisions around healthy eating.

In evaluating client outcomes, Canada’s Food Guide 2019 also encourages cooking at home more, eating with others, and enjoying food, which you should take into consideration when exploring and determining success. Most importantly, you need to **determine what success looks like according to the client**. Evaluation should not be on merely whether the client has taken up eating as prescribed by the food guide. Rather, evaluation should focus on:

- Examining where the client lies on the healthy eating continuum as illustrated in **Figure 3.2**. For example, does the client eat take-out food while working? Are they involved in picking out healthy foods? Are they involved in preparing foods as a family?
- Assessing the strategies that worked and what needs to be modified to move further along the continuum.
- Evaluating or re-evaluating goals in collaboration with the client.



**Figure 3.2:** Healthy eating along a continuum

# Food Safety and Accessibility

You need to incorporate accessibility into your assessment and planning in order to understand a client's capacity to acquire and store healthy foods. Accessibility in terms of the food guide refers to the **financial and geographical capacity** to purchase safe and healthy foods and beverages. There have been several sociological terms to define a community's access to food, such as: a food desert which has limited access to nutritious and affordable food; a food swamp which has increased access to fast foods; and a food oasis which has access to nutritious options and even less access to unhealthy options (Bridle-Fitzpatrick, 2015). A sample of questions you may ask clients include: "Tell me about the ways that you access or purchase food"; "Do you have any issues accessing or purchasing food?"; "Do you have sufficient income to purchase the food you need?"; "Tell me about your capacity to ensure safe storage of foods?" You may want to probe about nutritious foods specifically, such as fruits and vegetables, protein, and grains.

Incorporation of the above questions into your assessment is important as the answers provide **insight into the client's needs** related to accessible and safe foods. Some of the barriers that Canadians encounter are related to limited financial capacity and living in areas where they have limited to no access to reasonably priced foods, fresh fruits and vegetables, clean drinking water, and infrastructure that allows for the safe storage of food and beverages. For some, it might be an economical solution to purchase frozen (versus fresh) fruits and vegetables or dried or bulk legumes. However, this solution does not recognize the complexity of the issues concerning food safety and accessibility, particularly considering that costs are still high and safe storage can still be an issue.

Many times, **eating unhealthy foods is not a choice**. Rather, it is influenced or directly impacted by the social determinants of health. Many people have consistently less access to affordable, safe, and nutritious foods. These people may live in rural, remote (including Northern Canadian regions and Indigenous communities) and disadvantaged communities, and they may have limited income, and/or they may be homeless. Even in urban areas, some neighbourhoods do not have easy access to grocery stores or transportation. Access to clean drinking water in Indigenous and remote communities is another example of how the social determinants of health can impact food safety and accessibility. Whelan and colleagues (2018) have indicated that healthy food is more expensive than unhealthy food in rural areas. They have also found that there is variability in quality of food, particularly fruits and vegetables, with limited stock in stores and less diversity in food choices. It has been found that the cost of store-bought food can be **drastically higher** in rural and remote regions, particularly when these regions are only accessible by air (Randazzo & Robidoux, 2018). For example, it is often estimated that prices can be two to three times higher in Northern communities, as compared to prices in urban centres in Canada.

See **Film Clip 3.1** in which Dr. Shelagh McCartney speaks about the complexities of food safety and accessibility in Northern and Indigenous communities.



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<https://ecampusontario.pressbooks.pub/foodguide/?p=207>

**Film Clip 3.1:** Dr. Shelagh McCartney speaking about complexities of food safety and accessibility

In addition to engaging in conversations with clients about their needs, health professionals also have a responsibility to be a **social justice advocate** by assessing and addressing social determinants of health. Alongside Canadian policymakers, it is vital that health and social professionals respond to the **inequities** pertaining to financial and geographic access to nutritious and safe foods. Olstad, Campbell, and Raine (2019) indicate that future policies need to move beyond helping Canadians make informed food choices to also include social policies that focus on inequities by addressing the social determinants of health. It is not sufficient to develop a food guide without attention to the social policies and structures that impact a person's capacity to purchase, store, and benefit from nutritious foods.

# Cultural Relevance

The **integration of culture** across the phases of the nursing process is crucial considering that culture is a part of each person's life. It is a way of life and not tied just to ethnicity or nationality. In addition, food is culture and culture is food, which means that all individuals have cultural food practices.

Alongside this, Canada is a country of immigrants that has been generously hosted by the Indigenous Peoples including First Nations, Métis, and Inuit. The politics of eating is influenced by the **history of colonization** because representation and lack of representation of Indigenous Peoples continues to inform national policies. In developing the multiple iterations of Canada's Food Guide, there was a failure to recognize the meaning and diversity of healthy eating and food practices amongst all Canadians. Subsequently, Health Canada developed a supplementary document for First Nations, Inuit, and Métis peoples in 2007, found at: "Eating Well with Canada's Food Guide: First Nations, Inuit and Metis." Although Health Canada (2007) has said that this document can be used in combination with Canada's Food Guide 2019, it has not been updated to align with the evidence and principles presented in the new edition. However, input was sought from National Indigenous Organizations when developing the new guide, which also incorporates information about the unique histories, social determinants of health, and life circumstances of Indigenous Peoples, challenges they encounter, and the benefits of traditional food.

As part of your practice, you must work closely with clients to develop an intimate understanding of their **cultural eating patterns** and particularly their traditional and ethnic foods. This is important considering that the image of a plate of food presented in Canada's Food Guide 2019 mainly includes westernized foods. It does not present what might be recognized as traditional or ethnic foods, i.e., jackfruit, plantain, lamb, caribou, etc. This is problematic because clients may interpret their traditional foods as not being healthy because of lack of representation on the plate.

See **Film Clip 3.2** of Yasmin Khatau speaking about her reflection of Canada's Food Guide 2019 from a cultural perspective.



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<https://ecampusontario.pressbooks.pub/foodguide/?p=214>

**Film Clip 3.2:** Yasmin Khatau reflecting on the Canada’s Food Guide 2019 from a cultural perspective

As a health professional, you can work with clients to **validate and support their traditional food choices**. You are not expected to know the health implications of all foods and food preparation across Canada. Instead, assessment becomes your tool of inquiry because it allows you to learn about the foods, food practices, and cultural meaning of food directly from the client and family. Consider the difference between learning and supporting healthy eating along the continuum as opposed to making definitive judgements about whether something is healthy or not. Furthermore, **co-developing plans of care with clients** that prioritize their cultural meaning of foods and food practices will reduce the likelihood that an unwelcome medicalized perspective will be imposed. Rather, this collaborative approach can empower the client to share their cultural food practices, integrate their health knowledge, and facilitate sustainable healthy eating that respects their agency and cultural identity.



# Time Constraints and Food Skills

The new food guide encourages cooking at home, eating with others, and enjoying food, (Health Canada, 2019) which speaks to the **contextual complexities of healthy eating**. Eating healthy is not just about consuming nutritious foods. There is acknowledgement that eating is a process that requires time, resources, and knowledge. Many people will tell you that lack of time is a barrier to cooking at home and healthy eating. It may not be possible for families to always cook at home or cook from scratch. Time constraints may mean that cooking at home utilizes more pre-made or easy-to-go ingredients and so it is important for you to work with the client to find balance and substitute more processed options.

During assessment, it is important to obtain a **holistic picture** of the client's perceptions of healthy eating, competing priorities, and food skills (e.g., their ability to prepare and cook food). A plan of action may require strategies that do not completely adhere to the recommendations of the food guide. Rather, you may consider what strategies would best maximize healthy eating patterns for the client. You may not have all the answers, and so connecting the client with a registered dietician may be helpful to develop a weekly meal plan. Furthermore, cooking is a skill that some clients, for a variety of reasons, may not have developed. Lack of confidence in cooking skills may contribute to eating more heavily processed foods or eating out more often. An intervention may be to connect clients with cooking classes offered at community centres and encouraging families to cook together so that cooking skills may develop at a very young age.



# Developmental Considerations

Canada's Food Guide 2019 draws attention to **social aspects** of eating and family meals as an important developmental consideration for growing children. This is a welcomed addition, as the medicalization of food has traditionally focused on **what we eat**, and not necessarily **how we eat**. Mealtime is an opportunity for families to connect with each other, establish shared eating patterns, prepare and cook meals together (as illustrated in **Figure 3.3**), and cultivate enjoyable relationships with food. Mealtime is also a chance to build communication, provide respite from busy lives, and empower children with **autonomy** and choices which build their self-esteem.



**Figure 3.3:** Including children in meal preparation

For children two years and older, Canada's Food Guide 2019 emphasizes **a balanced diet** with a healthy amount of vegetables and fruit as well as proteins and whole grains. While Canada's Food Guide 2019 represents an ideal example of eating for children, it is essential for health professionals to recognize that not all children are willing to comply. Many gravitate towards foods such as cereal, pastas, breads, and chicken. Although it is acceptable for children to eat these types of foods, attention must be paid to how to achieve balance and nutrition. Collaborating with parents to understand nutritional needs or gaps in their child's eating is important for offering a full spectrum

of strategies that promote a balanced diet. For example, many parents rely on milk as a source of calcium, vitamin D, protein, and potassium, knowing that their children may not receive sufficient nutrients from other sources. Some critics warn against this practice when high-fat milks, such as 3.25% homogenized milk, satiate children and children refuse other nutrient-rich foods. In addition, high-fat milks contain lactose, which is a known irritant for many children. And of course, animal-based products (particularly red meat) have been critiqued from a health perspective because of a high concentration of saturated fats and from an environmental perspective because of the greenhouse gas emissions produced through agricultural practices and livestock. It is important that health professionals collaborate with families and understand their context before offering advice. This kind of collaboration establishes a baseline understanding of eating patterns, including sources of nutrients, that will help position children and their parents to identify and reach shared goals.

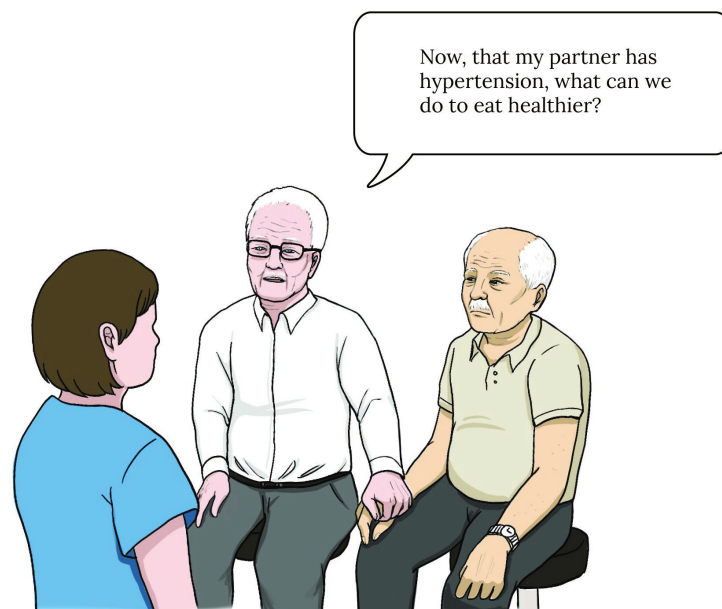
Canada's Food Guide 2019 promotes **water as the drink of choice**, while previous iterations have focused on milk as the drink of choice. This revision is largely in response to more people, particularly children, consuming sugary drinks like juice and pop as their primary drink. Water is encouraged as a substitute to such drinks, and people are advised to limit intake of beverages with a high concentration of sugar. While the new food guide encourages low fat milk products as part of a balanced diet, there is also recognition that not all cultural groups consume milk and water is complimentary to a balanced diet. Additionally, parents may ask whether milk is required for health development in children.

The food guide is intended for persons two years to adulthood, which leaves questions and uncertainties for parents and caregivers seeking guidance for **children in their early years** (under two). Early childhood nutrition is remarked as one of the most crucial stages of life to consider food because it is foundational to growth and development, it sets the tone for food behaviours, and it also establishes important emotional connections with food. As such, it is important for health professionals to recognize the confusion that may arise for parents about how to maintain nutritious eating for this age cohort. Although not a focus of this book, health professionals may refer parents to these resources for children under two years of age: Infant feeding and healthy term infants. These documents provide recommendations about nutrition for healthy term infants from birth to six months and six to 24 months.

# Relational Inquiry Approach to the Food Guide

It is unrealistic to expect Canadians to adopt the 2019 food guide without any question or critical examination. As such, as a health professional, you need to think critically and **reflexively** throughout the phases of the nursing process. This thought pattern involves intentionally examining your own position in the world, and more importantly, the client's position and social determinants of health. This action is central to the nursing process considering that a person's **positionality** influences their identity and experiences, and as a result, their capacity and goals related to eating patterns.

Re-thinking the integration of the food guide into the nursing process using a **relational inquiry** approach is a beginning step. As an **entry-to-practice competency**, the College of Nurses of Ontario (2018) has identified relational practice “as the foundation for nursing practice” (p. 4), which is defined by Doane and Varcoe (2015) as assuming each person (including client and nurse) is a relational being who is influenced by those around them, their communities, and social and cultural processes. Health professionals can practice relational inquiry related to the food guide by exploring what is important to the client, as illustrated in **Figure 3.4** and demonstrated in **Film Clip 3.3**.



**Figure 3.4:** Understanding what is important to the client



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<https://ecampusontario.pressbooks.pub/foodguide/?p=224>

**Film Clip 3.3:** Integrating the food guide into the nursing process using a relational inquiry approach

Incorporating a relational inquiry approach to the nursing process can enhance your capacity to think critically and reflexively about your positionality and the client's positionality. Additionally, this approach promotes iterative discussions with the client about their eating patterns, traditions, and goals. Relational inquiry promotes an active re-positioning of the nursing process so that **the client is the driving force of discussions** and not the food guide. As such, you collaboratively develop a plan of care with the client that is tailored to their life circumstances and goals.

# Reflective Questions

1. When reflecting on your own eating, what memories and tastes stand out for you that are memorable? For example, you might have memories of food and happiness or celebration, food and trauma, or some other emotion or experience.
2. What are your values concerning healthy eating and how could they unintentionally influence your interactions with clients about the food guide?
3. What factors should you consider when counselling clients on what foods are nutritious?





# Evaluate Your Learning



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<https://ecampusontario.pressbooks.pub/foodguide/?p=235>



# Key Takeaways

This chapter has provided you an overview about how to integrate Canada's Food Guide 2019 into the nursing process. Some key takeaways include:

- Engage in reflexive and critical thinking on your own assumptions about what constitutes “healthy” eating, what values you place on certain foods, and how this could unintentionally influence your interactions with clients.
- Critically reflect on the role of social determinants of health within a client's life when assessing and co-developing plans of care related to healthy eating.
- Avoid judgmental words such as “good” and “bad” when talking about healthy eating.
- Engage in respectful discussions with the client about their eating patterns.
- Recognize the limitations of the food guide as a prescriptive resource for health professions.
- Use a relational inquiry approach and be curious, open, and inquire about a client's eating patterns and the cultural meanings.



# References

- Bridle-Fitzpatrick, S. (2015). Food deserts or food swamps?: A mixed-methods study of local food environments in a Mexican city. *Social Science & Medicine*, 14, 202-213.
- College of Nurses of Ontario (2018). Entry-to-practice competencies for Registered Nurses. Retrieved from [https://www.cno.org/globalassets/docs/reg/41037\\_entrytopracitic\\_final.pdf](https://www.cno.org/globalassets/docs/reg/41037_entrytopracitic_final.pdf)
- Doanne, G., & Varcoe, C. (2015). How to nurse: An introduction to relational inquiry in nursing practice. In *How to nurse: Relational inquiry with individuals and families in changing health and health care contexts*. (pp. 1-23). Philadelphia, PA: Lippincott, Williams & Wilkins.
- Health Canada (2007). Eating well with Canada's food guide: First Nations, Inuit, and Métis. Retrieved from: <https://www.canada.ca/en/health-canada/services/food-nutrition/reports-publications/eating-well-canada-food-guide-first-nations-inuit-metis.html>
- Health Canada (2019). Canada's Dietary Guidelines for Health Professional and Policy Makers. Retrieved from: <https://food-guide.canada.ca/static/assets/pdf/CDG-EN-2018.pdf>
- Olstad, D., Campbell, N., & Raine, K. (2019). Diet quality in Canada: Policy solutions for equity. *Canadian Medical Association Journal*, 191(4), E100-2. doi: 10.1503/cmaj.180938
- Randazzo, M., & Robidoux, M. (2018). Looking to the land: Local responses to food insecurity in two rural and remote First Nations. *The Canadian Journal of Native Studies*, 38(1), 103-128.
- Whelan, J., Millar, L., Bell, C., Russell, C., Grainger, F., Allender, S., & Love, P. (2018). You can't find healthy food in the bush: Poor accessibility, availability and adequacy of food in rural Australia. *International Journal of Environmental Research and Public Health*, 15(10). doi.org/10.3390/ijerph15102316



# Glossary

## **24-hour food recall**

A list of all foods and beverages consumed in the last 24 hours.

## **autonomy**

A person's self-determination.

## **best before**

Anticipated amount of time an unopened food product keeps its freshness, taste, nutritional value, or any other qualities claimed by the company, when stored properly.

## **entry-to-practice competency**

Competencies expected upon graduation and entry into practice and registration with the College of Nurses.

## **evidence-informed healthcare and decision making**

The combination of current and rigorous evidence with social context to inform healthcare and decision making.

## **expiration date**

The date in which a food product should be consumed or discarded.

## **inequities**

Avoidable, unfair and unjust access to and distribution of resources.

## **medicalized**

A focus on physical and biological problems.

## **nutrition facts tables**

Information on nutrition labels about serving size, calories, nutrients, and the percent daily value of nutrients.

## **nutrition labelling**

Information included on labels of packaged foods about nutrient content.

**percent daily value (% DV) of nutrients**

The amount of a certain nutrient in one serving.

**positionality**

A person's stance or position related to their beliefs and values.

**primary care**

Intervening by preventing a disease or health problem before it arises.

**reflexively**

In the context of nursing, it involves examining the interplay between your positionality, thinking and actions, and how this influences you and the client.

**relational approach**

Assuming each person is a relational being who is influenced by those around them, their communities, and social and cultural processes.

**relational inquiry**

Assuming each person is a relational being who is influenced by those around them, their communities, and social and cultural processes.

**secondary care**

Reducing the potential impact of a disease or health problem with screening, early detection, and intervention in the earliest phases.

**social determinants of health**

A range of factors (e.g., personal, socio-economic, environmental) that influence health and illness.

**social justice advocate**

Someone who advocates for fair and just policies.

**societal norms**

What are collectively defined as acceptable and un-acceptable ways of being informed by societal values and beliefs; these norms can be implicit or explicit.



**subjective assessment**

An assessment that focuses on information that the client shares with you.

**tertiary care**

Reducing the impact of an ongoing or chronic disease or health problem.

**unconditional positive regard**

Accepting the client, respecting their right to self-determination, and supporting them regardless of your perception of what they say or do.