

CONSUMING QUANTIFICATION AND RECIPES FOR RESISTANCE

Digesting Canada's Food Guide

Elyse Amend

Department of Art History and Communication Studies, McGill University, Montreal

August 2017

A thesis submitted to McGill University in partial fulfillment of the requirements of the degree
of Doctor of Philosophy ©Elyse Amend 2017

Table of Contents

Abstract	iv
Résumé	v
List of Figures	vii
List of Tables	ix
Acknowledgements	x
Introduction	1
Chapter 1	11
<i>Eating Well with Canada's Food Guide: exploring the contingencies of healthy nutrition</i>	
Chapter 2	61
The Healthy Eater: defining healthy living	
Chapter 3	104
The Confused Eater: consuming quantification, information, and responsibility	
Chapter 4	136
My Food Guide, Their Food Guide: confronting dietary Others	
Chapter 5	179
Learning how to eat	
Conclusion	228
Where to from here?	
Bibliography	243
Appendix 1	254
<i>Eating Well with Canada's Food Guide</i>	
Appendix 2	260
Access to Information request with Indigenous and Northern Affairs Canada (#A-2015-00654)	
Appendix 3	262
Access to Information request with Health Canada (#A-2015-00260)	
Appendix 4	265
Access to Information request with Agriculture and Agri-Food Canada (#A-2016-00129)	
Appendix 5	272
Participating Organizations at the Health Canada Consultation Meeting on the Revision of Canada's Food Guide in Ottawa, Ontario on Nov. 24, 2005	

Appendix 6	275
<i>Eating Well with Canada's Food Guide for First Nations, Inuit and Métis</i>	
Appendix 7	278
<i>Eating Well With Canada's Food Guide: A Resource for Educators and Communicators</i>	

Abstract

Mainstream nutrition advice found in public health campaigns, educational settings, news articles, and countless other sources circulates quantitative discourses of food and eating with roots in early 20th century nutrition science. This top-down approach that “translates” nutrition for laypeople and provides tools to measure eating and its effects on the body, however, has been critiqued as abstract and difficult to apply in practice. A result of a “nutritionally confused environment” (Scrinis, 2008) is that the disempowered eater is positioned as lacking knowledge and in need of “expert” intervention to learn how to “eat right” and become “healthy.”

This dissertation project studies how knowledge, expertise and power operate through nutrition guidance and policy in Canada. It investigates this by interrogating the institutional history of the state-mandated Canada’s Food Guide, with specific focus on the processes and decisions surrounding its most recent version, released in 2007. It also turns attention to how the guide and its dietary advice are mobilized pedagogically as an expert source in elementary and high school classrooms.

This research applies a biopolitical frame to question how nutrition truth discourses and their technologies of surveillance function to produce “healthy Canadian” subjects. It also mobilizes Laclau and Mouffe’s (1985) theory of discourse to explore how dominant discourses, or what some feminist nutrition scholars refer to as “hegemonic nutrition” (Hayes-Conroy, 2013), disseminate “common sense” ideas about eating that marginalize and exclude complex economic, political, ethical, and sociocultural issues tied to food. A main goal of this project is to contribute ideas about how dietary education and communication can move beyond scientific and quantifiable norms to address the complexities of nutrition and our relationships to food and eating to improve existing policies and approaches.

Résumé

Les conseils nutritionnels des campagnes de santé publique qui se retrouvent dans les médias traditionnels, dans des contextes éducationnels, dans les articles de nouvelles, et dans une panoplie d'autres sources, font circuler un discours quantitatif relatant à l'alimentation et la nourriture provenant de la science nutritionnelle du début du 20^{ième} siècle. Cette approche descendante, qui 'traduit' ce qu'est la nutrition et offre un outil de mesure de l'alimentation et ses effets sur le corps, est critiquée comme étant abstraite et difficile à mettre en pratique. Ce qui a pour effet de créer un environnement nutritionnel déconcertant où le consommateur désarmé est considéré comme manquant de connaissance et requérant des interventions 'd'experts' pour apprendre à bien s'alimenter afin d'atteindre une santé idéale.

Ce projet de dissertation met en lumière comment la connaissance, les experts et le pouvoir opèrent à travers les recommandations et stratégies nutritionnelles canadienne. Elle enquête cela en interrogeant l'histoire institutionnelle du guide alimentaire canadien mandaté par l'état, avec un focus particulier sur les processus et les décisions entourant sa plus récente version, publié en 2007. Une attention particulière est portée sur comment le guide et ses conseils diététiques sont utilisés pédagogiquement en tant que source représentant l'expertise dans les classes d'écoles primaires et secondaires.

Cette recherche applique un cadre biopolitique afin de questionner la manière dont le discours de vérité nutritionnel et ses technologies de surveillance fonctionnent afin de produire des sujets canadiens en santé. De plus, elle utilise la théorie du discours de Laclau et Mouffe afin d'explorer comment les discours dominants, ou souvent appelés 'nutrition hégémonique' (Hayes-Conroy, 2013) par plusieurs érudites féministes en nutrition, disséminent les idées ayant du 'bon sens' concernant l'alimentation et qui contribue à marginaliser et exclure les problèmes complexes d'ordre économique, politique, éthique et socioculturel liés à la nourriture. Un des buts principaux de ce projet est de fournir des idées relativement à comment la communication et

l'éducation nutritionnelles peuvent outrepasser les normes scientifiques et quantifiables en exprimant les complexités de l'alimentation et nos relations vis-à-vis celle-ci afin d'améliorer les stratégies et les approches déjà existantes.

List of Figures

Figure 1	12
Nutrition Facts tables	
Figure 2	12
Canada's Food Guide on the McDonald's Canada website	
Figure 3	27
Recommended number of Food Guide Servings per day	
Figure 4	28
Directional statements in <i>Eating Well with Canada's Food Guide</i>	
Figure 5	29
How do I count Food Guide Servings in a meal?	
Figure 6	36
Meat and alternatives servings in 1992's <i>Canada's Food Guide to Healthy Eating</i> compared with 2007's <i>Eating Well with Canada's Food Guide</i>	
Figure 7	39
"Choice" versus "Food Guide Serving"	
Figure 8	41
<i>Canada's Food Guide to Healthy Eating's</i> rainbow cover (1992)	
Figure 9	42
<i>Eating Well with Canada's Food Guide's</i> rainbow cover (2007)	
Figure 10	48
Proposed "eat local" message for <i>Eating Well with Canada's Food Guide</i>	
Figure 11	69
<i>Canada's Official Food Rules</i> , 1942	
Figure 12	71
<i>Canada's Food Rules</i> , 1944	
Figure 13	73
<i>Canada's Food Rules</i> , 1949	
Figure 14	74
<i>Canada's Food Guide</i> , 1961	
Figure 15	75-76
<i>Canada's Food Guide</i> , 1977	
Figure 16	79-80
<i>Canada's Food Guide</i> , 1982	
Figure 17	81-82
<i>Canada's Food Guide to Healthy Eating</i> , 1992	
Figure 18	121
The benefits of eating well and being active	

Figure 19	122
Overall health and vitality	
Figure 20	143
My Food Guide	
Figure 21	144
My Food Guide vegetables and fruit	
Figure 22	147
My Food Guide milk and alternatives	
Figure 23	148
My Food Guide meat alternatives, and meat, fish, shellfish and poultry	
Figure 24	149
My Food Guide physical activities	
Figure 25	152
An arguably “unhealthy” example of My Food Guide	
Figure 26	167
Cover page of <i>Eating Well with Canada’s Food Guide for First Nations, Inuit and Métis</i>	
Figure 27	167
Directional statements in <i>Eating Well with Canada’s Food Guide for First Nations, Inuit and Métis</i>	

List of Tables

Table 1	22
Interdepartmental Working Group members	
Table 2	24
Food Guide Advisory Committee members	
Table 3	25
Food Guide revision timeline	
Table 4	202
Interview participants	

Acknowledgements

I would first like to express my sincere gratitude to my dissertation supervisor, Dr. Darin Barney, for his enthusiasm and encouragement throughout this long, and often challenging, process. His feedback and guidance have been invaluable to this research, and beyond.

I extend my deep appreciation to the members of my dissertation defence committee – Drs. Carrie Rentschler, Jonathan Sterne, Gabriella Coleman, and Bronwen Low from McGill University, and Dr. Jessica Mudry from Ryerson University -- for reading this work and providing thoughtful suggestions and comments on my research.

I am fortunate to have had the mentorship of so many wonderful teachers in the Department of Art History and Communication Studies. Special thanks go to Drs. Carrie Rentschler, Jonathan Sterne, Biella Coleman, and Becky Lentz, who have taught me so much and helped me grow as a scholar and teacher since I started at McGill in 2012.

I am grateful for the financial support of the Social Sciences and Humanities Research Council of Canada, the Wolfe Chair in Scientific and Technological Literacy, the Institute for the Public Life of Arts and Ideas, and Media@McGill.

Over the past five years, I have met some incredibly smart and kind people in the Department of Art History and Communication Studies. I would especially like to thank Joceline Andersen, Li Cornfeld, and Vicki Simon for their friendship and inspiration. I have had the privilege of knowing Paul Fontaine since we started our grad school journeys in the Department of Journalism at Concordia University, and know he will always be one of my closest friends no matter where we end up from here. Maybe we'll even be neighbours again one day.

I am so grateful for the support of my parents, Karen and Martin Amend, and my brother, John, who have always been there with plenty of emotional support and a steady stream of encouraging words.

Thank you to Brian for convincing me to go to grad school in the first place, and to Jacqueline for helping me with the French translation of the abstract for this dissertation (and, of course, the excellent annual lobster dinner). I want to express my sincerest gratitude to my friends Dory, Arthur, Oscar, Tonje and Mari for distracting me with excellent conversation, brilliant puns, ridiculous jokes, and delicious food and drink over the many years we have known each other. I might have been able to finish this project sooner if I'd never met you all, but what a terrible life that would be. And, to Nadia, who has been through every one of these chapters, and much more, with me -- I couldn't imagine a better accomplice for this journey.

Introduction

In the weeks and months following Health Canada's release of its revised food guide, *Eating Well with Canada's Food Guide*, on Feb. 5, 2007, Canadian news outlets ran a host of articles that considered this latest edition of the country's official dietary guidelines. Much of this coverage tended to celebrate the new guide, with headlines and exclamations that included "Guide us to good health" (Ottawa Citizen, 2007) and the "New food guide dishes out fresh advice" (Galloway, 2007). Many news articles uncritically replicated press release statements put out by Health Canada: they proudly highlighted that *Canada's Food Guide* "is the second-most requested government document, after income-tax forms." They repeated lines that referred to the food guide revision and consultation processes as "open and transparent," and characterized the new guide as "based on objective scientific information." Or, as then-Health Minister Tony Clement put it, *Eating Well with Canada's Food Guide* "incorporates the best and most current information that nutritional science has to offer" (Kirkey, 2007a). Although the coverage did provide some space for a limited pool of experts and well-known food-guide critics¹ to "chew out the new food guide" (Kirkey, 2007b), if you will, *Eating Well with Canada's Food Guide* nevertheless continues to represent a source of nutrition expertise and authority. For example, news articles recurrently use the food guide as a source of nutrition expertise, often as a way to confirm or legitimate claims made by other sources and researchers.²

One interesting treatment a number of Canadian news outlets gave the new food guide was in the form of "personal food guide journeys." For example, in the *Ottawa Citizen's* Sept.

¹ Obesity doctor, Yoni Freedhoff, and Bill Jeffrey, then from the Centre for Science in the Public Interest, were two experts most often quoted in this coverage.

² One example of this is a *Montreal Gazette* (Kirkey, 2007c) article, titled "Scoop on getting pregnant: help yourself to ice cream." The article reported on research that indicated higher fat dairy products may help increase fertility. The article includes a statement directly from the food guide -- namely "Canada's new food guide recommends women age 19 to 50 consume two servings daily of milk and alternatives" -- as a "control statement" to evaluate the researchers' claims against what the "official" nutrition guidelines say.

22, 2007 article, “Defending the Guide: how a month of following Canada’s Food Guide helped me eat better and lose weight” (Sornberger, 2007), Mike Sornberger chronicles his efforts to reduce the digits he was seeing on his bathroom scale by going “back to basics” and downloading a copy of Canada’s Food Guide from Health Canada’s website. Despite some challenges and hunger pangs in the beginning, the author proclaims that by the end of his month-long food experiment, he had “learned a lot about healthy living, and about Canada’s Food Guide,” and even managed to lose 10 pounds in the process.

In Melanie Nagy’s July 30, 2012 segment on CBC’s *The National*, the Chen family’s eating habits were put to the test, as they followed the food guide’s recommendations “to a T” for over a week. The segment describes Canada’s Food Guide as “that colourful handout designed to help people choose their food more wisely” and as a “daily eating plan that uses colours to group and highlight nutritious foods. Also listed: recommended number of servings and their sizes.” The report also underscores that critics have noted, despite its well-intentioned goals, the food guide often confuses people through its focus on serving sizes and measurements, which tends to discourage individuals from actually “enjoying and making healthy food” (CBC, 2012). Consequently, in their video diary of their food guide experience, the members of the Chen family spent plenty of time measuring, estimating (“Does this look like a baseball?”) and figuring out what exactly a food guide serving is. Nevertheless, in the end they do agree the guide “did help them make healthier choices” (CBC, 2012).

Other people’s experiences, however, were not so positive. James Cowan, in his June 18, 2007, *National Post* piece describes his week-long food guide adherence adventure:

I measured my servings with precision, at first using measuring cups and later a digital baking scale. I tracked my meals in a meal notebook, carefully drawing boxes that represented my allocated servings and then filling them in as I ate my meals. (This system soon collapsed, resulting in my pockets being stuffed with Post-it notes, receipts and envelopes on which I scribbled the contents of my various meals and snacks.)

Even though he felt “healthy,” after this week of “carrying a kitchen scale in [his] briefcase,” “refusing dinner invitations,” dissecting take-out meals to precisely measure and track their individual food components, and “eschew[ing] packaged foods, processed sugar and a beer after work,” Cowan concluded that Canada’s Food Guide’s version of healthy eating may be “too much” of a good thing (Cowan, 2007).

Two years later, Bill Taylor provided a similar evaluation of the food guide’s approach to measuring healthy nutrition in his June 18, 2009 *Toronto Star* piece, titled, “When healthy eating isn’t easy to stomach.” In it, he claims the food guide serves to turn healthy eating into a “confusing, impractical exercise” by relying heavily on measurement (Taylor, 2009):

Sure, it gives amounts. One serving, for instance, of "fresh, frozen or canned vegetables" is 125 millilitres or half a cup. I'm not about to measure out all my food like that. Healthy eating and sensible meals are not something to be undertaken casually. I should have taken a couple of weeks to plan my daily diet and shopped accordingly. And I should have sought the guidance of a nutritionist.

It is often argued that this measurement-driven approach to diet and health these articles identify in Canada’s Food Guide is tied to major 20th century technical and scientific developments in the field of nutrition that did not just shift how nutrition was understood in the laboratory, but profoundly changed how food and eating were thought of and spoken about in everyday life (Belasco, 2012; Belasco, 2006; Lavin, 2013; Levenstein, 2003a; Levenstein, 2003b; Mudry, 2009; Shapiro, 2008). During this time, discoveries of individual food elements and their effects on the human body, including Wilbur Atwater’s work on calorie measurement and the discovery of vitamins and isolation of other nutrients, began to overshadow traditional approaches to food production and consumption based on culture, history, and experience (Belasco, 2012; Belasco, 2006; Levenstein, 2003a; Levenstein, 2003b; Mudry, 2009; Nestle, 2007). Increased techno-optimism that viewed science and technology as necessary to control the inconsistencies of nature to increase efficiency and productivity in the food industry began to take over everyday food discourses, with it becoming increasingly common to apply scientific

values to nutrition that turned “cooking into chemistry,” and treated “eating as resource extraction” (Belasco, 2006, p. 172).

Over a century later, this nutrition science-driven approach continues to dominate discourses of food and eating. Food advertising and labeling, for example, market “healthy” products artificially fortified with vitamins and other nutrients (Levenstein, 2003a; Levenstein, 2003b; Nestle, 2007), news media report on the latest diet breakthroughs and scientific findings on what foods are supposedly “good” and “bad” for us, while government-mandated public information campaigns informed by nutrition science urge the population to eat a balanced diet of items from different food groups, and to monitor food serving sizes to reduce health risks.

Scientific discourses of food and eating that focus on quantifiable standards associated with “good health,” although often promoted as providing individuals with identifiable nutrition goals they can monitor and track progress with, have in recent years been the target of scholarly critique due to their reductionist approach and “one-size-fits all” solutions that exclude certain groups and fail to represent economic, political, and social issues tied to food and nutrition (Beardsworth & Keil, 1997; Belton & Belton, 2003; Lupton, 2000; Mudry, 2009; Nestle, 2007). For example, Jessica Mudry (2009), whose work focuses on the United States Department of Agriculture’s Food Pyramid, notes a “discourse of quantification” includes only certain ideas about food, like scientific concepts of energy inputs, outputs and nutritional values, and excludes others, like food quality, taste, location, and availability. Mudry’s work shows this discourse of quantification is an “impoverished” and reductionist approach to food and eating that imposes order, control and “ease of manipulation of people, places and things” by forcing individuals into a numbers-based relationship with food, instead of one based on taste, tradition, culture, geography, and history (Mudry, 2009, pp. 2-3).

Gyorgy Scrinis (2008) coins the term “nutritionism” to describe the scientific, quantitative and expert-driven language that has dominated issues of food, and especially

guidelines on how to “eat right.” The “ideology of nutritionism” widely espoused by nutritionists, the food industry, government health policies and education initiatives, Scrinis contends, considers solely the “functional” aspects of food by focusing on single nutrients and their effects on the body. To solve dietary “problems,” nutritionism turns to adjusting individual measurements of nutrients, energy inputs and outputs, and calories, for example, and uses biomarkers, like the Body Mass Index (BMI), to measure results (Scrinis, 2008, p. 43). This approach to food is especially problematic because, in reality, people do not eat nutrients; they eat foods and meals made up of many components. Thus, the ideology of nutritionism makes it difficult, if not impossible, to turn nutrition science into meaningful advice (Scrinis, 2008, p. 43), which in turn creates “the conditions for nutrition confusion, a dependence on scientific expertise, a susceptibility to food marketing claims, and a general sense of anxiety about ‘what to eat’” (Scrinis, 2008, p. 46).

Consequently, when it comes to food choices, individuals rely on “experts,” who are viewed as having authority over food knowledge to translate nutrition science into practical directives about what and how to eat. However, although there is a wealth of “expert” knowledge and products out there purportedly able to help people achieve “health” through nutrition, the scientific and quantitative approach that guides modern discourses of food, diet, and health essentially sets people up for failure, as the norms it prescribes create a one-size-fits-all, nutritionally perfect model that no one individual can actually ever live up to (Mudry, 2009). As feminist nutrition scholars, Allison and Jessica Hayes-Conroy (2013), observe, as scientific discourses about food originating in laboratories get taken up and are circulated in the social world, these “simplified” ideas about nutrition eventually become “common sense.” This “hegemonic nutrition,” as they term it, has become accepted as providing universal truths about food and eating. Once accepted as “truth,” hegemonic nutrition discourses discourage opposition to the rules they set, as those who dissent risk becoming “abnormal.” Thus, hegemonic nutrition

also works to disqualify “the possibility that nutrition might actually be ‘done’ differently, and still be done beneficially” (Hayes-Conroy, 2013, p. 176).

However, as Ian Mosby (2014) points out, notions of healthy eating incorporate many elements, including scientific, moral, political, and social meanings and values (p. 11). Health Canada’s quantitative approach to food and healthy eating in its food guide appeals to the objectivity of science and numbers, and thus promotes it as a tool that is applicable to all Canadians across the country, regardless of where they live, their backgrounds, food availability, socioeconomic realities, health contexts, and so on. Its discourse of quantification (Mudry, 2009) mitigates difference and disagreement, along the lines of what Theodore Porter (1996) says about the politics of numbers – namely that numbers give the illusion of objectivity and authority. By speaking about food and eating through a language of serving sizes and recommended numbers of daily servings, for example, the guide reduces food and diet to solely a matter of measurement, thus ignoring other indicators of health, including mental health and wellbeing, and social and community health.

This dissertation thus aims to study how knowledge, expertise and power operate through nutrition guidance in Canada. Inspired by Candis Callison’s (2015) work on how different discursive communities negotiate the meanings of climate change, the following five chapters recognize “nutrition” and “healthy eating” as matters that go far beyond science and measurement, and encapsulate important personal, socio-cultural, political, economic, and ethical meanings. I thus view “nutrition” and “healthy eating” as terms whose meanings are highly contingent and constantly undergoing processes of negotiation and articulation among different individuals and groups.

Chapter 1 works to underscore this contingency by undertaking a documentary analysis of archival records from *Eating Well with Canada’s Food Guide*’s revision process, which I obtained through a number of federal Access to Information requests. This chapter explores the

scientific, political, economic, and social battles for hegemony over the definition and requirements of “healthy nutrition” in Canada, and poses two main questions, namely: (1) how did we get to the nutrition truths and definition of the “healthy Canadian diet” in *Eating Well with Canada’s Food Guide*? And (2) what other paths were available, but not taken? By following Ernesto Laclau and Chantal Mouffe’s (1985) theory that views discourse as only a “temporary closure,” this chapter seeks to underscore the contingency of the current food guide’s dominant position in contemporary dietary and nutrition discourses in Canada, and the possibilities of alternatives.

Chapter 2 mobilizes a biopolitical frame (Foucault, 2002; Lemke, 2011) to consider how Canada’s Food Guide defines and mobilizes the concept of “health” in its political project of promoting a healthy Canadian population. By connecting the idea of “healthy eating” to notions of normativity and citizenship, it takes a close look at the guide’s nutrition and health “truth discourses,” its strategies and tools of surveillance that urge populations to pursue its conception of “health,” and the modes of subjectification individuals and populations experience in the process (Lemke, 2011). This chapter also provides a brief historical overview of how the food guide has used “health” in the past, and traces how its definitions transformed throughout the guide’s 2007 revision period. Finally, based on this analysis, the chapter considers what aspects and “types” of health the food guide misses in its definition of the healthy eater.

Canada’s Food Guide takes a top-down approach to nutrition education that “translates” nutrition science for laypeople and provides tools to measure and track eating and its effects on the body. This method, however, has been critiqued as confusing, abstract, and difficult to apply in everyday practice. Chapter 3 considers the role of the “confused eater” by taking a closer look at how knowledge, education, expertise and power operate through the guide’s pages. It turns to literature on scientific and quantitative languages that drive nutrition guidance found in food industry advertising and texts like Canada’s Food Guide, namely Mudry’s (2009) “discourse of

quantification,” and Scrinis’ (2013) “nutritionism.” This chapter also focuses on how Canada’s Food Guide urges all Canadians to become “responsible” eaters by educating themselves about “healthy nutrition,” at the risk of becoming labeled “irresponsible,” “unhealthy,” and “abnormal.”

Health Canada’s 2007 revision introduced a number of supplementary materials to tailor the general *Eating Well with Canada’s Food Guide* to those not fully represented in it, including multicultural groups and Indigenous populations. Chapter 4 takes a closer look at two of these supplementary materials: Health Canada’s interactive food guide “personalization” tool, *My Food Guide*, and *Eating Well with Canada’s Food Guide for First Nations, Inuit and Métis*. This chapter considers what it means to have a food guide and supplementary food guide materials that purport to recognize and appreciate personal tastes and cultural diversity when it comes to food and eating, but at the same time attempts to manage difference by imposing the guide’s normative dietary framework, which often works to marginalize “other” dietary practices by further differentiating them from “general Canadian” nutrition norms.

Chapter 5 turns its attention to a third supplement to the 2007 food guide -- *Eating Well With Canada’s Food Guide: A Resource for Educators and Communicators* – and explores how the food guide’s directives actually become mobilized—and, significantly, resisted—in real-world pedagogical settings. It principally focuses on the results of fieldwork in Montreal-area public schools, and one-on-one semi-structured interviews with educators and school dietitians. By treating the food guide and its educator’s resource as biopedagogical tools, this chapter sheds light on what happens when the food guide’s mainstream messages are confronted by diverse individuals whose backgrounds, socioeconomic contexts and health realities profoundly influence their relationships to food in ways that may complement or conflict with Canada’s Food Guide. This chapter also explores “alternative” food education tactics and languages that

emerged out of this research phase, namely critical thinking about dietary claims, and hands-on nutrition teaching involving gardening, cooking, tasting, and eating.

These chapters and the conclusion of this dissertation ultimately aim to make concrete suggestions on how future iterations of Canada's Food Guide, and Canadian food and nutrition policy generally, may be improved. My goal, here, is not to dispute the scientific research and nutrition evidence that form the basis of the guide's recommendations, nor it is to disregard the nutrition experts at Health Canada who put many years of hard work into developing it, and who undoubtedly were driven by good intentions to help improve the dietary health of Canadians. Instead, my aim is to problematize the ways in which the food guide and its supplementary materials attempt to communicate nutrition through a discourse of quantification, all the while ignoring other important personal, social, and cultural meanings and functions of food that can equally contribute to a person's and population's overall health and well-being. As the following chapters will show, critics largely agree *Eating Well with Canada's Food Guide* is not fulfilling its main stated goal of helping Canadians eat and live healthier, and that it rather represents a reductive, simplistic, and potentially harmful approach to communicating nutrition and health.

To be sure, the food guide – or any state-mandated effort that provides citizens with dietary information and recommendations driven by a concern for health -- will inevitably have a biopolitical character to it. That is, it will always necessarily be about managing a population through interventions under the auspices of “health,” as it simultaneously orients subjects in particular ways. However, two questions driving in this research are, what is the substance and orientation of the intervention in question, and to what extent does it actually reflect and contribute to the well-being of the diverse populations it addresses?

As a federal public health policy document, we should expect more from the food guide. In October 2016, Health Canada announced it was officially kicking off its wide-ranging, multi-year Healthy Eating Strategy, a key component of which is the revision of its nearly decade-old

food guide. As health minister, Jane Philpott, stated at the time, the revision process is meant to ensure Canada's Food Guide will "reflect the latest scientific evidence on diet and health, and to better support Canadians in making healthy food choices." However, as this dissertation will demonstrate, an updated food guide that seeks to provide eaters "more" or "better" expert, quantitative information on how to achieve "ideal" diet and health will likely continue to promote a confusing and inequitable food environment often blamed for rising rates of diet-related diseases in Canada. As this research contends, to have any serious impact, the revised food guide must be constructed in a way that also takes stock of the economic, political, and social issues tied to food and nutrition in Canada so that it and its related policies might be used to actualize healthy food initiatives that promote widespread collective wellbeing. These include increased access to fresh, nourishing, and affordable foods and food experiences, and meaningful recognition of nutrition diversity and difference. With that in mind, my hope is that this dissertation will spark discussion and point to opportunities on how future iterations of Canada's Food Guide and policies might be used to "do nutrition differently and beneficially" (Hayes-Conroy, 2013, p. 176).

Chapter 1

Eating Well with Canada's Food Guide: exploring the contingencies of healthy nutrition

In Canada, today, one would be hard-pressed to find a person who is not at least aware of Canada's Food Guide. Health Canada, the federal agency responsible for policymaking on public health issues and communicating health promotion and disease prevention to Canadians, boasts that it is the second-most requested government document next to federal income tax forms. Since its release in 2007, over 30 million paper copies have been distributed, while it has been accessed over two million times online (Office of Nutrition Policy and Promotion, 2016, slide 3). Today, the colorful, six-page *Eating Well with Canada's Food Guide* (Appendix 1) can be found in doctors' offices, classrooms, and in home kitchens across the country. The federal policy document underpins how "healthy eating" is defined at an institutional level, with its recommendations used to make decisions about official nutrition policies, food budgets, and menus. It plays a role in determining what gets fed to children in schools, to patients in hospitals, and to those incarcerated in jails and prisons, for example. The guide is also connected to, and often serves as a basis for other federal initiatives, including the Nutrition Facts Tables found on food labels (Fig. 1), the community-based Canadian Prenatal Nutrition Program,³ and Nutrition North.⁴

³ The Canadian Prenatal Nutrition Program is a federally-directed program that partners with community organizations to help pregnant women, mothers, and babies in vulnerable circumstances.

⁴ The food guide's recommendations play a part in determining what foods are eligible for subsidies under the Nutrition North program, which seeks to improve access to some types of perishable store-bought foods in isolated Indigenous communities in Canada's northern regions.

Fig. 1

Read the label

- Compare the Nutrition Facts table on food labels to choose products that contain less fat, saturated fat, trans fat, sugar and sodium.
- Keep in mind that the calories and nutrients listed are for the amount of food found at the top of the Nutrition Facts table.

Limit trans fat

When a Nutrition Facts table is not available, ask for nutrition information to choose foods lower in trans and saturated fats.

Nutrition Facts

Per 0 mL (0 g)

Amount	% Daily Value
Calories 0	
Fat 0 g	0 %
Saturates 0 g	0 %
+ Trans 0 g	
Cholesterol 0 mg	
Sodium 0 mg	0 %
Carbohydrate 0 g	0 %
Fibre 0 g	0 %
Sugars 0 g	
Protein 0 g	
Vitamin A 0 %	Vitamin C 0 %
Calcium 0 %	Iron 0 %

Eating Well with Canada's Food Guide provides information on the Nutrition Facts tables found on food labels.

Fig. 2

Canada's Food Guide



McDonald's® food can be part of a balanced diet.

[Learn More](#)

Canada's Food Guide helps Canadians choose foods wisely. McDonald's® customers can create a range of meal combinations that meet the Recommended Food Guide Servings as outlined in Eating Well with Canada's Food Guide.

Food guide information from McDonald's Canada's website (McDonald's Canada, 2017)

Canada's Food Guide is also habitually referenced as an expert source of nutrition and health information, in news articles for example. For health professionals and nutrition educators, the food guide is considered the go-to reference and teaching tool for diet-related issues. Food industry players have also found ways to use the food guide to market the purported nutrition benefits of their products: even McDonalds Canada – probably one of the most popular illustrations of an “unhealthy diet” -- directly references the food guide on its website to help consumers incorporate its menu items into a healthy “balanced diet” (Fig. 2). As such, while a person might not have a copy of Canada's Food Guide hanging on their home refrigerator, the policy document's ubiquity and reach means it has affected how all people in Canada eat, on some level.

Food-based dietary guidelines (FBDGs) have been defined as evidence-based public health tools that are designed to help people follow a healthy eating pattern, with the ultimate goal of improving public health through promoting healthy food and lifestyle choices (Bush et al., 2007). In Canada, FBDGs have an over-70-year history, with the country's first official state-mandated nutrition education program, *Canada's Official Food Rules*, implemented in 1942 as a war-time response to widespread malnutrition and food rationing measures (Mosby, 2014; Schwartz, 2012). Government nutrition guidance in Canada has since gone through a number of changes, but today continues to set a country-wide standard for healthy eating for “all Canadians.” As Health Canada (2002), explains, food guides are:

[B]asic education tools that are designed to help people follow a healthy diet. [Food guides] embody sophisticated dietary analysis, and merge national nutrition goals, data from food consumption surveys, and issues of food supply and production. [Food guides] translate the science of nutrient requirements into a practical pattern of food choices, incorporating variety and flexibility.

Health Canada promotes its food guide as a scientifically-informed educational tool that provides objective nutrition guidance generally applicable to all Canadians (Health Canada, 2012a). To keep its dietary guidance scientifically up-to-date, and to reflect Canadian food supply and

consumption statistics, Health Canada periodically reviews and revises the food guide. The current *Eating Well with Canada's Food Guide*, released in 2007, is the product of a two-year review of its predecessor, *Canada's Food Guide to Healthy Eating*, that began in 2002, and a three-year revision period that started in 2004. The revision's goals were to identify ways of improving the guide to address changes in nutritional adequacy standards, fluctuations in the national food supply and food-use patterns, and assessments of its clarity, use and understanding by intermediaries, such as health professionals, educators, journalists, and consumers (Bush & Kirkpatrick, 2003; Health Canada, 2012a; Katamay et al., 2007). Throughout the revision, Health Canada worked with three advisory groups—the Interdepartmental Working Group, the Expert Advisory Committee on Dietary Reference Intakes, and the Food Guide Advisory Committee—as well as non-government organizations, academics, health care professionals, and members of Canada's agriculture and food industries (Health Canada, 2012a; Schwartz, 2012). Health Canada engaged in numerous stakeholder and consumer consultations, including regional meetings, focus groups, and online questionnaires to solicit opinions on the new food guide, and end-user testing with consumers, educators, and communicators (Health Canada, 2012). This revision process, which Health Canada has consistently referred to as “open” and “transparent” (Health Canada, 2012b; Health Canada, 2007) resulted in the release of *Eating Well with Canada's Food Guide* on Feb. 5, 2007, along with a supplementary resource for educators and communicators (see Chapter 5). A few months later, the department also unveiled a food guide specifically aimed at Canada's First Nations, Inuit and Métis populations not specifically addressed in the general food guide (see Chapter 4), and additional online tools, including the interactive My Food Guide tool (see Chapter 4).

Despite its cheery appearance and well-intentioned public health goals, however, Canada's Food Guide and its various adaptations have been subject to numerous criticisms over the years. For example, the current version of the food guide incorporates scientific and

quantitative approaches to food and eating initially developed in early 20th century food and nutrition science to investigate food and its effects on the human body (Levenstein, 2003a; Levenstein, 2003b). Academic literature has critiqued this quantitative and biomedical approach to nutrition for addressing an artificial “idealized” eater and pathologizing diets and eating habits that do not, and often cannot, adhere to its “one-size-fits-all” model (Mudry, 2009) (see Chapters 2 and 3). Christin Rachul (2014), for example, argues the food guide’s “scientific representation” of nutrition -- through its focus on measurements, visualizing scientific data through charts and numbers, and use of specialized terminology – works to oversimplify the complexities of human nutrition in ways that do not translate to Canadians’ actual everyday food practices. She notes this approach also obscures serious demographic, socio-economic, and ethical issues that affect people’s abilities to eat healthfully (pp. 30-35). Others charge the current Canadian food guide with promoting the idea that healthy nutrition is “a personal rather than collective responsibility” (Mosby, 2012, p. 423), and for offering guidance that does not apply in many Canadian regions, nor to those of diverse backgrounds and ethnicities, especially Canada’s Indigenous communities (Mosby, 2012, pp. 421-422). Some critiques from professional groups, such as health care providers, and sociologists have said the measurements the guide uses to communicate how much food a person should eat are confusing, thus making it easy to misinterpret and difficult to apply (Andresen, 2007; Kondro, 2006). Others have noted the guide fails to address important sociocultural issues and dietary differences that exist between people with different backgrounds and health realities (Abramovitch et al., 2012; Dubois et al., 2011; Ricciuto, Tarasuk & Yatchew, 2006; Rossiter, Evers & Pender, 2012; Tarasuk, Fitzpatrick & Ward, 2010). Furthermore, as consumer research commissioned by Health Canada during its review of the 1992 *Canada’s Food Guide to Healthy Eating* indicated, while “healthy eating” is a well-established social value in Canada, and most Canadians know

what the food guide is, awareness does not automatically translate to uptake (Decima Research Inc., 2003, pp. 6, 45). As the 2003 research report noted:

Canadians recognize, acknowledge and value the importance of healthy eating both in principle and in terms of their own personal health and well-being. While positive attitudes are firmly in place, and driving intentions to eat healthy, there is clearly a gap between intention and action. Obstacles to action include limited knowledge about how to eat healthy (elements of healthy eating not well understood), social influences (e.g. peer pressure), and structural constraints (e.g. income, limited availability of healthy food choices. (p. 45)

Nevertheless, Canada's Food Guide continues to be a main source for nutrition information and authority used in schools and doctor's offices across the country, as an expert source in media reports and to teach individuals about "healthy eating," and largely accepted as providing "common sense" truths about food, eating, and their effects on the human body (Hayes-Conroy, 2013; Lavin, 2013). Canada's Food Guide, then, might be considered part of what critical feminist nutrition scholars, Allison and Jessica Hayes-Conroy (2013), term "hegemonic nutrition." Hegemonic discourses, as defined by Ernesto Laclau and Chantal Mouffe (1985) are those discourses that, over time, gain enough power and legitimacy to eventually become accepted as objective, natural, and common sense. The state-mandated Canada's Food Guide can be considered a "hegemonic intervention" that has fixed the meaning of what "healthy nutrition" in Canada is, all the while excluding alternative understandings of what "nutrition" might be. However, according to Laclau and Mouffe, "discourse" is created not only through linguistic practices, but through *all* social practices and relations, thus meaning that even hegemonic discourses are never completely fixed, as they must continually respond to and integrate dynamic social conditions (Howarth, 2000, pp. 5-8; Jorgensen & Phillips, 2002, p. 24). As a result of these perpetual negotiations of meaning, there are ongoing struggles between different actors to fix the meaning of socially significant discourses (Jorgensen & Phillips, 2002, p. 24). A discourse achieves "temporary closure," in that it fixes meaning and the relationship between signs in a specific way, while excluding all other possible forms these meaning and signs could

have taken (Jorgensen & Phillips, 2002, pp. 26-29). However, as a temporary closure, a discourse “does not dictate that meaning is to be fixed exactly that way forever” (Jorgensen & Phillips, 2002, p. 29). With this in mind, the goal of this chapter is to answer two driving questions, namely: (1) how did we get to the nutrition truths and definition of the “healthy Canadian diet” in *Eating Well with Canada’s Food Guide*? And (2) what other paths were available but not taken? To do this, the chapter presents a documentary analysis of archival records from the 2007 food guide’s revision processes, obtained through a number of federal Access to Information requests.

This chapter begins by outlining the processes involved in Health Canada’s review of its 1992 *Canada’s Food Guide to Healthy Eating*, and the revision period leading up to 2007’s *Eating Well with Canada’s Food Guide*. Then, it dives deeper into archival records from these processes to investigate who was at the table during the food guide revision and how they debated and eventually decided the content of *Eating Well with Canada’s Food Guide*. It should be noted, however, that despite Health Canada and the federal government’s recurrent statement that the food guide’s revision and consultation processes were “open and transparent,” accessing related archival documents for this research was no easy task. Public records relating to the food guide available through online government databases are limited, and Health Canada’s website dedicated to the 2007 food guide revision process is plagued with dead and missing links, and a general lack of information. I filed a number of Access to Information requests with federal departments involved with the food guide, including, Health Canada, Indigenous and Northern Affairs, and Agriculture and Agri-Food Canada (AAFC). Out of six Access to Information files opened with the federal government since 2015, to date three have been resolved. In total, I have received just under 2,500 pages of meeting minutes, memos, correspondences, and reports related to the 2007 food guide revision processes (see Appendices 2-4). Within this collection of records, numerous redactions and omissions are evident. Thus, while these 2,500 pages do reveal

something about what went on “behind the scenes” during the revision, barriers to transparency and obstructions to access have resulted in many aspects of this purportedly “open and transparent” process remaining hidden.

Nevertheless, this chapter uses the evidence available to trace the ways in which *Eating Well with Canada’s Food Guide* was negotiated and defined. Significantly, this analysis seeks to underscore the contingency of the current food guide’s dominant position in contemporary dietary and nutrition discourse in Canada, and the possibilities of alternatives. It demonstrates the conception of nutrition and health established by the food guide is not so straightforward or “common sense,” but is rather the product of scientific, political, economic, and social battles for hegemony over the definition and requirements of “healthy nutrition” in Canada.

The road to *Eating Well with Canada’s Food Guide*

On Feb.5, 2007, Tony Clement, then-Health Minister under Stephen Harper’s Conservative government,⁵ stood before microphones, media, and produce shelves at the Real Canadian Superstore in Orleans, Ontario to introduce the country to *Eating Well with Canada’s Food Guide*. “Canada’s Food Guide has been providing Canadians with straightforward tips and messages on healthy eating for 65 years,” he said. “Today, Canada’s new government is proud to launch our new food guide. It provides the best, most current information available for eating well and living healthy” (Health Canada, 2007). One day after he announced the release of *Eating Well with Canada’s Food Guide*, Clement told the *Toronto Star* that the new guide was based on the most recent and “best available nutrition science,” and proudly underscored that it was the second-most downloaded government document next to income tax forms. What’s more, he said that *Eating Well with Canada’s Food Guide*’s recommendations had motivated him to

⁵ Clement had taken over the Minister of Health position from Ujjal Dosanjh exactly one year prior, following the Harper Conservatives’ minority election win over Paul Martin’s Liberals in 2006.

make dietary changes in his own life, including eating more fish, beans, and vegetables, and “even choosing to snack on an apple during last weekend’s Super Bowl game” (Ogilvie, 2007).

Before it inspired Clement to choose fruit over chicken wings and chili, *Eating Well with Canada’s Food Guide* went through processes of assessment, revision, and consultation that started in 2002 with a comprehensive review of its predecessor, 1992’s *Canada’s Food Guide to Healthy Eating*. Health Canada undertook this review to assess the previous guide in relation to updated scientific evidence on nutrition, changes in the Canadian food supply, modern food use patterns, and evaluations by stakeholders, consumers, and other intermediaries (Office of Nutrition Policy and Promotion, 2004, p. 1). The review report noted that, while *Canada’s Food Guide to Healthy Eating* was “consistent with science” and “a flexible, simple, visually appealing and widely recognized tool,” it suffered from a number of problems related to its application by individuals, the terminology and messaging used, a need for modernization, and issues related to communicating its nutrition messages within the current environment (Office of Nutrition Policy and Promotion, 2004, p. 1). More specifically, based on stakeholder and intermediary opinions, the report noted that people had difficulty understanding certain terms present in the 1992 food guide, including “whole grains, enriched products, more often, moderation, variety, vitality, and serving” (p. 2). Furthermore, the report indicated people had trouble comprehending what “energy balance” – or how much food they should consume based on their age, size, activity level and gender – was. Difficulties in estimating what the food guide considered “one serving” of food was also identified as a serious problem with the guide’s communication approach (pp. 2-3). The report highlighted the guide’s food groups and graphic design as areas for re-consideration (pp. 3-4), and noted there was strong stakeholder support for a better promotion strategy to help communicate the food guide’s “balanced approach to healthy eating” to Canadians in an environment overcrowded with often-contradictory nutrition information from a multitude of sources (p. 3) (see Chapter 3).

While the Office of Nutrition Policy and Promotion report states a stakeholder meeting in Ottawa, Ontario on Jan. 20, 2004 officially kicked off the food guide revision process, then-Liberal Minister of Health, Ujjal Dosanjh, announced Health Canada was officially revising *Canada's Food Guide to Healthy Eating* on March 10, 2004. From then until Spring 2005, the federal department worked on determining the evidence base for its revised food guide, including the scope of issues to be addressed in the revision and the methodology for developing the food guide's healthy eating pattern. Data and information sources used to inform the food guide revision included modern scientific evidence on nutrition, diet-related chronic disease patterns and risk assessments, food availability statistics, food consumption patterns, the national Food Expenditure Survey put out by Statistic Canada, federal-provincial food and nutrition surveys, the Canadian Nutrient File,⁶ and the Dietary Reference Intakes⁷ tables, among others.

Along with this pool of information and data, Health Canada's nutrition experts used a two-step modeling process that included testing simulation diets based on the foods indicated in nutrition surveys and found in the marketplace to define an ideal food intake pattern. This pattern outlines the recommended numbers and sizes of servings within each food group most Canadians need to meet their nutrient and energy requirements, and lower their risks of diet-related diseases. This model-based ideal food intake pattern was adjusted and finalized after consultations with stakeholders and based on the results from focus groups, online consultations, regional meetings, and a literature review on how Canadians make food choices in the modern

⁶ The Canadian Nutrient File is a periodically-updated, searchable online database that provides the nutrient values of over 5,690 foods.

⁷ The DRIs are a comprehensive set of nutrient reference values established by American and Canadian scientists through an independent review process overseen by the United States National Academies. DRIs are used to assess and plan diets for individuals and groups. DRIs are based on the amounts of different vitamins, minerals, and other substances people need to prevent nutritional deficiencies and lower the risks of chronic disease. There are several different types of DRI values that are used differently depending on context. The DRIs have been in use since 1997, when they replaced the previously published Recommended Nutrient Intakes (RNIs).

environmental context (Health Canada, 2012b). The finalized food intake pattern serves as the basis for all of *Eating Well with Canada's Food Guide's* recommendations (Health Canada, 2012b, Katamay et al., 2007).

Eating Well with Canada's Food Guide is, thus, a massive data analysis and data presentation endeavor with very noble stated aims: Health Canada says the goal of its food guide is to objectively and effectively communicate nutrition science so that everyday Canadians can apply it to their daily lives and live healthier as a result. The guide is a textual and visual translation of all the nutrition research and data available to Health Canada that it used to put together the evidence base for its revised food guide. The resulting document attempts to communicate this by simplifying all of the information through directional statements, measurable recommendations, and visual representations of its ideal Canadian food intake pattern. As Health Canada notes on its *Consumer Guide to the DRIs*, individual Canadians “don't need to pore over reams of scientific documents to tell you how to eat well. You can continue to rely on *Eating Well with Canada's Food Guide* to help you make wise food choices” (Health Canada, 2010a).

In addition to its scientific evidence base, Health Canada worked closely with three advisory groups throughout the revision process. The first was the Interdepartmental Working Group (IWG), which was made up of 13 members from a number of different federal departments, including the Public Health Agency of Canada (PHAC), Health Canada, Agriculture and Agri-Food Canada, Indigenous and Northern Affairs Canada, and the Canadian Institute of Health Research (Table 1). Working with the Office of Nutrition Policy and Promotion (ONPP), the IWG's mandate included bringing a broader Government of Canada perspective to the food guide revision processes.

Table 1: Interdepartmental Working Group members

Name	Affiliation at the time
Mary Bush (Chair)	ONPP, Health Products and Food Branch, Health Canada
Stepanie Charron	Health Products and Food Branch, Health Canada
Susan Crawford	Institute of Nutrition, Metabolism and Diabetes, Canadian Institute of Health Research
Lori Doran	First Nations and Inuit Health Branch, Health Canada
Fred Hill	Strategic Policy and Devolution Branch, Department of Indian & Northern Affairs
Elaine Jones-McLean	Population and Public Health Branch, Health Canada
Anne Kennedy	Market and Industry Services Branch, Agriculture and Agri-Food Canada
Scott LeBrun	Information Analysis and Connectivity Branch, Health Canada
Saskia Ramsay	Communication, Marketing and Consultation Directorate, Health Canada
Candace Smith	Population and Public Health Branch, Health Canada
Denis Tessier	Communications, Marketing and Consultation Directorate, Health Canada
Nathalie Valdes	Health Policy and Communications Branch, Health Canada
Maya Villeneuve	Health Products and Food Branch, Health Canada

The Expert Advisory Committee on Dietary Reference Intakes (EACDRI) was an 11-member group that provided scientific advice for the development of the food intake pattern and advised Health Canada on how to use the DRIs in its nutritional guidance. The EACDRI terms of reference indicate that members were required to refrain from conflicts of interest, and declare any real or potential conflicts of interest if they arose during the course of the committee's mandate. The EACDRI's term of reference also state that any real or potential conflict of interest would disqualify a member "from participation in any discussions on that subject matter" (Expert Advisory Committee on Dietary Reference Intakes Terms of Reference, 2004, p. 3).

The third group that advised Health Canada and the ONPP during the food guide revision was the 12-member Food Guide Advisory Committee (FGAC). According to Health Canada, its members "were chosen for the varied perspectives they would bring from public health, health

policy, nutrition education, disease prevention, industry and communication. Collectively, they represented national, provincial and local perspectives” (Health Canada, 2012). According to the FGAC’s terms of reference, its mandate included providing guidance on the revision of Canada’s Food Guide based on eight specific items, namely:

1. the proposed revision process for the food guide and supporting material;
2. research needed to facilitate making appropriate revision to the food guide;
3. sources of information and expertise that would assist in the revision of the food guide and supporting materials;
4. proposed consultation initiatives;
5. interpretation of findings from research and consultation initiatives;
6. proposed revision of the design and content of the food guide and supporting materials;
7. promotion and dissemination of the revised food guide and supporting materials;
8. appropriate evaluation strategy for the revised food guide and supporting materials (Food Guide Advisory Committee Terms of reference , 2004)

While the Health Canada website on the food guide’s revision process promises a list of FGAC members (Health Canada, 2011), links to this are either missing or broken. In the documents obtained through an Access to Information request with Health Canada, all names and affiliations of the 12 members of the FGAC have been redacted. However, in documents obtained through an access to information request with Agriculture and Agri-Food Canada, member names have not been blacked out. Based on these documents, it is evident that two members were from British Columbia, one was from Newfoundland, one from New Brunswick, three were from Ontario, one was from Quebec, one from Saskatchewan, one from Alberta, one from Prince Edward Island, and one was from Manitoba. Nunavut, the Yukon and Northwest Territories were thus not represented on the FGAC. Additionally, these records indicate three of its 12 members had ties to the food industry and trade groups (Table 2). This chapter will address food and agriculture industry involvement in the food guide revision process in more detail further on.

Table 2: Food Guide Advisory Committee members

Name	Region	Affiliation at the time
Susan Barr	British Columbia	Registered dietitian, UBC professor
Glendora Boland	Newfoundland	Provincial dietitian
Dyane Bourgeois	New Brunswick	Registered dietitian
John Dwyer	Ontario	University of Guelph professor
Nicole Gervais	Quebec	Provincial dietitian
Sydney Massey	BC	BC Dairy Foundation, dietitian and educator
Heather McAvoy	Saskatchewan	Nutritionist, Prince Albert Food Coalition
Sean McPhee	Ontario	Vegetable Oil Industry of Canada, president
Ellen Murphy	Alberta	Alberta Cancer Board, director of prevention
Carolyn O'Brien	Ontario	Food & Consumer Products Manufacturers of Canada
Jennifer Taylor	PEI	Registered dietitian, University of PEI prof
Paul Fieldhouse	Manitoba	University of Manitoba professor, nutrition research and policy analyst for Manitoba government

In addition to the evidence base and discussions with the three advisory committees, the food guide's revision process also included consultations with health professionals, food industry members, academics, government, non-government organizations, and consumers across Canada. These consultations included regional meetings in Spring 2005 that were organized to keep stakeholders up-to-date on the proposed directions for the revised food guide and get their feedback. In summer and fall 2005, consultations were held with intermediaries who work with multicultural populations to seek their input on the new food guide. On Nov. 24, 2005 representatives of health professional associations, non-governmental organizations, consumer groups, schools, universities, the food industry, trade organizations, the federal government, provincial governments, and municipal governments attended a Health Canada consultation meeting on the revision of Canada's Food Guide in Ottawa, Ontario. This meeting was held for Health Canada to present a draft version of its revised food guide and obtain feedback from the participating stakeholders. This meeting also marked the launch of a national consultation that

was made up of: (1) an online questionnaire aimed at stakeholders that was active from Feb. 15 to March 24, 2006,⁸ and (2) regional meetings with stakeholders in St. John's, Halifax, Montreal, Toronto, Winnipeg, Regina, Calgary, and Vancouver in the first two weeks of April 2006. These stakeholder consultations were followed by consumer focus groups and end-user testing from winter to fall 2006. On Feb. 5, 2007 *Eating Well with Canada's Food Guide* was ready to officially be released (Table 3).

Table 3: Food Guide revision timeline

Revision step	Estimated date
Assessment and review of the 1992 Food Guide, <i>Canada's Food Guide to Healthy Eating</i>	Mid 2002 to January 2004
Online stakeholder consultations on the 1992 <i>Canada's Food Guide to Healthy Eating</i>	Summer and Fall 2003
Stakeholder meeting in Ottawa, Ontario to share the findings and obtain feedback on the assessment of the 1992 <i>Canada's Food Guide to Healthy Eating</i> ; discussion of next steps	Jan. 20, 2004
Liberal Minister of Health, Ujjal Dosanjh, announces official food guide revision	March 10, 2004
Food guide revision evidence base and food intake pattern developed	Spring 2004 to Spring 2005
Regional meetings with stakeholders	May-June 2005
Preliminary concepts for revised food guide developed	Summer to
Consultations with multicultural intermediaries	Fall 2005
Online stakeholder consultations Regional meetings with stakeholders	Feb. 15-March 24, 2006; first two weeks of April, 2006
Consumer focus groups and end-user testing	Winter to Fall 2006
Production of consumer resource and supporting materials	Fall 2006 to Winter 2007
<i>Eating Well with Canada's Food Guide</i> officially released	Feb. 5, 2007

The revised guide was considerably different than its 1992 predecessor: instead of a two-page tear sheet like *Canada's Food Guide to Healthy Eating*, *Eating Well with Canada's Food*

⁸ It is significant to note that this online consultation started 10 days after the official transition of government, following Stephen Harper's Conservatives minority election win over Paul Martin's Liberal on Jan. 23, 2006.

Guide is a six-page fold-out brochure that, for the first time, included age- and gender-specific guidance for people over two years old. The guide's food serving recommendations are organized within a grid split according to three main groups – children, teens, and adults – and includes tailored guidance for “girls and boys” from 2-3, 4-8, and 9-13 years old, females between 14-18 years old, males between 14-18 years old, females between 19-50 years old, males between 19-50 years old, females over 51 years old, and males over 51 years old (Fig. 3). The revised guide also added directional messages on whole grain and non-whole grain foods – namely to “make at least half of your grain products whole grain each day” – and the importance of healthy unsaturated fats and oils in a person's daily diet (Fig. 4). *Eating Well with Canada's Food Guide* also provides more information on how to determine what a serving size is, and dedicates much of the space in its six pages to explaining how to measure what a “food guide serving” of different foods is, and how to calculate how many food guide servings are in combination meals, like a stir fry (Fig. 5). There were also significant changes made to the guide's graphic design elements and foods depicted, food group names, and inclusions of specific messages based on each of the four food groups. As for the change in title, it is unclear why Health Canada chose to go with *Eating Well with Canada's Food Guide*. Some consumer research indicates that people linked “eating well” with notions of both health and eating lots of good-tasting foods (Sage Research Corporation, 2002, p. 25).

Fig. 3

Recommended Number of Food Guide Servings per Day									
	Children			Teens		Adults			
Age in Years	2-3	4-8	9-13	14-18		19-50		51+	
Sex	Girls and Boys			Females	Males	Females	Males	Females	Males
Vegetables and Fruit	4	5	6	7	8	7-8	8-10	7	7
Grain Products	3	4	6	6	7	6-7	8	6	7
Milk and Alternatives	2	2	3-4	3-4	3-4	2	2	3	3
Meat and Alternatives	1	1	1-2	2	3	2	3	2	3

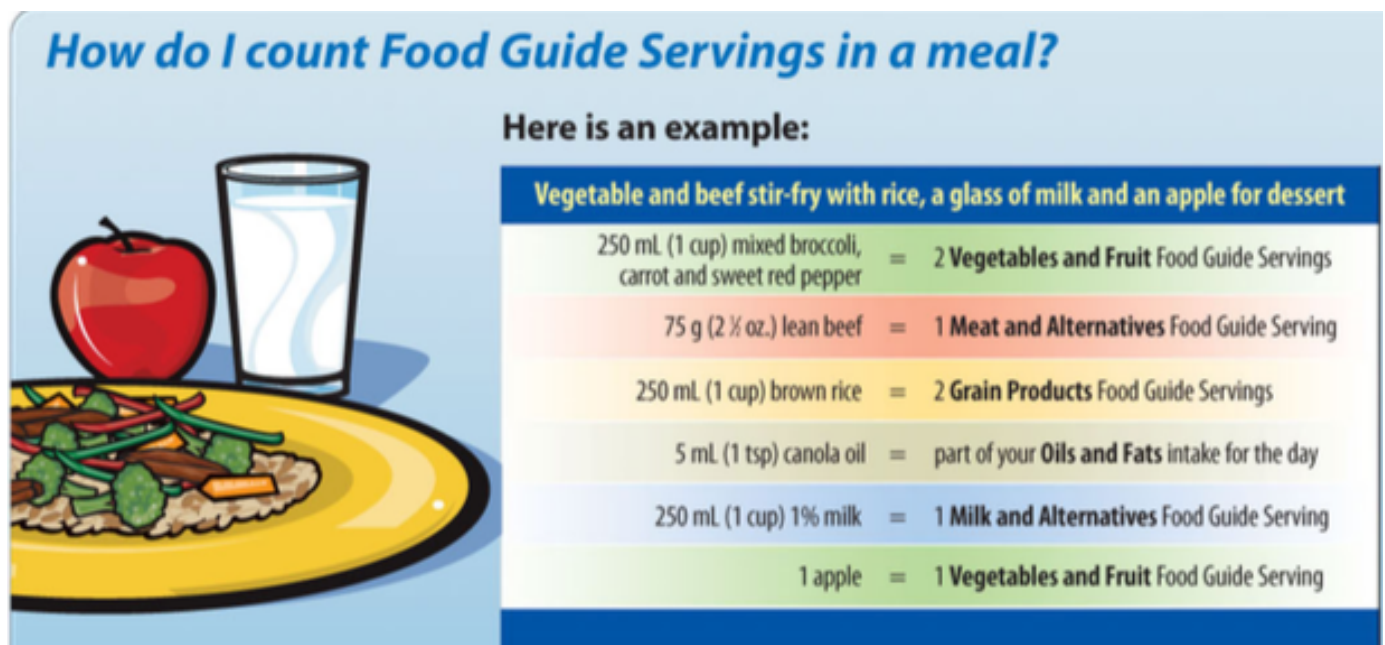
Eating Well with Canada's Food Guide's food intake pattern, split up according to age and gender.

Fig. 4



Some of the directional statements included in *Eating Well with Canada's Food Guide*.

Fig. 5



Eating Well with Canada's Food Guide's instructions on how to count Food Guide Servings.

Minutes from the joint-FGAC and IWG meeting on May 4-5, 2006 in Gatineau, Quebec indicate that another proposed title, *Canada's Food Guide: Your Guide to Healthy Eating*, was the slight winner in online surveys. It was focus group participants, however, that preferred *Eating Well with Canada's Food Guide*, with the report indicating “there seemed to be some ‘negative’ connotation or public tiredness of the word ‘health’” (Food Guide Advisory Committee & Interdepartmental Working Group - Draft Meeting Summary, May 4-5, 2006, p. 17) (more on the concept of “health” in the food guide in Chapter 2).

Based on criticisms the 1992 food guide received about not effectively communicating “healthy nutrition” to Canadians in a way that was easily understandable or applicable in daily life, Health Canada set a number of goals for its revised guide: a slide from a June 2005 regional meeting hosted by the ONPP and Health Canada on proposed directions for the revised national dietary guidance indicated the department wanted its guide to be “credible (evidence-based), understandable (clear), feasible (economic and socio-cultural reality, food supply), [and] actionable (action-oriented messages)” (Office of Nutrition Policy and Promotion, 2005). Research that informed the review of the 1992 *Canada's Food Guide to Healthy Eating* indicated that while a majority of Canadians (86 per cent) were aware of the guide, and many Canadians (68 per cent) had engaged with it in some way within the past year, most were not translating the guide's information into their daily lives (Decima Research Inc., 2003). A main strategy Health Canada apparently took to overcome this issue and achieve its goals was to include more information about nutrition and the rationale behind the recommendations in its revised guide. Based on minutes from the Oct. 12, 2005 meeting between the FGAC and the IWG, the expansion from two to six pages was specifically done to “to include more information to help consumers use the guide” (2005, p. 4). The revised guide's six pages include more examples of different foods, more information on food groups, more directional statements, more

information on what a serving size is, more on how to count servings, more on the number of servings different types of people should consume, more information on how to read food labels, and more information on why it is important to eat healthy and be active. This approach – including “more” and “better” information with the goals of motivating people to accept the science or make changes in their lives based on the science – is characteristic of deficit models of science communication that seek to improve the “public understanding of science.” Such models assume scientific knowledge is superior to other forms, and that if people just knew more about the scientific facts, they would be motivated to act accordingly (Brossard & Lewenstein, 2010; Leach, Yates & Scanlon, 2009; Logan, 2001; Peterson & Lupton, 2000; Weigold, 2000).

However, as Sheila Jasanoff (2005) notes:

The greatest weakness of the ‘public understanding of science’ model is that it forces us to analyze knowledgeable publics in relation to their uptake of science and technology rather than science and technology in relation to their embeddedness in culture and society. (p. 271)

The embeddedness of nutrition in wider cultural, social, political, and economic issues becomes evident through a closer examination of documents and records related the revision processes leading up to 2007’s *Eating Well with Canada’s Food Guide*. The following sections draw out some of the major debates and “struggles for hegemony” (Laclau & Mouffe, 1985) that characterized the revision process, and seek to illuminate what other forms the food guide’s recommendations might have taken.

Foods depicted and food groupings

Much of the discussion during the food guide revision process involved which foods would be depicted in the updated guide. A 2003 report on stakeholder consultations for the review of Canada’s Food Guide indicated that the majority of stakeholders believed the foods depicted on the 1992 *Canada’s Food Guide to Healthy Eating* “were no longer representative of

the Canadian diet,” and that they should be updated and changed (Decima Research Inc., 2003, p. 4). As one participant, who was identified as a member of an industry or trade association, said: “The Food Guide represents only a small proportion of the foods available on the market today. It tends to focus on ‘standardized foods’ and foods that probably formed the bulk of the Canadian diet 40 or 50 years ago” (p. 19). Many of the participating stakeholders expressed that the 1992 guide did not include enough variety, especially with regards “ethnic foods, as well as pre-packaged foods, combination foods (e.g. lasagna) and foods that address the dietary needs of vegetarians” (p. 4). Moreover, a number of stakeholders wanted to see “alternatives” to meat and dairy pictured in the new guide. As one stakeholder, who was identified as an academic, said: “Since there are a wide variety of calcium-rich foods (e.g. fortified soy milk, fortified orange juice) that are now available in stores, these need to be added to the food guide as good sources of calcium (and vitamin D in the case of fortified soy milk) in the Milk Products group” (Decima Research Inc., 2003, p. 28). Another, who was identified as a federal government member, wanted the new guide to “illustrate more alternate choices for vegetarians” (p. 28).

A glance at the 2007 guide’s depicted foods indicates a number of these stakeholder concerns about the foods depicted in the 1992 guide were addressed. For example, items like couscous and kefir were added to modernize the variety of foods depicted, while tofu, fortified soy beverages, and increased emphasis on other meat alternatives like beans were added to address vegetarians and people who do not consume dairy products. Nevertheless, based on minutes from the May 4-5, 2006 meeting of the FGAC and IWG, there were some lingering issues over the foods pictured in the planned new guide. For example, a number of stakeholders were concerned the revised guide would only recommend that half a person’s daily intake of grain products should be whole grain, as many thought the guidelines should recommend that all grain portions should be whole grain. It was explained, however, that “half as whole grain” was chosen as the target in order to ensure people get an adequate folate intake, as enriched wheat

products are fortified with folic acid (Food Guide Advisory Committee & Interdepartmental Working Group - Draft Meeting Summary May 4-5, 2006, p. 22). The meeting minutes rationalize that: “Given the current confusion in the marketplace surrounding whole grain products, using the wording ‘at least’ provides some flexibility to consumers” (p. 22).

Concerns about how the 1992 guide grouped different foods were also expressed during stakeholder consultations. The 1992 guide included four food groups: Grain Products, Vegetables and Fruit, Milk Products, and Meat and Alternatives. Some stakeholders expressed these groups were still relevant to any revised food guide, as they were based on grouping foods with similar nutrient-based “functions” together, while some were concerned about the confusion any kind of “radical” regrouping of foods could cause (Decima Research Inc., 2003, p. 32). Nevertheless, a number of different issues about the good guide’s groups were raised during the revision process. For example, during a March 11, 2005 meeting of the EACDRI in Ottawa, there was a discussion about how fruit juices and fruit drinks⁹ should be grouped. The minutes noted: “It was suggested that grouping foods from a messaging point of view should be considered, for example fruit juice and fruit drinks are both valuable contributors of vitamin C. If both of these sources contribute the same nutrient for the same energy cost, maybe they should be grouped together” (Expert Advisory Committee on Dietary Reference Intakes Record of Proceedings, March 11, 2005, p. 7). While some participants argued that fruit drinks could be a less expensive alternative to fruit juice, others argued the high sugar content in fruit drinks have been linked to obesity in children. The discussion also questioned whether both fruit drinks and fruit juice should be moved to the “Other foods” category, and not become included as official foods in the Vegetables and Fruit group (p. 7). In the final version of *Eating Well with Canada’s*

⁹Fruit juices contain 100 per cent fruit juice. Fruit drink, on the other hand, contain some fruit juice but are largely made up of sugar and water.

Food Guide, fruit juice is included as Vegetables and Fruit food, while “fruit flavoured drinks” are mentioned as an item to “limit.”

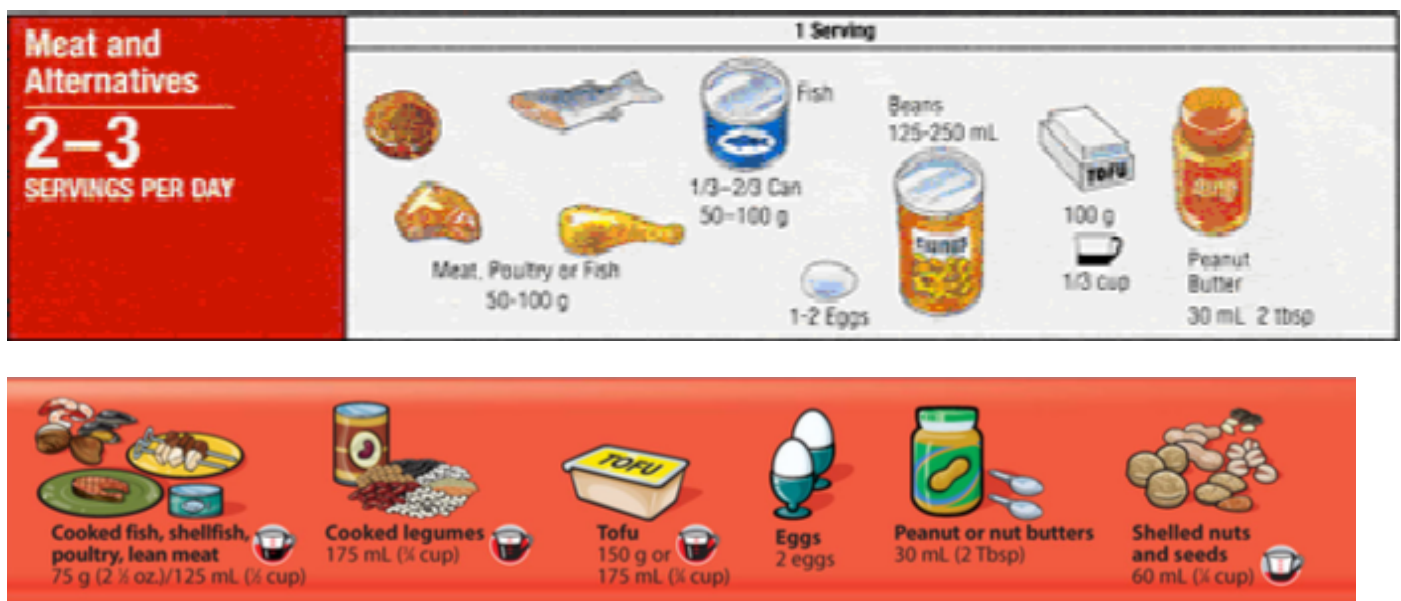
Another set of EACDRI meeting minutes from Sept. 30, 2005 indicate the flexibility of food group assemblages: it was suggested that food items like cheese or yogurt could be modeled as part of the Meat and Alternatives group, instead of the Milk Products group, to accommodate vegetarian diets and reduce the emphasis on meat as a source of protein. The minutes further note a suggestion was made that: “Changing the name of this food group (meat and alternatives) could also serve to bring attention to non-meat alternatives” (Expert Advisory Committee on Dietary Reference Intakes - Record of Proceedings, Sept. 30, 2005, p. 9). In the end, *Eating Well with Canada’s Food Guide* kept the Meat and Alternatives food group name and left cheese and yogurt grouped with other milk products. However, this food group did get a new name: Milk and Alternatives. Minutes from the May 4-5, 2006 meeting of the FGAC and IWG noted that this draft food group title was “more relevant to those people that do not drink milk” and pointed out that using the term “alternatives” implies “more choice” (2006, p. 5-6). Stakeholders – including representatives of health professional associations, government, universities, industry and trade groups, and consumer groups -- participating in online consultations in February and March 2006 provided a number of other food group name suggestions, including Milk and Dairy Products, Dairy and Alternatives, Milk Products and Alternatives, Milk and Alternatives, Calcium Group, Milk Products and Substitutes, Milk and Milk Substitutes, and Dairy and Soy Products (EKOS Research Associates, 2006, p. 54). Nevertheless, the final version of the 2007 guide uses Milk and Alternatives as a food group title, and includes fortified soy beverages as one non-dairy food example, along with a number of other dairy products.

As for the Meat and Alternatives group, stakeholders put forward another list of alternate names to be considered for the 2007 guide, including Protein Sources, Protein Food, Protein and Fats, Proteins, Meat and Alternative Proteins, Meats and Protein Alternatives, Meat and Protein

Foods, Meat and Meat Alternatives, Meat and Protein, Meat and Other Protein, and Meat, Fish, Chicken, and Alternatives (EKOS Research Associates, 2006, p. 58). In the end, this food group title did not change between the 1992 and 2007 guides; however extra emphasis on meat alternatives was included in *Eating Well with Canada's Food Guide*, as well as a directional statement to “have meat alternatives such as beans, lentils and tofu often.”

FGAC and IWG meeting minutes from May 4-5, 2006 indicate there was much discussion on what should be considered one serving of meat and meat alternatives. Rather than providing one specific measurement, the 1992 guide included a range of measurements to determine what one serving was (e.g. 50-100 grams of poultry, one to two eggs) (Fig. 6), which was identified as undesirable for the revised guide, as this approach “promoted confusion.” They had considered changing the group recommendations to include fewer daily servings (e.g. one-two instead of two-three) of larger single serving sizes, such as 100 grams of cooked chicken breast or four tablespoons of peanut butter. However, many participants agreed these serving sizes were too big, especially for meat alternatives like peanut butter or beans. In the end, the 2007 guide went with the smaller serving sizes, and recommends two-three daily servings of meat and alternatives. However, some concerns raised at this FGAC and IWG meeting have not been addressed by this decision: for example comments included in the minutes noted that “smaller serving size may promote over-consumption if people focus on the number of daily servings and are not aware of the serving size” (p. 7). In other words, while having smaller serving sizes allows the guide to recommend more than just one daily serving of meat and alternatives, it has been noted that many people tend to underestimate food portions and serving sizes. Thus, including more recommended smaller servings can possibly promote the overconsumption of meat and meat alternatives.

Fig. 6



Depictions of one serving of meat and alternatives in 1992's *Canada's Food Guide to Healthy Eating* (above) and 2007's *Eating Well with Canada's Food Guide* (below).

FGAC and IWG discussions on the Vegetables and Fruit group focused on including more examples of dark green vegetables and specific directional statements to encourage their consumption. Additional considerations were given to providing specific guidance on juice consumption, clarifying that fresh, frozen and canned fruit are considered part of the Vegetables and Fruit group, and that French fries should be specifically addressed as foods to limit, even though they are made from potatoes, which are a part of this food group. All of these suggestions are reflected in the 2007 guide. Additionally, despite stakeholder suggestions to split the group into one for Vegetables and one for Fruit (EKOS Research Associates, 2006, p. 44), the food group name stayed the same between the 1992 and 2007 guides.

As for the Grain Products group, alternative title suggestions from stakeholders included: Grains, Whole Grains, Breads, Starches, and Carbohydrates (EKOS Research Associates, 2006, p. 49). Nevertheless, the Grain Products name stayed the same; however the directional statement from the 1992 guide, to “choose whole grain and enriched products more often” was changed in the 2007 guide to, “make at least half of your grain products whole grain each day.” The addition of “at least” to this message was viewed as an “improvement” that offered flexibility to consumers (Food Guide Advisory Committee & Interdepartmental Working Group - Draft Meeting Summary, May 4-5, 2006, p. 6).

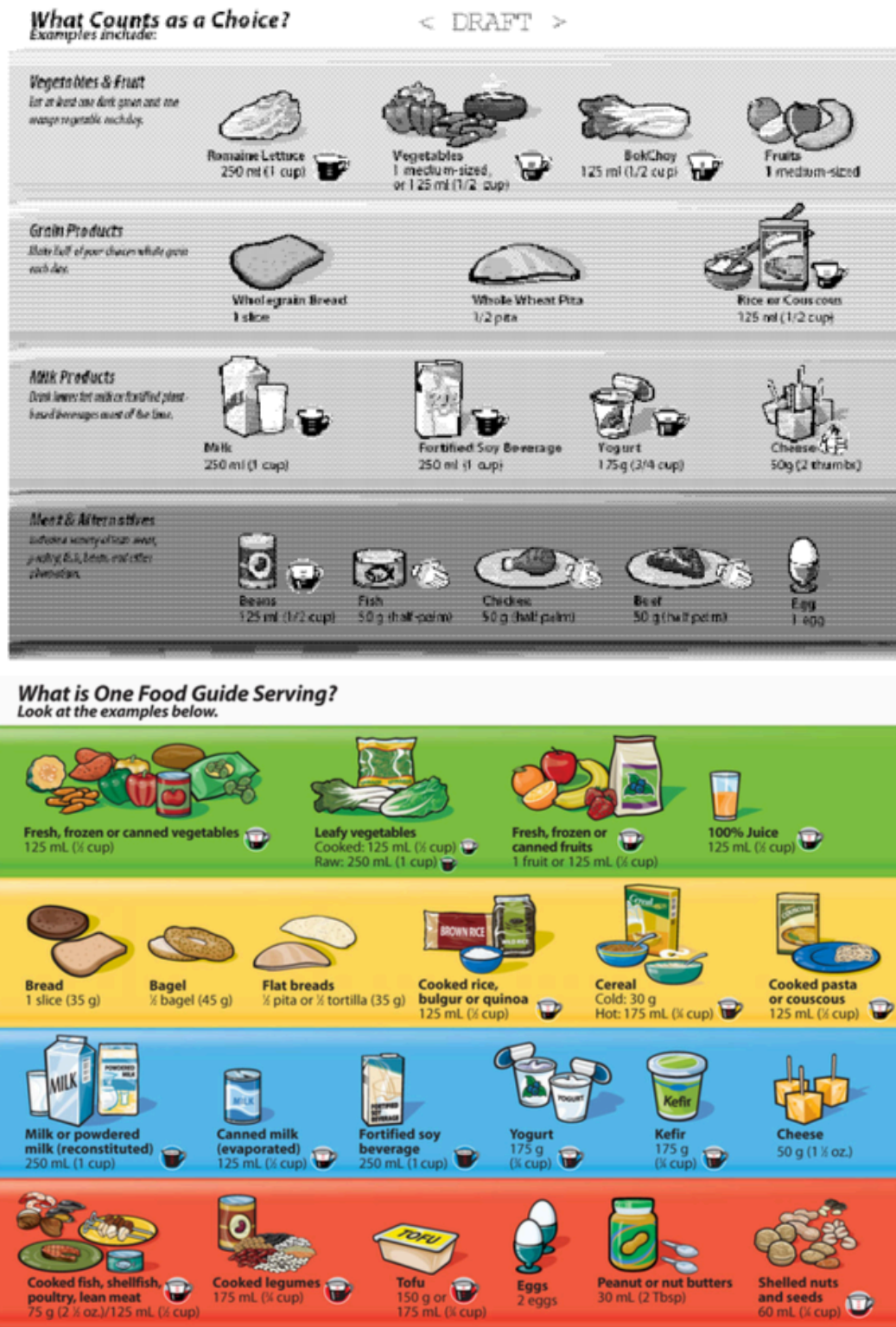
Serving confusion: “serving” versus “choice”

The foods depicted, food group assemblages, and food group titles were not the only items up for discussion during the revision processes. A significant issue that emerged out of the review of the 1992 *Canada’s Food Guide to Healthy Eating* was that people tended to be confused about what the guide considered a “serving” of food. As one report on Health Canada-commissioned qualitative research into Canadians’ understandings of and attitudes toward nutrition and healthy eating indicated, “Some participants commented that they would not be

interested in trying to keep track of the numbers of ‘servings’ they have of various food groups in the course of a day. They perceived this as being too complex, and too time-consuming” (Sage Research Corporation, 2002, p. 1). Various stakeholders involved in the food guide revision expressed similar opinions throughout the process: many felt Canadians simply did not understand the 1992 guide’s key messages, especially when it came to understanding how to measure what a serving actually was, and how to calculate how many servings of different foods are eaten on a daily basis (Decima Research Inc., 2003, pp. 2-3).

To address this problem, Health Canada looked into different ways the guide could better communicate serving size information to Canadians, and considered other ways of depicting what a recommended portion of food was, including the dinner plate method, the Zimbabwe hand jive, and using visual cues like a tennis ball, computer mouse, or palm of the hand (Summary of Dietary Guidance Regional Meetings, May-June 2005, p. 7). As indicated in the May 4-5, 2006 FGAC and IWG meeting minutes, in a draft version of the 2007 guide, Health Canada decided to stick with numerical measurements to communicate what a recommended portion of food was, but instead initially opted to go with a change in terminology, switching “serving” for “choice.” The title for the food intake pattern page was thus proposed as “Recommended Daily Food Guide Choices” (Fig. 7).

Fig. 7



“Choice” versus “Food Guide Serving” in a draft version of the 2007 food guide (above) and the final *Eating Well with Canada’s Food Guide* (below).

This term, “choice,” however, received negative feedback during consultations and focus group testing of a draft guide, and was modified to “Food Guide Serving” in the final 2007 version (Food Guide Advisory Committee & Interdepartmental Working Group - Draft Meeting Summary May 4-5, 2006, pp. 4-5). As subsequent chapters will show, however, *Eating Well with Canada’s Food Guide*’s use of the term “Food Guide Serving” has been the subject of much criticism, as many still believe this quantitative and measurement-driven way of representing how to eat is too confusing and cumbersome to apply in everyday practice.

The rainbow

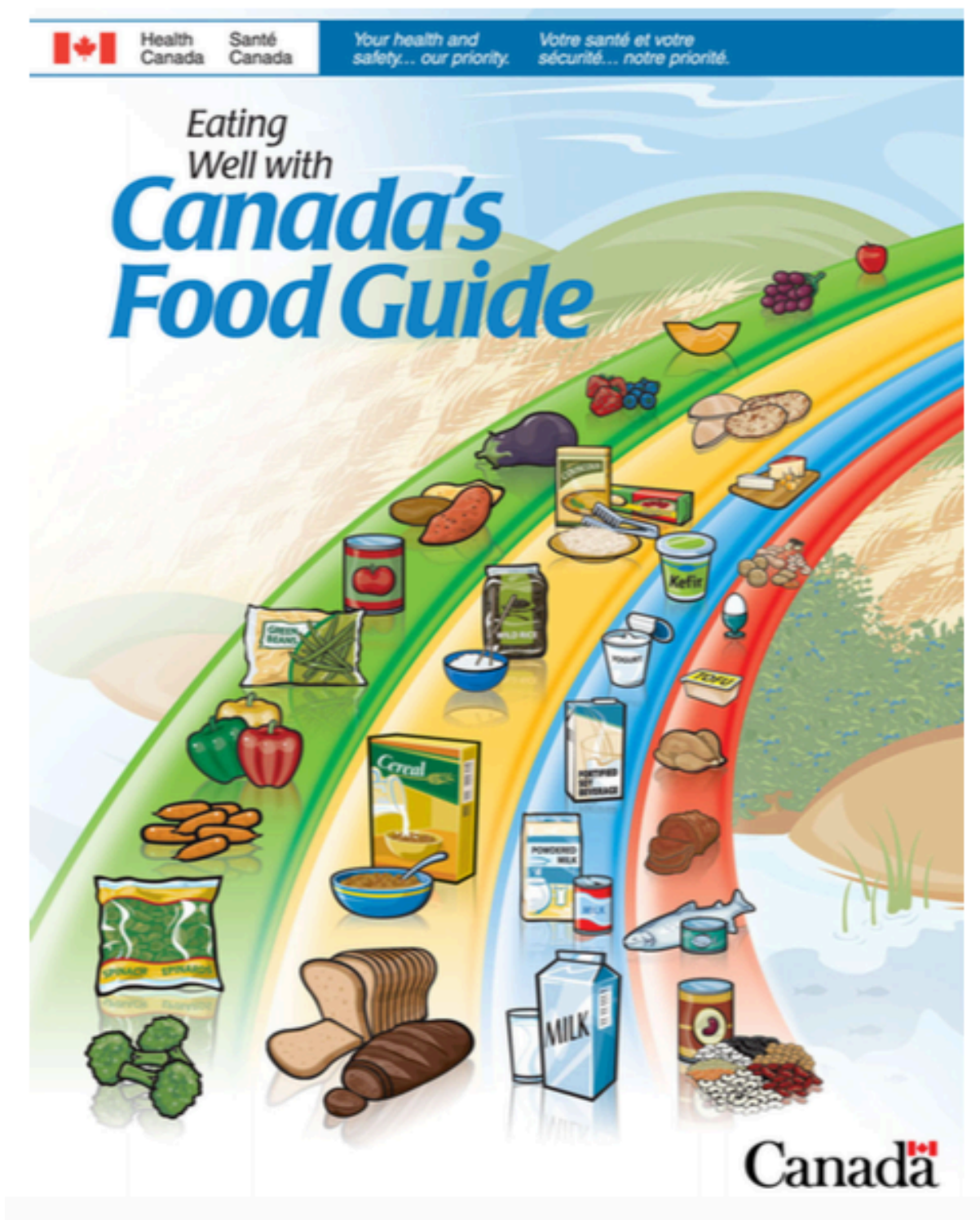
The 1992 *Canada’s Food Guide to Healthy Eating* was the first to use a rainbow on its cover to visually represent its four food groups – the outer yellow band for Grain Products, green for Vegetables and Fruit, blue for Milk Products, and the inner red band for Meat and Alternatives. The size of each rainbow band was also representative of how many food guide servings were recommended from each group, with Grain Products having the most number of servings (five to 12), and Meat and Alternatives the fewest (two to three) (Fig. 8). In the 2007 *Eating Well with Canada’s Food Guide*, the rainbow was maintained, albeit with a few changes: now, the green Vegetables and Fruit group occupied the largest outer band, followed by the yellow Grain Products band, the blue Milk and Alternatives, and with the red Meat and Alternatives band conserving its spot in the inner rainbow. As mentioned before, the foods depicted on the rainbow’s bands were also updated. Additionally, the revised guide featured a new nature-inspired background that shows a field of wheat blowing in the wind (Fig. 9).

Fig. 8



Canada's Food Guide to Healthy Eating's rainbow in 1992.

Fig. 9



Eating Well with Canada's Food Guide's rainbow cover.

The decision to maintain but update the rainbow design was in part driven by the overall positive response the 1992 version received from stakeholders (Decima Research Inc., 2003). As one stakeholder was quoted as saying, “The rainbow concept provides both attractiveness and simplicity, making the guide easy to use” (Decima Research Inc., 2003, p. 17). Another noted, “The proportional representation of food groups by the rainbow design reflects foods that should be emphasized. This makes it easier for consumers to understand that they should make more choices from larger sections and fewer from the smaller sections” (p. 17).

However, not all stakeholders felt the rainbow was the best way to represent the food guide’s overall healthy eating messages, as some participants felt it did not underscore the interdependency of the four food groups, and promoted certain foods over others (Decima Research Inc., 2003, pp. 5, 38). A minority of stakeholders who held this view also suggested Canada’s Food Guide adopt the pyramid format that was in use in the United States at the time. It is important to note, here, that this is not the first time a food pyramid design was raised in discussions around Canada’s Food Guide: when Health Canada produced *Canada’s Food Guide to Healthy Eating* in 1992 the rainbow graphic depicting the four food groups was chosen to avoid upsetting agriculture and food industry sectors through any perceived suggestion of a hierarchy of food. Nevertheless, members of Canada’s agriculture and food industries complained the guide appeared to promote vegetarian diets and presented meat, dairy, and eggs as “bad” foods (Nestle, 2007, p. 70). As a response, the Canadian Meat Council, the Dairy Bureau, and the Canadian Marketing Agency successfully lobbied for increases in the recommended daily servings of their industries’ products (Schwartz, 2012).

The decision to maintain the rainbow design in 2007’s *Eating Well with Canada’s Food Guide* was met with overwhelmingly positive reaction during consumer testing near the end of the revision process. As one research report (Corporate Research Associates, 2006) states:

The rainbow is considered a universal and positive icon clearly associated with happiness and hope. It suggests that if someone is following the Food Guide, it will have a positive impact on their health. Many English-speaking participants also associated the rainbow with the ‘Pot of Gold’ at the end of the rainbow, which is perceived to imply a reward for healthy eating habits. (p. 18)

Interestingly, many consumers did not respond well at all to the Health Canada tagline – “Your health and safety...our priority” – that occupies the colophon on *Eating Well with Canada’s Food Guide’s* rainbow cover (Fig. 9). As one research participant said: “They are not that honest and it does not make me feel like they really care about me” (Corporate Research Associates, 2006, p. 20), while another person said, “It is really not...up to Health Canada to worry. People need to take their own responsibility for themselves and their children” (p. 20). The same report also noted that French-speaking research participants in Montreal were the most critical of the “Your health and safety...our priority” statement, as they “felt the tagline was somewhat misleading and unbelievable” (p. 20). Such statements may indicate that, while the rainbow graphic and overall goals of the food guide might be well received, many people may still feel skeptical about, or antagonistic toward, a government-mandated document that tells them how and what they should eat

Focus on Canadian products

In the final version of *Eating Well with Canada’s Food Guide*, a statement tells Canadians to, “Enjoy a variety of foods from the four food groups.” Based on meeting minutes and draft versions of the 2007 guide, the box that currently contains this message was originally planned to also say, “Choose local or regional foods when available” (Fig 10). A number of the provinces expressed support for including such a message in the food guide, however consumers participating in focus groups to test the draft version of the new guide in 2006 had ambiguous reactions to this “eat local” statement. As the research report (Corporate Research Associates, 2006) notes:

Participants were somewhat surprised to see this advice in the draft Food Guide. Most were under the impression it suggests locally grown or produced foods are fresher and have higher nutritional value, as they do not have to travel far. Others saw this advice as encouraging consumers to support their local economy. Aboriginal participants in Winnipeg considered this advice less practical for those living up north who have to deal with lack of locally grown produce and the high cost of fresh foods. (p. 9)

Another report on consumer focus group research (Western Opinion Research, 2006) noted that some participants were skeptical of the “eat local” message, as they felt the draft guide was trying to sell them something:

There were some who felt that this was a bit of commercialism in the guide, designed to support the Canadian food industry, and this interpretation reduced the credibility of the guide. (Sec. 2 p. 25)

It was not just consumer reaction to the statement that motivated Health Canada to remove it from the final version of *Eating Well with Canada’s Food Guide*, however. Records obtained through an access to information request with Agriculture and Agri-Food Canada (AAFC) indicate the department was unequivocally against the inclusion of any statement on local or regional foods in the guide due to trade relationships. An AAFC Parliamentary Secretary memo on the announcement of the revised Canada’s Food Guide (2007) states:

At Agriculture and Agri-Food Canada’s request, the ‘choose local or regional foods when available’ message was removed from the Guide. AAFC wants to encourage consumption of Canadian produce but the Guide is not the venue, as it could undermine the science-based approach and confidence in the food inspection system with respect to imports.

These records also indicate Health Canada had considered complementing the “eat local” message with other statements, including: “These foods are as nutritious as others,” “Choosing them helps protect the environment because they do not have to travel as far” (AAFC email, Nov. 7, 2006), and that local and regional foods “support local food producers” (AAFC email, August 31, 2006).

Based on a number of email exchanges, officials at AAFC supported their negative position on the “eat local” statement, not only by stating it could harm the perception of food

imports and food safety; instead, they often appealed to the supposed “objectivity of science.”

These officials argued that since the food guide is “based in science” – something Health Canada also regularly highlights about its guide -- including statements about local and regional foods that have not been “proven by science” could be harmful to the guide’s reputation. For example, in an Aug. 22, 2006 email discussion about how to respond to Health Canada about the food guide’s proposed “eat local” message, one AAFC official wrote:

Here is my advice. Send the following (last) message to your contacts at Health Canada on this issue:

If Health Canada chooses to include messages about ‘buying local’ and ‘buying regional’ in the Food Guide (or supporting materials), it should ensure that such messages are analysis-based. External stakeholders will have to be consulted on this subject in a transparent manner. Some may ask to see the supporting analysis. (AAFC email, Aug. 22, 2006)

In November 2006, the issue was raised again in another email discussion about the “eat local” message. One AAFC official expressed that non-scientific or ideological issues, like buying local, should not be addressed in the guide:

If I were Health Canada I would be struggling a lot with having to defend a non health/nutrition-related statement in a health/nutrition eating guide. It’s not logical. (AAFC email, Nov. 7, 2006)

A few weeks later, an AAFC official sent around a list of reasons the department was against the “eat local” message, which were all reflected in the department’s final memo on the matter:

...my recommendation would be that if you are pressed, you could use the following (verbally) as key messages...

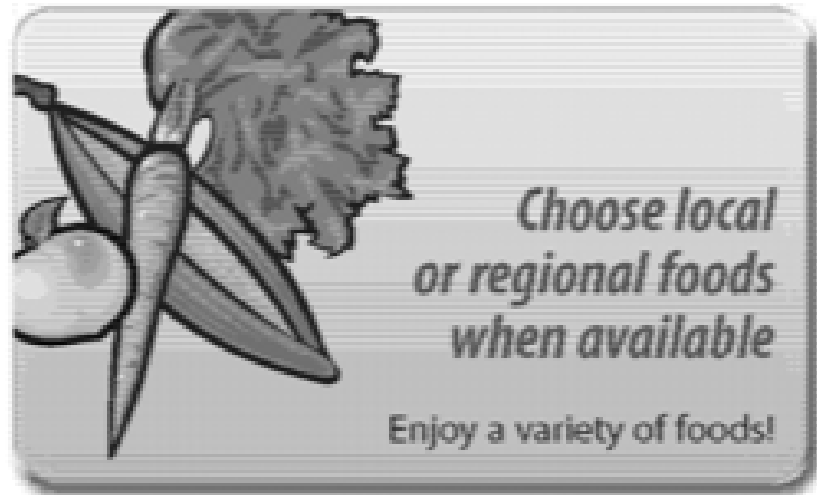
- The benefits of buying local are not necessarily backed by science.
- There could be implications for inter-provincial and/or international trade.
- A ‘buy local’ message could imply that there are different degrees of food safety in Canada, which is not the case.
- AAFC wants to encourage consumption of Canadian produce; however, Canada’s Food Guide is not the venue, as it could undermine the science-based approach to the guide and confidence in food inspection systems with respect to imports from other provinces and countries.
- Canada’s Food Guide is not the appropriate venue for environmental information or issues. (AAFC email, Nov. 26, 2006)

In the end, of course, the “eat local” message was removed from *Eating Well with Canada’s Food Guide* (Fig. 10). Although the reasons for doing so are clearly tied to industry and trade-related concerns, AAFC refers to nutrition and healthy eating as purely scientific matters. As Callon, Lascoumes, and Barthe (2009) explain, when one places borders around an issue and describes it as solely scientific or technical, what this does is effectively remove the issue from the realm of public debate by invoking the trumping authority of science, presented as free of political motivation or interest. In this case, by framing decisions about the guide’s advice as a “scientific issue,” preferences that had significant political motivations and implications were camouflaged, even as this framing also worked to marginalize consideration of local and regional food-sourcing on the grounds that environmental concerns surrounding food-sourcing are political rather than scientific.

Industry involvement

As subsequent chapters will continue to show, nutrition is anything but a solely scientific issue, and the food guide is far from completely objective and value-free. Of course, scientific data and nutrition expertise played an important role in the food guide review, but based on documents obtained through federal access to information requests, there were many other players at the table who may have pushed their own “non-scientific” political and economic agendas. Perhaps most concerning, here, is the high involvement of Canadian food, agriculture, and trade industry representatives.

Fig. 10



A proposed “eat local” message was present in draft version of the new food guide, but was removed in the final version of *Eating Well with Canada’s Food Guide*.

For example, the final report on the 2003 online food guide stakeholder consultations noted that participants came from a number of different sectors, including health professional associations, NGOs, different levels of government, consumer groups and universities. However, out of the 91 stakeholders who completed the questionnaire, 25 of them – over one quarter -- were identified as members of industry or trade organizations (Decima Research Inc., 2003, p. 46).¹⁰

Throughout the revision process, Health Canada held a number of regional consultations to “engage stakeholders in discussion about the findings, and to elicit their suggestions and advice regarding next steps and the proposed revision process” (Health Canada, Stakeholder Meeting Report Jan. 20, 2004, p. 3). According to the report from a Jan. 20, 2004 stakeholder meeting, over 110 people attended and represented a broad range of Canadian stakeholder institutions, including professional associations, non-governmental organizations, consumer groups, universities, food industry and trade organizations, and federal, provincial, territorial and municipal governments” (p. 3). The same report noted that Health Canada viewed these stakeholder consultations and their “ideas and opinions” as essential to getting the food guide “right” (p. 18). The report also stated that: “Openness and transparency are priorities for Health Canada. Stakeholders will be connected to the project through regular updates and opportunities to provide input” (p. 18). Health Canada consistently refers to the food guide revision process as “open and transparent;” however, the above report excerpt raises the question, “open and transparent” for whom? While Health Canada may have kept stakeholders abreast of food guide developments, it is much more difficult for “ordinary Canadians” to access information about the processes and the people and organizations involved. For this research project alone, three of the six access to information requests I filed with federal departments have resulted in the disclosure of some documents – albeit with a number of redactions. Of the three access requests that have,

¹⁰ There were 22 participants from health professional associations/NGOs, 16 from provincial/territorial/municipal governments, 13 from the federal government, six from consumer groups, and eight from universities. Only one participant was identified as “other.”

to date, been resolved, one with Indigenous and Northern Affairs Canada took three months to complete, while one with Agriculture and Agri-Food Canada took eight months, and another with Health Canada took just over one and a half years (see Appendix 1-4). Within the total 2,500 pages received, much information about exactly who these stakeholders involved in these consultations were, the organizations they represented, and the specific input they gave is often missing or redacted. For example, the documents accessed through a request with Health Canada have all the names of the FGAC members blacked out. Duplicate records received via a request filed with AAFC, however, include the members' names, but do not indicate which organizations they have ties to. Supplementary research shows that three of its 12 members – or 25 per cent of its membership – had ties to the food industry and trade groups, namely the Vegetable Oil Industry of Canada, the B.C. Dairy Foundation, and the Food and Consumer Products Manufacturers of Canada. During a FGAC meeting on June 28-29, 2004 in Ottawa, Health Canada officials reminded members that they were chosen for their personal backgrounds and wide range of expertise, and not to represent the views of their different organizations (Food Guide Advisory Committee Meeting - Meeting Report, June 28-29, 2004, pp. 3-4). At this same meeting, members of the FGAC also expressed they did not want the minutes from their meetings proactively disclosed online (p. 17). Because of this, it is difficult to determine why they made this decision.

On Nov. 25, 2005, Health Canada hosted another one-day consultation meeting in Ottawa to discuss, among other issues, the format and cover design of the revised food guide, the graphic presentation of the food intake patterns, the food groups, the role of oils and fats, serving size representations, proposed guidance on energy balance, and the guide's multicultural approach (Health Canada Consultation Meeting Revision of Canada's Food Guide Nov. 24, 2005 Report p. 4). The meeting was "open to all interested parties" and was attended by representatives of 82 different organizations. Of those 82 organizations, 32 – or just about 40 per cent -- were food

industry, agriculture, or trade groups (see Appendix 5). In comparison, with 14 participating organizations, or 17 per cent, health professional associations were the second-most represented group next to industry and trade organizations.

Of course, it is difficult to say just how much influence industry and trade organizations had on the final version of *Eating Well with Canada's Food Guide*, as the documents obtained through access to information requests with federal departments involved in the food guide revision do not indicate who exactly said what, or provide a definitive list of what stakeholder opinions shaped Health Canada's final decisions. Moreover, industry involvement does not automatically imply nefarious motivations on the part of its members. Canada's food and agricultural industries, of course, play a very important role in feeding the country, and thus it is not so strange that they might be invited to participate in shaping national dietary guidance. However, what these facts do indicate is that the food guide does not uphold two main features Health Canada consistently claims it does, namely that it is based in science and therefore objective and value free, and that the revision process was open and transparent. In the same vein as AAFC's argument against the proposed "eat local" message in the food guide mentioned earlier, if "non-scientific" organizations, such as food companies and trade associations, were at the table, they also presumably brought with them "non-scientific" opinions and issues. It might be said that their involvement in developing the 2007 guide works to undermine its "science-based approach." Furthermore, the fact that the "ordinary Canadians" cannot access information on how exactly stakeholders influenced the final version of the guide serves to weaken Health Canada's claim that the process was open and transparent.

To further illustrate the food and agriculture industries' ties to the food guide, it is worth looking at how AAFC treated the official unveiling of *Eating Well with Canada's Food Guide* in February 2007. Four months before the release, on Oct. 17, 2006, a memo to the Minister of Agriculture and Agri-food, Chuck Strahl, outlined a number of concerns various food and

agriculture industry sectors had expressed about how the revised food guide could affect the sale of their products. For example, while the Canadian Produce Marketing Association was initially concerned the food guide's updated recommendations on the number of fruit and vegetable servings no longer reflected their "5 to 10 a Day" campaign, they were pleased in the end as the revised food guide heavily emphasizes the importance of fruits and vegetables in a healthy diet. (Memorandum to the Minister – Revision of Canada's Food Guide, Oct. 17, 2006, p. 4) The dairy industry, however, was unhappy that fortified soy-based beverages were going to be included in the new guide and "recognized as an alternative to milk." Dairy processors also objected to the food guide's emphasis on fluid milk fortified with Vitamin D, as this apparently does not leave enough room for other dairy products on Canadians' grocery lists, including "cheese, yogurt and ice cream" (Memorandum to the Minister – Revision of Canada's Food Guide, Oct. 17, 2006, p. 4). The seafood industry was happy with the new guide's recommendation for people to eat fish high in omega-3 fatty acids, but was displeased the guide would include a cautionary note about mercury found in certain types of fish (Memorandum to the Minister – Revision of Canada's Food Guide, Oct. 17, 2006, p. 4).¹¹

Despite such industry concerns, a Jan. 29, 2007 memo to the Minister of Agriculture and Agri-food Canada recommended that he support Health Canada and Health Minister Tony Clement when the new food guide was publicly released, because "Health Canada has based it on sound science and developed it in the best interest of the health of Canadians" (Memorandum to the Minister – Update on Revised Canada's Food guide (for Decision), Jan. 29, 2007, p. 2). Even so, the memo noted "not all food industry stakeholders will be completely happy" (p. 2). For example, while some sectors were anticipated to benefit from the new food guide's messages that encourage increased consumption of certain products like whole grains, fruits, vegetables,

¹¹ This fine-print note is very easy to miss in the print version of *Eating Well with Canada's Food Guide*. It also does not offer specific guidance on which types of fish might contain mercury, but instead prompts readers to visit Health Canada's website for more information.

and seafood, other areas were expected to be negatively affected by some of the guide's "eat less" or "foods to limit" recommendations, including certain fats, sugars, meat, and dairy products (p. 1).

Although AAFC did support Health Canada and the release of the revised food guide, the department initially attempted to distance itself from events surrounding *Eating Well with Canada's Food Guide's* launch in February 2007 to avoid creating conflicts with members of certain food and agriculture industries, especially dairy producers and processors in Quebec. An AAFC Parliamentary Secretary memo about the announcement the revised food guide stated that it is appropriate for AAFC to "play a supportive, but arms-length role" and recommended the Secretary of State not participate in the new food guide announcement in Quebec (AAFC's Parliamentary Secretary and the Announcement of Canada's Revised Food Guide, 2007). The memo outlined a number of reasons behind this, including:

- "AAFC participation in the food guide announcement might lend credence to recent criticisms by non-governmental organizations and consumer groups that the food guide revision process was unduly influence by both the food industry and the agriculture sector, and that these groups inserted strong economic bias."
- "Both the dairy producers and processors are vocal stakeholders in Quebec."
- "The producers continue to express concern about the way dairy products are positioned in the guide – they object to the fact that instead of Milk Products, it refers to Milk Alternatives and includes fortified soy beverages. The processors are concerned about the emphasis on fluid milk fortified with vitamin D, and the lack of room in the diet for other dairy products such as cheese, yogurt and ice cream."
- "Apparently, a number of provinces, possibly including Quebec, were in favour of including a 'choose local or regional foods when available' message in the guide. This message, however, was removed at the request of AAFC because it was felt that it could undermine the science-based approach and confidence in the food inspection systems with respect to imports." (AAFC's Parliamentary Secretary and the Announcement of Canada's Revised Food Guide, 2007).

Again, statements such as these demonstrate the food guide is far from being scientifically "objective," but is rather a contentious document that reflects how matters like nutrition and health are rarely solely technical, but instead are always permeated by social, cultural, economic, political, and ethical issues (e.g. Callon, Lascoumes, & Barthe, 2011; Fleck, 1979; Latour, 1988;

Latour & Woolgar, 1986; Porter, 1996; Shapin & Shaeffer, 1985). It should also be mentioned that, in the end, the Secretary of State for agriculture, then-Member of Parliament for Mégantic-L'Erable Christian Paradis, did participate in the unveiling of *Eating Well with Canada's Food Guide*, by announcing it at an event at an IGA Extra grocery store in Gatineau, Quebec on Feb. 5, 2007 (Health Canada, 2007).

Of course, as previously noted, it is not so unusual that food and agriculture industry members would be included in some way in discussions about national dietary guidance. The food and agriculture industries, certainly, have a role to play in the Canadian food environment and in what Canadians eat. However, when these same food and agriculture industry members use the food guide – a public health policy document with the stated goal of improving the nutrition and health of Canadians – to sell their products, questions should be raised about whether their role is consistent with the message that science is the exclusive or even dominant factor in decision-making about the content of the guide. On Feb. 5, 2007, the day *Eating Well with Canada's Food Guide* was officially unveiled, newsrooms across the country were flooded with food and agriculture industry press releases about the food guide. For example, Unilever, who was at the table during the food guide revision and consultation processes, published a press release stating how pleased the company was that the latest version acknowledges the importance of healthy fats, and goes on to list that Becel margarine, Bertoli olive oil, and Hellman's mayonnaise, all Unilever products, are “excellent sources of healthy fats” that Canadians should consume every day to fulfill the two-to-three tablespoons of unsaturated fats that the food guide recommends daily (Unilever, 2007).¹² Unilever was not the only food company to do this; Kellogg Canada, who also participated in food guide stakeholder meetings,

¹² This same press release also promoted Unilever's healthyfats.ca website (no longer functional), which promised to offer Canadians “valuable dietary information about healthy fats” and help them incorporate them into their everyday diet,” following the food guide's recommendations (Unilever, 2007).

put out a press release that underscored many of its products are “fibre-containing whole grain cereals” perfect for fulfilling the food guide’s recommendations on whole grain consumption (Kellogg Canada, 2007). Food and Consumer Products of Canada (FCPC), another stakeholder participant in the revision process, published a press release that called the food guide an essential tool “Canadians can use, together with new product options, to make choices that will lead to healthier lifestyles.” It noted that 62 per cent of the companies FCPC represents had introduced “healthier products” in the past years, including those with added calcium, fibre and vitamins (Food and Consumer Products of Canada, 2007). Connors Bros. Income Fund touted its Clover Leaf fish and seafood products as the ideal way to meet the food guide’s recommendation to consume at least two servings of fish a week. The company “applauded” the new food guide “which recommends Canadians make fish a greater part of their diets” (Connors Bros. Income Fund, 2007). Even the vitamin and supplement producer, Jamieson Laboratories, jumped on the food guide press release bandwagon nearly one month after the release of *Eating Well with Canada’s Food Guide*. It stated that its vitamin supplements can help Canadians who find it difficult to meet the guide’s recommended daily servings of vegetables and fruit to attain their food guide-described nutrient needs (Jamieson Laboratories, 2007). While industry members such as these might refer to their involvement in the food guide and their press releases as part of an effort to help Canadians eat healthier, one cannot ignore the fact that much of this likely has more to do with using a public health policy document in the name of increasing healthy profits.

Conclusion

This chapter has explored a number of issues related to the 2007 *Eating Well with Canada’s Food Guide* and the review, revision and consultation processes that lead up to it. Health Canada’s approach to its food guide revision seems to have focused on providing

Canadians with more and “better” information on the nutrition science underpinning its recommendations. The deficit model approach to science communication assumes that when people have “all of the information” about a scientific or technical issue, they will be more inclined to acknowledge the importance of that issue and act accordingly. However, as noted previously, simply having more information about what an “evidenced-based” healthy diet is does not automatically mean people – who all have their individual, cultural, social, economic, political, ethical, etc. relationships with food -- will take up this healthy eating model in their daily lives (Brossard & Lewenstein, 2010; Leach, Yates & Scanlon, 2009; Logan, 2001; Peterson & Lupton, 2000; Weigold, 2000; Jasanoff, 2005).

This chapter has attempted to trace the contingency of the food guide and its components. Far from being completely fixed, many of the food guide’s elements were debated and changed throughout the revision process, including which foods were to be depicted in its pages, how the food groups were assembled and named, what a serving size was, the benefits and downsides to using the rainbow graphic, and whether or not the guide should include messaging about choosing Canadian food products. Following Laclau and Mouffe (1985), this analysis has attempted to show that, while Canada’s Food Guide currently may define what “healthy nutrition” is, its meanings are never actually completely fixed, but are rather constantly created and recreated through discourse, and the various actors and negotiations that produce it (Howarth, 2000, pp. 5-8; Jorgensen & Phillips, 2002, p. 24). As noted earlier, while the current food guide may reflect a “temporary closure” in that it fixes the meaning of “healthy nutrition” in its specific way, and excludes other possible forms its meaning and signs could have taken (Jorgensen & Phillips, 2002, pp. 26-29), the fact that discourse is always under negotiation creates the potential for change in the future

During the revision and consultation processes leading up to *Eating Well with Canada’s Food Guide*, there were a number of issues and topics that were debated, but that did not get

included in the final version of the guide. For example, minutes from a FGAC meeting on June 2, 2005 in Ottawa indicate other environmental factors that influence how people eat were considered, such as “the aging population, as well as changes to the family structure and cultural mosaic of the country, and the portion of the population struggling with issues related to low income and food security” (Food Guide Advisory Committee - Meeting Summary, June 2, 2005, p. 4). Such considerations recurrently came up during meetings and consultation sessions, including the meeting between the FGAC and IWG on May 4-5, 2006. According to the meeting summary, a number of participants pointed out the revised guide should also address “‘eating well’ and the pleasure of foods – right now the guide seems to focus on the technical aspects of eating.” Committee members also referenced other issues, including “barriers to healthy eating, such as time pressures and lack of cooking skills” that a revised food guide should also account for (Food Guide Advisory Committee & Interdepartmental Working Group - Draft Meeting Summary May 4-5, 2006, p. 9).

“Ordinary Canadians” also made a number of contributions during consumer research on the revised food guide. For example, the report on focus group testing of the draft revised food guide on March 31, 2006 indicates participants listed a number of issues that would make it difficult for people to eat according to the food guide (Western Opinion Research, 2006). These included:

- time concerns, “juggling other responsibilities and tasks” among parents, and parents being “at the ‘whim’ of their children;”
- accessibility of food, especially outside Canada’s large urban centres
- financial constraints, especially among rural and low socio-economic participants
- some visible minorities didn’t see how their food and preparation methods fit with the guide’s recommendations (p. v)

Many of these focus group participants also expressed the draft guide did not address “all Canadians” and “misses” many different kinds of people and communities. The report noted:

Some of those who expressed these opinions felt quite strongly about them. That is, there was concern and emotion in their voice as they indicated the guide was missing information that they wanted to see. This conviction began to have an impact on other

people who felt positively towards the guide being written for the general population. While many participants did not change their original positive opinions toward the guide, hearing these objections did give them strong pause for thought about the overall utility of the guide. (Western Opinion Research, 2006, Sec. 1 P. 3)

Although the final version of *Eating Well with Canada's Food Guide* does not seem to address many of these issues, the fact that the food guide's healthy eating discourse is constantly under negotiation leaves opportunities open for such concerns to be included in the future. The question raised by this chapter concerns the grounds on which certain issues, priorities and considerations are reflected in the food guide while others are excluded. The official answer to this question given by AAFC would be that the food guide provides dietary advice based solely on nutritional considerations supported by scientific evidence, and that considerations which do not fall within this frame – such as the many of the missing considerations listed above – should be excluded on these grounds. However, this chapter has shown that the non-scientific concerns of the food industry, and federal bureaucracy, have played a central role in the ultimate shape and content of the guide. This suggests that science alone does not account fully for what gets addressed in the guide and what does not. This is a political consideration, a fact that is obscured when these interests are portrayed as consistent with an exclusive focus on science. Any effort to broaden the scope of consideration for what forms government advice on food and eating might take would have to start with a less ideological approach to the complex relationship between science, politics, and other forms of knowledge in the crafting of public policy around food, nutrition and eating. This is an especially important point to keep in mind as Health Canada announced in October 2016 that it was officially beginning a revision of *Eating Well with Canada's Food Guide*. This dissertation will address this current revision process in more detail in subsequent chapters.

This chapter has also made an attempt at tracing the Canadian food and agriculture industries' involvement with the food guide, and the problems that arise when industry has such

a large and secretive seat at the table when national dietary guidelines and public health policy are in question. Their involvement does not only undermine the impossible claim that the guide was based on a “scientific approach,” something that Health Canada consistently underscored. The fact that it is so difficult for “ordinary Canadians” to gain access to information on who exactly was involved, what political or economic agendas they may have had, and how their input specifically affected the final version of *Eating Well with Canada’s Food Guide* directly contradicts Health Canada’s claim that the food guide revision process was “open and transparent,” and poses serious barriers to government transparency and trust more generally.

Using claims of “scientific objectivity” attempts to mask the fact there is much more going on with Canada’s Food Guide than the technical aspects of human nutrition. As a public health policy document, the food guide can and should do more. However, as it stands, Canada’s Food Guide is broken. As the following chapters will show, it does not fulfill its main stated purpose of teaching people about healthy nutrition and helping us eat well. Its deficit model approach to providing people with more quantitative scientific information on how to measure and understand personal nutrition is abstract and confusing and, as will become clear, possibly also promotes unhealthy approaches to food and eating that work directly against the food guide’s stated goals.

The processes that lead to the production of this broken policy document are also rife with uncertainty, disagreement, possible conflicts of interest, and secretive and disingenuous practices that have become bracketed and hidden in the final version of the food guide itself. The following chapters will further explore the problems this approach and revision process created for *Eating Well with Canada’s Food Guide*, possibilities for change, and, ultimately, suggestions for future directions in Canadian nutrition communication, education, and policy. My hope is that the following chapters will lead to discussions on how we might approach nutrition guidance in more beneficial ways. This is an important time to do this, as Health Canada has officially

kicked off a new revision of its food guide and has promised a complete overhaul of the way the guide is done, as part of the federal government's multi-year Healthy Eating Strategy. Thus, this is an important time to look at ways of broadening the food guide's approach to, and definition of, dietary health to include other aspects of overall well-being not accounted for in its quantitative, biomedical framework, including taste, tradition, freshness, location, and access.

Chapter 2

The Healthy Eater: defining healthy living

“At a population level, healthy living refers to the practices of population groups that are consistent with supporting, improving, maintaining and/or enhancing health. As it applies to individuals, healthy living is the practice of health enhancing behaviours, or put simply, living in healthy ways. It implies the physical, mental and spiritual capacity to make healthy choices” (PHAC, 2013).

In this short paragraph, the Public Health Agency of Canada (PHAC) outlines its definition of “healthy living.” The federal agency, which works with federal, provincial/territorial, and municipal governments to promote health for the Canadian population through interventions at the individual and community levels, considers nutrition as a main component of healthy living, especially in the face of what it identifies as “dramatically rising rates of overweight and obesity” (PHAC, 2013). “[H]ealthy living needs to become a way of life for more Canadians,” the agency implores. “Making healthy food choices, staying physically active and maintaining a healthy weight are essential to good health (...)” (PHAC, 2013).

Healthy eating is often positioned as a vital component to a healthy lifestyle, and as an imperative step to lower your risk of disease and help you reach--and maintain--a healthy weight (Government of Canada, 2014). Health Canada’s online Healthy Living page encourages Canadians to take a “more active role” in their health by “making positive choices that enhance your personal physical, mental and spiritual health” (Health Canada, 2013a). It further lists five specific actions Canadians should take to engage in healthy living, namely: choosing not to smoke, putting “an end to other negative lifestyle practices,” staying “physically active to keep your body strong, reduce stress, and improve your energy,” building “a circle of social contacts to create a supportive environment of people who care for you and respect you,” and, of course, “eating nutritiously, choosing a variety of foods from all of the food groups as suggested by Canada’s Food Guide” (Health Canada, 2013a). While Health Canada does acknowledge

personal context – “where you live, work, learn and play” – can impact one’s ability to make healthy living choices, it goes on to place the responsibility to manage obstacles to healthy living on individuals: “Keeping yourself informed about positive health practices within your environment is an important way to improve your overall health and sense of well-being” (Health Canada, 2013a). The department does not provide any guidance, however, on what to do when those “positive health practices” are unattainable because the conditions that make it possible for people to adopt them are not uniformly available to everyone addressed by Health Canada’s advice.

Canada's Food Guide, which is one of the healthy living resources developed for the Canadian population by the federal government, might be described as the instruction manual Canadians are urged to use to navigate their environments to make “healthy” or “positive” food choices in order to achieve the goal of becoming “healthy Canadians,” which, until recently, also happened to be the name of the Government of Canada’s online health information portal.¹³ But, despite numerous government-mandated public health initiatives that define and provide to-do lists for healthy living, an important question remains: what exactly is “health?”

The PHAC definition at the start of this chapter positions health as a straightforward matter: healthy living is realized through “practices of health enhancing behaviours,” through “living in healthy ways,” and through making “healthy choices.” *Health* can be achieved by simply *being healthy*. Health Canada outlines “healthy living” as a personal responsibility, where it is up to the individual to learn about what “positive healthy living practices” actually are, and then apply whatever these may be to everyday life according their environments. And even though Health Canada promotes the food guide as a healthy living resource “designed to help people follow a healthy diet” (Health Canada, 2012a), the concept of “health” is largely left

¹³ www.healthycanadians.gc.ca

unexplained and treated as self-evident. Health is taken as something everyone knows, something everyone understands, and something everyone wants.

As a number of discussions surrounding the 2007 version of Canada's Food Guide illustrate, however, "health" is far from a universally agreed-upon notion: during processes connected to its review, actors debated various components they believed make up healthy living and a healthy diet, including eating plenty of fruits and vegetables, having access to high quality foods, fulfilling energy requirements, understanding the science behind nutrition, and promoting environments that increase food security. Of course, not all of these concepts made it into the 2007 guide's final version. Nevertheless, it is important to explore the processes that led to the establishment of the existing healthy eating framework promoted by Canada's Food Guide, which is currently used to inform health and nutrition policy and programs, in order to gain a closer understanding of what is at stake with the guide's present characterization of health, and what has been ignored by it.

This chapter considers how Canada's Food Guide attempts to define and mobilize the concept of "health" in its political project of promoting a healthy Canadian population. It begins with an overview of how health is used in public health initiatives to demarcate what is considered "normal" and "abnormal," and to outline what actions individuals should take to fulfill their duties as "good," "healthy" citizens. It then briefly turns its attention to how the concept of health evolved in Canadian governmental nutrition guidance, beginning with the 1942 *Official Food Rules* until the 1992 *Canada's Food Guide to Healthy Eating*. This chapter then moves to an analysis of the health claims and statements present in the current *Eating Well with Canada's Food Guide*, and how they were negotiated and debated before its release in 2007. This chapter argues that, although the food guide's biomedical definition of nutritional "health" may be "temporarily fixed," as per Laclau and Mouffe (1985), opportunities to renegotiate and redefine the meaning(s) of health are also possible. Ultimately, this chapter seeks to analyze the

ways in which the nutrition and health discourse in Canada's Food Guide has become hegemonic, and the "types" of health the food guide misses in its definition of the healthy Canadian eater. By doing so, this chapter attempts to underscore the contingency of nutrition and health discourses, and the possibilities of formulating alternatives moving forward.

Healthy eating, normativity, and citizenship

When it comes to nutrition in Canada, it can be argued that healthy eating is the dominant concern in modern discussions about food and diet (Beagan et al., 2015). Canada's Food Guide, for example, sets up healthy eating and healthy food choices as the best way for people to meet their nutrient needs, reduce their risks for chronic illnesses, and generally lead healthy lives. Health is positioned as desirable, while doing anything that works against overall healthy living is viewed as personally counterproductive and collectively detrimental. When public health promotions fall short of demonstrating clear impacts on individuals and populations, the perceived common definition and universal desire for something called "health" rarely comes into question. Rather than considering the diverse understandings of what being healthy can mean, officials instead often study the efficiency of their health communication efforts and the clarity of the messages in them. They revise programs to make sure materials translate health in a "more efficient" way so the public understands and can better apply them to their own healthy lifestyles. For example, as noted in Chapter 1, the revision process that resulted in 2007's *Eating Well With Canada's Food Guide* was undertaken after research indicated the previous guide's messages on healthy eating were too abstract for many people, and too difficult to understand and apply in practice. The food guide's approach to "translating" nutrition based on scientific and quantitative understandings of the "healthy body," however, remained untouched.

Mainstream discourses of health today in Canada and other contemporary Western societies rarely encompass overall well-being, even if references to "physical, mental and

spiritual” aspects are made (Health Canada, 2013a), albeit in ways that are not extensively elaborated on as compared to physical health. Health, rather, is a condition understood through the lens of science and quantification of the human body. The purpose of a healthy nutritious diet, for example, is not to make you feel good in an emotional, spiritual, or social sense; the goal of such a medically and scientifically-sound diet is instead to appropriately balance energy intakes and outputs, acquire necessary nutrients, and maintain a desirable weight in order to attain a version of health that is uniquely revealed through the measurement of the body and its functions (Mudry, 2009; Scrinis, 2013; Peterson & Lupton, 1996).

Within this health framework, experts are positioned as those who research and measure the complex science of health, and then translate it for non-experts who are instructed to incorporate this quantitative advice into their everyday lives. Although lay-knowledge about health takes a backseat to the scientific, quantitative and expert driven language of health here, policy makers nevertheless proceed with the assumption that the public shares a common understanding of what health is. As Scrinis (2013) notes, in terms of diet, it is often assumed that, even with very little understanding of nutrition science, most people are able to identify what foods are generally considered “healthy” and “unhealthy.” For instance, a study by Beagan et al. (2015) that interviewed and observed families from across Canada to gain an understanding of how and why people make food choices the ways they do, shows the concept of “healthy eating” is a main driver behind people’s decisions about what to eat. Study participants however, rarely sought any further explanation or definition for what “healthy eating” actually meant (Beagan et al., 2015, p. 35). Participants’ own descriptions of “healthy” and “unhealthy” foods were generally consistent: healthy eating was tied to items from the four food groups in the food guide, as well as “fresh, whole, or unprocessed items, and of foods that provide essential nutrients, such as protein, vitamins, and minerals” (p. 39). “Unhealthy eating,” on the other hand, was generally attached to “junk foods” and those high in fat, sugar, and salt (p. 40). Beagan et al.

(2015) attribute this consistency in definitions to a “‘mainstream’ or dominant healthy eating discourse” that is linked “with official institutions such as governments, universities, and health associations,” including Health Canada’s food guide (p. 40). The researchers point out that, although other discourses of diet and health exist, “the food guide gains authority from its basis in scientific evidence” and through using scientific language to speak about food (Beagan et al., 2015, p. 40). The foods perceived as “good” within this health discourse are seen as necessary for “a slim, strong, healthy body,” even if these foods might not lead to gustatory enjoyment or pleasure (Beagan et al., 2015, p. 221).

Such a discourse of health also works to set up a moral distinction between “desirable” and “undesirable” and “normal” and “abnormal.” Health, as defined in initiatives like Canada’s Food Guide, is a desirable state and a normative goal, while any actions or behaviours that fall “outside” of health risk marking the offending individual as abnormal and irresponsible, and as the target of shame. Rose (1999) identifies the “calculated administration of shame” as a powerful technology employed in modern modes of governance: by not adhering to the guidelines of healthy living, individuals face shame from others and from within themselves for inhabiting supposed unhealthy bodies, and are chastised for their deviations from the norm. Viewed from a biopolitical frame, individuals take on the regimens of health constituted under mainstream healthy living discourses, and engage in processes of self-surveillance and self-regulation with little direct intervention from the state. Here, health and healthy living become intrinsically linked to ideas of citizenship. The “good citizen” pursues healthy lifestyle regimens, because “good health” is a main requirement for being able to enact civic duties. This can include self-fulfillment, so long as it is aligned with the public good and involves productive participation in activities that socially and economically benefit the whole citizenry and the state (Peterson & Lupton, 1996). Personal actions that benefit one’s own selfish desires are distinctive of the “immoral,” “bad,” or “failed citizen” who neglects the health and well-being not only of

him- or herself, but of the population and state as a whole (Elliott, 2007; Halse 2009). This view of citizenship and social responsibility for health is especially emphasized in states with publicly funded health care, like Canada, because “unhealthy” personal consumption and actions are viewed as having negative effects on the entire population by becoming a “drain” on the healthcare system and the tax dollars that fund it (Beagan et al., 2015; Elliott, 2007).

When used in state-run public health campaigns, the concept of “health” becomes a powerful motivator for people to adhere to mainstream discourses and guidelines for healthy living. Health, after all, is viewed as a common goal, universally understood, collectively desired, and the hallmark of good citizenship. However, as Peterson and Lupton (1996) observe:

The concept of citizenship assumes that individuals have common goals and status, a common culture. The rhetoric implies that all individuals, regardless of age, ethnicity, gender, social class or sexual identity, have equal status as citizens and similar access to and investment in the reciprocal rights and obligations of citizens. It is clear, however, that many individuals are *not* equal under the concept of citizenship, for example women, children, the dispossessed and minority social groups. (p. 72)

By treating health as a commonly-sought-after and equally accessible condition, and by ignoring other definitions and embodiments of health outside of the scientific and quantifiable, public health initiatives like Canada’s Food Guide are able to bracket complex issues through mobilizing one discourse of “health” for all that people are individually responsible for adhering to. And, as the following sections work to illustrate, in efforts to communicate healthy nutrition and healthy living in Canada, “health” has been, and continues to be, a highly subjective idea and a concept whose meanings and discursive positions have varied greatly within different contexts and over time. As Fabio Parasecoli (2008) notes:

The meanings of our own bodies change over time for ourselves and for society, and in turn they determine and influence other factors in food production, distribution, and consumption processes. When it comes to eating, many contentious and negotiable elements become weapons in a struggle within various cultural and political interests to gain hegemony in our societies. (pp. 10-11)

It is important to keep in mind here that, while “health” in Canada’s Food Guide may currently be denoted by scientific concepts and discourses of measurement and quantification, this represents only a “temporary closure” whose meaning is open to negotiation and redefinition (Jorgensen & Phillips, 2002, Laclau & Mouffe, 1985).

“Health” in historical Canadian nutritional guidance

Canada’s first official state-mandated nutrition education program, *Canada’s Official Food Rules* (Fig. 11), was implemented in 1942 as an effort to combat malnutrition and poor overall health in the face of wartime rationing and widespread poverty. Developed by the Canadian government’s Nutrition Division, in collaboration with the Canadian Council on Nutrition, the *Official Food Rules* reflected the wartime rhetoric of civic duty and national unity, urging Canadians to “do your part in the Canadian Nutrition Program” because “Canada needs you strong” (Health Canada, 2002; Schwartz, 2012). While this guide’s main stated goal was to improve the nutrition health of Canadians, the *Official Food Rules* also served to further particular political interests, such as discouraging the consumption of foods that were exported to the troops overseas, and healthy eating as a way to promote strong wartime labour and military forces (Mosby, 2014; Schwartz, 2012).¹⁴

The connections between “health” and good citizenship, here, are evident: Canadian citizens were urged to improve their diets by eating the appropriate amount of what the *Official Food Rules* termed “health protective foods” – grouped as milk, fruits, vegetables, cereals and bread, meat, fish, etc., and eggs -- in order to support the nation and its war effort. Those who did not follow this “official” healthy eating pattern risked becoming labeled as unpatriotic and as aiding “the enemy” (Elliott, 2007; Mosby, 2014; Schwartz, 2012).

¹⁴ It might be significant to note that the *Official Food Rules* illustrated milk as an anthropomorphic pint carrying a rifle, further driving home the connection between “proper diet” and military strength (Health Canada, 2002; Schwartz, 2012)

Fig. 11



Canada's Official Food Rules, 1942

Two years later, *Canada's Food Rules* (Fig. 12) dropped “official” from its title, but held on to the wartime ideology that healthy eating was the cornerstone of a healthy and fit Canada (Mosby, 2012). The foods promoted were no longer referred to as “health protective,” which possibly suggested Canadians were viewed as already “having” health, but needed to eat right in order to keep it. These foods were rather termed “foods for health,” implying the daily consumption of them in the specified amounts would “give” Canadians health that they lacked. As Mosby (2012) points out, however, even though attaining health through diet was a duty the state imposed onto the population as a whole, it was largely left up to individuals and families to fulfill the *Food Rules*’ directives, regardless of the environments and socio-economic situations they found themselves in. Thus, those who did not, or could not, follow them due to their economic or geographic realities, or because their cultural backgrounds and food habits did not include or rely on the “foods for health” specified in the *Food Rules*, risked becoming viewed as intrinsically unhealthy, but also fundamentally un-Canadian (Mosby, 2012).

The message that health and nutrition were the personal responsibility of every good Canadian citizen did not change very much in the 1949 version of the *Food Rules* (Fig. 13), nor in 1961’s rebranded *Canada's Food Guide* (Fig. 14). However, it is interesting to note the direct connection between the terms “food” and “health” shifted slightly. Instead of linking the recommended foods directly to health, like previous iterations did through references to “health protective foods” and “foods for health,” the 1949 and 1961 dietary guidelines referred to their recommended foods as “good to eat,” and to be consumed as part of at least three meals “every day for health” (Health Canada, 2002).

Fig. 12

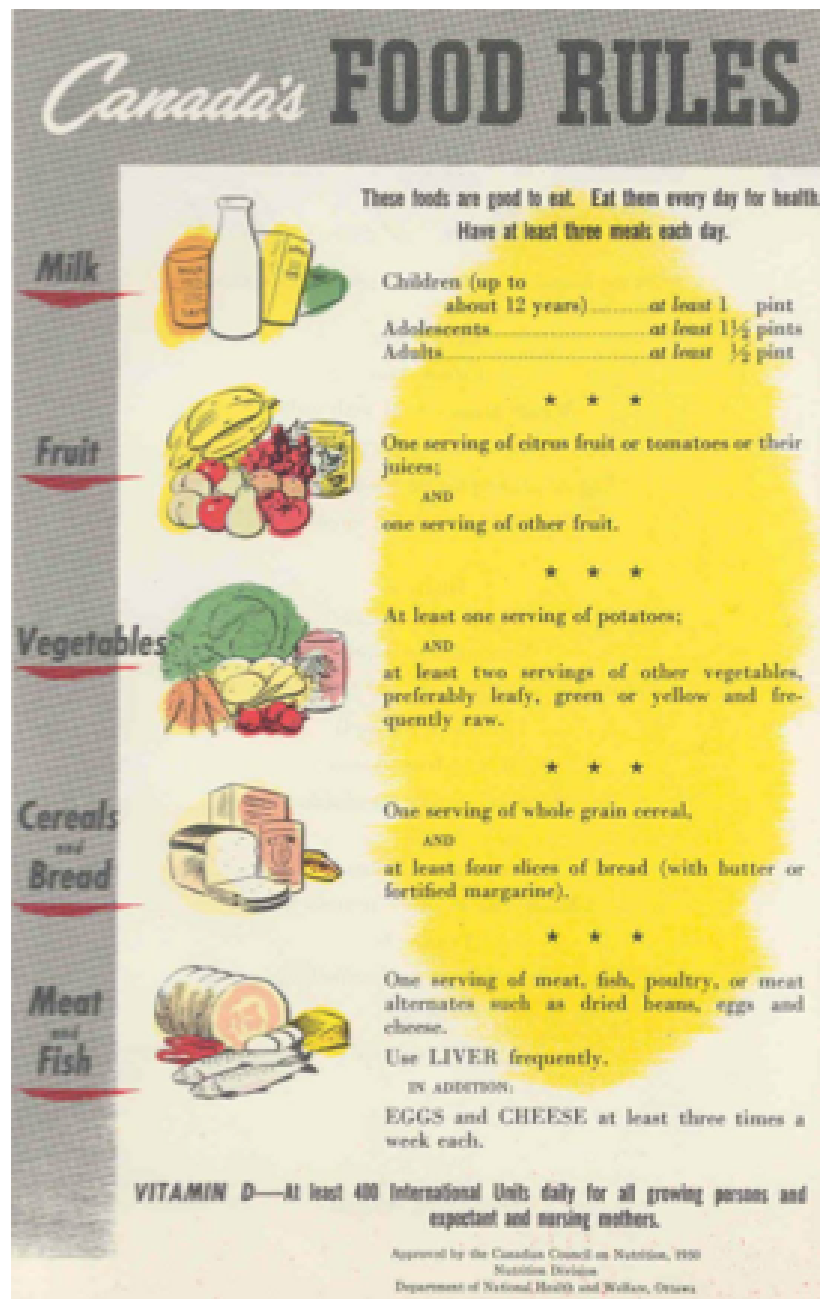


Canada's Food Rules, 1944

While foods that are “good to eat” could be understood to mean food that tastes good or is enjoyable, it is more likely this directive referred to the good/bad food binary still present in healthy eating discourses today. At the time, medical professionals and nutritionists were starting to register overconsumption of food as a health concern (Schwartz, 2012), and certain foods, especially those high in fat and sugar, acquired a “bad food” designation. These dietary guidelines linked “health” to “goodness,” which has moralistic implications: good citizens are expected to display their moral virtues by controlling themselves and their urges in the name of their own health, and that of the collective (Halse, 2009).

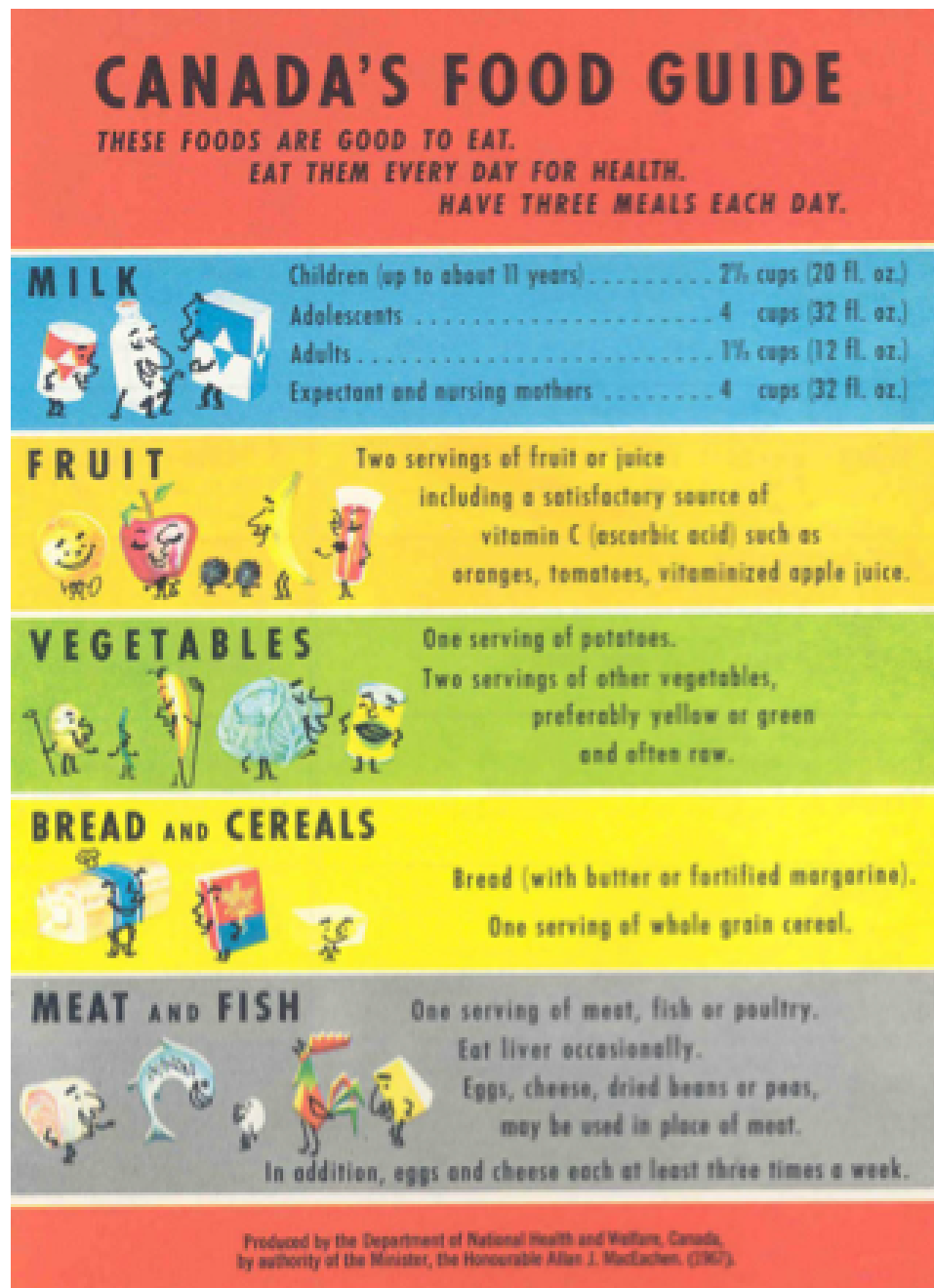
In 1977, the Department of National Health and Welfare developed a *Canada’s Food Guide* (Fig. 15) that omitted any direct reference to the term “health,” which only reappeared in the dietary guidelines in 1992. Nevertheless, the importance of healthy living in it was still implicit. The 1977 *Canada’s Food Guide* was part of a nationwide public health education campaign named Operation Lifestyle, which was a product derived from a 1974 working paper, “A New Perspective on the Health of Canadians,” written by then-Minister of National Health and Welfare in Pierre Elliott Trudeau’s Liberal cabinet, Marc Lalonde. In it, he writes, “Good health is the bedrock on which social progress is built. A nation of healthy people can do those things that make life worthwhile, and as the level of health increases so does the potential for happiness” (Lalonde, 1974, p. 5). The paper set out a plan for improving health in Canada by expanding on the “traditional view of health” based on science and medicine (pp. 11-12) to address elements part of a broader “health field,” namely human biology, health care organization, environment, and lifestyle (Lalonde, 1974, pp. 31-34). Operation Lifestyle encouraged Canadians to achieve health by changing their lifestyle habits around certain activities, including the consumption of alcohol, smoking, fitness, nutrition, drug use, and safety.

Fig. 13



Canada's Food Rules, 1949

Fig. 14



Canada's Food Guide, 1961

Fig. 15



Eat a variety of foods from each group every day

Energy needs vary with age, sex and activity. Foods selected according to the guide can supply 1000-1400 calories. For additional energy, increase the number and size of servings from the various food groups or add other foods.

milk and milk products

Children up to 11 years 2-3 servings
Adolescents 3-4 servings
Pregnant and nursing women 3-4 servings
Adults 2 servings

Skim, 2%, whole, buttermilk, sweetened dry or evaporated milk may be used as a beverage or as the main ingredient in other foods. Cheese may also be chosen.

Examples of one serving

250 ml (1 cup) milk, yogurt or cottage cheese
45 g (1½ oz) natural cheddar or process cheese

In addition, a supplement of vitamin D is recommended where milk is consumed which does not contain sufficient vitamin D.



meat and alternates 2 servings

Examples of one serving

60 to 90 g (2-3 ounces) cooked lean meat, poultry, liver or fish
60 ml (¼ tablespoon) peanut butter
250 ml (1 cup) cooked dried peas, beans or lentils
80 to 250 ml (¼-1 cup) nuts or seeds
60 g (2 ounces) cheddar, process or cottage cheese
2 eggs



bread and cereals 3-5 servings

whole grain or enriched. Whole grain products are recommended.

Examples of one serving

1 slice bread
125 to 250 ml (½-1 cup) cooked or ready-to-eat cereal
1 roll or muffin
125 to 200 ml (½-¾ cup) cooked rice, macaroni, spaghetti



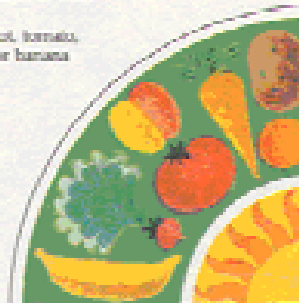
fruits and vegetables 4-5 servings

Include at least two vegetables.

Choose a variety of both vegetables and fruits — cooked, raw or their juices. Include yellow or green or green leafy vegetables.

Examples of one serving

125 ml (½ cup) vegetables or fruits
125 ml (½ cup) juice
1 medium potato, carrot, tomato, peach, apple, orange or banana



As Peterson and Lupton (1996) point out, prescriptions for improving one's lifestyle are a feature of modern public health approaches popularized in the mid-1970s as academic and scientific articles on "unhealthy lifestyles" proliferated. Although not specifically referred to as "health," the concentration on "lifestyle" in the 1977 guide carried the same moralistic undertones, which Peterson and Lupton (1996) link to the Protestant morals of hard work, discipline, and frugality:

"Lifestyle theory posits the individual subject as a rational, calculating actor who adopts a prudent attitude in respect to risk and danger. The health promoters who want to change lifestyle are advocating similar values to those of the Protestant ethic that Weber linked with the rise of capitalism; namely that life should be lived rationally, in a profit-maximizing way, with no room for such excesses as drunkenness, overeating, gambling, idleness, thriftlessness, and so on." (Peterson & Lupton, 1996, p. 15)

Interestingly, although Lalonde's working paper encouraged health to be viewed as something more than just related to science and medicine, the 1977 food guide was also the first to link its nutrition recommendations directly to scientific expressions and measurements of eating, namely by referring to different energy needs based on age, sex, and activity level, and by specifically providing the amount of calories the guide's dietary pattern could supply.¹⁵ Furthermore, the 1977 guide also introduced "variety" – eating different foods from each of the four food groups every day -- as part of a good diet, a concept still present in *Eating Well With Canada's Food Guide's* healthy eating discourse today.

The 1982 *Canada's Food Guide* (Fig. 16), produced by the Department of National Health and Welfare and the Minister of Supply and Services Canada, also emphasized messages associated with variety, energy balance, and calories. This time around, however, a new concept prominently made its way into the guide's pages: moderation. This inclusion was spurred by a 1977 report from the Committee on Diet and Cardiovascular Disease, which urged the

¹⁵ The 1977 *Canada's Food Guide* noted that its recommended foods and servings would supply between 1,000-1,400 calories a day, and instructed individuals to increase their food intake "for additional energy."

government to take steps in preventing diet-related chronic diseases (Schwartz, 2012). Thus, in an effort to influence eating habits, the guide explicitly instructed Canadians to: “Select and prepare foods with limited amounts of fat, sugar and salt. If alcohol is consumed, use limited amounts.” This message served to strengthen the good/healthy and bad/unhealthy foods binary by explicitly stating that fat, sugar, salt and, to a certain extent, alcohol, were undesirable in Canadians’ diets. The 1982 food guide also represented a major shift in the dietary advice of the time: while previous versions aimed at improving Canadians’ health through providing guidance on how to avoid nutrient deficiencies, this new *Canada’s Food Guide* integrated messages that dietary health was now also specifically about avoiding chronic illness (Schwartz, 2012).

In 1992, the concept of “health” took centre stage in the food guide again, as the dietary guidelines were renamed, *Canada’s Food Guide to Healthy Eating* (Fig. 17). Now officially overseen by Health Canada, which continues to produce the food guide today, the 1992 guide no longer followed the “minimum nutrient requirement” approach originally developed in the 1942 *Official Food Rules*, which provided advice on how to create the foundations for a healthy diet through its recommended foods and amounts, and instructed individuals to build upon this with other foods chosen based on personal needs.

The 1992 guide was instead founded on a “total diet” philosophy, which specified serving ranges in each of its four food groups – grain products, vegetables and fruit, milk products, and meat and alternatives – that people were advised to follow based on what energy needs category they fell into. In other words, the 1992 guide did not provide basic advice Canadians were expected to expand upon, but instead was positioned as *the one* resource Canadians needed to fulfill a healthy eating pattern to meet their nutrient and energy requirements (Schwartz, 2012). Health was also connected to a new concept that continues to form a main component of the current guide, namely “vitality.” *Canada’s Food Guide to Healthy Eating* told Canadians:

Fig. 16

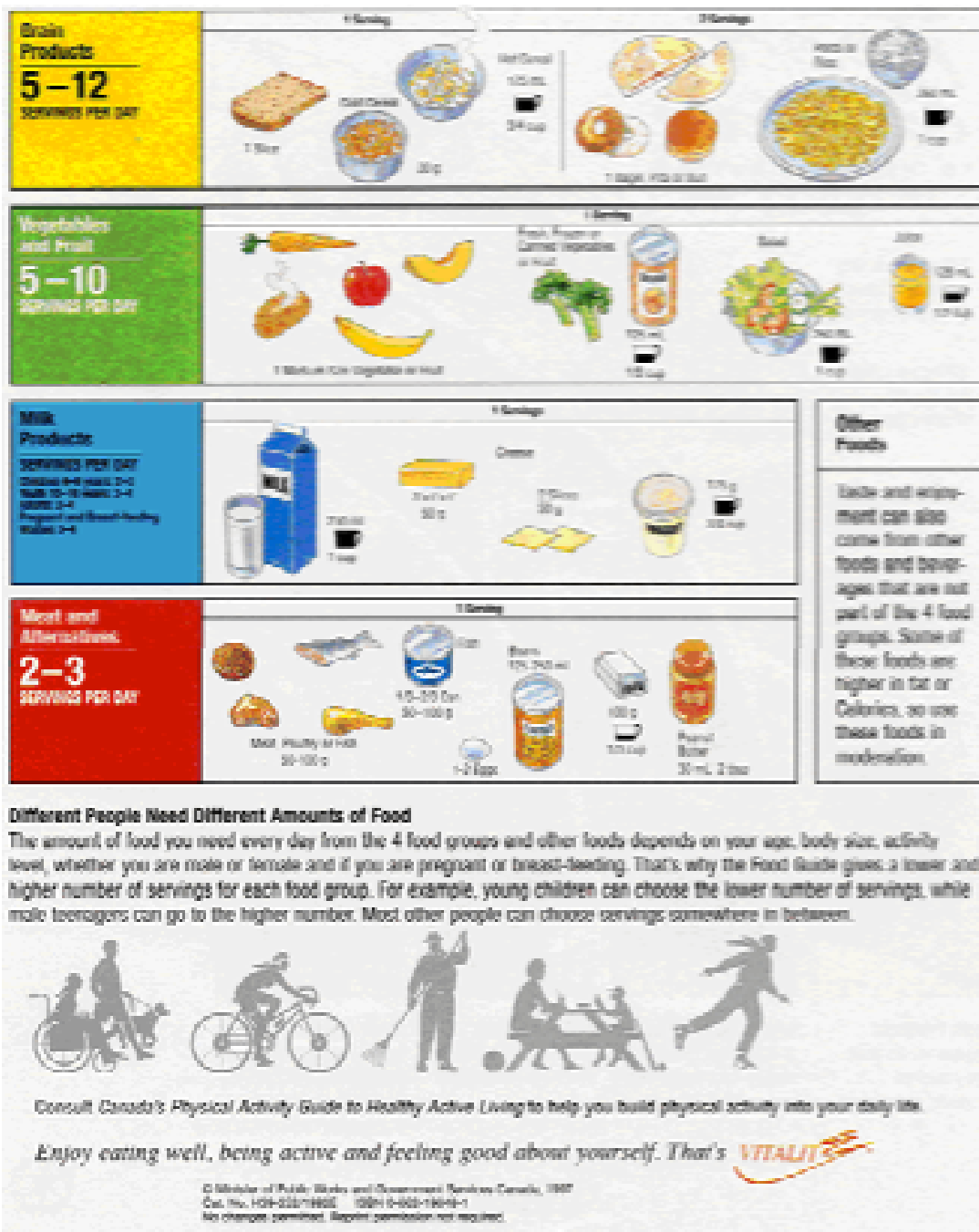




Canada's Food Guide, 1982, pp. 1-2

Fig. 17





Canada's Food Guide to Healthy Eating, 1992, pp. 1-2

“Enjoy eating well, being active and feeling good about yourself. That’s vitality” (Health Canada, 1992). Referring to a form of strength and energy necessary for the continuation of life, the connections between vitality and diet were further explicated in Health Canada’s guide on *The Vitality Approach*, which describes this as an “integrated approach that promotes healthy eating, active living and positive self and body image. The *Vitality Approach* encourages individuals to make healthy choices and promotes environments that make healthy choices easier” (Health Canada, 1998, p. 3). The vitality concept was used in Health Canada’s public education initiatives to encourage Canadians to engage in “healthy” activities that felt good and were fun, and could be easily incorporated into everyday life (Smith & Lloyd, 2006). However, although the *Vitality Approach* was viewed as a more “holistic” attitude toward overall health, the concept was most strongly mobilized to promote “healthy weights” by encouraging Canadians to find “pleasure” in choosing a variety of foods as suggested by the food guide, by positioning “enjoyable,” lifetime healthy eating practices as a way to meet the body’s energy requirements, and by “listening to your body” in order to “take control” of your eating. Although referred to as “vitality,” health here continues to be viewed as a matter maintaining a desirable weight with good lifestyle practices characterized by rationality, self-control, and personal responsibility.

This brief overview of the 75-year history of state-mandated nutrition guidance in Canada illustrates that “healthy eating” is a concept whose meaning and status has shifted over time to reflect not only the health science and “healthy living” trends of each period, but also certain national political and economic priorities. As the following section will show, while the current *Eating Well With Canada’s Food Guide* (Appendix 1) continues to be promoted as a scientifically-informed educational tool that provides objective general nutrition guidance applicable to all Canadians (Health Canada, 2012a), the temporarily fixed concept of “health” in

it was intensely debated and is open to redefinition, especially as Health Canada is currently engaged in a new revision process of its food guide.

Health and eating well in Canada's Food Guide

In addition to the released of the main *Eating Well with Canada's Food Guide* in February 2007, Health Canada produced a number of supplementary materials to its guide, including an accompanying *Resource for Educators and Communicators*, interactive tools like My Food Guide, and a guide specifically aimed at Canada's First Nations, Inuit and Métis populations meant to account for "the cultural, spiritual and physical importance of traditional Aboriginal foods as well as the role of non-traditional foods in contemporary diets" (Health Canada, 2012). The food guide refers to itself as the reference Canadians should turn to in order to make "healthy choices" to ensure a "lower risk of disease," "a healthy body weight," "stronger muscles and bones," and in keeping with the previous message of vitality, "more energy" and "feeling and looking better" (Health Canada, 2007a). The food guide frames healthy eating as a matter of making healthier choices through monitoring and regulating your consumption of the recommended types and amounts of food based on the energy requirement range you fit into, and rejecting items the guide deems "less healthy," such as those "high in calories, fat, sugar or salt" (Health Canada, 2007a). Interestingly, *Eating Well With Canada's Food Guide for First Nation, Inuit and Metis* avoids inferring that such "less healthy" foods are detrimental to overall health, but rather explains its directive to limit them as a matter of "respect[ing] your body" (Health Canada, 2007b), a concept that is absent in the general guide (more on this in Chapter 4).

Nevertheless, the main food guide refers to "eating well" as the foundation of "better overall health," stating that: "Having the amount and type of food recommended and following the tips in Canada's Food Guide will help: meet your needs for vitamins, minerals and other nutrients; reduce your risk of obesity, type 2 diabetes, heart disease, certain types of cancer and

osteoporosis; [and] contribute to your overall health and vitality” (Health Canada, 2007a).

Overall health, here, is conceptualized as getting enough of the right vitamins, minerals and nutrients to reduce disease risk. Thus, health becomes equated to being disease-free, and little else.

This equation is further emphasized in *Eating Well With Canada’s Food Guide: A Resource for Educators and Communicators*, the accompanying manual that provides more extensive information on the scientific evidence and logic behind the food guide’s recommendations, and strategies for communicating them.¹⁶ This resource reinforces the legitimacy of the food guide by appealing to the “extensive scientific evidence” its “healthy eating pattern” is based on (Health Canada, 2007c, p. 4). The 2007 guide seems to move away from explicitly defining its scientifically-based healthy eating pattern as the consumption of good/healthy foods and the avoidance of bad/unhealthy items by using terms such as “less healthy.” The *Resource for Educators and Communicators*, for example, instructs those teaching the guide to:

Use terms such as ‘less healthy choices’ to talk about foods high in fat, sugar or salt. Encourage people to track how often they eat these foods. Increasing awareness is a first step in improving food choices. The ‘less healthy choices’ should be limited but can be enjoyed at times. What matters most is how people eat on a regular basis. (p. 10)

Even with this slight change in terminology, a clear separation between foods for “eating well” and “undesirable” foods is maintained, especially with the directive to specifically monitor and become aware of one’s consumption of these items to limit. The *Resource for Educators and Communicators* clearly defines the food guide’s scientifically-sound pattern for healthy eating. It says: “Healthy eating includes a lot of vegetables, fruit and grains” (Health Canada, 2007c, p.

¹⁶ The *Resource for Educators and Communicators* outlines its utility as providing tools to “write and talk about the importance of eating well,” “develop and advocate for nutrition policies,” and “create new tools and resources” (Health Canada, 2007c). Evidence or statistics indicating how much, or whether, the resource is being used to such ends, however, is lacking.

10) (these are good/healthy foods for eating well), and goes on to instruct educators and communicators to: “Point out that foods higher in calories, fat, sugar or salt such as cakes, French fries or ice cream, are not pictured as part of the healthy eating pattern” (Health Canada, 2007c, p. 10).

Furthermore, educators and communicators are told to act as positive examples for their audiences by displaying “healthy” actions, such as “snacking on fruit or serving healthy foods during events” to “strongly support what you tell people about healthy eating and healthy living” (Health Canada, 2007c, p. 10). The guide then further employs this healthy eating pattern based on the healthy/good and unhealthy/bad foods binary to underscore the equation between overall health and the condition of being disease free. It states: “A healthy diet rich in vegetables and fruit may help reduce the risk of cardiovascular disease and some types of cancer” (Health Canada, 2007c, p. 11), and implies that Canadians can avoid chronic disease – and poor health in general – by way of careful dietary self-surveillance. Through habitual self-monitoring and tracking of one’s eating habits, individuals are told to compare themselves to the normative dietary framework presented by Canada’s Food Guide, and adjust their behaviours accordingly.

Or, as the *Resource for Educators and Communicators* puts it:

People can use Canada’s Food Guide to assess their own eating habits and physical activity patterns and identify changes for better overall health and a healthy body weight. When comparing their intake to Canada’s Food Guide, people may find that they need more vegetables, fruit and whole grains, and less high sugar drinks and salty snack food. (p. 33)

Thus, *Eating Well With Canada’s Food Guide* and its supplementary resources consider “health” and “eating well,” not as elements part of an understanding of overall well-being that also values the meanings and pleasures associated with food and eating, but rather as a system for regulating energy inputs and outputs from items consistent with its healthy eating pattern in order to mitigate the risks of chronic illness (Fullagar, 2009). As Jessica Mudry (2009) indicates, it is precisely the discursive power that medical and scientific discourses of quantification of the

body have over other languages of health and nutrition that have made “possible a notion of health as the absence of disease, not as a state of complete well-being” (Mudry, 2009, p. 18). Within this discourse, chronic disease and other conditions of “un-health” are said to be actively avoided by simply following expert-prescribed healthy living patterns (Metzl, 2010) like Canada’s Food Guide. Doing so additionally becomes a moral imperative and civic duty, as one’s own personal healthy (or unhealthy) behaviours impact the public good, the population, and state as a whole, especially in the Canadian context of public health care, where “immoral” and “unhealthy” behaviours are viewed as having a direct impact on other taxpayers who are forced to pay for another’s “bad decisions.” As Mayes and Thompson (2014, 2015) underscore, this approach to “health” has serious ethical implications. They write, this view which reduces and equates health to the absence of chronic disease based on personal lifestyle habits and choices fails to recognize the complexity, not only of nutrition science and the human body, but also the obstacles to healthy living confronted by individuals on a daily basis, and, importantly, the numerous definitions of “health” not accounted for. They write (2015):

Foods and cuisines may contribute to an individual’s or community’s sense of well-being and at-ease in their lived reality in the world. However, the value of these foods could be constrained through a narrowed scientific lens as containing little nutritional value or as increasing risk of disease, thereby undermining the role of a food as a source of well-being beyond physiological health. (p. 596)

The next section attempts to trace the processes of defining “health” during the revision period leading up to the 2007 version of the food guide through archival documentation obtained through a number of federal Access to Information requests (see Chapter 1) and other related public records, including transcripts of House of Commons Standing Committee on Health meetings focused on childhood obesity between June 2006 and February 2007. The following section also seeks to account for other components of “health” that fought for inclusion, but ultimately were outranked by a scientific discourse of quantification of food, eating, and the body, and its view that health is defined by the lack of chronic disease. Although this mainstream

view is a powerful one that currently sits at the top of the hierarchy of health and diet languages, the following is meant to show that such ideas are multi-faceted and evolving, and thus open to discursive renegotiation. Or, as Mudry (2009) puts it, “Health, after all, can mean much more than being free from illness” (Mudry, 2009, p. 19).

Demarcating “health”

Healthy eating as “simple” but misunderstood

In an email that made the rounds on Feb. 3 and 4, 2007, federal officials were presented with a list of key messages developed specifically in preparation for the official launch of the new food guide on Feb. 5, 2007. “Health” formed the basis of many of these prepared statements, which advertised the new food guide as providing “guidance on the amount and type of food recommended for health” (Email, Feb. 3, 2007, “Stakeholder Messages – Launch of Canada’s Food Guide). Messages specifically about the food guide’s impact on health part of this list also included:

- “Vegetables, fruit and whole grains are emphasized as part of the healthy eating pattern while the importance of milk, meat and their alternatives is also recognized.”
- “For better health and a healthy body weight, the Food Guide recommends limiting foods and beverages high in calories, fat and sugar.”
- “Eating Well with Canada’s Food Guide contains straightforward tips and messages on healthy eating.”
- “Vegetables and fruit have a more prominent place in the revised Food Guide, to emphasize their importance for overall health.”
- “Unhealthy eating is a significant risk factor for a number of chronic diseases.”

These prepared statements are consistent with the food guide’s overall approach to “health,” which is conceptualized as simple – or “straightforward” – and as based on eating healthy/good

foods like vegetables, fruit and whole grains, and limiting unhealthy/bad items high in calories, fat and sugar in order to avoid chronic disease. An issue paper presented at a May 19, 2004 meeting of the food guide revision's Interdepartmental Working Group (IWG) indicated the Canadian public has also largely taken up this definition of "health" and "healthy eating." The paper states:

Consumer research revealed that the Vegetables and Fruit groups is strongly associated with their perception of healthy eating. In addition, their concept of healthy eating included: drinking lots of water, eating a balanced diet, eating fresh/natural foods, choosing (whole) grain/wheat products, high fibre foods, fish and dairy; and limiting or avoiding (high) fat foods, fried foods, sugar, processed/packaged foods. Consumers who reported making changes to improve their eating mentioned more vegetables, fruit, fruit juices and fish and eating less red meat. (p. 3)

Furthermore, findings of consumer research presented to the IWG indicated Canadians most often described healthy eating patterns in terms referenced in the food guide-- namely "variety" and "moderation" -- and "balance," which the report noted does not actually appear in the food guide directly. However, consumers were noted as having varying levels of comprehension of food guide terms associated with "healthy eating," and were largely unable to apply them to their everyday practices. Problematic terms included "whole grains," "enriched products," "other foods," "more often," "moderation," "variety," "serving," and "vitality." In particular, the report cast doubt on the concept of "vitality":

The Vitality message integrates healthy eating, physical activity and feeling good about yourself, and is mentioned in the Food Guide. However, some have questioned its presence, due in part to people's apparent lack of familiarity with and understanding of the term 'Vitality.' Although the review did not specifically ask about the physical activity messages on the Food Guide, comments were offered that these messages appeared to be 'an afterthought' or 'tacked on.' Suggestions to address this issue ranged from removing the messages, to pursuing a more integrated approach for physical activity messaging throughout the Food Guide.

This passage indicates not only that ordinary Canadians seem to have an ambiguous interpretation of what "vitality" is and its relation to dietary health, but also suggests officials

involved in research associated with the food guide revision had a narrow view of vitality as being simply a matter of integrating “healthy eating” and “physical activity.”

Limiting views on health

While take-aways from consumer research underscore the food guide’s intention of promoting a consistent message of healthy eating as tied to the consumption of its recommended good/healthy foods, the limitation of bad/unhealthy foods, and the minimization of chronic disease risks, these were not the only concerns that came up during the revision process. For example, IWG minutes from a May 26, 2006 meeting indicate that those involved recognized the food guide was not only a health promotion tool, but also had goals “rooted in...economics” and the promotion of Canadian food products (Interdepartmental Working Group, May 26, 2004 meeting minutes, pp.1, 2). These minutes indicate a number people involved in the revision took issue with this, as such economic objectives are “not rooted in health” and should thus be deleted from the food guide’s goals (p. 2). This opinion may be explained by the common view that health, as a scientific entity, is measurable, evidence-based, objective, and shielded from “outside” influences, a view that has largely been refuted by scholars of the history and philosophy of science (e.g. Daston & Galison, 2007; Fleck, 1979; Harding, 1993, 2008; Jasanoff, 2004; Latour, 1988; Latour & Woolgar, 1986; Porter, 1996; Shapin & Shaeffer, 1985). However, an appendix to the May 12, 2006 IWG meeting minutes based on a brainstorming exercise on defining the food guide’s objectives, shows that participants had numerous ideas about what improving Canadians’ dietary health entailed, and recognized that health and science are intertwined with political, economic, cultural and historical issues. The various formulations of what Canada’s Food Guide was expected to “do” found on this list can be grouped according to five understandings of health, namely:

(1) Health as scientific (the mainstream understanding)

- “To prevent nutrition related disease and deficiencies (e.g. obesity, diabetes, cardiovascular disease, cancer, osteoporosis).”
- “To counter-act the trend of increasing obesity in population.”
- “To meet nutrient targets (as per Dietary Reference Intakes).”
- “To discourage high consumption of junk foods. (good vs. bad foods).”
- “To discourage fad diets. (healthy vs. unhealthy eating patterns).”

(2) Health as better communication

- “To increase Canadians’ knowledge of what constitutes a healthy diet.”
- “To illustrate an ‘ideal’ pattern of eating *or* To illustrate a pattern of eating that leads to corrective measures.”
- “To establish healthy eating patterns beginning in childhood.”
- “To provide information that is easy to understand and appropriate to the target audience.”

(3) Health as a political-economic issue

- “To reflect foods Canadians can access easily.”
- “To promote Canadian food products.”
- “To inform policy-makers.”

(4) Health as diverse

- “To include a broad range of foods to capture ethnic diversity.”
- “To provide a general pattern of eating for a broad target population that can be modified (customized) to different target audiences.”

(5) Health as participation

- “To motivate action.”

Based on these comments that emerged during the revision process that I have reorganized into five health themes and compared to the food guide itself, it is difficult to discern in what ways the “motivating action” objective listed above is reflected in the guide and its supplemental materials, beyond some of the health-related directional statements found on its pages. As outlined in Chapter 1, Canadian economic and political issues are reflected in the guide’s pages. Even though people are not directly instructed to choose Canadian agricultural products, the healthy eating pattern promoted in the guide is in large part based on Canadian food and agriculture industry input. As for the “health as diverse” theme, supplemental food guide materials, including *Eating Well With Canada’s Food Guide for First Nations, Inuit and Metis* and online tools, like My Food Guide can be viewed as addressing the diversity angle of “health” to some extent, although not without their problems, which I will address in detail in Chapter 4.

It is apparent, however, that those involved in the revision process largely subscribed to the mainstream scientific view of health that associates it with the absence of chronic disease, which persisted as the main approach to health in *Eating Well With Canada’s Food Guide*. In the same vein, most considered the food guide’s primary goal as effectively translating and communicating scientific information about food and diet to lay-people to motivate behaviour changes. As previously noted, however, this approach has largely been criticized as misguided and ineffective. As the following shows, such criticism did not only come out after *Eating Well With Canada’s Food Guide* was released in February 2007, but were present during the revision period, at least (and presumably, not only) in the proceedings of the House of Commons Standing Committee on Health.

Adding to the definitions of “health”

Between June 2006 and February 2007, the House of Commons Standing Committee on Health took on the issue of childhood obesity, and heard from a range of witness, including health professionals, nutrition and fitness organizations, representatives from the food,

telecommunication and advertising industries, recreation and sport groups, municipal and provincial governments, organizations involved in food security initiatives, and industry and government representatives from the United Kingdom. The committee's March 2007 report, "Healthy Weights for Healthy Kids" (Report of the Standing Committee on Health, March 2007) made a number of recommendations for future research, education and communication initiatives, and policy based on witness testimony, most of which the federal government did not take up because it viewed its current actions on obesity prevention, especially *Eating Well With Canada's Food Guide*, as enough (Government Response to the Seventh Report of the Standing Committee on Health, 2007).¹⁷

Many of the Standing Committee on Health's meetings took place while *Eating Well With Canada's Food Guide* was being prepared for release in February 2007. Not surprisingly the food guide and its approach to "healthy eating" was a popular topic. Discussion on it followed a number of the same themes present in the IWG meeting minutes and documents discussed above, but some participants took a more critical approach to them. When "healthy eating" came up during presentations and debates about childhood obesity in Canada, four main concerns dominated the discussions, namely: (1) health as scientific; (2) health as better communication; (3) health as contingent upon environment; and (4) health as moral/personal responsibility.

(1) Health as scientific

Witnesses presenting testimony and members of the Standing Committee on Health often expressed diet and health in many of the scientific and medical terms related to nutrition science previously discussed. "Healthy" and "unhealthy" foods and diets were commonly expressed

¹⁷ The government's response also noted that the Children's Fitness Tax, increased funding for ParticipACTION, the Pan-Canadian Healthy Living Strategy, and other initiatives along these lines were already effectively contributing to the prevention of unhealthy weights, despite rising obesity rates in Canada at the time.

based on calorie amounts, energy requirements, and nutrients. For example, in his presentation to the committee on Sept. 28, 2006, medical doctor, Yoni Freedhoff, explained the connection between calories and weight management, and advocated for clarifications on the use of such terms in the food guide in order to improve outcomes:

The energy is of course measured in calories, not foods, yet the food guide and Health Canada have a habit of explicitly stating, and I quote, ‘Follow the food guide to make healthy food choices and maintain a healthy weight.’ Unfortunately, choosing healthy foods does not necessarily mean choosing an appropriate number of calories. Healthy eating has to do with the foods you choose, whereas weight management has to do with the calories you choose. (Yoni Freedhoff, Sept. 28, 2006)

Similarly, Mary Bush, the director general of the Health Products and Food Branch of the Office of Nutrition Policy and Promotion at the time, and in charge of nutrition policy at Health Canada, legitimized the food guide by referring to it as an “evidence-based policy.” She further underscored the view that health is a matter of avoiding chronic disease, and positioned the food guide as the best way to learn about the nutrients Canadians need to do so:

Canada's Food Guide actually is designed to promote a pattern of eating that will meet nutrient needs, promote health, and minimize the risk of nutrition-related chronic diseases. We consider it to be a very important and significant evidence-based policy vehicle. It is taken with great seriousness by those of us in the department and others across Canada. Canada's Food Guide is not only used to try to explain to Canadians what healthy eating means, it also underpins policies and programs that are used by provincial, regional, and local governments (...) Beyond that, because much of the evidence that underpins diet and health is not simply on a nutrient basis but on a food basis, we've undertaken a review of foods and chronic disease and looked at that evidence (...) we also want to make sure we're consistent with evidence that exists that associates the food pattern with reduced risk of a range of diseases, such as diabetes type 2, diabetes, obesity, cancer, and cardiovascular disease. (Mary Bush, Oct. 24, 2006, pp 1-3)

The effectiveness of this view of health, however, was questioned later in the debate, when Liberal Member of Parliament and then-official opposition critic for social development, social economy, seniors, persons with disabilities, and public health, Carolyn Bennett, asked Bush whether the food guide’s approach actually works to change people’s habits:

Carolyn Bennett: “You address the nutrient standards, but again, on the evidence around foods that prevent cancer or heart disease, or things such as omega-3, how are we advising Canadians now? That is my number one concern. This isn't only about nutrients

anymore; it's about how you make healthy choices, from farmed salmon to non-farmed salmon; how you make choices on whether it is really calcium you need, or is it vitamin D (...) How do we help people make other choices if they're from genetic backgrounds where they're clearly lactose intolerant? This just seems to be one size fits all (...) As you know, my number one question has always been, is there evidence? I know you will always tell me that it's the most requested piece of government literature, but do we have any evidence that this piece of literature has ever changed anybody's behaviour?

Mary Bush: I think it's a good question. I would answer no, we don't have rigorous evidence that the food guide is the vehicle to change behaviour broadly. I don't think there is good evidence that a piece of paper really does that. We know behaviour change is more to ask of one piece of paper than is possible. What we do know, though—

Carolyn Bennett: Is there a double-blind study, or a study where you have the food guide in certain households and don't have the food guide in other households, and these households end up less obese?

Mary Bush: No, there is not. (Oct. 24, 2006, p. 5)

Bennett further pushed this issue by not only challenging the guide's ineffectiveness at widespread behaviour change, but also by questioning the very reasons behind having a national food guide at all:

Carolyn Bennett: Then why do we do it?

Mary Bush: Why do we do the food guide? I think the food guide is absolutely an essential undertaking, because more than anything else, people want to know what healthy eating means. We all talk about healthy eating. Oh, it's important for chronic disease prevention, it's important for healthy growth and development, it's important for health, but what does that mean? You need to be able to help a population understand what healthy eating means and what it looks like. If I want to follow a healthy pattern of eating, what does that mean? If you look over time, you'll see that the food guide changes, and it changes very much. (Oct. 24, 2006, p. 5)

Here, Bush asks the key question: but what does healthy eating mean? Her response to it--that the food guide changes over time because the definition of healthy eating changes—further serves to illustrate that although “health” may be currently understood as “chronic disease prevention” and “healthy growth and development,” this definition is not permanent.

(2) Health as better communication

Although the “health as science” approach did come into question during these presentations and debates, a number of participants did not view this as evidence that a change to the overall approach to health was needed, but rather that the science behind health and nutrition

just needed to be communicated to the public more effectively. For example, when questioned about why the food guide needed to be revised, Mary Bush explained one of the driving factors was that people did not understand it, and thus changes needed to be made in order to communicate the science behind healthy eating better:

Steven Fletcher (*Conservative MP for Charleswood—St. James—Assiniboia*): One, why are we revising the food guide? Presumably things that were healthy thirty years ago or healthy twenty years ago are healthy at present and will be healthy in the future. (...)

Mary Bush: (...) The first question was about why we are revising the food guide. In fact, we didn't enter into that lightly. We actually did a very comprehensive review of the 1992 food guide to assess, one, whether it was still solid in terms of the new dietary reference intake material; and two, whether it was a food guide that was performing to the degree that people understood what its messages were. We had quite a comprehensive review, and through that review we heard there were many challenges. It was because of the many challenges that people had in understanding; because we had the new work out of the Institute of Medicine, the dietary reference intake work; because there was new science that looks at associating foods, food patterns, chronic disease outcome—for all of those reasons—that we initiated the revision of Canada's Food Guide. (Oct. 24, 2006, p. 7)

The food guide, here, is viewed as promoting the correct version of “health” and “healthy eating;” the public, however, needs to be educated more effectively in order to understand these concepts and apply them in their everyday lives. Not everyone participating in the Standing Committee’s study accepted this approach, however. For example, Diane T. Finegood, the scientific director at the Institute of Nutrition, Metabolism and Diabetes at the time, presented evidence during the committee hearings on Sept. 21, 2006. She noted that helping Canadians understand certain aspects of nutrition science was important, but nutrition communication initiatives like the food guide were not enough: “Well, healthy food has both nutrient content and low-energy density. We have to get people to understand that, but even understanding it won't solve the problem of access and exposure to advertising.” Here, Finegood also alludes to the complex web of contextual and environmental factors that influence healthy eating, the third general issue that came up during these discussion.

(3) Health as contingent upon environment.

On Sept. 21, 2006, Mary Bush again told the Standing Committee that the food guide is an important policy document, as it defines healthy eating for Canadians. However, she also listed a number of factors that can present obstacles to eating within Canada's Food Guide's scientifically-based healthy eating framework:

While the food guide contains an important policy—it defines healthy eating—it is only one element within a broader comprehensive strategy needed to improve nutritional health and well-being (...) We need policy, evidence, leadership, capacity, and information (...) It is clear that Canadians are eating too many calories for their current inadequate levels of activity. Food is everywhere. Time pressures faced by families have changed the way Canadians are eating... (Mary Bush, Sept. 21, 2006, pp. 2-3)

Other participants added their own experiences and observations to this conversation. For example, then-Liberal MP for Nunavut, Nancy Karetak-Lindell, expressed that while having a food guide that defines healthy eating is one thing, being able to understand, access and afford these foods is another:

Trying to take in the contents of food labelling and trying to look at Canada's Food Guide is not a reality for a lot of people in my community, language being one of the difficulties. But mainly, it comes down to poverty. When you're buying a jug of milk for \$13, that's a reality for people. Sometimes it's simply not economically possible for people living in poverty to provide a healthy diet for their children. (Nancy Karetak-Lindell, Sept. 28, 2006)

Although the mainstream, scientifically-based approach to communicating dietary health as a matter of simply making the right choices to avoid chronic illness was not interrogated on a regular basis during these hearings, the idea that taking on a different view, or views, of health and diet did present itself strongly when Joanne Bays, the then-regional manager for British Columbia health services provider, Northern Health, presented testimony during the Nov. 9, 2006 session:

A healthy sustainable food system is one that does not compromise the land, air, and water for future generations. It does ensure that all people have access to the foods required for their health. It is a system that is economically viable over the long term. It's one that recognizes food as a part of culture and community. You can't separate these things. They're all together. We say food security is dependent upon that. (Joanne Bays, Nov. 9, 2006, pp. 4-6)

Here, sustainability, access, economic viability, culture, community, and food security are all part of “health.”

(4) Health as moral/personal responsibility

While concepts of morality and personal responsibility entered conversations about healthy eating, they were at times spoken about in negative terms as participants pushed back against discourses of healthy eating that conceptualize health as a matter of individual choice. Participants frequently compared issues related to obesity in Canada with experiences around smoking and tobacco legislation. For example, Gregory Taylor, who at the time was acting director general for Chronic Disease Prevention and Control at the Public Health Agency of Canada, used the example to call into question the effects of blaming those deemed “unhealthy”:

Again, I keep coming back to tobacco because people were well aware that tobacco was terrible and they were going to get lung cancer, but they still continued to smoke because they were addicted, because they couldn't change—it was a whole myriad of reasons. So we have to do both at the same time, as well as educate people and parents to be responsible (...) The feedback after two years of consultation is moving away from blaming the victim. Instead of calling it obesity and “you're a bad person,” it became about healthy living and was given a positive environment and a positive spin, with the thinking that it's much easier for people to adopt positive behaviour than to say to children, you're bad, you're fat—and there's so much pressure on children. (Gregory Taylor, Sept. 21, 2006, p. 13)

Nevertheless, some participants viewed this approach as being too soft to actually have any effect:

I don't think it is acceptable to put our heads in the sand simply to spare people's feelings, for example, by speaking about healthy living—a term you used earlier—rather than obesity. I myself am obese. I am not plump, as some would have me believe. When people tell me that I am simply plump, then I forget the problems I have because of obesity. I think we have to stop acting in this manner. Education, information, and awareness-raising are very important. We have to acknowledge these problems for what they are. Otherwise, we end up avoiding them and avoiding calling them by their name, because we are afraid of hurting people's feelings. Once we start telling the truth we may start getting results. (Nicole Demers - Bloc Québécois MP for Laval, Sept. 21, 2006, p. 18)

Others, including Diane T. Finegood, returned to the tobacco comparison to provide a different approach to Demers' "no nonsense" view, calling instead for the "normalization" of healthy eating *and* environments that promote it:

When did we really start to see a significant decline in cigarette smoking? It occurred when non-smokers' rights started to really take hold as a public movement. When people who didn't smoke said, 'You shouldn't smoke in my environment, it's not right, I don't want you affecting my health,' it made smoking that used to be quite desirable and part of the social environment -- You'd sit around after a meal and that was the desirable thing to do. Now if you're a smoker you have to go outside; you have to go out of your way to smoke a cigarette. When our normative behaviour went from smoking as the right thing to do to smoking as the wrong thing to do, that's when you see very significant declines in smoking, not in all populations but in general. How do we translate that to obesity? I'm not trying to suggest, as the *Toronto Star* quoted me as saying, that we make obesity uncool, because clearly, children and adults who are obese and overweight are already living with significant stress just because of their condition. That's not what I'm saying. What I am saying is we need to change the normative environment around food and physical activity. When we come to meetings we should have that plate of fresh fruit, not the plate of cookies. (Diane T. Finegood, June 15, 2006, p. 3)

For Finegood, along with a number of other participants, healthy eating did take on certain implications at the personal level; however, "normalizing" healthy eating, here, is not just about telling people what "healthy" and "unhealthy" behaviours are, but making these actions possible through changing the environments in which individuals are supposed to practice them in, which, along with the "health as participation" theme raised in the IWG documents, remained largely unaddressed in the final version of *Eating Well With Canada's Food Guide*. While the guide may encourage Canadians to "take a step" toward "better health" and "a healthy body weight" every day by following its dietary (and, to a small extent, physical activity) directives, it does little to aid those Canadians who find themselves in environments that make such actions difficult. For example, the *Resource for Educators and Communicators* briefly acknowledges that eating environments can present challenges to healthy eating, such as "busy schedules" that afford people "less time to shop for food, prepare meals and eat with their families," thus forcing them to rely on "pre-prepared foods and meals made outside the home" (Health Canada, 2007c, p. 2). It then goes on to state, however, that despite such challenges, people can "adopt healthy eating

practices” (p. 2) according to Canada’s Food Guide by, among others, simply “slowing down” and “allow[ing] time to enjoy the meal and to notice when you feel full” (p. 37); by “mak[ing] time for healthy eating so that children don’t feel rushed” (p. 41); by “having meals together as a family” as this “helps to reinforce positive eating habits. Use family meal times as an opportunity to talk about the day’s events” (p. 37). These statements may acknowledge that a major barrier to healthy eating in Canada is time; but, in addition to failing to also account for the obstacles presented by cost and availability of food, these guidelines do little to help anyone in environments where this is difficult or impossible, or to acknowledge the structural causes of time unavailability and lack of food access that conditions poor eating habits. Instead, healthy eating is positioned solely as a matter of personal will and ingenuity: if you just put your mind to it you can simply, as *Eating Well With Canada’s Food Guide* put it, “take time to eat and savour every bite.” (Health Canada, 2007a)

What is missing?

The concept of “health” in Canada’s Food Guide’s healthy eating discourse has shifted over time, and was debated throughout the revision process and in political discussions surrounding 2007’s *Eating Well With Canada’s Food Guide*. Although issues of environment and context did come up in debates, the scientific and quantitative language of food and eating that equates “health” with the absence of chronic illness ultimately prevailed. To be sure, as Diane T. Finegood expressed during the Standing Committee on Health’s study on childhood obesity, helping people understand concepts such as nutrients and energy density may be an important part of helping people understand what healthy eating is; but the food guide’s focus on these aspects alone has largely been criticized as an ineffective approach to actually motivating behaviour change. Furthermore, a discourse of healthy eating that expresses food and diet in quantitative terms, and then places a moral and civic responsibility on individuals to avoid

chronic illness by following this scientific advice above all other forms of knowledge is, as

Mayes and Thompson (2015) state, fundamentally unethical:

The absence of deterministic control presents an ethical problem. To be held responsible requires informed agency and deterministic knowledge. However, scientific advice undermines the informed agency of the individual and also burdens the individual with a scientifically unjustified sense of capacity of control (...) When nutritional guidance from governments, industry, or popular diet writers simplifies science in order to establish a causal chain between nutrients, food, diet, and health, the conditions are established for individuals to be unjustifiably held accountable for their health outcomes associated with diet. There is a place for individual responsibility in relation to health status. However, individual responsibility needs to be justified by evidence that individual dietary behaviour actually causes the conditions in that individual so that the individual does in fact have control over that behaviour and can be expected to assume responsibility for the outcome. The focus on individual responsibility is problematic not only in relation to the science, but it can result in victim blaming and ignoring the multifactorial character of diet-related diseases and conditions. (p. 595)

Scientific approaches to nutrition, and “translations” of it like Canada’s Food Guide, may be able to provide measurements of health; but whether or not people and their food practices actually embody such measurements is another matter -- and one with serious implications when these discourses get taken up in national nutrition policies. If avoiding chronic disease through making healthy choices is somehow indicative of morality and good citizenship (Peterson & Lupton, 1996), does this also mean those who face environmental barriers to health through no fault of their own, or become affected by chronic disease that cannot be connected directly to lifestyle choices are necessarily “failed” citizens?

Food and eating is about so much more than nutritional quantities and disease prevention, and involves knowledge and experiences based on taste, socioeconomic context, culture, history and geography (Belton, 2003). Food also has an impact on individual and communal well-being (Mayes & Thompson, 2015). But, when scientific discourses reduce food to nutrients and place value on them based on their chronic disease preventing or promoting potentials – as this chapter indicates Canada’s Food Guide does -- the very important role of food and eating and its

connections to mental health and both personal and collective feelings of security, comfort and happiness become ignored (Mayes & Thompson, 2015).

Conclusion

This chapter has attempted to demonstrate how the concept of “health” is mobilized in Canada’s Food Guide. By turning attention to federal public health initiative definitions of “healthy living,” historical and current food guide uses of “health” and “health eating,” and negotiations of “health’s” meaning and aims during the guide’s review process and related discussions, “health” in Canadian state-mandated nutritional guidance emerges as a scientific, quantitative and expert-dominated concept that nevertheless is assumed to be commonly understood and desired; as something deemed necessary to the realization of civic duty where responsibility, however, is placed on the individual rather than the collective; and as a model that values only the avoidance of chronic disease while ignoring other conditions and conceptions of health.

This hegemonic scientific and quantitative discourse has currently fixed what the mainstream meaning of “healthy eating” is, thus excluding other potential definitions of what it could be (Laclau & Mouffe, 1985; Jorgensen & Phillips, 2002). However, as Laclau and Mouffe (1985) theorize, discourse is created through all social practices and relations, meaning we exist in a world that is never completely fixed, nor completed, and that is constantly created and recreated through discourse. Thus, while we may find ourselves with a temporary closure on the meanings of health and healthy eating in Canada’s Food Guide, this “does not dictate that meaning is to be fixed exactly that way forever” (Jorgensen & Phillips, 2002, p. 29).

For example, the Brazilian government launched its revised dietary guidelines in 2014 that moved away from mainstream approaches to dietary health focused on food groups, serving sizes, and nutrients, toward advice concentrating on consuming local, fresh, whole foods over

highly processed foods, shopping and eating in places that offer a variety of these kinds of foods, eating in pleasant environments and with other people when possible, developing cooking skills, making food and eating an important part of daily life, and, interestingly, cultivating a critical attitude toward food advertising and marketing. While is it too early to evaluate whether Brazil's unique approach to dietary guidance has actually had widespread behavioural effects or, more importantly, has supported the creation of food and eating environments that make the advice it presents possible, it nevertheless represents a major shift in meaning associated with dietary health: it is not only about eating the correct nutrients to reduce the risks of chronic disease, but is rather focused on larger ideas of well-being, social connection, tradition, pleasure, agency and resistance to food industry interests.

As noted in Chapter 1, Health Canada is currently engaged in the revision of *Eating Well With Canada's Food Guide* as part of its multi-year Healthy Eating Strategy. In initial communications about this initiative, Health Canada has said:

We're developing new products to promote health and reduce the risk of nutrition-related chronic diseases, including: a dietary guidance policy report that provides clear, concise and evidence-based recommendations; healthy eating patterns that recommend amounts and types of foods; tools and approaches to help communicate the guidance in relevant and useful ways. (Health Canada, 2016a)

This is concerning because, although this statement implies the current food guide will be undergoing some fundamental changes in the ways it presents healthy eating to Canadians, it still seems as if the scientific understanding of dietary health critiqued in this chapter will continue to be the driving force behind it. Health Canada finds itself in a position to significantly shift how we think and speak about health and diet; by not considering the social, political, personal, and emotional facets of food, however, future dietary guidelines risk positioning many food and eating practices aimed at increasing feelings of pleasure, belonging, community, equality, and overall well-being Canadians actually engage in as unhealthy, immoral, and un-Canadian.

Chapter 3

The Confused Eater: consuming quantification, information, and responsibility

Following years of criticism and calls for an update to the country's dietary guidelines, on October 24, 2016, during the Canadian Cardiovascular Congress in Montreal, Health Minister, Jane Philpott, announced Health Canada was beginning a process to revise its nearly decade-old food guide. The revision, meant to ensure Canada's Food Guide would "reflect the latest scientific evidence on diet and health, and to better support Canadians in making healthy food choices" (Health Canada, 2016a), is one key component of Health Canada's wide-ranging, multi-year Healthy Eating Strategy.

For many professionals and academics implicated in issues concerning nutrition, diet and health communication in Canada, the announcement did not come as a major surprise: in his mandate letter to Philpott following the Liberals' election win in October 2015, Prime Minister Justin Trudeau emphasized food-related issues, including improvements to food labeling, reductions of trans-fats and sodium, and restrictions on the marketing of unhealthy foods to children, as top priorities. This official call for a food guide revision was, in part, also linked to the recommendations of the Standing Senate Committee on Social Affairs, Science and Technology report on the country's rising obesity rates, released on March 1, 2016 (Senate of Canada, 2016). "Obesity in Canada: A Whole-of-Society Approach for a Healthier Canada" was the product of two-dozen committee meetings and expert testimony from a range of Canadian and international stakeholders carried out over the course of two years. The report presented a plan implicating policymakers across government departments and jurisdictions, industry players, and citizens to help chart Canada and Canadians on a "course to a leaner, healthier future" (Senate of Canada, 2016, p. iv). Tying together evidence presented by a host of experts from health and exercise professions, diet and health research sectors, food and beverage

industries, Indigenous groups, health charities, and the federal government (Senate of Canada, 2016, p. iv), the report's 21 recommendations included banning advertising of food and drink to children across the country,¹⁸ making healthy food more affordable, considering a tax on sugar-sweetened beverages, reviewing nutrition labeling to make it more user-friendly, and the complete overhaul of Canada's food guide to better reflect scientific evidence (Senate of Canada, 2016, pp. 22-28).

As noted previously, Canada's food guide was last revised in 2007 to mirror the latest nutrition science of the time, address changes in nutritional adequacy standards, the national food supply and food-use patterns, and improve the clarity, use, and understanding of the guide, which had been identified as confusing and difficult to apply in daily life (Health Canada, 2012; Katamay et al., 2007; Bush & Kirkpatrick, 2003). Unlike in the United States, where the *Dietary Guidelines for Americans* (USDA, 2015) are systematically revised every five years, there have been no such timelines applied to the Canadian food guide. Fifteen years passed between the 1992 version and its last update in 2007 and, up until the health minister's announcement in October 2016, the food guide seemed to be fated to remain outdated and, as many who presented testimony during the Senate committee stated, obsolete.

Health Canada, the federal department responsible for policymaking on public health issues and communicating health promotion and disease prevention to Canadians, has described its food guide as an educational tool that translates complicated scientific and nutritional information to help lay-publics make healthy dietary decisions (Health Canada, 2012). However, while the agency promotes it as an educational tool groups like health care professionals, educators, and journalists use to communicate ideas about "nutrition," "good" and "bad" foods and "health" to Canadians, much of the literature on food guides has criticized them as feeding

¹⁸ Laws in Quebec have prohibited all commercial advertising, including food and drink, aimed at children under the age of 13 since 1980.

inequality through the discourses they promote. For example, some have critiqued food guides as one-size-fits-all solutions that exclude certain groups and fail to represent economic, political, and social issues tied to food and nutrition (Mudry, 2009; Nestle, 2007; Beardsworth & Keil, 1997).

Shortly after Health Canada released its revised *Eating Well With Canada's Food Guide* in 2007, a number of health care providers and those working in sociology, nutrition, and communication made their dissatisfaction with it known. Some health care professionals charged the guide as being “obesogenic” in that its structure and presentation of daily recommended servings could confuse Canadians and encourage people to eat too much (Kondro, 2006). Others worried the inclusion of a number of “recommended servings” and the omission of caloric values and specific energy targets would cause people to misunderstand the nutritional advice offered in the guide’s pages (Andresen, 2007). In addition to such concerns, a number of research projects have revealed another shortcoming of the revised guide: it fails to include important economic, political, and sociocultural issues tied to food. For example, Abramovitch et al. (2012) found the guide’s use of the term “serving” was a difficult concept for many people to understand. This was viewed as especially relevant for those from “ethnically diverse” backgrounds who often eat foods other than those suggested by the guide. While such misunderstandings might in part be attributed to linguistic factors¹⁹, this study determined that inaccurate estimations of serving size were often related to differences in the foods habitually consumed by members of these diverse groups and not specifically addressed by the food guide (Abramovitch et al., 2012).

In 2006, a study on food purchasing patterns of Canadian households indicated that socio-demographic characteristics, such as family composition, income and education levels, strongly affect household food purchasing decisions (Ricciuto, Tarasuk & Yatchew, 2006). The

¹⁹ Abramovitch et al. (2012) noted words like “serving” and “portion,” as defined by and used within the food guide, do not have direct translations in some languages.

study found that lower levels of education and low income resulted in a reduction of food purchases generally associated with “healthy nutrition” in food guides (i.e. vegetables and fruits). Thus, the authors conclude, “in order to achieve dietary improvements where they are most needed, alternative approaches, which address the specific needs and situations of those with the least resources, need to be embraced. These likely fall outside the scope of food and nutrition policy, and traverse areas of social and economic policy” (Ricciuto, Tarasuk & Yatchew, 2006, p. 788).

Similarly, a number of Canadian studies (e.g. Dubois et al., 2011; Rossiter, Evers & Pender, 2012; Tarasuk, Fitzpatrick & Ward, 2010) found factors related to cultural background, education, and income heavily influence people’s food choices despite information available to them on “healthy eating” from resources like the food guide. Rossiter, Evers and Pender (2012) and Tarasuk, Fitzpatrick and Ward (2010) conclude socio-demographic factors often override the advice found in the food guide. These studies also note that current education-based policy initiatives, like food guides, are inadequate at addressing the nutritional disparities that affect people in vulnerable groups like those with low income, low education levels, and those from cultural groups or backgrounds not addressed directly by Canada’s Food Guide itself (Tarasuk, Fitzpatrick & Ward, 2010). Such criticisms raise the possibility that the food guide’s reliance on scientific languages of food and nutritional measurement, and its corresponding neglect of lay knowledge, obscures the importance of socio-economic and cultural factors that influence practices surrounding food and nutrition. In this respect, the food guide has been criticized as being more successful at confusing people about “what to eat” than actually promoting “health.” To address the “Confused Eater,” this chapter takes a closer look at how knowledge, expertise and power operate through the guide’s pages and supplementary materials, and theorizes what its claims “do” in hailing particular kinds of nutritional subjects, thereby also creating un/healthy subjects through the process of interpellation (Althusser, 2006).

A key theoretical concept mobilized in this chapter is biopower (Foucault, 2002; Lemke, 2011), which is used to analyze food guide statements and how nutrition truth discourses and their technologies of surveillance function. As defined by Michel Foucault (2002), “biopolitics” represents a fundamental shift in liberal politics away from a sovereign’s power over individuals to “take life,” to a political environment where the state has the power to “make live and let die.” Biopolitics is not directed at individual subjects, but rather enacts a “politics of life” over the population as a whole through regulatory mechanisms that promote healthy, fortified, and able-bodied populations in the service of state power (Evans & Colls, 2009, pp. 1054-1055; Harwood, 2009, pp. 16-17; Foucault 2002; Lemke, 2011, pp. 4-5; Rabinow & Rose, 2006). While Foucault’s own account of biopolitics does not include explicit guidance on how to mobilize its concepts in empirical research, Lemke (2011) develops an “analytics of biopolitics” comprised of three principal elements, namely: (1) the systems of knowledge and their selective nature behind the “regimes of truth” that drive biopolitical practices; (2) the ways in which power and the regimes of truth work at building the “structures of inequality, hierarchies of value, and asymmetries that are (re)produced by biopolitical practices;” and (3) the ways in which biopolitical practices urge subjects to work on themselves in order to fulfill the norms set out in the truth discourses (pp. 119-120).

Scholars studying obesity have mobilized biopolitics to theorize how nutrition education in schools, media, and other intervention efforts use obesity risk discourses to enact biopower over subjects (e.g. Evans & Colls, 2009; Fullagar, 2009; Greenhalgh, 2012; Halse, 2009; Harwood, 2009; Leahy, 2009; Rich & Evans, 2009; Wright, 2009). Such work shows that biodiscourses of nutrition posit “scientific experts” as those who know “the truth” about nutrition and body weight, and thus possess the authority to advise “non-experts” on how to live in order to avoid obesity (Greenhalgh, 2012, p. 474). Importantly, critical obesity research shows these discourses have not been effective at reducing rates of obesity, but have rather increased the

number of people who self-identify as “abnormal” and “irresponsible” “fat subjects” (Greenhalgh, 2012, p. 473), which has in recent times been linked to growing instances of body image anxiety and eating disorders among children and adolescents (Arnold, 2016). This critical work illustrates the stakes of biopolitical interventions in the area of diet and nutrition that privilege particular bodies of knowledge -- and knowledges of bodies – while ignoring or silencing others.

This chapter draws on elements from Ernesto Laclau and Chantal Mouffe’s (1985) theory of discourse to explore how dominant discourses, or what some feminist nutrition scholars refer to as “hegemonic nutrition” (Hayes-Conroy, 2013), disseminate “common sense” ideas about eating that marginalize and exclude complex economic, political, ethical, and sociocultural issues tied to food. In their call for a feminist approach to nutrition, Allison and Jessica Hayes-Conroy (2013) place importance on research that questions the “keep it simple” approach to public health nutrition campaigns, as many “public health advocates assume the general public cannot handle complexity—that difference and discrepancy must be bracketed away in favor of quick, easy answers to the question of ‘what to eat?’” (Hayes-Conroy, 2013, p. 175). Laclau and Mouffe’s (1985) discourse theory can help investigate how hegemonic nutrition is represented in Canada’s Food Guide, specifically by placing emphasis on how the meaning(s) of “nutrition” and “health” are constantly renegotiated and socially reproduced. “Discourse,” according to Laclau and Mouffe (1985), is produced not only through linguistic practices, but through *all* social practices and relations, thus meaning we exist in a world that is never completely fixed, but is constantly created and recreated (Howarth, 2000, pp. 5-8; Jorgensen & Phillips, 2002, p. 24). “Hegemony” is an important concept here, as those discourses that gain more of it become accepted as objective and natural. The hegemonic nutrition (Hayes-Conroy, 2013) discourse in the Canadian food guide is one example of a discourse that has largely been accepted as common sense. By fixing the meaning of what “true,” “healthy,” Canadian nutrition is, the food guide has become

hegemonic and accepted as “objective,” all the while excluding alternative understandings of what “nutrition” might be in favour of “common sense” diet mantras, such as to eat plenty of fresh fruits and veggies in the name of health, or to just “eat less and move more” to avoid obesity.

Furthermore, this chapter explores the scientific languages of expertise and quantification that drive nutrition guidance in texts like Canada’s Food Guide. As a number of scholars have pointed out, governments often revert to “expert” advice and information in policy decisions to legitimate them, and also turn inherently political issues, including food and nutrition, into exclusively technical matters (e.g. Callon, Lascoumes & Barthe, 2009; Hilgartner, 2000). Quantification of food and nutrition plays a substantial role here. As Theodore M. Porter (1996) argues, quantitative methods and expressions provide complex issues with an air of objectivity, which is especially persuasive when it comes to controversial subjects that involve numerous actors, diverse opinions, and high-stakes. To explore this as it relates to nutrition guidance, this chapter turns to “discourses of quantification,” as conceived by Jessica Mudry (2009), and Gyorgy Scrinis’ (2008, 2013) idea of “nutritionism,” which critiques the discursive and practical reliance upon quantity, measurement, and single nutrients in discussions about food and nutrition. These languages that turn eating into “mathematical formulae” (Mudry, 2009, p. 173) have led to the creation and reproduction of a confusing nutrition environment and confused consumers, which are represented in this chapter by the Confused Eater.

This chapter proceeds with a brief synopsis of existing literature on nutrition guidance and a review of the food guide, its history, and applications previously considered in more detail in Chapters 1 and 2. It then turns to an analysis of claims and statements found in the current food guide’s pages, and focuses on the mechanisms through which the guide maintains its truth discourses and norms. This analysis highlights the central role the Confused Eater plays in the food guide’s discourse, especially in the face of the scientifically-based knowledge the guide

promotes as the solution to poor diet and unhealthy eating habits. The Confused Eater, here, is called on to espouse the food guide's healthy eating directives, nutritional measurements, and lifestyle tips in order to fulfill the biopolitical imperative to become a wise Responsible Eater.

This chapter makes a case for the importance of considering the food guide beyond its stated and arguably well-intentioned goals, and opens up possibilities for alternative or complementary ways to communicate nutrition beyond quantitative “one-size-fits-all” advice framed as “simple” and “common sense.” This is especially important in the face of a food guide revision, spurred in part by the Senate committee's report on obesity in Canada, which emphasized the urgent need to overhaul the food guide. But, it stops short at suggesting a more profound change in how we think and talk about food and health. By only considering expert information from fields such as nutrition, medicine, metabolism, biochemistry, and biology as the most “relevant” sources of diet knowledge (Senate of Canada, 2016, p. 28), the report's suggestions reenact the same biopolitical conditions that, over the past century, have led to an increasingly confused and confusing food environment.

Communicating nutrition: isolating nutrients and measuring health

As noted in Chapter 2, government-mandated food guides have been used as nutritional pedagogical instruments since the wartime introduction of the *Official Food Rules* in July 1942. Although the stated purpose of the food guide – “guiding food selection and promoting the nutritional health of Canadians” (Health Canada, 2012a) – has not since changed, the food environment in which it has existed has shifted considerably. While the *Official Food Rules* were a war-time response to widespread malnutrition linked to poverty and food rationing measures (Mosby, 2014; Schwartz, 2012), the modern Canada's Food Guide seeks to help Canadians improve their overall health and avoid diseases related to poor diet, including obesity, cardiovascular diseases, and type 2 Diabetes. It provides guidance for individuals to navigate

today's expert-driven and information-saturated food environment that Marion Nestle (2007) notes is characterized by an abundance of largely fragmented scientific nutrition advice disseminated by experts and industry, and subsequent high levels of confusion among consumers who are forced to rely more and more on experts to tell them how to "eat right."

In such an environment, Canada's Food Guide not only addresses this perceived nutrition confusion, but also constructs and reproduces an abstract Confused Eater who is in constant need of education and correction through the guide's dietary advice, which it has "translated" from nutrition science. Despite consistent critique that this top-down, scientific expert-driven approach is abstract and difficult to apply in everyday practice, the food guide justifies it through appeals to the perceived "objectivity" of scientific values and quantification as applied to food and diet.

This scientific language of food is not new or unique to Canada's Food Guide. It is often argued that major 20th century technical and scientific developments in the fields of food and nutrition did not just shift how they were understood in the laboratory, but profoundly changed how food and eating were thought of and spoken about in everyday life (Belasco, 2012; Belasco, 2006; Lavin, 2013; Levenstein, 2003a; Levenstein, 2003b; Mudry, 2009; Shapiro, 2008; Shapiro, 2004). Over a century later, this nutrition science-driven approach continues to dominate discourses of food and eating. These discourses that focus on quantifiable standards associated with "good health,"--like calories, number of servings and serving sizes, and Body Mass Index (BMI)--although often promoted as providing individuals with identifiable nutrition goals they can monitor and track progress with, have in recent years been the target of scholarly critique due to their reductionist approach and "one-size-fits all" solutions that exclude certain groups and fail to represent economic, political, and social issues (e.g. Mudry, 2009; Nestle, 2007; Scrinis, 2013). For example, while Canada's Food Guide does encourage people to limit consumption of highly processed foods "high in calories, fat, sugar or salt" (Health Canada, 2007a, p. 6) and emphasizes the importance of consuming seven to eight servings (for adult

women) or eight to 10 servings (for adult men) of fresh fruits and vegetables on a daily basis, the guide's advice takes for granted that the foods necessary for the optimal diet it promotes are actually consistently available and accessible across Canada. As the Standing Senate Committee on Social Affairs, Science and Technology (Senate of Canada, 2016) report states, food insecurity, which is most often directly linked to poverty, has a significant impact on people's ability to access the healthy foods emphasized in the food guide. At least one in eight Canadian households finds itself in a situation of food insecurity, from moderate (where conditions have led to inadequate quantity and/or quality of food) to severe (where conditions have led to a reduction of food intake and/or disruption of eating patterns) (Roshanafshar & Hawkins, 2015; Senate of Canada, 2016). This reality, the Senate report notes, is one that future policy initiatives must address:

Witnesses pointed out that poverty deprives people of the opportunity to eat healthy foods. This may be because they live in urban food deserts, don't have the time or capacity to prepare fresh meals, or, most likely, because the food available to them is the cheaper ready-to-eat meals and highly processed foods. In short, low-income Canadians are often restricted to the foods that are available and that they can best afford, which are generally speaking, the least healthy. (p. 9)

These socio-economic factors are even more alarming when attention is turned to Canada's Indigenous communities. Although the 2007 revision of the food guide introduced a version targeted at Canada's Indigenous populations that acknowledges the importance of country foods and traditional food practices, many of the components of the healthy eating pattern it promotes – including fresh fruits and vegetables, and clean drinking water – are cost prohibitive and difficult to access in many First Nations and Northern communities. As the Senate report summarizes:

Over half of First Nations' households are food insecure. Perishable foods cost more in Northern and remote communities due to a number of factors, including the cost of flying foods to each community, as well as the high cost of fuels and electricity in the North, which affect the cost of food storage and shelving... Without effective cost controls, perishable foods, which are healthier, have remained unaffordable to First Nations'

communities. This leaves the cheaper and less healthy prepackaged, processed and ready-to-eat foods as the only affordable option. (p. 10)

By representing “healthy nutrition” through quantifiable categories, such as food groups and serving sizes, and by positioning “healthy diet” as a matter of simply making the “right choices” based on these categories, the food guide ignores or brackets many serious issues, including food availability and affordability, and the effects these have on a person’s ability to meet the guide’s imperatives. Canada’s Food Guide essentially “talks past” those who are food insecure due to income or geography, and primarily addresses people who already find themselves in situations where accessing the foods needed to achieve “healthy nutrition” is possible.

At the same time, the guide’s discourse sets up health and healthy choices as matters of “common sense” through its appeal to the perceived objectivity of science and numbers (see Porter, 1996), and posits food and nutrition as exclusively technical matters (Hilgartner, 2000). However, these “discourses of quantification” (Mudry, 2009) and “nutritionism” (Scrinis, 2008, 2013) represent highly reductionist approaches to food that, rather than “simplify” nutrition in practical and tangible ways, contribute to a confusing food environment (Scrinis, 2008, p. 46). Nutrition confusion has frequently been observed in the context of modern North American food and diet trends, including the low-fat food craze of the late 1980s and 1990s. Termed by some as the “Snackwells effect” (Scrinis, 2013, p. 107) – which refers to a popular brand of fat-free, high-in-sugar cookies – the phenomenon saw people eating more low-fat products compared to the amount they would have eaten of the “regular” equivalent. Studies have shown that people tend to perceive low-fat versions as “healthier” than full-fat foods, even though such products compensate for their lack of fat with high sugar contents (Scrinis, 2013, p. 107).

Nutrition confusion is also created when certain products are marketed on a single nutrient basis, such as sugary cereals advertised for their high fiber content and added vitamins and minerals (Nestle, 2007, pp. 308-310), or when health claims and purported medical effects of

so-called “functional foods” are used as a selling point. For example, in 1999, Heinz ran an advertisement in the *New York Times Magazine* for its tomato ketchup – or more specifically, the lycopene in its tomato ketchup, which the ad linked to scientific research that connected the chemical compound to a reduced risk of prostate and cervical cancer (Nestle, 2007, pp. 334-335). As Marion Nestle (2007) notes, the confusion created by such a focus on individual nutrients and their “functions” within the human body not only leads consumers to “pay premium prices for uncertain health effects,” but creates a false perception that health is dependent on single ingredients and individual nutrients, rather than on overall dietary patterns (pp. 336-337).

As scholars including Scrinis (2008, 2013) and Mudry (2009) have shown, one of the most extreme forms of nutrition confusion is present in the caloric reductionism diet trend, which assumes all people and the foods they eat can be quantified and represented by counting the abstract unit of the calorie (Scrinis, 2013, pp. 112-116). This approach views all calories and their effects on all bodies as “the same,” whether these calories come from an apple or a slice of apple pie. Caloric reductionism does not only create confusion about what to eat or which foods are “healthy” or not, but goes a step further by complicating what is considered “food.” Jessica Mudry (2009) perfectly illustrates this with an anecdote about one of her grocery shopping experiences:

Next to the bags of prewashed greens (a good source of folic acid and vitamin C) stood a display of salad dressing. It was salad dressing of the white, creamy sort. ‘Calorie Free, Fat Free, No Carbs!’ the label proclaimed. The only nutritional component the label had left out was protein, but knowing that the dressing contained ‘no calories’ meant that was absent as well. I was looking at the equivalent of the gastronomic simulacrum. It looked like something was there, but nothing was. Nutritionally and figuratively, this was a bottle of nothing. (p. 169)

Thus, to navigate this confusing food environment where, like Mudry’s salad dressing, some foods may not even be “food” at all, and making the right nutrient choices and balancing the correct amount calories in order to attain “health” is at stake, individuals are driven to rely on expert sources, including food guides, which are viewed as having authority over food

knowledge and who translate nutrition science into practical directives about what and how to eat.

But, by privileging this scientific and quantitative way of communicating information about food and nutrition, Canada's Food Guide also works to reproduce the problem of nutrition confusion it purports to address by further reducing and abstracting the diverse conditions, situations and practices of food acquisition, preparation and consumption that actually exist in the world. What is even more troubling here is that in a landscape saturated with expert advice based significantly on abstract and complex measurements, consumer confusion becomes good business, as members of the food industry market their "healthy" products as providing solutions to the disempowered eater (Nestle, 2007; Scrinis, 2013).

A scan of any grocery store shelf in Canada will quickly reveal a host of nutrition and health claims on product packaging—be it Kraft Dinner made with 100 per cent healthy whole wheat noodles, sugar free low calorie maple flavoured syrup, or Froot Loops cereal that has been fortified with vitamin D and is a source of "seven essential nutrients." In this nutritionally confused environment, members of the food industry mobilize elements of scientific discourses about food—including claims about calories, salt, sugar, dietary fibers, vitamins, and countless other nutrients—for their own economic benefit. Today, food companies spend more money on advertising than governments do on public nutrition education, and have succeeded in becoming the biggest source of nutritional information (Levenstein, 2003a, p. 199). Through marketing campaigns and package labels, the food industry bombards consumers with information about how their products can lead to health.

Ironically, many of these same food companies have acknowledged the nutrition confusion, which they, in part, have created, and provide the Confused Eater with yet another "solution" via increased labeling through privately funded "healthy label" schemes. These promise to cut through all of the puzzling nutrition facts, incomprehensible ingredient lists, and

contradictory health claims by stamping certain products deemed “good for you” with a symbol-- like PepsiCo’s (now seemingly defunct) Smart Spot (“Smart choices made easy!”), Kraft’s Sensible Solutions, and President’s Choice Blue Menu and Guiding Stars labeling (“Nutritious choices made simple!”)—to reassure confused consumers that they are, indeed, making a healthy and responsible choice for themselves and their families.

Here, the Confused Eater -- now both discursively called upon and materially reproduced -- becomes a key component in the business model of food industry players: industry ad campaigns and food labels reiterate the imperative to eat healthy and then provide consumers the “help” they need to meet this imperative with an abundance of food products marketed for their health benefits and nutritional advantages. Of course, such industry initiatives provide consumers only with “need to know” tidbits of information that often focus on single nutrients. As Irena Knezevic (2012) observes, they “determine the boundaries of discourse” by indicating only what food companies think should be of concern to consumers. This creates what Scrinis (2013) terms a “nutritional façade” around products that “distracts attention of consumers from the ingredients, additives, and processing techniques employed in the production of the food” (p. 8). At the same time, by providing individual consumers information through food marketing and labels—even though it is limited and confusing—the food industry “downloads” the responsibility of “eating well” onto the individual (Knezevic, 2012, p. 253).

It must also be mentioned that many healthy choice labels, both in Canada and elsewhere, have faced criticism for being contradictory in marking some products as “healthy”-- for a low fat content, for example, but ignoring high sugar content -- or downright dishonest -- such as deeming diet soda as a “healthy choice” based on the sole fact that it contains no calories (all the while ignoring its lack of any nutritional content and use of artificial sweeteners). Even the Heart and Stroke Foundation’s Health Check program, which the organization developed in 1999 in partnership with Health Canada to reflect Canada’s Food Guide, and was Canada’s only third-

party, not-for-profit “healthy food” labeling campaign for 15 years, was forced to disband in 2014 after years of critique. While its seal promised to point consumers to healthy options, the program also endorsed products high in fat, sugar, and sodium. At the time, Health Check’s director, Terry Dean, said the biggest issues that contributed to the program’s failure was its inability to compete with similar food industry for-profit labeling schemes, and the fact that healthy food labeling is not applied to fruits and vegetables (MacDonald & Weeks, 2014).

Even though there exists a wealth of expert information and products purportedly able to help people achieve health through nutrition, the scientific and quantitative approach that guides modern discourses of food and diet essentially sets people up for failure: even if one were to ever manage to navigate the sea of confusing nutrition claims out there, the norms this discourse prescribes create a single, standardized model that no one individual can actually live up to (Mudry, 2009). As Allison and Jessica Hayes-Conroy (2013) observe, when scientific discourses about food originating in laboratories get taken up and circulated in the social world, these “simplified” ideas about nutrition eventually become “common sense.” This “hegemonic nutrition,” as Hayes-Conroy (2013) call it, has become accepted as reflecting universal truths about food and eating. Once accepted as “truth,” hegemonic nutrition discourses discourage deviation from, and opposition to, the rules they set, as those who dissent risk becoming “abnormal.” Thus, hegemonic nutrition also works to disqualify “the possibility that nutrition might actually be ‘done’ differently, and still be done beneficially” (Hayes-Conroy, 2013, p. 176).

Digesting confusion: tracing hegemonic nutrition in Canada’s Food Guide

To trace hegemonic nutrition discourse in the food guide, Lemke’s (2011) framework is useful for empirically investigating how biopower operates in practice, and accounts for: (1) the selective systems of knowledge behind “regimes of truth”; (2) the hierarchies and asymmetrical

structures of inequality these build; and (3) the ways in which subjects are called on to work on themselves to achieve the norms set out in the truth discourses (pp. 119-120). Following Lemke's approach, biopower is a valuable concept that helps to reveal how hegemonic nutrition is represented in the guide, specifically by appealing to concepts like health, body weight, and wisdom. With regard to the Confused Eater, biopower also illuminates the important role experts and expertise play in building the "regimes of truth" in the food guide, and what mechanisms the guide mobilizes to maintain its truth discourses and norms. These are positioned as helping Canadians overcome nutrition confusion in order to move from being Confused Eaters to healthy and wise Responsible Eaters. There are a number of messages consistently put forward in the most current version of the food guide that are in line with the "nutrition truths" found in scientific and quantitatively-driven hegemonic nutrition discourses. Two of these nutrition and healthy lifestyle messages most prominently represented in Canada's food guide are: (1) that body weight is indicative of health; and (2) that personal choices are a measure of "wisdom" and "responsibility."

As noted in the previous chapter, the food guide frames a main goal of "healthy nutrition" as reducing individuals' body weights, which it connects to unhealthy lifestyles and the rise of chronic diseases. The guide asserts that following its recommended food intake pattern and activity tips will "[r]educe your risk of obesity, type 2 diabetes, heart disease, certain types of cancer and osteoporosis" and "[c]ontribute to your overall health and vitality" (Health Canada, 2007a, p. 2). Throughout the guide's six pages, a chain of equivalence—which Laclau and Mouffe (1985) theorize as signifiers that become linked together through repetition in order to maintain the ideological structure through which they are created—is set up between the concepts of "health" and "body weight," neither of which the guide ever clearly defines. Nevertheless, it maintains individuals can achieve health and healthy body weights from sticking to its recommended foods, and restricting those it does not approve of, including "foods and

beverages high in calories, fat, sugar or salt” (Health Canada, 2007a, p. 2). “Healthy body weight” as a main goal of “eating well” emerges again on the guide’s page dedicated to the importance of physical activity. It states: “The benefits of eating well and being active include: better overall health, lower risk of disease, a healthy body weight, feeling and looking better, more energy, stronger muscles and bones” (Health Canada, 2007a, p. 6) (Fig 18). Further down, the equivalence between weight and health is drawn again: “To be active every day is a step towards better health and a healthy body weight” (Health Canada, 2007a, p. 6).

It is important to note many terms found in the food guide, such as “better health,” “healthy weight,” and “vitality,” are never clearly defined in its pages (Fig. 19). These may be viewed as “empty signifiers,” (Laclau & Mouffe, 1985) which have become disassociated with any “original” meaning. Once emptied of actual significance, they are taken up by social forces and imbued with new meanings as part of the struggle for hegemony. In this case, “better health,” “healthy weight,” and “vitality” do not actually mean anything in particular. They are only understood as positive traits equivalent to the guide’s eating rules, and those who do not follow them—whether on purpose or not--risk becoming labeled “unhealthy,” as being at an undesirable body weight, and as “sluggish” or “lacking energy” within the food guide’s hegemonic nutrition discourse.

Similarly, the guide creates a prominent chain of equivalence between personal food and eating choices and “wisdom.” The directive to “choose” good foods, especially those “lower in fat, sugar, and salt” (Health Canada, 2007a, p. 3) is repeated throughout the guide’s pages. Within this personal choice and wisdom chain exists emphasis on the importance of educating oneself and others in order to make “wise” and responsible food choices. For example, the guide continually reminds readers how important it is for them to compare labels, inform themselves about the Nutrition Facts tables (Fig. 1) on food packaging, and educate others about “wise

choices,” especially children, by “most of all...be[ing] a good role model” (Health Canada, 2007a, p. 5).

When nutrition information is not readily available, the guide instructs Canadians to be “wise” and seek it out on their own. For example, a Responsible Eater who has decided to treat her or himself to dinner at a restaurant should “[r]equest nutrition information about menu items” to “make healthier choices” (Health Canada, 2007a, p. 6). This personal choice discourse in the guide promotes the idea that healthy nutrition is solely a personal responsibility, while at the same time pathologizing diets and eating habits that do not fit into the food guide’s normative framework (Mudry, 2009). Those who do not, or cannot, follow these directives also risk becoming labeled as “unwise” and “irresponsible.”

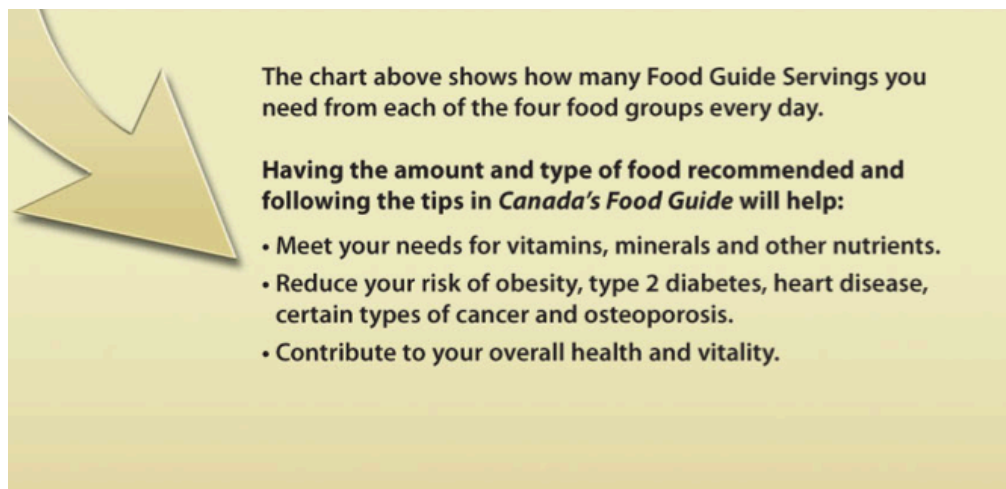
Furthermore, the status of scientific expertise and quantitative knowledge about food are strong drivers behind the maintenance of the food guide’s hegemonic discourse, and the creation and reproduction of an imbalanced hierarchy of food and nutrition “experts” and “non-experts.” As previously noted, the food guide’s quantitatively-based abstract eating directives are linked to a nutritionally confused environment (Scrinis, 2008, 2013) where the disempowered eater is seen as not having the nutrition knowledge required to become “healthy,” and is thus in need of “experts” who are viewed as the holders and translators of this knowledge. Canada’s food guide is one such “translator” of nutrition science. Health Canada has put much emphasis on how its guide is “evidence based” and representative of modern nutrition science and food information (Health Canada, 2002, 2012a), which becomes positioned as “better” or “healthier” than other forms of food knowledge, such as those qualitative and difficult-to-measure forms based on taste, tradition, culture, geography, and history (Mudry, 2009). Viewed through a biopolitical frame, nutrition and health expertise operates as a “technology of power” (Fullagar, 2009, p. 108) that works to discipline bodies and create subjects viewed as at risk, and who need to monitor and work on themselves in order to become “healthy,” “responsible” eaters.

Fig. 18



Canada's Food Guide lists, "The benefits of eating well and being active include: better overall health, lower risk of disease, a healthy body weight, feeling and looking better, more energy, stronger muscles and bones."

Fig. 19



"Health" and "vitality" are important positive qualities the food guide promises to help Canadians who follow its recommendations achieve. However, the definition of these words, or what exactly they refer to, is never clearly expressed.

The current version of the food guide favors scientific expertise and quantitative knowledge about food and eating, and creates a normative nutrition framework that addresses an artificial, idealized eater (Mudry, 2009). The food guide urges all Canadians to monitor what they eat based on its food groups and serving sizes, and through sticking to its healthy lifestyle tips. Through the creation of chains of equivalence between body weight and health, and personal choice and wisdom/responsibility, and through mobilizing empty signifiers like “health” and “vitality,” Canada’s food guide speaks to all Canadians –regardless of economic, geographic, and socio-cultural contexts and health and nutrition realities—as flawed nutrition subjects who, through their inevitable deviations from the guide’s normative “healthy eating” model, are unhealthy, unwise, and irresponsible. The food guide disciplines individuals and populations by urging people to participate in its hegemonic nutrition discourse, even though this may not be beneficial to those taking part. It urges subjects to monitor their personal choices, adhere to a “responsible” diet, and work on themselves in order to achieve the norms set out by the guide’s truth discourses (Lemke, 2001, pp. 119-120). According to Nikolas Rose (1999), this method of “responsibilization” gives a special, privileged role to experts, because:

[I]t is experts – first doctors but later a host of others – who can specify ways of conducting one’s private affairs that are desirable, not because they are required by a moral code dictated by God or the Prince, but because they are rational and true. It is experts who can tell us how we should conduct ourselves, not in airy and vaporous moral nostrums, but as precise technologies for the care of the body, the care of others – the children, the old – and the conducts of our daily routines of life. (p. 75)

As most individuals have eating habits that differ from and do not adhere completely to the food guide’s “objective” model, arguably anyone could be pathologized as “unhealthy.” Thus, it is here where experts intervene to advise individuals on how not to be at an “undesirable weight,” “sluggish,” “lacking energy” “unwise,” “irresponsible,” or “lacking common sense.”

The rocky road to responsibility

Chad Lavin (2013) observes, “social order is achieved not through hierarchical and top-down authoritative rules but through bottom-up technologies of individual responsibility and voluntary participation” (pp. xiii-xiv) present in biopolitical practices, including those represented in the food guide. While its hegemonic nutrition discourse precludes the everyday Confused Eater from ever becoming an “expert” on food and how to eat, it does offer the promise of becoming a Responsible Eater, so long as one follows the food guide’s recommendations, makes the “right” personal choices based on them, and fulfills the norms set out in its truth discourses.

As noted earlier, the food industry eschews responsibility and “downloads” the accountability for “eating well” onto the individual by providing individual consumers limited information through food marketing and labels (Knezevic, 2012, p. 253). It has also been noted, however, that something very similar can be said about government education initiatives, like food guides, that work to “solve” nutrition problems by simply providing citizens more information and then calling on them to educate themselves to make responsible choices. Food and obesity scholar, Julie Guthman (2011), has shown how much advice on “how to eat,” while well-intentioned, actually works against health and social justice, specifically by stigmatizing those who, because of socioeconomic realities that limit the accessibility to foods, cannot follow the guidelines prescribed (Guthman, 2011, p. 192). Although Guthman speaks to the kinds of eating advice found in popular literature, like Michael Pollan’s²⁰ writings, many of the issues she highlights can be extrapolated to public health education campaigns like Canada’s Food Guide. In focusing on quantitative aspects of diet, the food guide ignores the serious issues of inequality

²⁰ *The Omnivore’s Dilemma: A Natural History of Four Meals* (2006) and, specifically, *In Defense of Food: An Eater’s Manifesto* (2008) provide readers with a host of “food rules” to follow.

surrounding affordability, accessibility, and availability of food, instead framing food responsibility as an individual issue and choice.

To be sure, a single food guide can never completely address or provide solutions to the complex web of issues surrounding food and nutrition. However, the Canada's Food Guide is not simply a colorful brochure filled with diet advice; it is a federal policy document that informs many of the country's food and nutrition programs. It is used to plan what children get fed in school cafeterias, what meals are available to institutionalized adults, and what hospital patients are served. In defining which foods are "healthy" or part of a "healthy diet," the guide's advice is used to determine what foods get government subsidies. Nutrition North Canada, for example, is a federal subsidy program aimed at improving accessibility to "perishable nutritious foods" in the country's underserved Northern communities. The types and quantities of foods in the program's Revised Northern Food Basket, which is used to measure the cost of "a nutritious diet" for a family of four for one week, are adjusted in order to "meet the recommendations in Canada's Food Guide" (Government of Canada, 2014). Furthermore, the food guide is taught to dietitians and other health care professionals, and becomes part of the knowledge and information that gets transferred to patients, students, and others.

The March 2016 Senate committee report on obesity highlighted the fact that an observed rise in nutrition-related diseases in Canada is not the fault of individual citizens who have eschewed any kind of responsibility they may have felt to eat healthy. It states:

This is not the product of a collective loss of willpower — low-income Canadians, for example, often rely on unhealthy foods because these items are cheaper and sometimes all that is available. Confusing nutritional labeling doesn't help: there are 56 different names for sugar alone and manufacturers do not have to group them together. Canada's dated food guide is no longer effective in providing nutritional guidance to Canadians. Fruit juice, for instance, is presented as a healthy item when it is little more than a soft drink without the bubbles. Canadians must renew their efforts to eat healthy and to get active — and government and industry must give citizens the means and motivation to make informed lifestyle choices. From policy makers to parents, industry insiders to family doctors, all Canadians have a role to play to beat back this crisis. (Senate of Canada, 2016, p. iv)

To have any serious impact on the state of nutrition and health in Canada, any revised food guide or “Healthy Eating Initiative” by and for “all Canadians” must be constructed in a way that moves beyond the personal responsibility approach in order to make healthy food initiatives and actions that lead to widespread collective wellbeing actually possible. As it stands, however, a very serious effect of the individual responsibility approach found in the current Canada’s Food Guide is that it provides people already in a position to eat in a way that mirrors these guidelines a specific formula to judge others who do not have the same opportunities and resources to participate in the rules laid out in the healthy eating framework. Elspeth Probyn (2000), although specifically addressing eating advice that urges people to take up vegetarian and vegan diets, provides a similar critique that can be applied to many types of food rules, regimens, and practices, including food guides. She writes:

It’s also clearly a way to impose order, and entails a regimen of rules... For some, veganism is a form of eating and living that privileges the eater as a ‘good person.’ However, the measure of goodness tends to be the fact that others who eat meat are considered bad. This then creates a stark moral universe in which the individual measures him or herself against a set of strict guidelines. Succinctly, what this produces is a moral subject, not necessarily an ethical person. (p. 53, 55)

It can thus be argued that Canada’s Food Guide, while apparently providing Canadians with the educational and informational tools to become healthy and responsible eaters, also provides a framework to judge themselves and others. It must also be noted that these elements of responsibility and judgment are, and have long been, inherently gendered, as it is women who have, and continue to be, mainly responsible for making food decisions and purchases, and food preparation and cooking at home. A 2010 collaborative report between the Public Health Agency of Canada, Health Canada, the Federal/Provincial/Territorial Group on Nutrition and the Healthy Living Issues Group, notes that in Canada it is still primarily women who are responsible for food preparation functions, including meal planning, grocery shopping and cooking (Chenhall,

2010). This gendered split, the study argues, carries with it a host of issues tied to current food and social environments:

In addition to food system related trends and influences on cooking and food preparation skills, the social change resulting from the rise in the number of women in the waged labour force over the past several decades has been linked to changes in food choice, eating habits and food preparation activities. While women are still primarily responsible for food and meal planning, selection and preparation with the home and family environment, across socioeconomic groups, the time constraint introduced through workforce participation facilitated the development of a market for pre-prepared and convenience foods, which food manufacturers and retailers have been quick to respond to, and some argue, exploit. As a result, social and food system trends suggest a move from cooking in the home with basic ingredients and commodities to a society that relies on the labour of others with ready-prepared foods (Chenhall, 2010, pp. 11-12).

Nevertheless, the same study also notes that 68 per cent of women report cooking on a daily basis, compared to only 18 per cent of men, and that most Canadians learn how to cook from their mothers.

As it is women who tend to be responsible for activities associated with “eating healthy,” women also tend to bear the brunt of the responsibility associated with making the “right decisions” laid out in Canada’s food guide, for herself and her family. This is nothing new. In the spirit the early 20th century public health push for hygiene and health in the domestic space (Peterson & Lupton, 2000), Canada’s National Film Board produced a 1958 educational film for the Nutrition Division of the Department of National Health and Welfare to promote *Canada’s Food Rules*, a predecessor to the current food guide (National Film Board, 1958). In its 23 minutes, *Mystery in the Kitchen* follows an investigator looking into the apparent “crimes” of suburban housewife, Mrs. Jones. Her family, the investigator states, is in serious trouble. Her husband, son, and daughter are lethargic, unmotivated, and generally unsuccessful in life, and the investigator is there to uncover the root of their problems.

Mrs. Jones has just returned home after doing the groceries. The investigator shakes his head disapprovingly as she unpacks her brown paper grocery bags and sets her purchases on the kitchen counter. She is “not who she seems to be,” the investigator says. Although Mrs. Jones

may seem like a concerned wife and mother, he deduces that “she is emotional about food” when she grocery shops and makes purchases based on her own habits and judgments, discounting those foods that may provide more nutrients to her family. That morning’s breakfast, for example, has failed to provide her husband with enough strength to carry out manual labour down at the plant, her daughter with enough drive to do well at school, and her son with enough talent to hit a homerun for his baseball team. Mrs. Jones forgets to buy calcium-rich milk, fruit for vitamin C, and “a few green and yellow vegetables” for vitamin A. Mrs. Jones even manages to mess up her meat choices: instead of choosing cuts that will provide her family protein and B complex vitamins, she’s chosen a steak a day for her husband Walt’s “fad diet.” She is putting her family in “grave danger.” At least Mrs. Jones has a plentiful supply of potatoes at home, for these provide much-needed vitamin C. But as she peels away the “best part” of the potato over the sink during dinner preparations, she fails once more by throwing out valuable nutrients and “fuel” her miserable family will never be able to benefit from. What’s worse is that Mrs. Jones should know all about how she *should* be healthfully feeding her family—she has a copy of the *Food Rules* hanging right in her kitchen cupboard! Even so, the investigator says, she has decided to be irresponsible and completely ignore the expert advice contained in them, and does not even correct or help her family improve their own diet choices. As a result, her daughter, Marilyn, is anemic, and her son, Wally Jr., is developing rickets. The investigator also accuses her of systematically “fattening up” her husband and giving him scurvy by only feeding him all those steaks he has requested²¹. The Jones’ are malnourished and misguided, even “indifferent to good diet.”

“*Canada’s Food Rules* are so simple. She just doesn’t practice them,” the investigator laments. He implores her to “know what good eating habits are and provide the foods. Don’t just

²¹ Curiously, the Jones’ family diet seems to be providing Mrs. Jones with plenty of nutrients and energy to slowly and methodically kill her family.

play along with the weird eating habits of your family. And set a good example yourself.” But Mrs. Jones cannot even be bothered to set the table for her family in an exciting enough fashion to “encourage them into adventure.” While Walter Sr., Marilyn, and innocent Wally Jr. have “assisted in their own undoing,” the investigator warns that the nutritional victimization of this family is truly the fault of Mrs. Jones, and all housewives for that matter:

You will no longer, of course be misled by the smiling composure of this woman. What we have witnessed here together is nothing more or less than a crime. No other explanation fits the facts. And the moral of this lurid little story? If your object is to debilitate, cripple, or eliminate your family, do it the modern way. Why bother about poison in this day and age? Merely ignore the findings of the nutritionists, and bring about scurvy, pellagra, anemia, and rickets, and all sorts of sickly conditions, simply by letting the family diet go the way of whim and habit. Canada’s Food Rules? Ha! Ignore them! Enjoy the worst of bad health! Let there be a crime in your kitchen, too (NFB, 1958).

And, fade to black.

While such theatrics may not be so obviously present around Canada’s food guide today, some more recent messages are reminiscent of 1958’s *Mystery in the Kitchen*. A 2013 television commercial by Health Canada (2013b) related to its food guide instructions, for example, depicts a woman roaming grocery store aisles and placing products, like frozen dinners and a bottle of juice, into her cart. She then holds two packages side by side to reveal the Nutrition Facts tables on both of them. As confusing numbers, symbols, and ingredient names jump off the boxes and swirl around the woman’s head, another woman’s voiceover says: “Making informed food choices can sometimes be challenging for all of us. Use the per cent daily value on the Nutrition Facts table to quickly understand if a food has a little or a lot of a nutrient.” The voiceover then directs viewers to educate themselves more about healthy eating through Health Canada’s Healthy Canadians website (healthycanadians.gc.ca), which links to Canada’s food guide. An earlier television spot (Health Canada, 2013c) also promoting the Healthy Canadians website depicts a mother and her young daughter at the grocery store, where they are having fun exploring the fruit and vegetable displays together, and setting “good examples” by comparing

the labels on pasta sauce jars. Yet another woman's voiceover says, "To make wise food choices for you and your family, compare the nutrition information on food labels. Because healthy eating is worth it." As the woman's daughter reaches for a box of cereal on her tippy-toes, a young girl's voiceover giggles and exclaims, "Healthy eating! It's for life!"

These Health Canada ad campaigns reveal that, even though government-mandated nutrition guidance has taken on different forms since it first emerged in Canada during the wartime period, the message is still strikingly similar: "healthy eating" is all about nutrients and getting enough of them, and it is the individual's responsibility to educate themselves in order to make "wise" food choices and overcome the confusion created precisely by this scientific, quantitative (Mudry, 2009), nutritionism-based approach (Scrinis, 2008, 2013) to dietary guidance that decontextualizes and misinterprets nutrients when applied to actual people's food choices and diets (Scrinis, 2013, p. 6). Today's kitchen mystery investigator might exclaim: "Don't let confusion and misinformation become excuses. Dedicate time educating yourself and others—especially your children—about nutrients and healthy eating. Be a responsible Canadian, follow expert advice, and eat accordingly, or else risk becoming unhealthy, abnormal, and unwise."

Both the Confused Eater and the more desirable Responsible Eater present in Canada's Food Guide and its related ad campaigns over the years can be considered representative of Scrinis' (2013) "nutritionism" and what he calls "nutricentric persons." The nutricentric subject comes to understand food and eating only under a nutrient-based quantitative lens, and is thus susceptible to advice and claims based on this approach found in information campaigns like food guides, but also the food, dietary supplement and weight loss industries (Scrinis, 2013, p. 13). Nutricentric subjects are compelled to educate themselves and keep up to date on the latest nutrition science and food knowledge. This, Scrinis (2013) notes, can indeed have positive effects for the individual:

The nutricentric person may equally, however, feel empowered and critically informed, rather than disempowered and confused, by this stream of expert advice and is able to follow dietary debates in the media, to see beyond the more inflated nutritional marketing hype, and to make informed decisions in putting together a ‘healthy’ diet. Nutricentric individuals may be nutritionally savvy, in the sense that they are able to selectively accept and integrate the nutrient-level knowledge they consider relevant to their own personal circumstances. (Scrinis, 2013, p. 43)

However, this drive toward nutrition information and education in the name of overcoming confusion, cannot be realistically considered a solution to actually-existing nutrition-based issues, as this process of becoming a wise, informed, responsible eater is never ending. Nutrition science is not a static body of knowledge that can be easily translated into everyday eating advice applicable for all across time and location. In this ever-changing environment, confused eaters get stuck on what Scrinis calls the “nutrition treadmill” where they “are compelled to keep up with the latest scientific studies reported in the media, to understand and incorporate the proliferation of nutrient categories and biomarkers, to accept nutrition experts’ celebration or condemnation of particular nutrients and foods, and to purchase nutritionally engineered foods containing the latest wonder nutrients” (p. 43). Within such an expertise-based quantitative discourse, nutrition wisdom and expertise is always just out of reach. No matter how much effort she or he puts in toward becoming informed and responsible, the Confused Eater is fated to remain as such.

Conclusion

Despite critique, Canada’s outdated and impractical food guide is still considered a main authoritative source for nutrition information. Health Canada continues to boast that it is the second-most downloaded Government of Canada document, preceded only by tax forms. The food guide continues to be used in health care institutions, and gets sent home with elementary and high school students across the country to educate people about what true “healthy nutrition” is. The information and nutrition claims in its pages are referenced in news articles, often as a

way to legitimize the nutrition facts cited or to teach individuals about “healthy eating,” and they are used in food product packaging and in health education campaigns (see Chapter 1). Even McDonalds Canada directly references the food guide in the nutrition information section of its website to help consumers navigate the corporation’s dietary information and incorporate its menu items into a “healthy lifestyle.” Health Canada has made efforts to increase accessibility to its normative guide for people of diverse backgrounds: in addition to English and French, it has been translated into 10 other languages, reflecting some of the largest immigrant groups in the country.²² Health Canada has also taken special steps to make sure Canada’s Indigenous populations have their own version of the state-mandated guide, the troubling *Canada’s Food Guide for First Nations, Metis and Inuit* that focuses on reconciling traditional food practices with “modern Canadian” nutrition knowledge and realities.

Rich and Evans (2009) note that even “seemingly apolitical health policies...are political projects in themselves, grounded in broader ideals about changes and developments in societies and the types of bodies and performances that are to be valued. Certain populations are privileged in the process while others are marginalized and considered culpable or deviant (the wrong shape, size and weight) by default” (pp. 169). With this in mind, it is important to conduct critical research that looks at Canada’s food guide closely to understand what it does through its application of a one-size-fits-all approach to eating. A state-mandated initiative that attempts to bracket or erase diversity in favour of a “truth” applied across the board is an object that merits investigation, especially when one considers the pervasiveness of this apparently innocuous document.

The Standing Senate Committee on Social Affairs, Science and Technology’s report on obesity does show promise in its recommendations for Health Canada to immediately overhaul

²²The food guide has been translated into Arabic, Chinese, Farsi, Korean, Punjabi, Russian, Spanish, Tagalog, Tamil and Urdu.

the food guide, while taking into consideration that Canadians are not just simply lazy when it comes to healthy eating, but are rather confused. It recommends that any revised guidelines focus on whole foods and meal-based principles, instead of single nutrients, and also calls for the exclusion of food and agriculture industry representatives in order to avoid conflicts of interest. These recommendations are very welcome. However, this same report falls short when it identifies scientific “evidence-based” knowledge as the most important driver behind a revision of the guide. At the same time, Health Canada continues to underline that it has and continues to take steps to “ensure the food guide is ‘scientifically sound, relevant and useful,’” and has implemented an “evidence review cycle,” which provides the agency with the opportunity to regularly check up on the scientific evidence behind the guide (Collier, 2014, p. 1281). However, there is no evidence other forms of knowledge and experience, outside of scientific approaches to nutrition, will seriously be considered if Health Canada does decide to go ahead with a formal review of the 2007 guide.

As Alan Peterson and Deborah Lupton (2000) observe, we live in an “expert-dominated” culture where scientific knowledge is regarded as “superior” to other forms of lay-knowledge, and where non-experts’ “knowledge problems” – and the negative health effects these are assumed to cause – become “attributed to the scientific ignorance or naivety of ‘participants,’ or to problems with lay knowledge or lay rationality, or both” (p. 153). Non-experts are called on to learn more about expert knowledge and become science literate in order to develop into responsible citizens; rarely are experts and science called upon to educate themselves about other forms or knowledge in the same way.

As the pages of Canada’s Food Guide, Health Canada’s promotion of it, and the recent senate committee report on obesity show, discourses of quantification and personal responsibility, and the superiority of expert scientific food knowledge, are the foundations of nutrition and food guidance in Canada. By ignoring “alternative” forms of food and nutrition

knowledge, a revised food guide aimed at providing Canadians only with “more” or “better” scientific knowledge risks perpetuating the same problems of “decontextualization, oversimplification, exaggeration, and hubris” (Scrinis, 2013, p. 238) already present in current quantitative and nutritionism-based approaches. Like Scrinis, Mudry (2009) believes such a discourse of quantification offers a deficient approach to food and eating that attempts only “to rationalize the sensibilities of the human body.” She thus calls for mainstream hegemonic nutrition discourses (Hayes-Conroy, 2013) to be supplemented with “alternative languages that speak to the subject of the body, not the object of the body” (p. 3), such as those based on the “authority of history” found in cookbooks, the “authority of geography” found in places like farmers markets, community gardening, and encapsulated in the French notion of “terroir²³” and the “authority of experience” found in such venues as Slow Food and online discussion forums like, Chowhound²⁴ (Mudry, 2009, p. 140).

The following two chapters turn their attention to nutrition diversity, and then to pedagogical spaces where mainstream nutrition discourses and “alternative languages of food” (Mudry, 2009) collide, namely in Health Canada’s supplemental education material for its food guide, and elementary and high school classrooms. Classrooms can be considered sites where, if education is “successful,” Healthy and Responsible Canadians are made. Nutrition education “in action” can also be observed in them. In addition to exploring Canada’s food guide’s role in education and its effects on students, educators, and parents’ nutrition beliefs and practices, the next chapters will also account for ways in which the guide’s mainstream messages are

²³ “Terroir” is a term used to express the notion that geography, geology, and climate give the land, and the agricultural products produced on it, specific local characteristics. The term is based on the French “appellation d’origine contrôlée” (AOC) system of classifying French wines and their origins, but has increasingly been used in other countries and regions to describe a wide range of agricultural products.

²⁴ Chowhound (<http://chowhound.chow.com/boards>) is an online food discussion board founded in 1997 and, since 2006, owned by CNET Networks. Grouped by locale, its numerous message boards make up what the website calls a “community of discerning eaters” who “share information and opinions about cooking and restaurants.”

confronted by diverse individuals whose experiences and relationships to food and eating profoundly influence how they encounter, interpret, and utilize nutrition advice and directives. Exploring these experiences and the forms of knowledge created around them in classrooms, at cafeteria tables, school kitchens and gardens may open up new avenues for how we understand expertise and to rethink what “healthy nutrition” is or can be.

Chapter 4

My Food Guide, Their Food Guide: confronting dietary Others

To be sure, creating a guide for healthy eating that is meant to be understood by and relatable to all people across Canada -- regardless of location, gender, age, cultural background, and socio-economic reality -- is no enviable task. As has been explored in previous chapters, Health Canada and *Eating Well with Canada's Food Guide* have received much criticism for lacking in exactly this department (e.g. Abramovitch et al., 2012; Anderson, Mah, & Sellen, 2015; Dubois et al., 2011; Ricciuto, Tarasuk & Yatchew, 2006; Rossiter, Evers & Pender, 2012; Tarasuk, Fitzpatrick & Ward, 2010). Critics suggest the food guide largely brackets difference and diversity in its promotion of a one-size-fits-all model for healthy eating, and can lead to the marginalization of diets and food practices that do not conform to its framework. For example, in their study of how migration to Canada affected the perceptions of food and health among newly arrived mothers, Anderson, Mah and Sellen (2015) found that many participants were led to believe they did not know how to properly feed their children after they were exposed to Canada's Food Guide, despite the fact they also reported regularly preparing "fresh, whole foods" for their families (p. 359). Additionally, many of the study's participants noted that they started to view their usual food practices as "unhealthy" because the foods they traditionally ate and fed to their children were not present in the guide (Anderson, Mah & Sellen, 2015). The researchers attribute this to processes of acculturation affected by newcomers' exposure to nutrition programs and guidelines that can lead many to devalue their traditional knowledge -- or completely disregard it as "knowledge" -- in favour of other sources like Canada's Food Guide (Anderson, Mah & Sellen, 2015, p. 363). Anderson, Mah and Sellen (2015) highlight two specific features of the guide at the heart of these problems:

[W]hile [Canada's Food Guide] aims to reflect Canada's cultural diversity, it is limited in meeting this aim in two respects. First, while the depiction of foods on the CFG website

reflects a slightly greater diversity of foods by cultural preference, the guide itself features foods generally associated with a Western diet. Second, CFG's framework employs a Western biomedical perspective, which may not encompass other social and cultural frameworks for understanding health and nutrition. (p. 358)

Health Canada officials who worked on the 2007 revision of the food guide have acknowledged the difficulties in producing a document meant to address Canada's entire population of 35.16 million. In an Oct. 24, 2006 meeting of the House of Commons Standing Committee on Health, Mary Bush, who was Health Canada's lead nutritionist on the 2007 revision, responded to some committee members' skepticism about the new food guide, which was just under four months away from release at the time: "I can categorically tell you that when this food guide comes out there will be criticism, because this is such a complex file with such diverging views. There will be criticism because it's impossible to meet everyone's needs" (Oct. 24, 2006).

Nevertheless, Health Canada has stated that it remains committed to reflecting the country's cultural diversity in its food guide, and took a "multicultural approach" to the 2007 revision (EKOS Research Associates, 2006). During online consultations on the new guide in 2005 and 2006, survey respondents largely reacted positively to this "proposed multicultural approach," noting that applying it would not only be "inclusive," but also would reflect the fact that "ethnic food consumption is common among Canadians," and that it could help "'average' Canadians discover new foods" (EKOS Research Associates, 2006, p. 92). Even so, focus group testing on a draft version of the revised food guide in 2006 (Western Opinion Research, 2006) indicated some participants believed Health Canada was not doing enough to account for cultural diversity:

"While there was a sense that some attempt had been made to address ethnic foods, there was a sense that the draft food guide needed to address more ethnic dishes, recipes and eating habits and not just give examples of specific types of individual foods like hummus, bok choy or naan. It should be noted that visible minorities were not offended in any way that the information was excluded. They were legitimately interested in knowing how certain cultural recipes and methods of food preparation would hold-up in regards to the draft food guide. In fact, interest in knowing more about ethnic foods was not limited to the visible minorities group." (Sec. 1, p. 6)

To mitigate limitations of the main version of *Eating Well with Canada's Food Guide*, the 2007 revision also included the development of a number of supplementary tools to help address culinary diversity, individual food preferences, and to acknowledge traditional foods and food practices of Canada's Indigenous populations. Specifically, the interactive My Food Guide is a complementary web-based tool that allows users to “customize” Canada's Food Guide to their specific dietary preferences, and includes a host of food examples and activities not addressed in the general guide. *Eating Well with Canada's Food Guide for First Nations, Inuit and Métis*, is a supplemental set of dietary guidelines -- available both digitally and as a printed brochure -- aimed at Canada's Indigenous populations.

This chapter takes a closer look at these two supplementary food guide materials, the issues of diversity and difference they attempt to address, and the problems that arise around them. It begins with a consideration of how the idea of “personalization” drove Health Canada to produce supplementary tools like My Food Guide in order to “fix” the lack of diversity the department recognized in its general guide. It then turns to a walkthrough, of sorts, of the My Food Guide “personalization process,” with special attention paid to the tool's additional elements, and food and activity options that are not included in the general guide. This analysis will show that, while My Food Guide does, to a very limited extent, allow users to tailor the dietary advice in Canada's Food Guide based on age and gender, “personalization” here is more about acknowledging foods that might be considered “other” or “ethnic” as compared to the general guide.

Next, this chapter turns attention to the complexities and potential problems associated with making dietary advice “multicultural.” The food guide, and especially its complementary tools like My Food Guide and *Eating Well with Canada's Food Guide for First Nations, Inuit and Métis*, aim to reflect Canada's cultural diversity, much along the same lines as the Multiculturalism Act, passed in 1988, seeks to officially recognize cultural difference and

pluralism. Although these food guide materials portray an approach to diet and health that manages difference and mirrors Canada's national identity as a "multiracial, multi-ethnic, liberal-democratic society" that welcomes diversity and values "other cultures" (Mackey, 2002; Thobani, 2007, pp.144-145), they also work at constituting difference (Banerji, 2000; Thobani, 2007) by setting up clear divisions between "Canadian" foods and practices and "Others."

Then, this chapter looks at the modern state-mandated dietary advice aimed specifically at Indigenous populations. Unlike My Food Guide, which is an accompanying online tool to the main guide, *Eating Well with Canada's Food Guide for First Nations, Inuit and Métis* is a separate item based on the general recommendations of *Eating Well with Canada's Food Guide*. Released in April 2007, just a few months after the general guide, *Eating Well with Canada's Food Guide for First Nations, Inuit and Métis* is a three-part brochure that includes dietary advice that addresses both country foods²⁵ and store-bought products, and is meant to account for the fact that Indigenous cultures can have "different values, traditions and sometimes different food choices from those of the general Canadian population" (Health Canada, 2010b). By undertaking an in-depth consideration of these dietary guidelines aimed specifically at Canada's Indigenous populations, this chapter seeks to address a serious question: Does having a separate food guide empower Indigenous populations when it comes to food practices, or does this further differentiate and marginalize them and their diets? Such questions are especially difficult considering Canada and its government's dark colonial history regarding Indigenous peoples and nutrition. For example, poor nutrition among Indigenous populations was historically often not

²⁵ Krista Walters (2012) defines "country foods" as "an Aboriginal diet of natural resources that are harvested regionally and seasonally, including 'big game' meat, birds, fish and whales (and their eggs or grease), and smaller fur-bearing animals, as well as the cultivation or collection of fruits, greens, tubers, berries, wild rice, and other foods available from the land. 'Country foods' are both high in nutritional value, and equally important in their contribution to maintaining cultural tradition through the acts of hunting and sharing the wealth" (p. 442).

seen as the product of poverty or social and systemic inequalities, but as “the result of a hybrid diet of wild ‘country’ and imported ‘store’ foods” (Mosby, 2014, p. 50). Residential schools also banned Indigenous culinary traditions, and often served as the sites for nutrition experiments on unwitting Indigenous students. As Ian Mosby (2014) underscores, post-war nutrition researchers did not seek to provide Indigenous communities with relief from malnutrition, hunger and outright starvation, but instead viewed them as an “opportunity for further research” (p. 199) and “a means of testing out their theories” (p. 201). Aboriginal bodies were treated as “‘experimental materials’ and residential schools and Aboriginal communities as ‘laboratories’ that could be used to pursue a number of different political and professional interests” (Mosby, 2014, p. 201).

Finally, this chapter considers what it means to have a food guide and supplementary food guide materials that purport to recognize and appreciate personal preference and cultural diversity when it comes to food and eating, but at the same time attempt to manage difference by imposing the guide’s normative dietary framework, which often works to marginalize “other” dietary practices by further differentiating them from “general Canadian” nutrition norms.

My Food Guide: the “personalization” of dietary advice

According to Scrinis (2013), one characteristic of the “nutricentric” subject, who understands food and eating through a nutrient-based quantitative lens, is a drive to tailor diet advice to their body’s unique “nutrient needs” in order to enhance their bodily performance (p. 46). Such nutritional “personalization” or “individualization” -- whether it is based on personal tastes and preference, one’s distinctive dietary needs, or cultural considerations – may signal a move away from one-size-fits all models and increased appreciation of difference (Scrinis, 2013, p. 188). However, this drive toward personalization often does not actually advocate for increased dietary diversity, but instead provides individuals a plan to follow in order to achieve the nutritional ideal prescribed by standardized “healthy” diet instructions, including food

guides. As Scrinis (2013) writes: “To advocate personalized diets does not necessarily entail abandonment of the idea of there being *an* optimal diet but requires at least that it be tweaked and tailored to the bodies, needs, and tastes of individuals or subgroups of the population” (p. 188).

My Food Guide, Health Canada’s online counterpart to *Eating Well with Canada’s Food Guide*, claims to allow its users to “customize” the food guide based on a person’s gender, age, and food and activity preferences. The website tells visitors that My Food Guide, which is also available as an app for Apple, Android, and Amazon device users, can help people “learn how many Food Guide Servings you need to eat from each of the four food groups,” “choose your favourite types of foods from each food group,” “see how much food is in one Food Guide Serving,” and “choose physical activities you enjoy” (Health Canada, 2013d). While the title, “My Food Guide,” promises personalization, the web tool also has a significant pedagogical component to it that teaches users about the food guide’s standardized elements, including food groups and serving sizes. For example, the first step in the food guide personalization process involves entering your gender and age range; this is done to determine what Food Guide Servings category you fit into, which will be reflected on the final version of your My Food Guide. While this is referred to as “personalization” of the food guide, this seems to be more of a regulatory step that reminds individuals – although they may have their own unique dietary needs and preferences – which standardized group they belong to (Fig 20).

The second component of the My Food Guide personalization process involves selecting between one to six choices of your “preferred” foods from each of Canada’s Food Guide’s four food groups. Each group is organized into two alphabetized columns that contain foods depicted in the main version of *Eating Well with Canada’s Food Guide*, as well as a number of additional options. Each choice is accompanied by an illustration of the food item itself, and a measurement equivalent to one Food Guide Serving (e.g. one medium apple, one half of an avocado, half a cup

of green beans, etc.). On the final version of your My Food Guide, you will be instructed on how to adapt your “preferred” selections to the Food Guide Servings you need, based on the standardized category you fit into. The web tool also reminds users to use “the recommendations in each food group to help guide your food choices” (Health Canada, 2013d). In other words, while there “are lots of foods to choose from in each food group,” and while you may have your own tastes and preferences, My Food Guide still asks users to make “wise” personal choices that adhere to Canada’s Food Guide’s prescriptions. For example, before users make their selections from the Vegetables and Fruit food group, the site reminds users that “Canada’s Food Guide recommends: eating at least one dark green and orange vegetable each day; enjoying vegetables and fruit prepared with little or no added fat, sugar or salts; having vegetables and fruit more often than juice” (Health Canada, 2013d). Then, it is up to My Food Guide users to make the “right” choices from one column of 27 items, titled “dark green and orange vegetables,” and another of 49 options, titled simply “more vegetables and fruit.” This column contains a brief reminder that “some orange coloured fruit can be substituted for an orange vegetable.” While the website does not state this outright, it can be understood that the choices listed under “dark green and orange vegetables” are “healthier” according to the Canada’s Food Guide recommendations.

While users, here, are allowed to personalize the food guide based on any of the items listed, it seems obvious that those green and orange vegetables represent “healthier” and “wiser” choices, while “other” items in the second column, including fruit juice, represent less healthy or less wise selections. Here, even one’s “personalized” food guide can become a sign of how healthy, responsible, and wise a person is (Fig. 21).

Fig. 20

The image displays two versions of the 'My Food Guide' website interface. The left version is the initial selection screen, and the right version shows the personalized results.

Left Screenshot (Initial Selection):

- Header: Government of Canada / Gouvernement du Canada, Search Canada.ca, Français.
- Navigation: Home → Health → Food and nutrition → Healthy eating → Canada's food guides → My Food Guide.
- Title: My Food Guide.
- Text: The number of Food Guide Servings you need every day from each food group depends on your age and sex. Start by entering the following information:
- Gender Selection: Female (selected) and Male.
- Age Selection: 31-50 years (selected).
- Progress Bar: 1 2 3 4 5 6 7 8 Next.
- Buttons: Report a problem or mistake on this page, Share this page.
- Footer: Date modified: 2013-04-25.


Right Screenshot (Personalized Results):

- Header: Government of Canada / Gouvernement du Canada, Search Canada.ca, Français.
- Navigation: Home → Health → Food and nutrition → Healthy eating → Canada's food guides → My Food Guide.
- Title: My Food Guide.
- Text: As a woman aged 31 to 50 years old, this is how many Food Guide Servings you need from each food group every day.
- Table of Servings:

Food Group	Servings
Vegetables and Fruit	7
Grain Products	6
Milk and Alternatives	2
Meat and Alternatives	2

- Progress Bar: Previous 1 2 3 4 5 6 7 8 Next.
- Buttons: Report a problem or mistake on this page, Share this page.
- Footer: Date modified: 2013-04-25.

My Food Guide's first step in "personalization" requires users to specify their gender and age, which in turn assigns them a standardized Food Guide Servings amount category. Here, it says: "As a woman aged 31 to 50 years old, this is how many Food Guide Servings you need from each food group every day."


Government of Canada
Gouvernement du Canada

Jobs

Immigration

Travel

Business

Benefits

Health

Taxes

More services

[Home](#) → [Health](#) → [Food and nutrition](#) → [Healthy eating](#) → [Canada's food guides](#)
→ [My Food Guide](#)

My Food Guide

Canada's Food Guide recommends:


- Eating at least one dark green and one orange vegetable each day.
- Enjoying vegetables and fruit prepared with little or no added fat, sugar or salt.
- Having vegetables and fruit more often than juice.

Choose 1 to 6 examples of vegetables and fruit.

Dark Green and Orange Vegetables


A

Asparagus


-  125 mL, ½ cup, 6 spears

B


Beans, green

-  125 mL, ½ cup


Bok choy/Chinese cabbage (Choi sum)

-  125 mL, ½ cup cooked

Broccoli


-  125 mL, ½ cup

Brussels sprouts


-  125 mL, ½ cup, 4 sprouts

C

Carrots


-  125 mL, ½ cup, 1 large

Chard

-  125 mL, ½ cup


D

Dandelion greens

-  250 mL, 1 cup raw

E

Edamame (soy beans)


-  125 mL, ½ cup

More Vegetables and Fruit


Some orange coloured fruit can be substituted for an orange vegetable. See the fruit marked with an asterisks ()*

A


Apple

-  1 medium

Apricot, fresh *


-  3 fruits

Avocado


-  ½ fruit

B


Bamboo shoots

-  125 mL, ½ cup


Banana

-  1 medium


Beans, yellow

-  125 mL, ½ cup


Beets

-  125 mL, ½ cup

Berries

-  125 mL, ½ cup

Bitter melon

-  125 mL, ½ cup, ½ pod

C

Before making their selections from the two columns, My Food Guide users are reminded which options Canada's Food Guide recommends.

It is also important to note that the Vegetables and Fruit group on My Food Guide contains options that reflect the examples from the print copy – including the commonplace carrots, broccoli, apples, oranges, and bananas – as well many more “uncommon” options -- like chayote, edamame, okra, guava, and plantain.

The Grain Products food group is set up in a similar fashion as the Vegetables and Fruit group: one column includes 21 “whole grain” choices, while the other contains 20 “non whole grain” options. Users are reminded that whole grains are the “better” choice, and that “Canada's Food Guide recommends: making at least half of your grain products whole grain each day; choosing grain products that are low in fat, sugar or salt” (Health Canada, 2013d). Again, the My Food Guide grains group contains items depicted in the print version that are widely available across the country – including white and whole grain breads, breakfast cereals and rice – as well as items that might not be familiar to many, such as congee, couscous, and naan. Bannock is also included here, reflecting an option that is depicted in *Eating Well with Canada's Food Guide for First Nations, Inuit and Métis*.

The Milk and Alternatives group, unsurprisingly, is again split into two columns: the “milk” category, with eight options, and the “milk alternatives” category, with 10 choices. My Food Guide reminds users of the Canada's Food Guide recommendations that underscore the importance of dairy products in a healthy diet. It says that people should drink “skim, one per cent, or two per cent milk each day” and should choose “lower fat milk alternatives.” The milk alternatives column, which is dominated by cheese and yogurt products, only includes one selection that is not dairy-based, namely fortified soymilk, thus overlooking other calcium-rich options available to people who cannot, or choose not to, consume dairy. Curiously, My Food Guide also draws a clear division between “familiar” cheeses -- like cheddar, mozzarella, Swiss, and feta– and paneer, which is a cheese common in many South Asian cuisines. While this is another example of My Food Guide including more “diverse” food options than the general print


guide, including paneer as a separate option from other cheeses is a peculiar move that may signal that, in a Canadian context, paneer is taken to be a more “different” cheese than others (Fig. 22).

Next up is the Meat and Alternatives group. Users are reminded that “Canada’s Food Guide recommends: having meat alternatives such as beans, lentils and tofu often; eating at least two Food Guide Servings of fish each week; selecting lean meat and alternatives prepared with little or no added fat or salt” (Health Canada, 2013d). Accordingly, the page is split into two columns: the first is “meat alternatives” which, despite being the food guide-recommended “healthier” option, contains only eight choices – including vegetarian selections like beans, eggs, lentils, tofu, and nuts.

The “meat, fish, shellfish and poultry” category, on the other hand, has 18 choices, including many dinnertime staples depicted in the main guide, like chicken, pork, beef and fish. It also reflects recommendations made in *Eating Well with Canada’s Food Guide for First Nations, Inuit and Métis*, by including examples like game birds and game meats (Fig. 23).

The final step in the My Food Guide personalization process involves selecting up to six physical activities to incorporate into your healthy lifestyle. The website instructs users: “It is recommended that adults accumulate at least two and a half hours of moderate to vigorous physical activity each week and that children and youth accumulate at least 60 minutes per day. You don’t have to do it all at once. Choose a variety of activities spread throughout the week. Start slowly and build up” (Health Canada, 2013d).

Fig. 22



Government of Canada
Gouvernement du Canada

[Français](#)

[Jobs](#)
[Immigration](#)
[Travel](#)
[Business](#)
[Benefits](#)
[Health](#)
[Taxes](#)
[More services](#)

[Home](#) → [Health](#) → [Food and nutrition](#) → [Healthy eating](#) → [Canada's food guides](#) → [My Food Guide](#)

My Food Guide









Canada's Food Guide recommends:

- Drinking skim, 1%, or 2% milk each day.
- Selecting lower fat milk alternatives.

Choose 1 to 6 examples of milk and alternatives.

Milk


M

-  Milk, 1%, 2%, skim
250 mL, 1 cup
-  Milk, chocolate
250 mL, 1 cup
-  Milk, evaporated, canned
125 mL, ½ cup undiluted
-  Milk, goat, enriched
250 mL, 1 cup
-  Milk, lactose reduced
250 mL, 1 cup
-  Milk, powdered
250 mL, 1 cup diluted
-  Milk, powdered
25 g, 75 mL, 1/3 cup
-  Milk, whole
250 mL, 1 cup




Milk Alternatives

* Fortified soy beverages are an option for people who do not drink milk.


B

-  Buttermilk
250 mL, 1 cup


C

-  Cheese, block (cheddar, Mozzarella, Swiss, feta)
50 g, 1 ½ oz
-  Cheese, cottage or quark
250 mL, 1 cup
-  Cheese, goat
50 g, 1 ½ oz


F


-  Fortified soy beverage
250 mL, 1 cup

K

-  Kefir
175 g, 175 mL, ¾ cup

P

-  Paneer
50 g, 1 ½ oz

 Pudding/custard (made with milk)
125 mL, ½ cup

The Milk and Alternatives group, like all four food groups on My Food Guide, contains a number of options not depicted in the main version of *Eating Well with Canada's Food Guide*. While this does work to include more “diverse” food choices, the additions and categorizations of some of these are questionable. For example, the cheese option is meant to include a number of different kinds of cheese, but paneer, a cheese common in many South Asian cuisines, is included as a separate item.

Fig. 23

My Food Guide	
Canada's Food Guide recommends: <ul style="list-style-type: none"> • Having meat alternatives such as beans, lentils and tofu often. • Eating at least two Food Guide Servings of fish each week. • Selecting lean meat and alternatives prepared with little or no added fat or salt. 	
Choose 1 to 6 examples of meat and alternatives.	
Meat Alternatives	Meat, Fish, Shellfish and Poultry
B Beans, cooked and canned 175 mL, ¾ cup	B Beef 75 g (2 ½ oz) / 125 mL (½ cup)
E Eggs 2	Bison/Buffalo 75 g (2 ½ oz) / 125 mL (½ cup)
H Hummus 175 mL, ¾ cup	C Chicken 75 g (2 ½ oz) / 125 mL (½ cup)
L Lentils 175 mL, ¾ cup	D Deli meat, low-fat, low-salt 75 g (2 ½ oz) / 125 mL (½ cup)
N Nuts, shelled 60 mL, ¼ cup	Duck 75 g (2 ½ oz) / 125 mL (½ cup)
P Peanut butter or nut butters 30 mL, 2 Tbsp	F Fish and shellfish, canned (example: crab, salmon, tuna) 75 g (2 ½ oz) / 125 mL (½ cup)
S Seeds, shelled 60 mL, ¼ cup	Fish, fresh or frozen (example: herring, mackerel, trout, salmon, sardines, squid, tuna) 75 g (2 ½ oz) / 125 mL (½ cup)
T Tofu 150 g, 175 mL, ¾ cup	G Game birds (example: ptarmigan, partridge, grouse, goose) 75 g (2 ½ oz) / 125 mL (½ cup)

The “meat alternatives” column contains eight vegetarian food options, while the “meat, fish, shellfish and poultry” category has 18 choices, including many dinnertime staples depicted in the main guide, like chicken, pork, beef and fish. It also reflects recommendations made in *Eating Well with Canada's Food Guide for First Nations, Inuit and Métis*, such as game birds and game meats.

Fig. 24



My Food Guide lists 45 physical activities users can choose from based on their preferences and abilities.

Unlike the four food groups, this page includes only one alphabetized list of 45 seemingly arbitrary choices -- including aerobics, weight training, running, walking, and, of course, all-Canadian activities like hockey, curling, canoeing, lacrosse, and tobogganing – and others such as Frisbee *and* Ultimate Frisbee, “propelling a wheelchair” (which the site refers to as “wheeling”), hopscotch, and “pushing a lawnmower” (Fig. 24).²⁶

Once users have indicated their gender and age, made their selections in the four food groups, and have chosen their preferred physical activities, My Food Guide allows you to download your “personalized” copy– complete with a space to manually fill in your name – and encourages users to complete the exercise again “with different foods or for different family members,” and to “print it and stick it on your fridge for a quick and easy reference!” (Health Canada, 2013d).

The document is meant to serve as a tailored plan that can help people adapt their own food tastes and preferences into a healthy diet based on Canada’s Food Guide’s recommendations. However, My Food Guide may not be completely foolproof: for example, I ended up with a personalized guide that recommended an arguably “unhealthy” diet of fruit juice, tomato sauce, white bread, pancakes, waffles, cheese, and deli meats, all to fuel my Ultimate Frisbee lifestyle (Fig. 25). Of course, in this case I approached the My Food Guide exercise with a fairly cynical attitude. During usability testing of the My Food Guide web tool in 2006, however, many participants indicated it was a useful exercise, that they “would use the print out as a guide to healthy eating by trying to incorporate the selected items into their daily menus,” and that they would go through the activity with their children (Phase 5, 2007, p. 53). Nevertheless, some respondents also noted they felt the tool did not contain useful information, such as meal plans that included a variety of vegetarian and “international” recipes, and that it

²⁶ It might be noted that other household activities, such as “pushing a vacuum cleaner” or “mopping the floors,” are not acknowledged as physical activities by the list.


was not useful to them, given My Food Guide's "basic nature" (Phase 5, 2007, p. 53).

Significantly, the usability testing also indicated research participants had difficulties understanding the instructions and navigating the My Food Guide site, while a number of "respondents did not fully understand the purpose of the final product" (Phase 5, 2007, p. 14).

The purpose of a person's customized My Food Guide, according to Health Canada, is to enable individuals to personalize the food guide to reflect their food choices and incorporate them in a healthy diet based on the nutrition recommendation in Canada's Food Guide. There are, however, some significant issues that arise in this personalization process. First, and perhaps most obviously, while Health Canada's intentions with My Food Guide are undoubtedly good and aimed at providing increased recognition of dietary diversity, this tool also runs the risk of putting the Health Canada stamp of approval on food choices and habits that work against its own food guide recommendations.

As my own My Food Guide example demonstrates, my diet based on the "unhealthy" or "less healthy" selections I made becomes "healthy," so long as I fulfill the serving size and amount requirements based on my gender and age. Based my personalized guide, for example, if I eat six small waffles made with white flour a day, I would technically be fulfilling the Health Canada serving amount recommendations for the Grain Products food group for my gender and age category. Thus, despite offering the well-intentioned option to personalize the food guide, My Food Guide continues to suffer from the problems created by dietary quantification and nutritionism (Mudry, 2009; Scrinis, 2013) its main *Eating Well with Canada's Food Guide* does. Again, through reducing foods to serving sizes and numbers, apple juice is just as good as an apple, hummus becomes equated with deli meats, and waffles are just as "healthy" as whole grain breads.

Fig. 25



Health
Canada

Santé
Canada

Your health and
safety... our priority.

Votre santé et votre
sécurité... notre priorité.



Here are the examples you chose:

For more information, visit Canada's Food Guide on-line at:
www.healthycanadians.gc.ca/foodguide

Accumulate at least 2 1/2 hours of moderate to vigorous physical activity each week. You don't have to do it all at once. Choose a variety of activities spread throughout the week.



An arguably “unhealthy” example of My Food Guide.

Second, the “personalization” offered through My Food Guide is a misnomer. Instead, the web tool represents a “biopedagogical” exercise (more on this in Chapter 5) that requires users to take stock of and monitor their personal dietary preferences and habits, compare them with the recommendations made by Canada’s Food Guide, and then make the necessary changes to achieve a “healthy diet” based on the guide’s standardized framework. Of course, My Food Guide users have the option to select the “less healthy” items offered on the food group lists, like I did; but, with My Food Guide’s constant reminders about which foods are “recommended,” the “right” choices have essentially been predetermined. My Food Guide, then, is a biopedagogical tool (Wright & Harwood, 2009) that encourages people to self-monitor and increase their knowledge around nutrition issues, and that regulates individuals’ eating habits based on the same hegemonic ideas of health and nutrition present in the main food guide. Here, the food guide is not tailored to personal difference; instead, My Food Guide manages dietary diversity through standardization disguised as customization.

Third, outside of the arguably superficial personalization element that allows you to tailor the food guide based on age and gender, the only major difference between the main *Eating Well with Canada’s Food Guide* and the online My Food Guide is the amount and assortment of foods and activities represented. With a list of only 161 food items to select from across the four food groups, My Food Guide does not only offer a limited depiction of culinary diversity in Canada, but also an arbitrary one. While reports from consultation sessions on the revised food guide and the My Food Guide web tool indicate that some intermediaries and members of the public made suggestions about different food examples that should be included to address different cultural and immigrant groups in Canada (Phoenix Strategic Perspectives, 2005; Health Canada, 2008), it is unclear what data, statistics, or thought processes were involved in compiling the food groups lists on My Food Guide. One point that does stand out, however, is that many of the additions made to these lists, as compared to the main food guide, seem to be foods that many Canadians

might consider “uncommon,” “specialized,” or “ethnic.” Consultations on a draft version of *Eating Well With Canada’s Food Guide* with “multicultural intermediaries” in 2005 indicated a main concern raised was the “lack of culturally specific foods” addressed in the guide” (Phoenix Strategic Perspectives, 2005); it is thus not implausible to think that certain inclusions were made to reflect culinary diversity, as many of the additional food choices offered on My Food Guide are commonly associated with cuisines not originating in Canada.

Offering so-called “personalization” of dietary advice through increasing the diversity of food items available on My Food Guide seems to be one example of Health Canada working to fulfill its stated commitment to cultural diversity. However, while Health Canada promotes its current food guide as a “culturally inclusive” document, attempting to recognize diversity while at the same time promoting a standardized “healthy eating” framework through Canada’s Food Guide seems to be a contradiction. This chapter now turns attention to issues and conflicts involved in making dietary advice “multicultural.”

Their Food Guide: diversity, multiculturalism, and “other” foods

Between June 2006 and February 2007, the House of Commons Standing Committee on Health undertook special meetings focused on childhood obesity. The food guide came up a number of times during these sessions, as many committee members questioned the consultation processes on it and raised concerns about the diversity, or lack thereof, represented in the guide, which was set to be released in February 2007, just as the committee was wrapping up its mandate. The committee’s final report in March 2007 made sure to underscore the role of culture when it comes to dietary advice and combatting diet-related chronic diseases like obesity:

The Committee is aware that cultural values and norms can affect food and physical activity patterns among children. Witnesses noted the need to be specific and sensitive to diverse communities, recognizing cultural food habits and physical activity patterns. It was suggested that encouraging positive movement on either area does not work the same way from culture to culture and needs the engagement of connected people at the ground level to work with different communities to understand the effectiveness of various efforts. (p. 8)

During the committee hearings that lead up to this report, Health Canada officials engaged in the development of the 2007 *Eating Well with Canada's Food Guide* emphasized their commitment to addressing and reflecting Canada's multicultural population, despite the complexities involved in doing so. As Mary Bush justifiably noted, producing one document meant help all Canadians eat nutritiously and lead healthy lifestyles, regardless of their background and current reality, is no easy task. Creating many different food guides to address Canada's diverse ethnic and cultural groups is both impractical and unrealistic, due to the amount of data and research this would entail, and the sheer number of guides that would need to be produced. Thus, developing one standardized "Canadian" food pattern that others can adapt to was considered the best option:

So this is an imperfect solution when you come out with a food guide and you evolve it for a particular cultural group, because you're taking a food pattern developed for Canadians that's based on the food supply, what Canadians eat, their nutrient needs, and chronic disease prevention. You're asking those people who maybe have come from Thailand, who have a different pattern of eating, to face a pattern that was developed for the Canadian moment. (...) The Canadian food guide will be a food guide that is rooted in Canadian foods, in the traditional pattern that we have data on, because that's the only thing we can use. If we don't have data on what people are eating, we can't develop a de novo pattern. (Mary Bush, Oct. 24, 2006, p. 14)

Nevertheless, Bush and others underscored the importance of providing additional tools and avenues for people who may have different eating patterns to understand and adapt to the food guide, and referred to translated versions of *Eating Well with Canada's Food Guide* as one way of making the guide more accessible:

"I'd like to say that it's a very important issue for us. In fact, we did a multicultural needs assessment. One of the first things you learn is that language and pictures are what become important in making the information more relevant to various ethnic groups, so we're looking very carefully at how we could evolve the food guide to make it available in various languages. (Mary Bush, Oct. 24, 2006, p. 11)

Currently, *Eating Well with Canada's Food Guide* is available in 10 different languages: in addition to English and French, users can download or order a printed copy of the food guide in

Arabic, Chinese, Farsi, Korean, Punjabi, Russian, Spanish, Tagalog, Tamil, and Urdu²⁷. Health Canada's website notes these translated versions can help people "learn more about Canada's Food Guide" and can help individuals and their families "know how much food you need, what types of foods are better for you, and the importance of physical activity in your day" (Health Canada, 2013e). During House of Commons Standing Committee on Health meetings, officials involved in the food guide revision habitually pointed to the translated versions of Canada's Food Guide as one of the most efficient ways Health Canada was serving cultural communities through its nutritional guidance. For example, during the June 15, 2006 meeting, Ruby Dhalla, the Liberal member of parliament for the Brampton-Springdale riding in Ontario and Official Opposition Health Critic at the time, asked: "What type of outreach has been done with some of these ethnocultural communities to ensure that we reduce obesity— children who are overweight—within the ethnic groups?" (June 15, 2006, p. 10). Francy Pillo-Blocka, then-president and CEO of the non-profit Canadian Council of Food and Nutrition and a member Health Canada's Food Expert Advisory Committee, answered: "I have done clinical work for 10 years, and I know that public health departments have used Canada's Food Guide to Healthy Eating and have translated it in many languages. That tool is available for all the various cultures" (June 15, 2006, p. 10). During that same committee meeting, Penny Priddy, the then-NDP member of parliament in the riding of Surry North in British Columbia, asked a similar question about how the food guide was engaging ethnocultural communities across Canada, and was given an answer that indicated simple translation was doing the job:

Penny Priddy: (...) I know that Canada's Food Guide has been translated. I missed the last part, though. Has it been translated in ways that also recognize the food used culturally by people from different countries? It's one thing to translate it into Punjabi—okay, fine—but

²⁷ While many of these languages – including Chinese (simplified), Punjabi, Spanish, Arabic, Tagalog, and Urdu – are part of the top 12 "immigrant languages" spoken at home in Canada (Statistics Canada, 2012), other languages from that list – such as Portuguese and Italian – have not been applied to the food guide. It is difficult to determine how Health Canada chose to translate the guide into some specific languages and not others.

you have to talk about what that means if you're cooking dahl or if you're cooking whatever. Has it taken that into account?

Francy Pillo-Blocka: (...) First of all, yes, absolutely, the translated versions of the current guide takes into account the culture, the different foods, and that sort of thing. But keep in mind that *Canada's Food Guide to Healthy Eating*, the new one, is coming out and we'll need to do the same sort of thing for the new version. (June 15, 2006, p. 13)

However, despite what such comments may lead one to believe, the translated versions of *Eating Well with Canada's Food Guide* do not offer different guidelines or examples that take cultural differences into account; while the language may change, the visual elements, the suggested foods and servings, and the overall “healthy eating framework” stay the same. This is an important issue, especially as some research has shown that different people will understand what “healthy eating” means in diverse ways based on cultural and individual background (Anderson, Mah & Sellen, 2015, Belton & Belton, 2003), something that simple linguistic translation of dietary advice does not account for. Abramovitch et al. (2012), for example, found that Canada's Food Guide's use of the term “serving” was a difficult concept for many people to understand, especially for those from “ethnically diverse” backgrounds who often eat foods other than those suggested by the guide. While such misunderstandings might in part be attributed to linguistic factors, as certain terms in the food guide do not have direct translations in some languages, this study determined inaccurate estimations of serving size were often related to differences in the foods habitually consumed by members of these diverse groups and not specifically addressed by the food guide (Abramovitch et al., 2012). In other words, while the food guide might offer information on the nutritional profile and health benefits of a serving of chicken, it does little to account for the personal and cultural meanings and experiences associated with eating a serving of butter chicken, arroz con pollo, or chicken adobo, even if they contain the same amount of chicken as recommended by the food guide.

Others have also indicated linguistic translation of the food guide does little to offer other perspectives on nutrition and diet, and continues to bolster a quantitative, Western biomedical

discourse of food and eating. Anderson, Mah and Sellen (2015) note that many new immigrants to Canada interpret the food guide and its translations to a very literal degree, and assume foods not pictured in it – including many that they habitually consume -- are “unhealthy.” They write:

“While CFG is available in both Spanish and Tamil (and in ten other languages including English and French), it has not been adapted to include foods more commonly eaten by these ethnocultural groups, nor has it been adapted to include differences in their conceptions of meals, servings, or other implied constructs used in CFG.” (p. 363)

Such issues were not ignored during focus group research with intermediaries who promote healthy eating among ethnocultural communities across Canada following the release of the 2007 revised food guide (Health Canada, 2008). While many participants reacted positively to the fact the guide is available in numerous languages, they also noted that simple translations do not make it a tool that effectively addresses the challenges people part of different cultural and linguistic communities face, especially immigrants (Health Canada, 2008, p. 5). Outside of linguistic factors, barriers to healthy eating that focus group participants brought up included:

- limited availability of traditional foods;
- lack of familiarity with potential substitutes for traditional products;
- differences in cooking methods and use of appliances;
- cultural shifts in food shopping and unfamiliarity with the variety and packaging of foods available;
- lack of time to shop and cook often due to the need for women to work outside of the home once in Canada and their traditional role in preparing meals;
- limited financial means;
- unfamiliarity with the concept of a lunch box for children;
- general unfamiliarity with the concept of a food guide and not being used to measure food intake;
- conflicts generated by multi-generational households;
- nutrition being lower in priority to finding home and employment. (Health Canada, 2008, p. 6)

The focus group research report also noted a number of traditional, cultural, and religious factors that influence people’s diets, and are not accounted for through simple translation of the main food guide, such as following a Halal diet, fasting during Ramadan or Lent, ethno-cultural food classification systems (e.g. cold and warm foods), and the cultural importance of preparing and eating food in a social setting (Health Canada, 2008, p. 7)

In addition to *Eating Well with Canada's Food Guide's* translated versions, Health Canada promotes the My Food Guide website as a tool that better addresses culinary diversity and nutrition among Canada's ethnocultural groups. Mary Bush specifically noted this during the Oct. 24, 2006 meeting of the House of Commons Standing Committee on Health:

“We are looking at mechanisms, but right now the food guide is going to be available in English and in French. However, part of our movement into a web-based platform was to enable us to have graphics that were much more multicultural in terms of food. A bit of it was that the adaptation that allows you to create a My Food Guide program allows you to pull culturally relevant foods into the various food groups. (Mary Bush, Oct. 24, 2006, p. 11)

As noted previously, a number of supplementary food choices added to the My Food Guide food groups lists -- like okra, chayote, guava, papaya, couscous, congee, polenta, naan, corn tortillas, paneer, and others -- are examples of “multicultural” and “culturally relevant” foods some intermediaries and members of the public raised during consultation sessions as potentially significant in addressing different cultural and immigrant groups in Canada (Pheonix Strategic Perspectives, 2005; Health Canada, 2008). However, as already mentioned, with only 161 food examples to choose from, culinary diversity on My Food Guide is severely limited. The Health Canada (2008) focus group research report also noted that: “Concern was expressed with the limited number of food examples provided on the print out for each food group (e.g. up to six per group) given that one of the challenges intermediaries face with new immigrants is the relative unfamiliarity with the concept of food groups.

As such, educators like to provide a multitude of examples to educate immigrants as to what food falls under what group” (p. 6). Furthermore, the report also noted that only including more culturally specific food choices on its online tool would not effectively engage many individuals, especially immigrants, due to limitations in Internet access, which greatly varies depending on immigrants' socio-economic status (Health Canada, 2008, p. 6). Peculiarly, unlike the main food guide, which is available in a total of 12 languages, the My Food Guide tool is

only available in English and French. Despite promises that as of “Fall 2007 users will have the option of printing copies of the ‘My Food Guide’ in a number of different languages” (Health Canada, 2008), this is still not the case a decade later. It is difficult to determine why Health Canada’s plans to translate My Food Guide have not been followed through; regardless, this oversight undoubtedly limits its accessibility to many members of the culturally diverse communities the addition of “multicultural” and “culturally relevant” foods to its lists is meant to serve.

Despite these shortcomings, the food guide is still promoted as reflecting Canada’s cultural and culinary diversity, in keeping with Canada’s national and officially mandated approach to multiculturalism. As Thobani (2007) indicates, while multiculturalism as a policy and ideology claims to recognize and welcome cultural difference, it also has the adverse effect of further differentiating and delineating cultural “others.” This has been the case with Canadian state-mandated nutrition guidance from the start: the 1942 *Food Rules* for example, did not so much address actual diets and the realities people in Canada faced, but rather promoted an “Anglo-European cultural ideal” that had “little application to a number of Canadian regions—particularly the North” and “also pathologized the culinary traditions of ethnic groups with cuisines less centered on dairy products such as milk, cheese, and butter” (Mosby, 2014, pp. 48-49). As Mosby (2014) writes: “In the end, the *Food Rules* did little to define an identifiable Canadian culinary tradition. They were, instead, far more successful in defining which dietary practices were not sufficiently ‘Canadian’ and therefore were in need of reform” (pp. 50-51).

Concerns about differentiating “cultural groups” from “Canadians” based on food choices did come up during consultations on the revised food guide. For example, a minority of online survey respondents raised the idea that by putting emphasis on “other” or “ethnic” foods, the guide’s “proposed multicultural approach” was further emphasizing differences between cultures in a negative and exclusionary way (EKOS Research Associate, 2006, p. 93). During focus

groups, one intermediary, who worked to promote healthy eating in Punjabi communities, noted that addressing dietary diversity through only superficial means reduces the effectiveness of the food guide. This participant said: “It seems like they (government) have tried to be so politically correct, that the Guide has lost some effectiveness. We’ve mixed all the foods up” (Health Canada, 2008, p. 28)

While it would be too much to say that Health Canada and the food guide are actively working at constituting cultural difference – separating the “Canadian” from the “not sufficiently Canadian” – it also cannot be said that the food guide is actually serving cultural communities by including a few extra “culturally relevant” items on a supplementary online tool only available in English and French. Furthermore, instead of actually recognizing the cultural significance and culinary traditions of different foods, the food guide “manages” and essentially works to avoid dealing with diversity by counseling people to adhere to its reductive one-size-fits all healthy eating model that values food groups and serving sizes over culinary tradition, food meaning, and the opportunities that can be opened through constructive encounters with “otherness” through food (Gabbaccia, 1998). Even in its response to the House of Commons Standing Committee on Health’s March 2007 report, titled “Healthy Weights for Healthy Kids,” the Government of Canada essentially said it was already doing enough to address cultural difference when it comes to food, nutrition, and health through its initiatives, including Canada’s Food Guide:

The new Food Guide acknowledges the evolving cultural diversity of Canada by including a range of foods from different ethnic cuisines. Soon it will be possible to print the web-based tool “My Food Guide” (www.myfoodguide.ca) in a number of different languages.²⁸ As mentioned earlier in the response, the Government of Canada has also developed a complementary tailored food guide for First Nations, Inuit and Métis. (Government of Canada, 2007, p. 7)

These repeated claims of “representing and recognizing difference” and “acknowledging the

²⁸ Despite this promise of having the My Food Guide webtool available in different languages other than English and French, this is still not the case a decade after its release.

evolving cultural diversity of Canada” are in line with what Sara Ahmed notes about “multiculturalism,” namely that it is a way for a nation to “reinvent” and “reimagine” itself in a way that claims to welcome Others, and that positions its “tolerance” of difference and diversity as cornerstones of its “superior” nature, but at the same time continues to stress the “Otherness” of cultural outsiders to the point of fetishization (Ahmed, 2000).

This raises serious questions about the effects the food guide can have on members of diverse communities, when recognition of difference and the importance of culture is promised, but are instead managed and bracketed through the very tools of recognition that makes such assurances. Before moving on to a deeper consideration of these issues and how we might respond to them, however, this chapter turns attention to *Eating Well with Canada’s Food Guide for First Nations, Inuit and Métis*, the supplemental set of dietary guidelines based on the “general” food guide that recognizes Canada’s Indigenous populations as another part of the country’s multicultural makeup. It is important to pay special attention to how the food guide treats Indigenous foodways and dietary advice aimed at Indigenous peoples, because, as Sunera Thobani (2007) notes:

With its emphasis on tolerance and diversity, multiculturalism has discredited Aboriginal claims to special status as the original inhabitants of the land; Aboriginality is instead devalued as only one among several cultures that needs to be harnessed for the cultural enrichment of nationals. Multiculturalism has demanded that Aboriginals extend their tolerance to the presence and claims of these other cultures. (p. 175)

The following pages take a closer look at how a food guide “tailored” to Canada’s Indigenous populations functions in this way.

“Moose stew? Char? Blueberries? Bannock?”: differentiating dietary Indigeneity

During consultations on *Eating Well with Canada’s Food Guide*, a number of topics were brought forward that recognized food and diet-related concerns specific to Canada’s Indigenous populations. Indigenous participants in focus group testing on a draft version of the revised

“general” food guide in 2006 noted that many food examples in the guide were not applicable to a number of regions and Indigenous communities. Some participants were unfamiliar with certain products, including fortified plant beverages like soymilk, and also expressed concerns about price and availability. Participants in Iqaluit, Nunavut, for example, expressed that food guide-recommended items like fresh milk regularly cost \$14.99 for a four-litre container in their communities, which at the time was about two- to three times as much as elsewhere in Canada (Western Opinion Research, 2006, Sec. 3, p. 2). The report also states:

“In addition, in communities like Iqaluit and St. Laurent (Manitoba) where variety and supply were an issue, participants indicated that [food guide] tips just could not be used and were generally not appreciated. That is, participants in these communities often do not have a choice of purchasing a type of bread with the lowest amount of carbohydrates – they can only purchase the bread that is there regardless of what Nutrition Facts says.” (Western Opinion Research, 2006, Sec. 3, p. 2)

Specific health concerns, notably the risk of type 2 diabetes, also came up during consultations, with several participants raising the idea of including targeted dietary advice in this regard, similar to how *Eating Well with Canada’s Food Guide* provides information specific to children, women of childbearing age, and men and women over 50 years old (Western Opinion Research, 2006, Sec. 3, p. 6). Additionally, the report noted approaches to and knowledge about nutrition were different among a number of Indigenous focus group participants:

Aboriginal participants, especially those in Iqaluit and to a lesser extent those in St. Laurent (Manitoba), tend to display a different knowledge of nutrition issues compared to non-Aboriginal participants. On a base level, these participants know that the food they eat influences their health and they know basics about sugar, salt and fat. However, they do not know about the consequences of eating too much, or how to choose food or limit portions. They also tend to lack more detailed knowledge of trans-fats, Calories or cholesterol. A quote from Iqaluit sums this up: “We eat a lot of country food. We don’t know much about their nutrition facts but we know that it’s good for us. We don’t know how much intake we should have.” (Western Opinion Research, 2006, Sec. 3, p. 4)

Along these lines, many Indigenous focus group participants also expressed that they wanted to see the food guide include more examples of traditional and country foods (Western Opinion

Research, 2006, Sec. 3, p. 2), much like the Nunavut Food Guide²⁹ does, as well as other elements that would be more applicable in certain regions, such as including alternate forms of dairy (e.g. canned, powdered, and condensed milk) and alternative vegetable and fruit selections, recommendations on how canned and frozen foods can fit into the guide's plan for healthy eating, pictures of entire animals instead of processed servings of meat, and advice on which fats or oils to fry bannock in (Western Opinion Research, 2006, Sec. 3, pp. 4-7).

To address some of these concerns, Health Canada released *Eating Well with Canada's Food Guide for First Nations, Inuit and Métis* (Appendix 6) in April 2007, just a couple of months after the "general" guide. *Eating Well with Canada's Food Guide for First Nations, Inuit and Métis* is meant to address traditions, values, and food choices of many Indigenous cultures that may be different from the "general Canadian population" (Health Canada, 2010b). In addition to English and French, Health Canada also introduced translated versions of the guide in four Indigenous languages -- Woods Cree, Plains Cree, Ojibwe, and Inuktitut³⁰ -- in March 2010. In a press release, then-Conservative Minister of Health, Leona Aglukkaq, noted: "This food guide, which better reflects the values, traditions and food choices of Aboriginal populations, will now be much more accessible for First Nations, Inuit and Metis" (Health Canada, 2010b). Other people quoted in the press release highlighted *Eating Well with Canada's Food Guide for First Nations, Inuit and Métis* and its translations as helping "our people better access important information about nutrition," as per Regional Chief Angus Toulouse, who held the portfolio for

²⁹ Produced by the Government of Nunavut's Department of Health, the Nunavut Food Guide emphasizes the importance of country foods and healthy store-bought foods, and states that, "Traditional values teach us to eat a variety of country foods. A traditional way of eating is balanced," and that "country foods are a healthy choice." The four food groups also include references to their functions, such as vegetables and fruits "for good eyes, skin, and less illness," grain products "for energy," milk and alternatives "for strong bones and teeth," and meat and alternatives "for strong muscles" (Government of Nunavut).

³⁰ According to Health Canada, data from the 2006 census was used to make decisions about which languages to include. Woods Cree, Plains Cree, Ojibwe, and Inuktitut were chosen, as each has over 30,000 speakers, whereas other Indigenous languages have fewer than 15,000 speakers each (Health Canada, 2010a).

health at the Assembly of First Nations at the time, and as helping to “ensure that we see ourselves reflected in this important tool, and as a result, it will be more meaningful for Inuit,” according to National Inuit leader and then-president of the non-profit Inuit Tapiriit Kanatami, Mary Simon (Health Canada, 2010c).

Unlike the 10 translated versions of *Eating Well with Canada’s Food Guide* mentioned previously, *Eating Well with Canada’s Food Guide for First Nations, Inuit and Métis* is a complementary Health Canada product that, while based on the “general” food guide, has its own design elements, suggested foods and messages. Health Canada’s website for the guide includes the following description:

Moose stew? Char? Blueberries? Bannock? For the first time, a national food guide has been created which reflects the values, traditions and food choices of First Nations, Inuit and Métis. This new tailored food guide includes both traditional foods and store-bought foods that are generally available, affordable and accessible across Canada and provides unique images and content. Recommendations are based on the new 2007 version of Canada's Food Guide. (Health Canada, 2010b)

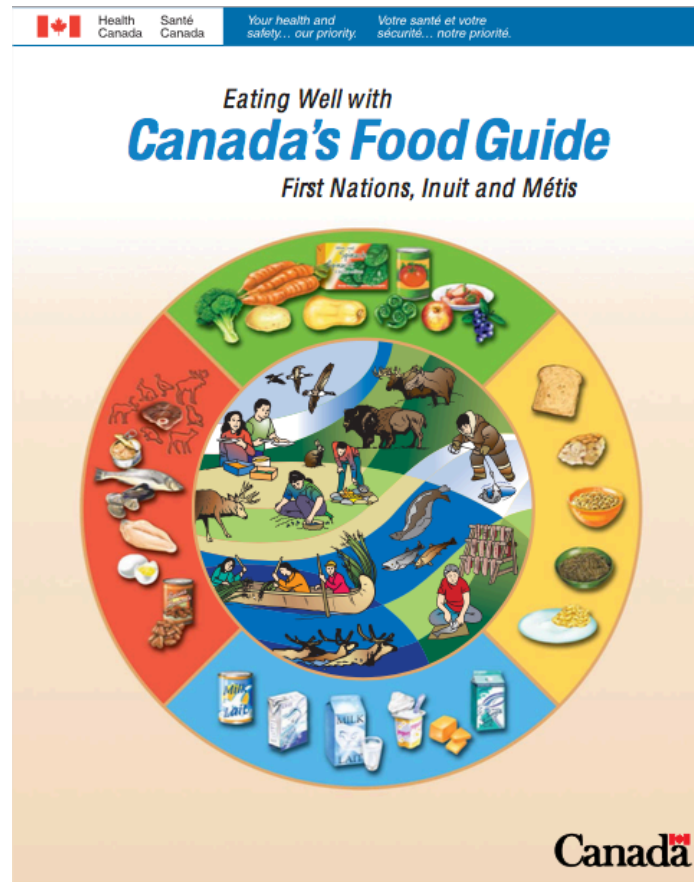
In addition to including advice tailored to reflect Indigenous communities’ values, traditions and food choices, however, Health Canada also underscores that *Eating Well with Canada’s Food Guide for First Nations, Inuit and Métis* “has recommendations for healthy eating based on science” (Health Canada, 2010b), which is reflected in the same food group and serving size formulae as the general guide. Instead of depicting the four food groups in a rainbow graphic, however, *Eating Well with Canada’s Food Guide for First Nations, Inuit and Métis*’ cover page includes a circle split into four sections. Each section corresponds to a food group, and includes graphics of food examples corresponding to them. The cover depicts a number of items not in the general guide, including butternut squash, fiddleheads, bannock, ultra-high temperature (UHT) processed milk³¹, and game meats and birds. The cover also includes depictions of a number of activities in the middle of the food groups circle that are different than the general guide, such as

³¹ Also known as ultra-heat treated or ultra-pasteurized milk, if unopened, UHT milk has a typical unrefrigerated shelf-life of six to nine months.

ice fishing, cooking over an open fire, berry picking, canoeing, and drying fish. These depictions are all interspersed with images of different animals, including geese, moose, buffalo, rabbits/hares, caribou, salmon, and seals (Fig. 26).

Although the general instructions and food guide serving recommendations are the same as the general guide, *Eating Well with Canada's Food Guide for First Nations, Inuit and Métis* includes a host of store-bought and traditional food examples, and a recommendation specific to seal and whale oil and ooligan grease. For those who do not consume dairy, rather than emphasizing fortified soy beverages, the Indigenous guide recommends people consult with a health care provider, and also points to wild plants, seaweed, bannock made with baking powder, fish with bones, shellfish, nuts, and beans as other sources people can use to obtain the nutrients offered by milk. The Indigenous guide also provides recommendations similar to the general guide on which foods to avoid, including those high in salt, sugar and fat, and alcohol; however, while the general guide connects avoiding “bad” or “undesirable” foods to maintaining a healthy weight and avoiding chronic diseases, *Eating Well with Canada's Food Guide for First Nations, Inuit and Métis* justifies such recommendations along different lines. “Respect your body... Your choices matter,” it says. And, “[f]ollowing Canada's Food Guide and limiting foods and drinks which contain a lot of calories, fat, sugar or salt are important ways to respect your body” (Health Canada, 2007b). The guide ends with the statement, “For strong body, mind and spirit, be active every day” (Health Canada, 2007b) (Fig. 27). Making the right, healthy food choices, here, is connected to care for one's body and self-respect (Savage, 2008, p. 70). Additionally, as Cassandra Savage (2008) notes, “while the generic guide frames the body as a straightforward visible sign of the mind's purity or pollution (of its wisdom), the [Indigenous] guide conceives the body as something inseparable from the mind and spirit” (Savage, 2008, p. 71).

Fig. 26



The cover page of *Eating Well with Canada's Food Guide for First Nations, Inuit and Métis*.

Fig. 27



Directional statements in *Eating Well with Canada's Food Guide for First Nations, Inuit and Métis*.

Eating Well with Canada's Food Guide for First Nations, Inuit and Métis also went through qualitative and quantitative testing prior to its release. Research reports (Corporate Research Associates, 2006) largely focused on the proposed guide's visual appeal— such as graphics, colour choices, layout, and fonts – and noted these elements were generally positively received. The findings suggest that participants appreciated the guide's cover design that used a circular pattern to depict the food groups, illustrated various activities and ways to harvest and cook foods, and included examples that represent the importance of both traditional and store-bought foods (Corporate Research Associates, 2006, p. 1). As the report noted:

The manner in which traditional food is incorporated throughout the guide is praised, although there is a general desire to include more options within each food group on panels 2 and 3. Stakeholders clearly appreciate how traditional meat and wild game is illustrated in the Meat and Alternatives group, although it does not clearly stand out from the dark background and does not convey that all parts of the animal can be eaten. Illustrating pemmican, as well as dried and smoked meat or fish was also suggested. These changes are viewed as important to render the food guide more relevant to Aboriginal people and increase its usability for health professionals, along with a variety of other food-related suggestions described in this report. (Corporate Research Associates, 2006, pp. 1-2)

Despite positive reactions and the overall sentiment that developing a food guide specific to Indigenous peoples was a good thing, however, research participants, especially First Nations people living in urban areas, noted the guide was not relevant to them, as it is not representative of their actual dietary habits. Furthermore, participants seem to have raised a number of issues that, compared to the final product released in April 2007, largely went overlooked. For example, another suggested title, “Eating Well with Canada's Food Guide and Traditional Food,” was “the clear winner” in the focus groups (Corporate Research Associates, 2006, p. 1). Many participants preferred this specific title because it emphasized the importance of both traditional and non-traditional foods, and did not single out any specific cultural group (Corporate Research Associates, 2006, p. 1). It is unclear why, counter to research findings, Health Canada decided to go with *Eating Well with Canada's Food Guide for First Nations, Inuit and Métis*. As Krista Walters (2012) notes, such constructed groupings – First Nations, Inuit and Métis -- of Indigenous bodies through government programs overlooks the culinary diversity of the many

different Indigenous cultures in Canada within these categories, and “also serves to distinguish them from other groups in Canadian society, including immigrants, and emphasizes their ‘special otherness’” (pp. 433, 443).

Research participants also suggested alternative food group titles for the guide that included more specific references to traditional and country foods, such as “Vegetables, Fruit, Berries, and Wild Plants,” “Bannock, Bread, Rice, Cereal and Pasta,” and “Meat, Fish, Birds, Eggs, and Beans” (Corporate Research Associates, 2006, p. 2). Nevertheless, the final version of *Eating Well with Canada’s Food Guide for First Nations, Inuit and Métis* adheres to the same food group titles as the general guide, except that the Vegetables and Fruit group includes an additional specification that fresh, frozen and canned items are all included.

While Health Canada may have chosen not to apply these suggestions made by Indigenous citizens and stakeholders about the title and food group names in its guide targeted to Indigenous populations in order to maintain consistency between its various food guide publications and products, numerous comments made during meetings of the House of Commons Standing Committee on Health in September and October 2006 indicate that Indigenous groups may generally not have been thoroughly consulted about the guide. During the meetings, some committee members questioned the comprehensiveness and legitimacy of the consultations, as a number of witnesses had expressed that they were asked to give their opinions on the guide’s design, rather than its approach or content, or were not consulted at all. Committee member and then-Parti Québécois MP for the riding of Laval in Quebec, Nicole Demers, seemed especially concerned about this issue:

Nicole Demers: (...) I wonder whether Health Canada consults with you before deciding to implement new programs in your communities. Do they consult you? For example, were you consulted on the preparation of the new Canada Food Guide? Did you participate in the development of those programs and guides so that they might fully satisfy your needs?

Valerie Gideon (Senior Director, Health and Social Secretariat, Assembly of First Nations): (...) With regard to the new Canada Health Guide, we are part of a small

working group that the First Nations and Inuit Health Branch created with the Inuit. However, we were not really consulted on the contents of the Canada Health Guide but rather only on its presentation so as to ensure that the recommendations would be appropriate to the needs of the populations. We should really consider this issue. In-depth research would, however, be required to ensure that the recommendations are adequate rather than to presume that the rate of --

Nicole Demers: Excuse me. Are you saying you were consulted on the packaging rather than on the contents?

Valerie Gideon: Exactly. (Oct. 3, 2006, pp. 17-18)

At committee hearings two weeks later, Demers again raised similar concerns while questioning Rod Jacobs, who at the time was the manager of Aboriginal Sport Development at the Aboriginal Sport Circle, a federally supported organization that works at increasing the accessibility and equity of sports and recreational activities for Aboriginal peoples:

Nicole Demers: *(translated from French)* Thank you very much. I absolutely want to ask Mr. Jacobs a question. Mr. Jacobs, were you, as a First Nations' member, consulted on the content of the Canada Food Guide?

Rod Jacobs: Canada's Food Guide, for me as a First Nations person growing up, was really unrealistic. It doesn't do anything for my people. We have better luck buying five bags of chips to feed our families than fruit. And that's terrible. Yes, I'd probably put in extra dollars to get me to where I'm at now. But my sister can't; she's on social assistance. There are no jobs in our communities. As Silken (Laumann) said, it's not just about physical activity; it's about our economic—

Nicole Demers: *(translated from French)* My question was this: was your community consulted during the drafting of the new Canada Food Guide?

The Chair: Her time is gone, but I'll allow the answer.

Rod Jacobs: From the Aboriginal Sport Circle's perspective, no, we weren't consulted. (Oct. 17, 2006, p. 14)

During the hearings on Oct. 24, 2006, Mary Bush addressed the committee members' concerns about the consultation processes and the diversity of input it sought out during an extended and critical exchange with MP, Ruby Dhalla:

Ruby Dhalla: (...) We've had a chance to hear from a number of witnesses, a number of stakeholders. If you take a look at the transcripts, you will realize that every single person who came forward as a witness on this topic stated time and again that they felt they were not consulted. This is what my two colleagues, Madam Demers and Madam Gagnon, told us as well. You've spoken today with a tremendous amount of passion. I really appreciate that, and I think all the other members do as well. I'm sure it's been an onerous process. But we as the health committee are trying to ensure that this is the best possible food guide. We want the food guide to be used by Canadians from different socio-economic and cultural

backgrounds. We want it to have an impact on reducing obesity in the country. Your version of the consultations is vastly different from the versions that other witnesses have given us. Some of the groups you spoke of, like Dr. Gideon from the AFN, were consulted. A few of the witnesses have said they were consulted, but they have all stated that they were consulted not on the substance part of it, not in terms of content, but on what the diagrams and pictures should look like. Yes, packaging is an important part of it, but these organizations are concerned about the substance, because they are catering to their particular demographic. Could you clarify this for us? (...)

Mary Bush: Let me tell you that the draft on which you heard testimony was a draft that went out for consultation. There's a resemblance to what will come out finally, but it has been improved by taking what we heard in consultation and improving it. When the comments are made about substance versus packaging, I want you to know—

Ruby Dhalla: That's their description of the consultations, of what's happening.

Mary Bush: I know, I've read the transcripts. Let me tell you we care passionately about substance. Anyone who cares, in replying to the consultation where we go through and ask specific things, yes, about the packaging of the information, but also about how we're dealing with energy, which should be a very important issue for this committee, because we spent extensive time in consultation asking for input on how we had dealt with the energy balance issue and how we could improve it (...) We also ended our consultation with the question, is there anything else you would care to comment on to Health Canada about this initiative? We're here waiting, and wanting, and ready to receive that input. So if somebody had said to us, you know, I think you've missed it, you've got way too many fruits and vegetables, or too few, or as we heard in consultation, they comment that they don't think where we've gone with fruits and vegetables is right (...)

Ruby Dhalla: Were those consultations invited in terms of substance? Was it just a general question, please comment and let me know what you think? Was that the general question, or was it, what do you think in terms of the substance of fruit and vegetables, or poultry?

Mary Bush: We went through every food group and asked questions on every food group. In terms of whether there was detailed, substantive questioning, my answer to you is no. It's not because we're not interested in that, but rather, what are you going to ask? I say that with respect, because in fact we spent a fair amount of time (...) From my perspective, what I wanted was an opportunity to hear from anyone who cared to tell us that they thought we hadn't done this well. Tell us. (Oct. 24, 2006, pp. 12-13)

Even if consultations went beyond the food guide's suggested design and sought people's input on its substance, what Bush's comments here indicate is that, regardless of how extensive consultations actually were, questions about the guide's content did not leave much room for rethinking its biomedical and quantitative approach to diet and health advice based on energy balance, food groups, and suggested serving size and numbers. Although a number of additional concerns not addressed by such a framework were raised during consultations and the House of Commons committee meetings – including the high cost and low availability of store bought

foods in many communities, the dietary and cultural significance of country foods, health risks such as type 2 diabetes, the effects loss of culture has had on the diets and health of many Indigenous communities (Bordirsky & Johnson, 2008; Manitowabi & Maar, 2013), and so on – emphasis during consultations seems to have been focused on finding ways to make Canada’s Food Guide and its general framework focused on food groups more appealing to Indigenous people and communities by including more “traditional” food examples, instead of seeking out other definitions and forms of food and health knowledge and experience that could be used to change and strengthen the food guide’s approach.

Based on the testimony it heard from a number of Indigenous stakeholders, the House of Commons Standing Committee on Health recognized the complexity of nutrition and health in Indigenous communities in its final report on childhood obesity (2007), which underscored the importance of self-sufficiency and stable communities, and the need for increased self-determination and self-government within Indigenous populations “whereby communities could take greater control and provide oversight into the design as well as the delivery of programs and services relevant to and culturally appropriate for childhood obesity” (House of Commons Standing Committee on Health, 2007, pp. 6-7). The committee’s report also placed special emphasis on traditional skills and knowledge:

Witnesses representing First Nations and Inuit communities noted that success in reducing obesity levels among children occurred when people went back to culturally appropriate and traditional approaches. Both the continuation of traditional games, sports, and recreational activities and the provision of traditional foods were seen as inherent for the maintenance of physical health in this population. It was also pointed out that, for urban Inuit, language can be a barrier and when instructions are given for physical activities and food preparations, they can be misunderstood or interpreted. As well, awareness and understanding of healthy eating habits and food preparation in urban settings is actually a learned skill. Traditional knowledge passed down from grandparents to the young is not useful in urban settings and families who move actually have to re-learn what is nutritious and how to feed families. (House of Commons Standing Committee on Health, 2007, p. 8)

Despite the report’s statements that validate a need for an approach to nutrition and health guidance that steps outside of the current food guide’s reductive frame, the government’s

response indicates that, at least for Indigenous populations, it felt it was already doing enough by promoting “culturally-appropriate strategies to promote healthy choices around physical activity and food, and supporting policies that result in healthy foods being available at a reasonable cost, in addition to programming and services that deal with social determinants of health” (Government of Canada, 2007, p.5). The government’s response also underlines that the tailored *Eating Well with Canada’s Food Guide for First Nations, Inuit and Métis* “recognizes the importance of traditional and store-bought foods, and can be used to educate, set policies and provide guidance to ensure adequate nutrition and decrease the risk of unhealthy weight and diet-related disease” (pp. 5-6) and “promotes traditional foods as well as store-bought foods commonly available even in isolated communities, such as frozen and canned vegetables and fruits” (p. 16). Thus, the guide becomes positioned as adequately addressing the concerns and obstacles Indigenous populations face regarding healthy nutrition through the simple inclusion of a more diverse selection of store-bought and traditional food examples in its pages. This might be evaluated as a disingenuous recognition of Indigenous health and nutrition concerns, in that the food guide acknowledges some differences in tradition and food and eating practices compared to “general Canadians,” but at the same time brackets serious issues of food availability and accessibility, as well as loss of culture and violence caused by Canada’s colonial context, by counseling Indigenous individuals and communities to adapt their diets, food choices, and cultural differences to the food guide’s general quantitative framework.

Additionally, a question remains about whether having a separate document based on a food guide for a “general” Canadian population adapted for Indigenous peoples actually helps empower Indigenous populations to raise knowledge and generate policies to ensure healthy nutrition in their communities, as the government’s response indicates? Or, does it prevent people from self-determination and taking control of their diets and health by highlighting difference, thereby further marginalizing people and underscoring dietary otherness through

emphasizing their cultures and traditions? Savage (2008), for example, notes a serious problem with *Eating Well with Canada's Food Guide for First Nations, Inuit and Métis* is that it represents a state-mandated definition of what it means to eat like an Indigenous person in Canada today that ignores the realities of many who do not fit this frame. She writes:

“In a neo-colonial context, the [Indigenous] guide seems especially contentious. In the same way the generic guide generates essentialist ideas about ‘good’ citizenship and ‘healthy’ bodies and shows us how to enact these ideas through diet, the [Indigenous] guide generates ideas about how to perform [Indigeneity] through food and body. Reference to subsistence traditions and holistic conceptions of the body may or may not represent what it means to be [Indigenous] in Canada today. Just as the generic guide speaks to an imaginary ‘Canadian’ audience, the [Indigenous] guide speaks to an imaginary ‘First Nations’ audience. While certainly there are active subsistence communities in Canada and the guide is more than likely meant to be symbolically supportive, it would be interesting to explore how references to food traditions might undermine hard-fought efforts to deconstruct ideas about cultural authenticity.” (Savage, 2008, p. 71)

Moreover, the existence of a separate government-produced food guide that prescribes what a healthy diet is specifically for Indigenous peoples is especially concerning, considering Canada's dark colonial history and violence toward Indigenous peoples.

As Ian Mosby (2013) documents, between 1942 and 1952, Canadian researchers exploited Indigenous communities and children in residential schools suffering from malnourishment and hunger in the name of nutrition science, while the federal government looked on. While ethical considerations toward human experimentation have changed much since these wartime and post-wartime nutrition experiments, Mosby points out that this “institutionalized and, ultimately, dehumanizing colonialist racial ideology” has still “governed Canada's policies towards and treatment of Aboriginal peoples throughout the twentieth century” (Mosby, 2013, pp. 171-172). Walters (2012) notes that Canadian state-lead nutrition intervention efforts in Indigenous communities have historically worked to pathologized non-Western foodways (p. 434) and treated traditional country foods “as limited and supplementary, rather than as normative, legitimate dietary choices with adequate nutritional composition and consumed on a regular

basis” (p. 442). Furthermore, efforts like the food guide have also imposed on these communities the “normalcy” of general dietary guidelines in an effort to assimilate diverse Indigenous bodies and cultures, and has reinforced “the disciplinary colonial power structure of Aboriginal-government relations in Canada” (Walters, 2012, pp. 433-443).

Other researchers have stressed that dietary guidelines or educational initiatives that are based on biomedical approaches and do not account for Canada’s colonial past – which has resulted in “displacement, marginalized land bases, sociocultural disruption, assimilation, external political control, state dependency, economic encapsulation, low-level social services, and the imposition of racial hierarchies situating Aboriginal peoples below non-Aboriginal peoples” (Manitowabi & Maar, 2013, p. 147) – will not actually lead to improvements in the health and well-being of Indigenous populations and survivors of the intergenerational trauma caused by this history. Furthermore, as Monica Bordirsky and Jon Johnson (2008) write:

The reconstitution of traditional Indigenous foodways is a precondition to healing the many traumas of colonization, including unhealthy attitudes toward food and diet that were learned through Western institutions. In this sense, perhaps one of the best methods of reclaiming culture and treating the modern epidemics of obesity, diabetes, and cardiovascular disease affecting many Indigenous people is to attend to their root causes by supporting the revitalization of traditional Indigenous knowledge and foodways. (Bordirsky & Johnson, 200, para. 25-26)

Thus, any nutritional guidelines aimed at Indigenous populations must be driven by these communities themselves and begin with the legitimate recognition of traditional knowledge about health, food, and diet—and not the disingenuous inclusion of traditional food examples in a state-mandated guide endorsed by “Her Majesty the Queen in Right of Canada, represented by the Minister of Health Canada” (Health Canada, 2007b).

Conclusion

As this chapter has attempted to show, Health Canada makes a number of arguably well-intentioned efforts to address cultural diversity and help those who do not see themselves and

what they eat reflected in the general food guide obtain “customized” nutritional guidance that better addresses their preferences and usual practices. The translated versions of the food guide, the additional food item examples included on My Food Guide, and the country foods and more “holistic” approach to “body, mind, and spirit” in *Eating Well with Canada’s Food Guide for First Nations, Inuit and Métis* are all examples of how Health Canada has attempted to expand its food guide’s one-size-fits-all approach to account for personal tastes and cultural culinary differences. However, although these supplemental food guide materials might be “tweaked and tailored to the bodies, needs, and tastes of individuals or subgroups of the population” (Scrinis, 2013, p. 188) to an extent, these do not at all represent a move away from the food guide’s framework that positions the “Canadian” model of healthy eating – based on quantitative understandings of food and a biomedical approach that views “health” only as the maintenance of an ideal body weight and the absence of chronic disease – as “better” than other approaches.

Instead of an actual encounter with difference, the food guide and its supplementary materials represent biopedagogical tools that teach cultural others about the “right” way to eat healthy, and require them to adapt their differences or find ways to fit them into the guide’s model. Furthermore, by attempting to manage difference by imposing the guide’s normative dietary framework across the map, while at the same time purporting to recognize and appreciate personal preferences, tastes, and cultural diversity when it comes to food and eating, the food guide’s “multicultural approach” often works to marginalize “other” dietary practices by further differentiating them from “general Canadian” nutrition norms. As Thobani (2007) notes, rather than actually supporting cultural communities, these types of multicultural projects can serve to frame cultural others “as possessing an excess of culture that marked them as outsiders to the nation” (p. 162). Additionally, efforts to recognize multiculturalism are often more about reconstituting whiteness as a “culturally ‘tolerant’ cosmopolitan whiteness” which continues to

facilitate “more fashionable and politically acceptable forms of white supremacy” (Thobani, 2007, p. 148).

Oftentimes, multicultural food consumption is conceptualized as a colonial, xenophobic, and violent scene where white consumers “eat the Other” (e.g. hooks, 1992) as a form of selfish gustatory entertainment. However, others view multicultural food encounters as positive spaces where “sensual pedagogy,” or learning about cultural others through eating and sharing food, might hold potential for improving relationships between different people and groups (Highmore, 2008). For example, Lily Cho (2010), in her study of Chinese restaurants in the Canadian prairies, not only views these as “culturally productive” spaces that foster interaction between Chinese and non-Chinese people (pp. 12-13), but also as places where Chinese immigrants are empowered to define their own cultural identities in a new country. Referencing “Chinese-Canadian” dishes, like chop suey, which some might consider “inauthentic” because of its appeal to Western taste buds, Cho treats such dishes as signs of “Chineseness under negotiation through reproduction” (p. 66). American food historian, Donna Gabbaccia (1998), also sees potential to foster exchange, learning and understanding in encounters between people of different cultures and backgrounds through food. She writes: “In a bountiful society where fears of cultural difference nevertheless persist, food remains the least controversial, the most typical and reliable, and the cheapest of all ways to find pleasure in life” (Gabbaccia, 1998, p. 231).

The next chapter will introduce a number of public elementary and high school educators who often teach students about food and nutrition issues in multicultural pedagogical spaces in which food can open up access points for students and teachers to exchange and learn about different practices and approaches to healthy nutrition. One educator, for example, described classroom scenes in which she and her students unpacked cultural stereotypes around food and encouraged exchanges about, and bonding over, different kinds of tastes and food favourites:

Some kids are like, oh, I don't like Chinese food. But, what does that mean, right? And then we talk about that. Or Indian food. 'Indian food stinks,' some of the kids say. So, then we'll talk about how that's culturally constructed. And I have a lot of kids who are Indian in my classes, and we'll talk about what they eat at home. I love doing that. What do you guys eat at home? What's your favourite dish? So, the Caribbean kids will talk about rice and peas, and jerk chicken, and stuff like that. And some of the other kids will be like, oh, I've had jerk chicken before. So, did you know that it was from Jamaica, or the Caribbean? So, we do have those conversations. The goal is for them to be more inclusive. (Educator 2)

As the next chapter will show, however, it is not the standardized Canada's Food Guide, its limited incorporation of diverse foods into a one-size-fits-all model, nor its reductive approach to nutrition education that can encourage these exchanges, but rather the actual sensory experiences of procuring, preparing and eating different foods, and sharing these experiences with others.

Chapter 5

Learning how to eat

To support Canada's Food Guide's goal of instructing laypeople and non-experts about what a healthy Canadian diet is, or is supposed to be, Health Canada also produces a number of supplementary materials for "educators and communicators" whose occupational responsibilities include teaching children and adults about nutrition and healthy eating. These resources offer educators and communicators advice and techniques for further translating Canada's Food Guide's dietary guidelines and healthy lifestyle tips, which the food guide itself has translated from nutrition science. *Eating Well With Canada's Food Guide: A Resource for Educators and Communicators* (Health Canada, 2007c) (Appendix 7) is a teaching support manual that Health Canada developed in conjunction with its 2007 food guide. The 60-page booklet breaks down each of the food guide's recommendations and offers further details about the nutrition science that informed them. The *Resource for Educators and Communicators* also provides strategies to help educators and communicators teach others about the importance of healthy eating, explain why the food guide's instructions are the best means of achieving this, and demonstrate how its recommendations can be applied in daily life. Although the *Resource* itself does not explicitly state what types of educators and communicators Health Canada is addressing in it, a research report on the September 2006 focus group consultations held to test a draft version of the teaching resource indicates it is specifically directed at registered dietitians, registered nurses, physical activity specialists, and elementary and high school teachers (Corporate Research Associates, 2006).

This chapter focuses on nutrition and food education in elementary and high school classrooms, and the educators responsible for it. Although people may get information about health and diet from numerous sources -- including health care professionals, news media, online sources, food advertising, social media, and social interactions, for example -- schools are an

important biopolitical site to investigate, as classrooms are one of the main locations young people encounter truth discourses based on hegemonic ideas about nutrition and food. Through classroom interactions and teaching activities about health and diet, certain mainstream ideas about food and eating become circulated and taken up by educators and students, which ultimately leads to these approaches gaining legitimacy over other discourses of food and eating (Hayes-Conroy, 2013). For example, education initiatives that seek to teach healthy habits based on state interventions like Canada's Food Guide encourage teachers to demonstrate to their students the importance of learning about and monitoring one's food and eating activities so they can compare them with, and eventually achieve, the norms established in the guidelines. Such education initiatives put forward a standardized version of what it means to "eat healthy," and also address the nutritional learners they target as a homogenous group whose members fit into a common nutritional profile. However, as has been discussed previously, the "idealized" eater (Mudry, 2009) addressed in educational initiatives like Canada's Food Guide does not actually exist in the real world. Thus, in addition to investigating how the food guide's one-size-fits-all approach to nutrition is addressed in classroom activities, this chapter sheds light on what happens when diverse individuals who may have different understandings of and relationships with food confront the guide's reductive messages. Schools, then, are not only an ideal site to view how the food guide enacts biopower; they are also venues where hegemonic discourses of nutrition are at times resisted and supplanted by other modes of learning and speaking about food and eating.

This chapter begins with an overview of the role schools and teachers play in nutrition education and the concept of "biopedagogy" in the dissemination of hegemonic ideas of health and nutrition. It then specifically looks at Canada's Food Guide as a biopedagogical tool, and the vision of "proper" nutrition education Health Canada formulates in its *Resource for Educators and Communicators*. Subsequently, this chapter explores how the food guide's directives

actually become mobilized—and, significantly, resisted—in real-world pedagogical settings by turning to the results of one-on-one semi-structured interviews with teachers and school dietitians from a Montreal-area public school board. This chapter concludes with considerations of how food and nutrition guidance, education, and policy might be supplemented or improved through exploring some of the “alternative” food pedagogy techniques and languages that emerged out of this research.

Nutrition education and biopedagogy

Many critical obesity scholars have pointed out that schools are important sites for public health education programs to be carried out, as they are opportune locations for authorities to instruct and oversee the development of “good lifestyle habits” among children and adolescents. As Welch, McMahon and Wright (2012) note, schools are sites of biopower where authoritative knowledge about food and nutrition is mobilized through strategies of intervention and “(re)produced through the pedagogical practices of parents, teachers, marketers and media” (p. 717). In the classroom, educators use public health campaigns like Canada’s Food Guide as tools in teaching students about the importance of making “healthy” food choices. These programs, and the classroom strategies of intervention linked to them, seek to influence young people’s values and knowledge about food, often in moralistic terms. Some programs urge students to constantly self-monitor their eating habits through activities like food journaling and counting daily food servings, while others measure the perceived effects food intake has on their bodies through classroom Body Mass Index (BMI) monitoring programs. Oftentimes, such school activities are used by authorities to discern which students are “at risk” for obesity and other chronic diseases, and have been justified as necessary for the prevention of future health problems (Evans & Colls, 2009, p. 1063). Such interventions tend to reinforce hegemonic discourses of food and nutrition that link “healthy” choices to “goodness,” and associate ideas

about “unhealthy” eating to negatives consequences, including widespread obesity, chronic disease, and an overburdened health care system (Hayes-Conroy, 2013; Welch, McMahon & Wright, 2012).

A useful concept for understanding how such public health initiatives operate in schools is “biopedagogy,” which Wright (2009) defines as “the normalizing and regulating practices in schools and disseminated more widely through the web and other forms of media, which have been generated by escalating concerns over claims of a global ‘obesity epidemic’” (Wright, 2009, p. 1). She adds that “biopedagogies not only place individuals under constant surveillance, but also press them toward increasingly monitoring themselves, often through increasing their *knowledge* around ‘obesity’ related risks, and ‘instructing’ them on how to eat healthily, and stay active” (Wright, 2009, p. 1). While often associated with the classroom, biopedagogical sites can refer to anything that, either directly or indirectly, has “the power to teach, to engage ‘learners’ in meaning making practices that they use to make sense of their worlds and their selves and thereby influence how they act on themselves and others” (Wright, 2009, pp. 7-8).

Although biopedagogies, such as classroom activities based on Canada’s Food Guide, are powerful in shaping how people understand and exist in the world, it is important to note even though public health officials develop and implement these strategies of intervention to advance particular agendas, they cannot always tightly control how individuals -- who each bring their own circumstances and modes of understanding to the table -- react or interact with them. For, as Wright (2009) puts it, while biopedagogies set out certain regulations and rules about how people need to work on themselves, exactly how individuals experience and take these up is not always predictable, “but rather is mediated by their personal experiences, their own embodiment, their interactions with other ways of knowing, other truths and operations of power in relation to the knowledge produced around health, obesity and the body” (Wright, 2009, pp. 8-9).

Classrooms represent “complex spaces, made up of a vast assemblage of objects, bodies,

curriculum imperatives and pedagogical practices that are connected to broader assemblages” (Leahy, 2009, p. 181). Here, expert knowledge and hegemonic discourses of nutrition come up against other forms of food knowledge from educators, students, parents, and others. Thus, investigating how nutrition knowledge and power operate in the classroom also opens up the possibility to explore modes of resistance and uncover experiences and forms of subjugated knowledge that question the common sense “truths” found in mainstream scientific nutrition discourses today (Evans & Colls, 2009, p. 1060; Harwood, 2009, pp. 26-27).

Before getting there, however, this chapter starts off by looking at how Health Canada envisions “proper” nutrition education based on its food guide by analyzing its supplementary *Resource for Educators and Communicators*, the tools and techniques it proposes, and criticisms it has been afforded.

Nutrition educators: translators, role models, and influencers

Although education in Canada is the responsibility of provincial and territorial governments, when it comes to matters of health and nutrition, at least, federally mandated public health campaigns like Canada’s Food Guide do have a strong presence in schools across the country. For example, many schools and school boards, including the Montreal-area ones involved in this research,³² base their cafeteria menus, snack programs, and food purchasing plans on the recommended foods, food groups and serving numbers and sizes set out in the food guide. School and school board nutrition policies often involve a nutrition education element based on the national food guide to teach elementary and high school students basic knowledge about “healthy eating” and food skills in order to practice healthy habits, set healthy goals, and monitor these on a regular basis.

³² To ensure the privacy of this project’s interview participants, the names of the school board and individual schools consulted have been omitted.

During the Feb. 1, 2011 House of Commons Standing Committee on Health meeting, Hasan Hutchinson, the director general of Health Canada's Nutrition Policy and Promotion section, spoke about the federal department's role in schools when it comes to health and nutrition:

As you have said, schools are a very key setting to promote and support healthy eating and physical activity. That is certainly clear. And again, as you said, the responsibility for school health is really with the provinces, but that shouldn't be seen as an impediment to actually working with the provinces and territories to really move forward on this. So what we have done certainly with respect to the school nutrition guidelines is that we've been in a process now for about a year and a half where I suppose one could say that we hold space and that sort of quiet leadership with respect to bringing together the provinces and territories to talk about school nutrition guidelines and to look for developing consistency in those guidelines from province to province (...) So our federal role there is really, I suppose, one could say, more of holding space, but actually to bring together the analysis of the guidelines that have been there (...) So there are ways that we as federal government do have a responsibility in this as well. It's not that direct one; it's more through indirect means. (Hasan Hutchinson, Feb. 1, 2011, p. 15)

On top of “bringing together” and “quietly leading” the provinces and territories in discussions about school nutrition policies, during this meeting Hutchinson underlined many of the resources Health Canada produces to aid school teachers in communicating the food guide and its prescriptions for healthy eating to students, including nutrition labeling education initiatives (Health Canada, 2012c), and the *Eat Well and Be Active Educational Tool Kit* (Health Canada, 2014), which offers resources for both youth and adult educators, including posters to hang up in the classroom, activity plans, and food and exercise journal templates. According to Hutchinson, such resources incorporate the food guide's messages along with Canadian physical activity guidelines into “teachable moments” (Hasan Hutchinson, Feb. 1, 2011, p. 12):

Really what I'm thinking of is when I talked about the eat well and be active tool kit, so that we are working together to make sure we have ways we can get those key messages out to children as well. This makes it easier for the educators to really have everything they need to be able to move forward with activity plans. (p. 14)

An additional resource Health Canada promotes as providing educators the information and tools they need to communicate “key messages” about healthy eating is *Eating Well With Canada's Food Guide: A Resource for Educators and Communicators* (Health Canada, 2007c),

which was developed alongside the 2007 version of the food guide. The *Resource* notes that educators and communicators “play a vital role in helping Canadians to understand and use Canada’s Food Guide” (Health Canada, 2007c, p. 1). In its pages, the *Resource* outlines the roles and responsibilities Health Canada envisions for educators and communicators who teach people about food and nutrition. The first general role illustrated in the above short passage is, of course, “translating” the food guide for ordinary Canadians, and helping them apply its directives in their everyday lives. The *Resource* acknowledges that the modern food environment can make it difficult for people to adhere to the food guide’s healthy eating pattern, and points to people’s “busy schedules,” the “different and sometimes conflicting nutrition messages” Canadians are confronted with every day, and the fact that “food is readily available at all times and everywhere” as primary healthy eating impediments (Health Canada, 2007c, p. 2). Thus, the *Resource* tasks educators and communicators with using their influential positions to help people overcome these environmental challenges – after all, the *Resource* states, “[d]espite the challenges to eating well, it is possible for people to adopt healthy eating practices” (p. 2) -- and follow the “healthy eating pattern” found in Canada’s Food guide, which it notes is “based on extensive scientific evidence” and “evidence that links certain foods with reduced risk of chronic diseases” (c, p. 4).

Beyond this general responsibility of “translating” the food guide and helping Canadians apply its directives despite the difficult food environment, the *Resource* gives educators and communicators the very important responsibility of being a “good role model.” They are instructed to regularly and publicly practice habits and behaviours advocated in the food guide to influence or inspire those they teach to do the same. The *Resource* notes “[e]ducators and communicators are in a position to influence the choices people make” (Health Canada, 2007c, p. 2), later adding that “actions, such as snacking on fruit or serving healthy foods during events, can strongly support what you tell people about healthy eating and healthy living” (Health

Canada, 2007c, p. 10). The *Resource* notes this is especially true when it comes to children, as they look up to “adults around them for direction” (p. 2).

Interestingly, the *Resource* also encourages educators and communicators to take on additional roles that go beyond translating the food guide and exemplifying its directives through their own public behaviours, and briefly ventures into nutrition and health advocacy territory. In its foreword, the *Resource* states:

This resource can be used to: write and talk about the importance of eating well; develop or advocate for nutrition policies; create new tools and resources. (Health Canada, 2007c, p. i)

Despite these additional uses Health Canada highlights in the *Resource*, no guidance is actually provided on how educators and communicators might use it to actually achieve these things.

Throughout its pages, the *Resource* offers highlighted sections of practical advice on how people can put each of the food guide’s statements into practice, as well as tips directed specifically at consumers on how they can apply the guide to their own grocery shopping, food preparation, and eating habits. Similar detailed or practical instruction on how educators and communicators might approach the political work of developing new nutrition policies, write influential articles, or design educational resources that actually become implemented in schools, however, is lacking. Although included in the booklet’s foreword, these additional nutrition and health advocacy-directed uses Health Canada mentions seem to be more of an afterthought than a realistic goal. During focus group consultations for the *Resource* held in September 2006, participants significantly noted these advocacy roles seemed questionable and largely unrealistic. As one focus group participant, referring specifically to the role of developing or advocating for nutritional policy, noted: “I am not too sure about that one. How can it apply? You have to be at a higher level to create policy and I don’t know if they would use this resource for that” (Corporate Research Associates, 2006, p. 14).

Thus, it can be understood that the main goal of the *Resource for Educators and*

Communicators is not so much to affect or improve nutrition policy and develop new educational approaches and tools, but is rather to convince people of the food guide's scientific objectivity, reliability, and everyday utility, and influence them to take up its "healthy eating" framework in their daily lives. In order to support educators and communicators in enacting their primary roles as translators and role models it sets out for them, the *Resource* provides three categories of instruction in its pages to help them both embody and impart the food guide's nutritional directives. The first, titled, "When teaching Canada's Food Guide," offers general guidelines and highlights specific aspects of the food guide that educators and communicators should emphasize in their lessons. For example, when teaching the food guide, educators and communicators are encouraged to "[p]oint out that foods higher in calories, fat, sugar or salt such as cakes, French fries or ice cream, are not pictured as part of the healthy eating pattern" (Health Canada, 2007c, p. 10).

The second category, named "Put into practice," offers educators and communicators direction on how to personalize the advice in Canada's Food Guide and demonstrate to their students that it can realistically be used in daily life. The main message found in sections with the "Put into practice" heading focuses on encouraging educators and communicators to share their own healthy eating practices and ideas with their audiences to convince them healthy eating according to the food guide is indeed possible, regardless of the environmental, systemic, or personal obstacles they may face. Throughout the *Resource*, the "Put into practice" sections prompt educators and communicators to reflect on their own practices and figure out ways they can use them to inspire and influence their students. For example, when referring to lack of time as a common reason people do not eat enough fruits and vegetables, the *Resource* addresses educators and communicators:

Despite your own busy schedule, you likely have a good understanding of the value of eating plenty of vegetables and fruit. Think about the strategies and tips that you use to reach your recommended Food Guide Servings for Vegetables and Fruit. Perhaps you start

your day with a fruit-based smoothie or have cut-up fruit or berries in addition to a glass of orange or grapefruit juice. Or, maybe you make a conscious effort to include at least one vegetable at lunch. Maybe you keep your kitchen stocked with quick and easy frozen and canned vegetables and fruit such as frozen broccoli, frozen berries and peaches canned in juice. Sharing your list of strategies and tips can be useful and motivating. It can help teach consumers that, with a little planning, they can get there too. (Health Canada, 2007c, p. 14)

Similar tips are sprinkled throughout the *Resource*, including prompts for educators and communicators to “think about the ways in which you control the amount of fat added to your favourite grains and grain products” (p. 18), to “think about your favourite and creative ways of making the Milk and Alternatives servings add up”(p. 21), to “share your own experiences when you teach people about the array of choices in the Meat and Alternatives food group” (p. 25), and to ask themselves “what other creative time saving tips and strategies can you think of to help people eat well?” (p. 33).

The third category is the “Tips for consumers,” which the *Resource* encourages educators and communicators to directly share with those they are teaching. These tips are always pre-empted with the exclamation that: “You can do it, wherever you are – at home, at school, at work or when eating out!” Many of the tips found in this category are clearly aimed at an adult population, or to those who do the grocery shopping at home. For example, the majority of these tips encourage people to compare labels when shopping for food, choose healthy fats and lean meats, and order “healthier options” when eating out. Nevertheless, some of these tips seem to be directed more toward elementary and high school-aged children, as they refer to packed lunches or choices made at the school cafeteria. For example, some of the *Resource*’s tips for consumers include:

- Pack a couple of apricots or some baby carrots and green and red pepper strips as a snack for school or at work. (p. 12)
- At the cafeteria, pick an apple, orange or fruit salad rather than a piece of pie or pastry. (p. 13)
- Substitute the French fries and poutine with healthier options such as a baked potato or salad with dressing on the side. (p. 13)
- Start your day with a bowl of oatmeal, whole grain cereal, or whole wheat toast. (p. 16)

- Pick a cereal that is made with whole grains or bran, or one that is at least a “high source” of fibre. (p. 16)
- Order pizza made with a whole wheat crust. (p. 16)
- Have a glass of low fat milk rather than pop or fruit drinks. (p. 20)
- Pack milk in a reusable container with an ice-pack to drink with your lunch. (p. 20)
- For lunch at work or school, try bean salad, lentil and rice pilaf or a bowl of vegetarian chili or tofu stir-fry. (p. 22)
- Take nutritious snacks from home to eat at school, at work or when on the go. Try packing a snack such as vegetables or fruit with a dip. This will help reduce temptation to buy less nutritious snacks. (p. 33)
- Avoid eating deep-fried foods such as French fries, onion rings, spring rolls, breaded chicken nuggets, deep-fried battered vegetables and chicken wings. (p. 33)

While these “tips for consumers” generally refer to activities most often carried out at home, the *Resource* encourages educators and communicators to teach and model these “good behaviours” in the public sphere, at school for example, in the hopes that they make their ways into their students’ private lives.

Within these three categories of instruction, the *Resource for Educators and Consumers* also suggests three discernable types of teaching tools and techniques to translate and communicate the food guide’s nutrition instructions, namely (1) maintaining a clear division between “good” and “bad” foods; (2) personal food surveillance; and (3) hands-on food learning. These three types of teaching tools and techniques are explored in greater detail in the following section.

Teaching the food guide: tools and techniques

(a) Separating good and bad foods

The *Resource for Educators and Communicators* maintains a strong division between “good” and “bad” foods and behaviours. Educators and communicators are instructed to teach others about healthy eating through emphasizing this binary, and by encouraging their audiences to make “good” choices, and avoid “bad” ones. This teaching technique, especially reinforced in the *Resource*’s “Tips for consumers” sections, again sets up health as an issue of morality by directly linking “healthy” foods and behaviours with notions of “goodness.” The *Resource*

repeatedly prompts educators and communicators to remind their students about which items the food guide considers “good,” and which ones it deems “bad” or “undesirable” for health. For example, it directs teachers to draw students’ attention to the visual representations of a healthy diet in Canada’s Food Guide, such as the rainbow food groups graphic, to: “Point out that foods higher in calories, fat, sugar or salt such as cakes, French fries or ice cream, are not pictured as part of the healthy eating pattern” (Health Canada, 2007c, p. 10) and that such ““less healthy choices’ should be limited but can be enjoyed at times” (p. 33). On the other hand, the *Resource* instructs educators to describe “good” foods, like vegetables and fruits, as “packed with nutrition and great taste. Every time you eat a vegetable and fruit, you are closer to meeting your daily recommended number of Food Guide Servings” (p. 36). This teaching technique of reinforcing the good/bad habits binary present in the food guide is also made explicit in the *Resource* when it provides educators different strategies for talking to their students about desirable “healthy” actions. For example, one of its “Tips for consumers” instructs people to:

Spend less time being inactive like watching TV or playing computer games. Watching TV or playing computer games takes away from time that could be spent being physically active. If you are inactive, you are more likely to gain weight. You may also be more likely to snack on higher fat, sweet and salty foods while watching TV. (Health Canada, 2007c, p. 36)

Activities like watching television or enjoying video games are addressed as lazy “bad” practices that not only take away time from potential good behaviours, but also inevitably lead to other undesirable actions, such as eating unhealthy junk foods. Leisure time, here, is not viewed as an opportunity for people to actually relax and enjoy simple indulgences, but rather is another occasion for work on oneself in order to attain the norms set out in the food guide (Lemke, 2011). Activities – even those meant as a “time out” from daily life -- that conflict with this view of nutrition and overall health become viewed as representing a lazy and immoral self. This framework present in the *Resource for Educators and Communicators* resonates with Berlant’s (2011) description of the “slow death.” In a world characterized by increased urban development

and personal struggles to balance work and finances with family and personal obligations, it is the pressures of living up to the nutritional perfection advocated in dietary advice like food guides that can actually propel people in the opposite direction. Here, the pressures of everyday life wear out the population, and food and eating take on the role of a “mini-vacation,” a momentary reprieve from the activities associated with reproducing oneself, instead of as life-building activities oriented toward a better future (Berlant, 2011, pp. 95-117). In this scene, “eating well” or “healthy” becomes a confusing and exhausting activity, and consuming “bad” foods—often processed and prepared foods deemed “unhealthy” or “junk foods”—provides the disempowered eater an opportunity to, in a sense, rebel against such prescriptions and indulge in a momentary feeling of well-being and suspension from everyday pressures (Berlant, 2001, p. 117). The *Resource*’s disregard of television watching and video-gaming as activities that can actually be part of an overall healthy lifestyle – the concept of snacking on fruits and vegetables while watching TV is not even considered – is just one example of how Berlant’s (2011) conception of the “slow death” is enacted in public health education initiatives like Canada’s Food Guide.

In addition to teaching basic divisions between “good” and “bad” behaviours, the *Resource* encourages educators to communicate to their audiences the importance of staying up to date on information that can aid them selecting desirable products and behaviours in their daily lives. Here, the Nutrition Facts table makes another appearance:

Compare the Nutrition Facts table on food labels to choose products that contain less fat, saturated fat, trans fat, sugars and sodium. You eat what you buy. The Nutrition Facts table can help you pick the healthier choices. Keep in mind that the calories and nutrients listed are for the amount of food found at the top of the Nutrition Facts table. Read the ingredient lists on packaged and frozen foods. Limit foods that contain hydrogenated or partially hydrogenated oils, palm oil, palm kernel oil, coconut oil, shortening, butter or lard. Breaded fish sticks and fillets, chicken balls and nuggets, meat pies, snack foods and baked goods commonly contain these ingredients. (Health Canada, 2007c, p. 36)

Once educators and communicators equip their students with the basic knowledge of what

“good” and “bad” foods and activities according to the food guide are, individuals are expected to put in extra work on their own time to sharpen their understanding of what exactly the components of good and bad food are, and make decisions accordingly. The *Resource* encourages students and consumers to do the same type of “homework” when eating out:

Request nutrition information about menu items when eating out to help you make healthier choices. Nutrition information for food purchased in coffee shops or restaurants is often available in pamphlets on display or by request. You can also visit the vendor’s website for this information. (Health Canada, 2007c, p. 37)

As noted earlier, this task placed on individuals that implores them constantly to learn about and monitor their activities to achieve the norms associated with becoming “healthy subjects” is characteristic of a biopedagogical approach (Wright, 2009). The *Resource for Educators and Communicators* further applies this strategy of intervention through a second teaching tool, namely the food and servings journal.

(b) The food and servings journal

As explored in previous chapters, a main component of Canada’s Food Guide’s biopolitical strategy is the individual imperative to closely and consistently self-monitor one’s eating habits and compare them with the guide’s healthy eating framework. The *Resource* supports this strategy often by suggesting that educators and communicators: “Encourage people to track how often they eat these foods. Increasing awareness is a first step in improving food choices” (Health Canada, 2007c, p. 33). To aid in this biopedagogical exercise, the *Resource* encourages people to write down all of the foods they eat on a daily basis. The related *Eat Well and Be Active Toolkit* also offers food and activity journal templates that students can use to count how many servings from each of the Canada’s Food Guide’s food groups they eat and the amount of time they spend exercising on a daily basis. The *Resource* acknowledges that most people, of course, tend to eat meals made up of many different food components, which can make clear and accurate food journaling a difficult and stressful exercise. To aid people in

overcoming this obstacle, it offers the following guidance on “how to count food guide servings in a meal” (p. 30):

From beef lo mein to shepherd’s pie to vegetable curry, meals typically consist of different foods from each food group. Counting the number of Food Guide Servings in a meal requires that people know what foods are in a meal, as well as how much of each food was used to prepare the meal. The first step is to think about all the ingredients used to make that meal and then identify in which food groups they belong. Next, compare the amounts of the main ingredients in a portion of the meal to the amounts that make up a Food Guide Serving in Canada’s Food Guide. This will provide an estimate of the number of Food Guide Servings in a portion of the meal. (p. 30)

As has been noted in previous chapters, this breaking down of multi-faceted meals into purely quantitative terms not only serves to figure food as “products of calculation and not social determination” and erase food’s other meanings associated with elements of taste, tradition, culture, geography, and history (Mudry, 2009); this approach has also been shown to cause considerable amounts of confusion and stress among people simply trying to answer the question, what should I eat (Andresen, 2007; Kondro, 2006; Abramovitch et al., 2012; Dubois et al., 2011; Ricciuto, Tarasuk & Yatchew, 2006; Rossiter, Evers & Pender, 2012; Scrinis, 2008; Tarasuk, Fitzpatrick & Ward, 2010)? Importantly, as this chapter will also address, nutrition educators note that a teaching approach focused on obsessively counting and measuring everything one eats can foster anxiety and unhealthy relationships with food, especially among children.

Supplementary materials part of the *Eat Well and Be Active Toolkit* (Health Canada, 2014) might also be considered as causing anxiety, especially its suggestions aimed at children that focus on encouraging them to take a more proactive role in their own health by convincing adults to change their behaviours. For example, one element of the *Toolkit* aimed at children offers a list of barriers to healthy living and possible solutions. One item on the list is described from a child’s perspective: “My parents or others choose what I eat and what activities I do.” The *Toolkit’s* solutions focus on getting the child to convince their parents to do things differently:

Ask your parents if you can help with the grocery shopping, choosing foods and cooking meals.

Make plans to play with friends. Talk to your parents about what activities you can do with friends after school.

Have active family days. Ask your parents to go for a walk or play at the park after dinner or on weekends.

Help your parents and siblings around the house. Carry in groceries, rake leaves, and help clear the driveway of snow. (Health Canada, 2014)

Similarly, the *Toolkit* addresses children who might come home from school hungry and turn to “bad” foods like “pop, chips and chocolate” as “easy snacks.” They are instructed to:

Ask your family to buy foods from the four food groups so that you have some on hand.

Put fruit in a bowl on the table, so when you get home it is the easiest food to grab.

Drink milk, munch on vegetables, have some cheese and crackers instead.

Visit Canada’s Food Guide Smart Snacking Tips for more ideas on healthy snacks. (Health Canada, 2014)

This advice, and other “solutions” proposed in the *Toolkit*, place children in an awkward position: even though it is adults who tend to make household decisions regarding grocery shopping, meal planning, and food preparation, these teaching tools address children as being responsible for educating their own parents and caretakers, and informing them about the importance of stopping their “bad” behaviours and making “good” choices instead. Such food guide resources not only offer support for educators and communicators to teach others about good nutrition and healthy living, but also offer them tools to “train” others, including children, to continue this biopedagogical work in their private lives.

Interestingly, the *Resource for Educators and Communicators* also strongly encourages the transfer of healthy eating biopedagogy from public spaces, like the classroom, into private life, not just for students, but also the educators and communicators themselves. As mentioned earlier, the *Resource* instructs teachers to publicly model the good “healthy eating” behaviours from the food guide to encourage their students to do the same, and use their own food and eating experiences to illustrate that healthy eating is possible despite barriers present in the food environment. However, educators and communicators are not meant to use just any personal

experiences; the *Resource* repeatedly notes that teachers must first teach themselves and adhere to the specific practices and techniques promoted in the food guide. To do so, the *Resource* encourages educators to engage in the same food surveillance activities they are supposed to teach:

The eating patterns of many Canadians may be quite different from the amount and type of food recommended in Canada's Food Guide. A good exercise to help you teach Canada's Food Guide is to keep track or make a tally of the food you eat for a day or two. Compare the amount of food you eat in a normal day to the recommended number of Food Guide Servings for each of the food groups. Note the food groups for which you are meeting or exceeding the recommended number of Food Guide Servings. Also compare the type of food you choose to the type of food recommended in Canada's Food Guide. This exercise will help to identify what changes you can make to follow the healthy eating pattern (p. 7)

Throughout the *Resource*'s pages, educators are repeatedly reminded of the importance of tracking their own food choices in order to better understand the food guide and come up with ways to communicate its nutrition guidance to others.

For example, in reference to fats and oils used in food preparation, the *Resource* states:

Fat in food may go unnoticed and can add up quickly. We can, however, see and control the type and amount of oil and fat that we add to foods. People may need guidance in figuring out how to apply the recommendations about added oils and fats. Think about your own meals for the day. Write down what foods you prepared using added oil or what you served with salad dressing, mayonnaise or margarine. Doing a similar exercise may help consumers better understand how they can apply the guidance about added oils and fats in their daily meals. (p. 27)

To become more effective teachers, educators and communicators are also encouraged to increase their understandings and experiences with food guide servings and measurements through their food journaling activities:

Changing eating habits takes time and effort. It is important for people to recognize that each small change is a step in the right direction. The first step is to become familiar with the size of Food Guide Servings. A good way to learn about Food Guide Servings is to measure foods you eat for a day or two. Then compare the amount you eat in a day to the recommended number of daily Food Guide Servings for your age and sex. In doing this exercise, you will notice that it may be easier to achieve the recommended daily Food Guide Servings for some food groups than for others. For many people, consuming the recommended amount of Vegetables and Fruit is a challenge, while they are less likely to have difficulty consuming the Food Guide Servings recommended for Grain Products. Knowing how your diet compares to the amount and type of food recommended in

Canada's Food Guide can help you set goals to improve your eating habits and provide insights on helping others to achieve their goals. (p. 31)

The *Resource for Educators and Communicators* emphasizes the advantages of referring to one's own food and eating experiences when teaching others about healthy eating, as doing can help personalize the advice found in Canada's Food Guide. However, before teachers can do this, they must first ensure their personal experiences and behaviours align with the food guide's framework by closely tracking their own diets and counting the amounts and types of foods they consume on a daily basis. Thus, the *Resource* not only promotes food journaling as a teaching tool for the public site of the classroom, but also as a biopedagogical training strategy aimed at both students and their teachers to affect behaviour and encourage constant self-monitoring and work on oneself in private life.

The food guide servings journal bears strong ties to Foucault's conception of the Ancient Greek "hypomnemata," which refer to "books, public registers, or individual notebooks serving as memory aids" (Foucault, 1983) and are an example of a "technology of the self" (Foucault, 1998). As Chloe Taylor (2014) notes, technologies of the self present individuals opportunities through which they "may cultivate an ethical relation to oneself" (p. 1044). Here, even though dietary norms may be imposed by outside forces, they also present opportunities for subjects to care for and transform themselves. Through keeping a food servings journal, as hypomnemata, an individual regularly notes down what he or she has learned about "healthy diet" through the food guide, and applies this knowledge through keeping track of food servings and amounts consumed. This process is more than just an exercise in note keeping; a person's "self-writing" in the food guide servings journal also shapes the individual's dietary practices and actions. Thus, by engaging in food guide servings journaling, individuals participate in a process of shaping a new dietary self (Foucault, 1983, 1984). Through food guide servings journals, as a

technology of the self, individuals absorb expert nutrition information into their own self-understandings and self-development.

(c) Hands-on food pedagogy

Although food journaling and self-surveillance are the most common teaching techniques suggested in the *Resource for Educators and Communicators*, it does mention a number of activities involving the sensory aspects of eating and food preparation that can be used in educating people about nutrition and healthy eating. These suggestions most often refer to educational activities directed at children, and draw out the benefits of allowing people to see, touch, prepare, and taste actual foods as they learn about them. Such “hands-on” teaching techniques suggested in the *Resource* include fostering curiosity and a sense of appreciation for new foods, and ownership of one’s eating habits through food preparation:

Families and caregivers play a big role in creating a positive eating environment. The early childhood years are a time to discover new foods and to develop a love and appreciation for healthy eating. Build on the fact that young children are eager to learn. Even simple activities such as helping to cut open a pumpkin or making muffins are ways children learn about food. Preparing food gives children a feeling of accomplishment and encourages them to try these foods. For example, potatoes that a preschooler has helped mash or radishes they picked from the garden are more appealing than those that just appear on the table. When you teach Canada’s Food Guide to parents and other educators, discuss these ideas and others you have tried for creating a positive eating environment for children at home, in daycare or at school.” (Health Canada, 2007c, p. 40)

However, it is important to note that nearly all of the pedagogical practices focused on hands-on and sensory food learning the *Resource* puts forward are framed as occurring in the home or in private life, and not in school or in other public pedagogical spaces. At one point, the *Resource* does mention it is up to educators to teach “parents and other educators” ways of “creating a positive eating environment for children at home, in daycare or at school” (Health Canada, 2007c, p. 40). However, it does not offer explicit guidance or suggest tools for actually making room on school curriculum for these positive hands-on food education techniques. The *Resource* quickly distances any connection between educators and hands-on food education by placing the

responsibility for this on consumers and within the private sphere of the home. For example, other suggestions focused on the sensory aspects of eating and the enjoyment and appreciation of food in the *Resource* are framed as occurring in the family kitchen and at the dinner table:

- Sit down and eat with children. Provide a pleasant setting. Leave the television off during meal times. (p. 41)
- Let children help with simple food-related tasks. Ask them to set the table or help to wash the vegetables. (p. 41)
- Be patient. If an unfamiliar food is rejected the first time, it can be offered again later. The more often children are exposed to new foods, the more likely they are to accept them. (p. 41)
- Be a positive role model for children. They will be more likely to enjoy a variety of foods and to try new foods if you do. (p. 41)

Before Health Canada released the *Resource for Educators and Communicators* along with its *Eating Well With Canada's Food Guide* in 2007, the department hired a research firm to conduct focus groups with intermediaries to test the reception of a draft version. Based on the research report prepared by Corporate Research Associates Inc. for Health Canada in September 2006, most focus group participant input seemed to be concentrated on the layout and design of the *Resource for Educators and Communicators*. Nevertheless, the report also highlights a number of comments made regarding the *Resource's* actual content and suggested teaching tools. For example, many focus group participants appreciated its messages about variety and balanced diets (Corporate Research Associates, 2006, p. 18), and reacted positively to the idea of counting servings and tracking food consumption habits as a teaching technique:

Almost all participants suggested being most attracted by the information found on page 5. Teaching the importance of food variety, as well as recommended number of servings per food group was deemed by most as the key feature of this section. Many suggested they would show their audiences the table at the top of page 5 listing the recommended number of servings based on gender and age group. Teachers further suggested they would ask students to record how many servings they eat in a day for each food group prior to comparing their habits to the Guide's recommendations. (Corporate Research Associates, 2006, p. 19)

A number of teachers involved in the focus groups, however, raised concerns about how the

Resource for Educators and Communicators framed healthy nutrition and questioned some of the teaching tools it advocated. For example, some teachers found the language used in it to be too confusing or complex—such as technical terms like “macronutrients,” “calories,” and “proteins” -- and difficult to use in translating nutrition for non-experts, especially children in a primary and secondary classroom setting (Corporate Research Associates, 2006, pp. 9, 20).

Other teachers noted that, outside of food journaling and monitoring activities, the *Resource* does not offer many other “actionable and practical” (Corporate Research Associates, 2006, p. 8) tools for teaching healthy eating in the classroom. As one teacher put it: “It would probably be more as a source of knowledge. It is not necessarily a teachers’ guide where I would pull things out, but it does give you ideas about how to explain certain things and it does give you examples”(p. 8). Notably, many of the teachers participating in the consultations took issue with the way the *Resource for Educators and Communicators* divided foods into “good” and “bad” categories. The research report notes that:

Many participants provided negative feedback with respect to the manner in which Canada’s Food Guide now addresses undesirable foods. It was suggested that the manner in which this information is presented on page 10 made it look like eating treats was wrong and should never happen. That being said, most participants consider that it is an unrealistic point of view and does not provide educators and communicators with the tools necessary to help their audience manage their intake of such foods. (Corporate Research Associates, 2006, p. 29)

In reference to this criticism, the research report quotes one participant as saying: “The whole ‘other’ food group is not there anymore. I thought that was a nice little concept. That took into consideration treats. It [current Guide] is being too restrictive. We have to realize that that type of foods is out there and we need to be able to speak to it. Otherwise our message is not going to be real”(p. 29).

The research report on these consultations with educators and communicators indicates that, while some viewed the food guide and its suggested pedagogical tools like food journaling as useful, many also raised concerns about its utility in pedagogical spaces and the harmful

relationships to food and eating it could foster in its clear division of “desirable” and “undesirable” foods. As this chapter will now show, however, these are not the only concerns educators have about Canada’s Food Guide in the classroom. The following section turns attention to interviews conducted with Montreal-area public school educators and school dietitians who teach aspects of healthy eating at the elementary and high school level, and the opinions, concerns, and other pedagogical tools they described.

Working within/stepping outside of the food guide framework

As the *Resource for Educators and Communicators* illustrates, Canada’s Food Guide is a tool meant to be used in pedagogical settings, with teachers viewed as one of its main “translators.” Teachers are tasked with aiding their students’ knowledge acquisition – in this case about nutrition and healthy eating practices – and Health Canada developed the *Resource* to help educators apply strategies for translating Canada’s Food Guide to this end.

While looking at the *Resource for Educators and Communicators* and other food guide support materials sheds light on Health Canada’s intended approach to nutrition education, a main goal of this research is to explore how teachers actually employ such strategies in real-world classrooms, how the food guide’s messages become picked up and recirculated in these spaces, and whether “alternative” approaches to nutrition education are also employed. Thus, this section focuses on the results of in-depth semi-structured interviews with children’s educators and school dietitians from a Montreal-area public school board, and one food and garden educator whose organization has supported Montreal public schools in their food and gardening programs. In total, I conducted interviews, and subsequent follow-up interviews when needed, with five educators in person between February and July 2016. All participants were assured anonymity, as I felt this would provide a comfortable interview environment that would allow the interviewees to speak freely about both positive and negative aspects concerning nutrition

education, without fear of reprisal from the institutions that employed them. Each participant has been assigned a specific code to protect the confidentiality of this data (see Table 1). In addition, I have omitted any information that might identify the specific schools I conducted this research in, as was agreed upon with the school board's research ethics committee.

Although it was participants who largely controlled the pace and flow of the interviews, I developed an interview guide outlining topics to be covered (Kvale & Brinkman, 2009) in order to structure the individual interviews in a way that would aid in the comparison of them, while at the same time allowing me to gather high amounts of data (Corbin & Strauss, 2008, p. 27). As the purpose of the interviews was to elicit how educators viewed their roles and approaches to teaching nutrition, each interview included questions about the following five topics:

- (1) the training participants received to teach their students about nutrition;
- (2) the participants' goals in educating their students about nutrition;
- (3) how they used Canada's Food Guide to teach their students about nutrition;
- (4) what other tools, practices or ways of talking about nutrition they used in the classroom, and why;
- (5) their own definitions of "health" and "nutrition" (i.e. What does healthy nutrition mean to you?)

Interviews lasted between 45-90 minutes, and were audio-recorded. Each interview recording was fully transcribed, and the data was organized according to themes that emerged out of a thematic coding method adapted from Corbin and Strauss' approach (1998), which involved constant comparison throughout a coding processes. This began with "open coding" to break the data down into conceptual components emerging from the data itself. This was followed by further analysis of the relationships between these concepts, which were then grouped together according to these relationships, and then eventually formalized into major themes.

Table 4: Interview participants

Participant worked with	Interview date	Educator type	Main student population
D1	Feb. 4 2016	School board dietitian	Mostly high school, some elementary
D2	Feb. 4 2016	School board dietitian	Mostly elementary, some high school
E1	April 13, 2016	After-school educator	Kindergarten and elementary
E2	June 2, 2016	After-school educator	Kindergarten and elementary
E3	July 15, 2016	Adult educator, public teachers/admin school support services	Adults, public school

When I was recruiting participants for this research at the Montreal-area public school board in question, a common response I received from board officials and some school principals was, “We don't do nutrition education here,” despite the board’s own nutrition policy listing this as a requirement. This did not seem to indicate these people’s lack of interest or ignorance; instead this common reaction seemed to be connected to the fact that “nutrition education” does not take up a formal position on the schools’ curriculum like subjects including math, science, and languages do. Aside from the occasional visit from the school dietitians, many of these school board officials and administrators told me they felt that if any nutrition education happened in their schools, it occurred mainly through the food served in their cafeterias, which, according to school board policy, adhered to Canada’s Food Guide and was thus considered “healthy” and “nutritious.”

However, despite this lack of official inclusion on school curriculum, my research in these schools and interviews with educators indicate that plenty of food and nutrition “talk” and learning were, indeed, taking place. Some of the educators I spoke with did say the food guide comes up on occasion, and that they had been were trained to use it as a teaching tool. However, as this research will show, the educators involved mostly relied on teaching tools and techniques

that greatly differed, and sometimes completely contradicted, elements of the food guide and the pedagogical strategies suggested in the *Resource for Educators and Communicators*. Of course, the results of research in one school board and interviews with five educators should not be taken to reveal any sort of overarching truths on the state of nutrition education across Canada. This research is not meant to be generalizable, and should be interpreted with this in mind.

Nevertheless, what the following results do contribute is information on some of the concerns educators have about Canada's Food Guide's healthy eating framework and the undesirable effects it might have on their students, as well as ideas about other food education tactics and languages these educators have found useful and, to an extent, successful at fostering "healthy" relationships with food among their students. Thus, rather than claiming to offer concrete solutions to the obstacles faced by food and nutrition educators and communicators, this research aims at opening up a discussion about how we might "do" nutrition and food education differently and beneficially (Hayes-Conroy, 2013).

Interview themes

Despite the interview participants' diverse backgrounds in food and nutrition and their different positions in and outside of the school board, four distinct themes emerged out of our conversations, namely: (1) definitions of health and nutrition; (2) obstacles nutrition educators face in the classroom; (3) knowledge translation tools and techniques; and (4) calls for curriculum change. As the following sections show, although Canada's Food Guide does make brief appearances in these educators' classrooms, this happens far less than one might assume based on Health Canada's promotion of its food guide and educational supports, like the *Resource for Educators and Communicators*. Instead, these five educators tended to rely on "alternative" teaching techniques, including teaching their students media literacy and critical approaches to dietary claims, linking food to other school subjects, playing games, and engaging in hands-on food education through cooking and gardening.

(a) Definition of health and nutrition

In order to gauge whether interviewees followed Canada's Food Guide's approach to health as scientifically measurable and as the absence of chronic disease, I asked all participants to describe their own personal definitions of nutrition and health. Only one of the participants, a school board dietitian mostly responsible for nutrition education at the elementary level, linked healthy eating directly to the prevention of chronic disease:

Ultimately, the whole point is, yes, education, but for that ultimate goal of prevention. That was one of the main reasons why, for me, a school board or just working with young students or children was such an important thing. It's just that aspect of, okay, well, if I can have you understand why it's important to eat healthy now, then hopefully that habit will be created and will be lifelong. So, I think that's a big challenge that we have, because the health system's overcrowded, and a lot of it— a lot of these diseases can be prevented. (D2)

Another school board dietitian, mostly responsible for nutrition education at the high school level, did appeal to some Canada's Food Guide concepts, such as balance, variety, and nutrients:

So, basically I have to say, let's go back to the basics. Back to the basics in terms of food. Food is there to nourish your body. And you should have a positive relationship with food. So whether you're vegetarian or not, it's about balancing and having a good variety of foods and nutrients, so that you're getting your body what it needs to stay healthy. (D1)

However, although this dietitian's definition of health and nutrition did mobilize elements similar to those put forth in Canada's Food Guide and its educational support materials, the main message in this statement focuses on cultivating a "positive relationship" with food and our bodies. In fact, all five interview participants proposed other definitions of nutrition and health that focused on elements of diversity, appreciation for food, and general well-being. For example, the same dietitian who defined health and nutrition as cultivating positive relationships with food also noted that quantitative approaches to nutrition are not as useful, as people do not fit into a one-size-fits-all model:

You can't compare yourself to anybody, because you're your own person. Your body is different. If you're into physical activity, it's different. It's different depending on so many things. So I don't focus on numbers. (D1)

Two educators in charge of after-school programming at the kindergarten and elementary levels also both noted the importance of addressing difference and diversity when it comes to nutrition, but focused on cultural aspects more so than physiological differences. For these two educators, emphasizing food diversity was a way of teaching younger children where food comes from in terms of culture, geography, and agriculture. Through raising knowledge about these issues, both educators said they worked toward cultivating a deeper appreciation for food among their students:

Being conscious about food and what you eat, what is put into your food. And, really, valuing your food and appreciating it and where it comes from (...) They still tend to take that for granted (...) That's really something I want to keep working on with them. (E1)

There's learning about the food system, but also the cycle of plants and the cycle of the food that we eat. That's what I would say...So, knowledge of your own culture, and other people's cultures. Cultural relevance of the food is important, to know where it's coming from and why. And, also, the actual, tangible elements— like, this is a tomato and it came from Mexico. That kind of stuff. (E2)

A main definition of “health” and “nutrition” that all interview participants drew out in their answers was that food and eating should lead to general well-being and happiness that emerges out of having a positive relationship with food. For example, one of the dietitians noted that eating should make you feel good and help you thrive in everyday life:

Health is being strong, having the energy, being awake in class, being happy, you know? So these are the parameters of happiness and success (...) Nutrition for me is having a good relationship to food, and feeding the body, and feeling strong and healthy. (D1)

The second school board dietitian also connected this idea developing a good relationship with food to “nourishment”:

If you ask me to define nutrition, the first thing that comes to my mind is nourishment. So, basically growing and developing healthy bodies. And I think most especially, because we work in this kind of setting, where we're dealing with a younger population, that aspect of nourishment and creating a great foundation when it comes to food is what comes to mind. (D2)

She also referred to an element of her own school board's nutrition policy that supports this by not only focusing on those foods considered “good” or “desirable” in Canada's Food Guide

because of their perceived health benefits, but also considers the role of enjoyment, even if that enjoyment sometimes comes from items the guide deems “bad” or “less healthy”:

I think one of the positive aspects in our school board is, yes, we have a nutrition policy that will encourage healthy foods and create that healthy environment, but at the same time too, it's not so rigid in where it allows for special occasions, and it allows for treats. You know, on occasion, because that's part of healthy living. And that's part of healthy eating. So, I think to a certain extent, that's a positive thing in this environment that we're trying to create, where it's that aspect of making food something positive, and not just thinking, “Well this is bad for me.” (D2)

Another food educator, whose organization has offered public schools support in developing schoolyard garden and food programs, also referred to cultivating positive relationships with food as a function of healthy nutrition, and emphasized the importance of empowerment, care, and feeling good about yourself:

I guess the optimal nutrition in my mind is eating in a way that feels empowering, to some extent. So whether that means you are happy because you know where your food came from or you're happy because you cooked it yourself, or you're happy because someone you care about cooked it for you. Or you found a place and it feels so comfortable and delicious to you. Or, just generally, that you don't feel guilty about eating food. I think that to me has always been the biggest – food is something that I love so much, but then you always have to confront this weird shame. And that sort of demand that feels external: you should be feeling bad about the things you eat. I think getting rid of that is the best part of nutrition. (E3)

However, although all interview participants expressed fostering positive relationships with food among their students in order to help them achieve general well-being was a main goal in their teaching, they did note a number of obstacles in the classroom that did not always make achieving this outcome so easy, such as the conflicting nutrition messages students are exposed to and their pre-conceived notions about what nutrition and health should look like.

(b) Classroom obstacles

Although all participants mentioned challenges they have experienced in their work, the two school board dietitians were the interview participants who focused much of our conversation on the difficulties they face in the classroom when trying to communicate nutrition and foster these positive relationships with food they noted were so important. They especially

expressed concern about their students' lack of nutrition knowledge and high amounts of nutrition confusion, as they viewed this as leaving their students open to manipulation by the food industry and health claims made in food advertisements. As an example, one of the dietitians highlighted an interaction she had recently had with a high school student:

Another kid the other day told me that, "I drink Gatorade. It makes me skate faster." And I'm like, "Oh, where did you hear that?" "My mom said this, or my dad said that. Gatorade is good." So this is, I find, the challenge. There's just so much information out there, and of course the marketing of it. The way it gets marketed. It has to be sold to them, obviously. And the way products are labeled with information that -- Poor consumers! They're making bad decisions, relying on these nutrition claims or logos. I find that it's a bit challenging. (D1)

She added two issues that compound this nutrition confusion problem are that her students are simply exposed to so much information and many dietary claims – often conflicting ones -- in their everyday lives, and that nutrition education in schools is not done consistently enough to mitigate this:

The amount of information! The influx of information that they're getting from the internet is beyond—it's monstrous. So, you go to a school and it's, "Miss, I heard bubble tea is good for you." (...) Especially high school students, they say, "Well, I heard this," or, "I heard this. I heard that chocolate is good for you." Okay, well, in what context? Like, Caramilk? What are you talking about? Where did you get the information, you know? So, I find this is very challenging. And it's challenging especially for high school students, because they're reading more. They're being exposed to more information, from everywhere. And we're not there often enough. (D1)

Both school board dietitians noted, although Canada's Food Guide is often promoted as a tool to help people navigate these types of nutrition confusion, their students often view the food guide as difficult to use:

It's just—a lot of students, they say, "I just don't know how to eat. Canada's Food Guide is so confusing. I don't know what to choose." (D1)

The other dietitian noted students may be confused by Canada's Food Guide because of the way it asks people to measure and quantify what they eat: "I think the confusion comes with the portion sizes (D2)."

In addition to high levels of nutrition confusion, the dietitians noted many students' preconceived notions of what "healthy" looks like— namely, the assumption that a person's body weight is a direct indication of how healthy or unhealthy they are – is a major classroom obstacle to communicating their visions of healthy nutrition and fostering positive relationships to food. Both dietitians noted the association of thinness with health was especially troubling to them, because of the negative effects social pressures could have on the children and adolescents they teach.

For us—well, for me anyways—we always say that society thinks that "healthy" is thin. Being thin is healthy. And, so, I have a picture of different body shapes, and say, health comes in different shapes and sizes. So, I know there's a lot of talk about obesity in our media, that obesity is bad and it causes this. And I say, yes, that's absolutely true, but it's also being underweight. So, it's the extremes. You have to be in the middle. And that middle is different for everybody. (D1)

She also noted she always makes an effort to avoid drawing moralistic distinctions between foods perceived as "good" and "bad," as this could contribute to feelings of shame and guilt, and compromise young people's relationships with food more generally. She was especially concerned that a number of other teachers, school administrators, and parents still seemed to espouse this moralistic and body-weight focused approach to health, based on some requests for certain in-school activities she has received:

We were having calls saying, we want to have the Biggest Loser contest with our students. And so, weighing the kids, measuring BMI and all that. So, we said, no way. No BMI. Absolutely not! (...) Food becomes a struggle for them. And so, if you're relying on weight and numbers, well then we're not helping that student. (D1)

The second dietitian pointed out this same view of health often comes up in her work with students, and that she tries to move them away from fixating on body weight toward a conception of health that focuses on other indicators:

When it gets mentioned at the elementary school level, I make sure to — it gets rebutted. Like, when I ask them a question about why it's important to eat healthy (...) I would say, 75 per cent of the time I get an answer that, "Oh, it's because you don't want to get fat." Or you don't want to be big. Or whatever it is (...) I always correct that student to say that, no,

that's not the reason why we choose to eat healthy foods. Can you think of a better reason why we choose to eat healthy foods? (Nutritionist 2, Feb. 4 2016)

Despite their efforts, she did highlight she has noticed such lessons might not stick with students as much as she would like:

We can tell that, obviously, there are still self-esteem issues. There are still body issues when we go to high school, too, because of that stigma. (D2)

(c) Teaching tools and techniques

In the face of such classroom obstacles, all five interview participants elaborated on the different tools and techniques they use to communicate healthy nutrition. Both dietitians did refer to teaching their students scientific elements of nutrition, appealing at times to scientific “objectivity.” However, they did not seem to necessarily view scientific approaches to nutrition as the only legitimate way to teach healthy eating; instead, the dietitians used notions of scientific objectivity most often to refute certain dietary claims and help their students think critically about food industry marketing campaigns:

Well, we do incorporate a bit of the science. But it's just to make sure that whatever they're hearing, they're not taking for face value, and that they're critiquing and evaluating what they're hearing, because it can be so influential and so powerful. So this is part of it. (D1)

Both dietitians referred to Canada's Food Guide as a “reliable” source, because it has been researched and is “based in science.” They also noted that in their training to become dietitians, they were taught to use Canada's Food Guide as an authoritative source and as a pedagogical tool. However, they also admitted they did not use the food guide very much in the classroom, as they viewed it as not presenting a realistic way of eating. They noted this was especially important for younger children, as they viewed the food guide as potentially causing food anxiety, because its use of food groups, serving amounts and nutrients is confusing, or because the ways in which students eat at home may not fit the food guide's model. On the rare occasion they did use the food guide in the classroom, they said it was briefly as a tool to give students a

visual idea of the kinds of foods that are “out there” and what foods they should try to eat every day:

For high schools, we use it as a tool to help the students pick. So, regardless of your nationality, it could come from one of the four food groups. It’s not an hour spent on that. It’s just part of my visit while I’m there. (D1)

Incorporating Canada’s Food Guide is a matter of time. I do make reference to it in a couple of my presentations or workshops with the students, just as it being a tool to pick healthy foods. But, to go into portions and portion size, or how many portions you would need per day, for a 10-year-old student, it doesn’t captivate them. They just don’t understand that. And, if anything, I feel like it could potentially cause a level of stress in terms of trying to figure out how much (...) Like, uh-oh, I have to eat this many and count, or whatnot. No. I don’t want that. The idea was not to have children start counting their portions, because then it could lead to other problems. (D2)

Other educators, too, referred to the food guide as a visual tool they might briefly mention, but they generally did not estimate its utility as a pedagogical tool beyond this for many of the same reasons as the school board dietitians did:

I don’t go into the nutrients and the serving sizes, or all of that. That’s not something that sticks with them. It’s too much. It’s too abstract for them (E1)

One educator fiercely criticized the use of the food guide in the classroom, even directly referring to it as “racist,” based on her experiences with culturally diverse student populations:

I actively avoid it. I really do. A lot of my kids come from different ethnic backgrounds and if they would look at that food guide, they’d be, like, none of that food is anything that I eat at home (...) So, some of the kids might feel a little bit alienated by it, which is understandable. Also, I just don’t think it’s a tangible way of understanding how we eat. (E2)

Based on the perceived complexity or inadequacy of the food guide as a pedagogical tool, the dietitians and educators interviewed for this research all highlighted a variety of other teaching tools and techniques they incorporated in their healthy eating lessons that they viewed as better at communicating nutrition, and more beneficial to their goals of fostering healthy food environments and positive relationships with food among their students. It is interesting to note that, although the dietitians did at times use a Nutrition Facts Table exercise similar to the

nutrition labeling activities Health Canada proposes (Health Canada, 2012c), not one interview participant advocated food journaling or daily self-monitoring in the ways the *Resource for Educators and Communicators* does. Interviewees viewed these activities as potentially causing food anxiety among students and working directly against positive food relationships and environments. Instead, participants pointed to other ways they teach – and would like to teach -- about food and nutrition, including “connecting the dots” to other school subjects, fostering media literacy and critical thinking, playing food games, and engaging in hands-on food education through cooking and gardening.

For example, a number of the educators and dietitians explained the ways in which they try to use other school subjects – like math, geography, and science– to highlight aspects of food and nutrition, and vice versa. Many interviewees felt it was important to “connect the dots” between food, health, and other topics to draw out just how central food is to our daily lives and increase students’ appreciation of it. Two educators (E1 and E2) highlighted they were personally invested in using food to teach their young students about issues regarding sustainability and the environment through activities like cooking, gardening, and composting. One dietitian also pointed out that “connecting the dots” between topics is an effective way to make food and nutrition “real” or “personal” for students:

For example, I show them an example of sugar cane. But then I ask them, what is this? They’ll say, “Oh, I don’t know, a stick, cinnamon, bamboo,” or whatever. I’d say 50 per cent of the time there will be a child in class who has travelled to South America or whatever, and has seen it. And they’ll go, “Oh, I know exactly what that is,” and they’ll talk about it. And this is also to help them piece together that whole aspect of natural (sugar) or where does (sugar come from). Well, actually, it grows from the ground. So, it’s trying to incorporate that aspect, because it also has to be interesting. If we’re just talking about, okay, how many grams of fiber do you need, how many grams of sugar? You know, look at the label, read the ingredients. It’s boring. It’s flat. (D2)

The two school board dietitians also underlined the importance of teaching media literacy and critical thinking about dietary claims and food industry marketing as an important part of nutrition education, especially among high school students. They linked this back to the concerns

they had with students' nutrition confusion, the moralistic views they continuously encounter in the classroom, and societal pressures that conflate thinness with health:

For me it's also targeting issues of body image, and the social pressure to look a certain way (...) So, I have to put a spin on it. Okay, the picture looks perfect, but what are they trying to sell you? What are they trying to get from you? And I try to encourage body diversity, and that what's important is the health, rather than just looking good or trying to look like everybody else. (D1)

Although the dietitians viewed this type of media literacy education as more appropriate for high school students, they did note the importance of introducing it at a basic level to elementary students in order to lay a base for critical thinking:

The education that we do at the elementary level is a little bit more -- I guess you could say "factual," because they're younger; their minds are not as mature. So, at the high school level, you can definitely bring up that aspect of critical thinking. But, I mean, with the older grades of the elementary schools, I start getting them to think about it. Or, I'll pose those questions and not just give them the black and white answers. (D2)

Instead of focusing on slideshow presentations based on Canada's Food Guide or food journaling activities, the educators and nutritionists interviewed for this research expressed that games were a favourite teaching tool they used to communicate aspects of "healthy eating" and help their students connect the dots between food and other topics. For example, the after-school educators incorporated play to communicate ideas about food waste and food systems in fun ways:

A few weeks ago I did an activity on "ugly foods" with them -- so, about those fruits and vegetable that might be shaped funny or have blemishes on them. Often, if food doesn't look perfect, they'll get tossed in the garbage. But I did this activity on "ugly foods" to show them that "ugly foods" aren't actually bad foods. I wanted to teach them about their value, and that you can be resourceful with them. So, we did this game where they had to come up with "ugly food superheroes." One example was Barry the Banana, who was turned into a super smoothie. (E1)

We try to make little games with it. We have a relay race -- a food system relay race. And just things like that. We'll do food mapping. So I'll bring in different vegetables or fruits from different parts of the world. And everyone gets a different vegetable or fruit, and they have to find on the map where it's from and put a sticker. They have to put the dot on the country where it's from. And we look at all the dots and how they connect to the red dot we put on Quebec. And then we kind of see, oh my gosh, this is from Guatemala. Or this is from Spain. These figs came all the way from Spain? That's such a far way. How do you think that it got here? And we talk about that. (E2)

The childhood educators also noted that classroom games have been successful at getting young students, who are often picky eaters, to get over their reluctance to try new or unfamiliar foods.

One educator, for example, described what happened when he brought in persimmons and cactus pears for his students:

We'll have a "food of the week" and they'll learn about it. They get to see it, touch, smell and taste new foods, which is a fun experience for them (...) I'll never say that they have to taste something they don't want to. I respect that. But when they're tasting new things, maybe it's a bit of peer pressure, but they all really get into it. It's exciting for them. (E1)

Another educator described a similar classroom scene:

I put out a whole platter of different types of vegetables, and everyone tries a little bite. And we do that little sticker game, and some of them will put a red sticker (that means) "I don't like this." But then I put out the rest of the food that we've been trying, and everything is gone by the end. Even the red sticker vegetables. They're just like, eat it, here, go for it. And that's when parents get really shocked. They say, "My kid ate kale?" Yeah, he loves it. And they don't believe it. We made kale chips with avocado oil, and they really liked that, too. (E2)

This same educator noted how food games can get students interested in trying new things, and also engage them in cultural exchanges they may otherwise have not experienced:

One interesting activity that I like to do right at the beginning is, I get flyers and I ask the kids to cut out their favorite foods, or the foods that they eat at home (...) We'll talk about what they eat at home. I love doing that. What do you guys eat at home? What's your favourite dish? So, then maybe some kids will talk about rice and peas, and jerk chicken, and stuff like that. And some other kids will be like, "Oh, I've had jerk chicken before." So, did you know that it was from the Caribbean? So, we do have those conversations. (E2)

These types of food games and play were not only limited to younger student populations. The school board dietitians noted they also used games in high school classrooms to raise their students' critical thinking skills about dietary claims, even though there are often time limitations that hinder how often they can do this:

We did a nutrition game, like a quiz show. We called it, Fact or Baloney. So, we asked questions and based on what you've been hearing in the media, what do you think the answer is: fact or baloney? Also, this year I added a game on, when you're doing a search, how do you know if it's a legitimate source? How do you know if it's real? So we just go a little bit into it, but very briefly. Because, then again, you can't go into it too much because I have, like, 45 minutes to go over everything. So, I try to pick the most important. (D1)

Even more so than food games, the educators interviewed for this research were most excited about teaching their students about food and nutrition using the hands-on learning tools present in school kitchen and garden spaces, whenever they were available. All five participants expressed that they enjoyed this approach and noted their students seemed to learn more and benefit the most from gardening and cooking activities. For example, one of the educator, who does much of his food teaching in school garden spaces, noted:

The hands-on learning through gardening and cooking works better than going over nutrients and food types with them in books. It's those practical skills. I'm that way, that if I can touch it, I can learn it. (E1)

Similarly, another educator, who often teaches about food and nutrition through cooking activities, drew out the idea of equipping students with "life skills" through hands-on food education:

So, what we're trying to do is give the children life skills. How to cut with a knife properly without chopping your fingers off. That different spices coincide with different cultures, and how does that affect you? Oh, like, coriander is used in Indian cooking, but it can also be used in a lot of others, like Thai cooking. Things like that (...) Instead of, you know, bringing the food guide in, I just bring in food, so they can feel it and touch it and taste it. (E2)

The third educator also pointed out gardening and cooking spaces provide teachers and students numerous starting-points for food and nutrition education, especially as students can have different learning styles that are not always served well by textbook approaches to pedagogy:

I think there are all sorts of ways for people to enter into a dialogue that is exciting about nutrition or just personal health. And I think that working in a garden gives you just more entry points. Because maybe someone is tactile, and can touch all the tops of the carrots. Or maybe someone is a visual learner, and you can go and see what it looks like, and take it out of the ground. Or maybe someone's more of an oral, literary learner (...) And I think that applies to nutrition in the same way. So, you're constantly having to relate these things to your own body and personal experience. And, in general I think it's just -- seeing things grow is just, it's exciting. It makes you feel extremely connected and it makes you understand the labour that goes into the things that you eat. (E3)

All interviewees, however, lamented the fact that budget cuts and missing resources have lead to these types of activities taking place less and less – not just in the classrooms at their

school board, but also across public education institutions in Quebec, and the country. As one dietitian remarked:

At one point when we had additional funding, there were cooking workshops. It was offered at the elementary school level, and they ate it up. They loved it. We would have teachers wanting to sign up every single year for their class, because they just saw, not just the pleasure that the students were taking from it, but the education aspect that a fun activity like that can have. So, we had those running for a good three or four years, but then funding got cut. (D2)

At this point it is important to again underline that nutrition and food education is not usually an official subject on school curriculum and, as a result, is not a priority when it comes to school budgets or human resources. For example, the dietitians and educators interviewed for this research only work for their school board on a part-time basis. The after-school educators' activities are not part of the main curriculum available to all students, but are instead part of additional and optional programming. The third educator said that she and her organization had worked with public schools in developing school gardening programs; however, this was only done on a per-request basis, and not all public schools in the Montreal-area have a school garden or kitchen space appropriate for teaching students in them. Finally, the school board dietitians also noted their presence in the classroom is not a curriculum requirement and is far from consistent; rather, the frequency of lessons are dependent on requests made by those teachers and principals who are often personally invested in making sure their students receive at least some food and nutrition education.

(d) Calls for change

Although the described food and nutrition teaching tools and techniques did diverge slightly between the interview participants, there were four things they all agreed upon: (1) Canada's Food Guide is not a useful resource for teaching students about healthy eating and fostering positive attitudes toward food; (2) games and hands-on activities were perceived as the most effective and beneficial techniques to teach students about food and nutrition; (3) food and

nutrition, in general, are seen as important subjects that should be taught at school; and (4) this is currently not the case, which is a reality they felt needed to be changed. Most lamented the budget cuts and resource shortages that have made hands-on food and nutrition learning activities in the classroom increasingly rare. As one dietitian said:

I think that we would prefer it happening more often. But then there are also the limitations in terms of resources and time (...) It would be great to have even higher involvement. But, it takes money. (D2)

One of the educators – who, on the day of our interview, had just finished shopping for groceries for a class she was teaching later that afternoon – noted there are a number of people in the schools who want to engage in hands-on food education, but time and money often present serious barriers:

I'm out \$700 right now, out of my own pocket, because I had to pay for a whole event. They're supposed to reimburse me in a couple of months, but it's – If I don't do it, it doesn't get done. And that's what's a little bit frustrating (...) It's resources, too. It's expensive to start a cooking program. It's expensive to get all of that stuff (...) I don't know. I think the teachers are doing their best in the classroom. But I think we need more programs like mine, and more funding for programs like mine. (E2)

Many participants reflected on the reasons food and nutrition education does not seem to be a financial priority, and concluded it is because “traditional” school subjects are largely viewed as “more important.” For example, as one dietitian put it:

Who knows the reason, or the decision that was made to cut something like home economics? Clearly it was to make space for more academic subjects (...) That's not to say that math, science, or English, or history is not valuable, but there is that aspect of a life skill that could be taught at school in a setting where time will be spent on it. (D2)

Interviewees expressed that they believed an underlying reason behind food and nutrition education not being taken seriously as a school subject, or viewed as a non-academic matter, is that many people, including school board administrators and some principals and teachers, still believe activities like cooking and gardening are best left in the privacy of the home and family environment. But, as all the interviewees noted, their experiences with students have lead them to believe that most are not learning these skills at home:

I think what we're seeing society-wise -- we're seeing that parents aren't home to guide their children or to introduce cooking skills. There always seems to be a lack of time. And, so, obviously it's an opportunity for—to have that period in school to teach this kind of life skill. (D2)

I think maybe what they thought is, well, anyone can learn how to cook. They don't need to spend an hour at school on it. (D1)

“When I'm in (schools in a particular Montreal neighborhood), there are a lot of Italian kids, and they'll say, oh, that's what my Nonna does. Or, my Nonna does that, too. And I ask, do you cook or work in the garden at home? And they say, no, I leave that up to my Nonna. I let her take care of that. Well, Nonna's not going to be around forever. What about those skills? (...) That does get taken for granted, that they'll just learn it. But, we have kids who live in apartment buildings, so they don't have a garden. They don't have access. Or, maybe their mom is working, and cooking is not something they learn at home. So, I think teaching it to them in school is something we should be doing. (E1)

They kind of dismiss it as, oh, it's just fun. But, no, it's more than just fun (...) Like, what is education in the house and what are parents and guardians supposed to teach the children, versus what is the establishment supposed to teach the children? Time and time again we're seeing that the stuff that should be -- or used to be taught at home isn't. So, in my personal opinion, that means that the establishment has to intervene and teach the kids the kinds of things that they're not getting at home (...) It's like, what are the responsibilities? Is that a public issues, or is it private issue? For me, it crosses over from both. And I think for cooking and gardening and that kind of stuff, it crosses on both, too. Because kids—I have parents who come up to me who say, I didn't know what cumin was until my eight-year-old kid said, please let's cook with cumin. (E2)

Although lack of resources and this perceived wide-held belief that food and cooking are not academic subjects appropriate for public school curriculum did frustrate interviewees, many of them also noted there are some teachers, principals, parents, and school board administrators with strong personal convictions about food and nutrition education. These people, the interviewees said, put in extra efforts to work with them to incorporate food more in the classroom and find ways to apply it through courses part of the current curriculum, like science, math, and physical education. However, all agreed: while good things are happening thanks to individual efforts, more people need to take food education seriously. One educator (E1) talked about a particular science teacher who had been making it a point to use the garden at his school as an interactive teaching tool. However, this particular teacher needed to take a leave of

absence, and no other educator has been using the garden space in the same way since.

Participants noted that although there are people who “will go over and above” (D1), the fact that nutrition and food education are “not obligatory” (D2) presents a big challenge to educators who want more consistency across the board. As a number of participants noted, if others do not feel nutrition and food education is important, or do not have the time or motivation to do it, it simply falls by the wayside:

We’re relying more so on the participation of teachers and principals, on their—well, we’re relying on their interest to bring it to their class. (D2)

It’s all personal, grassroots kind of stuff, and the establishment is just kind of allowing it to happen, rather than working with us to make it a standard (...) It would be so amazing if we could be on a board with the science teachers and the health teachers, and we can kind of collaborate with them. But it seems like that’s not available to us in terms of resources. (E2)

The educators and school board dietitians I interviewed also said they are personally continuing their efforts to get others to recognize the importance and benefits of having food and nutrition education in schools, despite the obstacles in the way. A number of participants were working on information packets for other teachers and principals to provide ideas and techniques for teaching food and nutrition through current school subjects:

But, you know, they removed home economics.³³ That would have been the best way to incorporate some constant nutrition education. But, ever since that was taken out, now nutrition doesn’t belong to a specific course. So this is why we develop information to

³³ Home economics has an over-100-year history in Canada. During the First and Second World Wars, the field of study initially explored how women could “ease the burden of household work” and become more self-reliant (Mascow, 2006; Pereira, 2008). Despite its historical goals of practically “applying science for use in everyday life” (Mascow, 2006), for many, home economics signifies high school classes aimed at teaching women how to cook, clean, and sew (Pereira, 2008). In recent years, home economics courses have been removed from school curricula, often as the result of budgetary concerns, or to make more room for STEM subjects. Nevertheless, spurred specifically by a rise in diet-related chronic diseases and decreases in basic food preparation and meal planning skills, especially among young people, there have recently been calls to reintroduce mandatory home economics – or a modern, non-gendered form of it – in schools as “part of any long-term solution” (Lichtenstein & Ludwig, 2010).

assist the teachers to facilitate (food and nutrition education) in order to make sure that (students) are getting at least some of the information. (D1)

One childhood educator who oversees school garden projects (E1) also wanted to put together pamphlets for other teachers to show them how they might use the garden as a pedagogical tool and how it might be incorporated across the curriculum. However, he also noted that, due to time and resource constraints, his project is a bit of a “dream” for now.

Despite their personal efforts to increase the profile of food and nutrition education, and convince people that it should occupy an official space on the curriculum, all participants agreed that for any real progress to happen, more widespread changes in the ways we approach school and the value we place on food and nutrition education need to occur. For example, as one educator noted, it is not that most people are opposed to hands-on food education; however many do not seem to value the work that goes into doing this type of teaching as much as other school subjects:

I mean, I think it just needs to be financially prioritized. I think our issue – and our issue always is – it’s not like the schools don’t want the gardens there; it’s not like the schools don’t want the education there. Principals want it. Teachers want it. We get contacted all the time. But they want free labour. They don’t want to pay for it, and we don’t have the resources to just be able to do that for free for all these different schools (...) And those sites could be used for so many things. They could be used in science classes. There’s always all these different kinds of insects and you could do something on ecological diversity. I think it just needs to be seen as a complimentary part of all youth education. (E3)

Others also pointed out that this type of shift in thinking needs to happen at the decision- and policy-making levels:

It’s really difficult to get anything done in a bureaucracy, or in any institution. There’s just so much red tape you’re hopping over. And then another thing, too, is they don’t realize how important it is yet. We need to have somebody at the top who does believe it—and there is (...) So, I’m just hoping that we have more people like that. (E2)

Another educator directly implicated the federal government in this:

These are skills that they need. And if we don’t take that seriously and we have a federal government that’s not funding it, then what kinds of future are we giving them? Not a healthy one. (E1)

It is important to reemphasize that these interview results are not generalizable and should be evaluated with this in mind. Nevertheless, it is interesting to note the educators interviewed for this research largely did not use Canada's Food Guide in their food and nutrition teaching activities – or at least not to the extent supplementary materials like the *Resource for Educators and Communicators* imply – and at times raised concerns about its possible anxiety-inducing and exclusionary effects. These educators' viewed other "types" of nutrition education, including raising media literacy and critical thinking, connecting food to other subjects, playing food games, and using hands-on food and nutrition teaching techniques like cooking and gardening as more effective and beneficial in raising students' knowledge and equipping them with life skills. Although not universal, these findings are important in that they open up opportunities to rethink how food and nutrition education might be approached, especially as Health Canada's vision in its food guide and supplementary education resources have elicited critique. Additionally, all interviewees' expressed that food and nutrition pedagogy is a vital component in children's education that needs to be included consistently, possibly by integrating it into existing courses or officially adding it to the curriculum. However, this opinion has largely gone unappreciated or overlooked, which may indicate serious discrepancies between how decision- and policy-makers envision nutrition and food education, and the experiences and "insider" knowledge of educators trying to teach students about food and nutrition in actual schools and classrooms. As all interviewees noted, something about this situation needs to change. These views on health and nutrition education must be taken seriously in debates over improving existing programs and policies, especially with Health Canada's food guide currently under review and the federal department's ongoing multi-year initiative to develop a comprehensive "Healthy Eating" policy program.

Conclusion: rethinking approaches to nutrition education

For the educators interviewed in this research, food and nutrition education meant so much more than just translating scientific information and telling their students what and how much to eat. They spoke about matters of food, eating, and health not in terms of measurement and individual self-surveillance and self-work; instead, it was fostering positive relationships with eating, building interpersonal connections through food, and contributing to healthy environments that allow for these to emerge that mattered most. Amy Trubek and Cynthia Belliveau (2009), food studies scholars involved with the John Dewey Kitchen Institute at the University of Vermont, have underscored the value of food in experiential learning and as a pedagogical approach for many subjects:

Cooking engages students at an almost instinctive level; the smells, sounds, sights, textures and tastes excite senses and intellects. The constant action and requisite involvement leaves no student unnoticed—everyone, for the sake of the dish, must participate. Students must also engage with forms of knowledge from a wide variety of disciplines (including anthropology, nutrition, economics, biology, ecology, political science and history) to fully understand cooking processes, and learn how to integrate data and analyze information from diverse sources. (Trubek & Belliveau, 2009, p. 16)

According to Belliveau, Dewey (1916) viewed cooking as a prime example of the type of activity “that inseparably united knowledge with doing. Cooking, so central to human survival and inherently interesting to children (and adults), was the ultimate example of producing knowledge as a by-product of the activity” (Belliveau, 2007, p. 17). Within Dewey’s “learning by doing” approach to education, classroom experiences focused on food, cooking, and eating are valuable and fun pedagogical tools with the ability to promote knowledge acquisition, experimentation, and problem-solving skills, as well as foster student socialization and community participation (Belliveau, 2007; Dewey, 1916, 1902). During a number of the interviews I conducted for this project, the educators spoke about “hands-on” food and nutrition education in very similar terms. For example, one garden educator said:

It's really sad, because I feel like so much of what I think is present in core curriculum – elementary schools and high schools to some extent, but especially elementary schools – the focus is really on socialization. Like, how do we want to socialize our kids? How do we want to teach them to be relevant members of society? And so often I feel like that's a misguided concept of what that should be. You know, how to take tests and turn things in on time. It's very questionable that those skills are so important to our future, more so in some way than working in a garden. I think it's really sad that the umbrella concept of socialization can't include gardening. Because, I think, truly, it's such an important way of having kids learn about socialization. Or being comfortable and confident members of society, because you're learning about different types of capabilities in yourself, and you're sharing that experience with other people. And it's also such a direct and simple way of learning how to pass knowledge to other people. It's not sitting at a desk by yourself. (E3)

Another educator also drew out the experiential learning possibilities cooking and garden spaces offer both students and teachers:

My idea of the perfect lesson is that there's time for structured play, and there's time for unstructured play. So, structured play is like, you know, make sure that this goes in here. And then unstructured play is, here's a ball of dough. Go make pasta. Figure it out. And, you know, is it going to be perfect? Absolutely not. Is it going to taste kind of weird? Yeah, maybe. But, they're trying things out. You can't fault, or you can't bash that (...) That's what cooking allows, and gardening allows. It's exploring those tactical, little—no, tactile things, and allow them to learn skills. (E2)

Although I do not want to overstate the significance of this educator's slip between "tactile" and "tactical," Michel de Certeau's (1984) concepts of "strategies" and "tactics" may also be helpful in making a case for the role of hands-on food education in the classroom and in policy initiatives. For de Certeau, "strategies" are enacted by powerful political, economic, and scientific entities (the food industry, for example), whereas "tactics" are associated with the individual consumers who live in a world defined by these strategies. Tactics—which take place through such everyday practices as cooking, shopping, reading, and moving about —represent, for de Certeau, the "clever tricks" (p. xix) used by consumers to appropriate things and make use of them in ways not intended by the powerful. De Certeau (1984) refers to cooking as one of the many everyday practices with political dimensions, for it holds "tactical" potential and can result in "victories of the 'weak' over the 'strong'" (de Certeau, 1984, p. xix, xvii). In a second volume of *The Practice of Everyday Life*, Luce Giard (1998) notes that the food industry has created

products to simplify the act of cooking, and “lighten” the amount of expertise one needs to do it. This has taken a toll on individual autonomy, as losing such expertise has increased our reliance on the industry and its experts to feed us (Giard, 1998, p. 212). To clarify its tactical nature, she writes it is through cooking that: “Each one of us has the power to *seize power* over one part of oneself. This is why the gestures, objects, and words that live in the ordinary nature of a simple kitchen also have so much importance” (Giard, 1998, p. 213). Giard elaborates that cooking requires people to mobilize alternative forms of food expertise that involve “sensory perception,” “creative ingenuity and cleverness,” a “multiple memory” of “apprenticeship, witnessed gestures, consistencies,” and a “programming mind” (Giard, 1998, pp. 157-158). Education programs for both children and adults that focus on teaching these skills that Giard highlights through gardening and cooking have proliferated in Canada in recent years, as more and more people have begun to recognize not only their pedagogical value, but their abilities in building social ties and fostering empowerment. Yolanda Hansen (2012), for example, sees the garden’s potential as a site for resistance, as it is “a social space that fosters the exploration of new ideas and alternative ways of being” (Hansen, 2012, p. 162). As gardens can create community spaces and encourage engagement, environmental education, participatory decision-making, and promote local control over food production, they “may be a catalyst for local change in our food system” (Hansen, 2012, p. 163). Gardens also have the potential to empower people through circulating alternative food languages and expertise. Hansen (2012) writes:

As a space receptive to alternative ideas, different types of knowledge are respected and appreciated. Food sovereignty recognizes traditional or alternative knowledge as important contributors to food and agriculture, rather than dismissing them as non-scientific. Within the dominant food system, scientific experts have often scorned and dismissed the agricultural knowledge and practices of peasants and Indigenous peoples, which can be viewed as subjugated knowledge. Community gardens and other food sovereignty practices offer social and physical spaces that encourage and foster such alternative knowledge. (Hansen, 2012, pp. 165-166)

As for cooking activities and the pedagogical site of the kitchen, Rachel Engler-Stringer (2012) notes that by bringing together groups of diverse people to cook eat with each other on a regular basis cooking and kitchen programs have the potential to promote self-sufficiency, foster education and knowledge-building, and encourage active community engagement and relationship-formation. The kitchen can also be a venue for establishing a discourse of taste based on the “authority of history” (Mudry, 2009), in that learning food customs, skills and preparation techniques by, for example, reading cookbooks and putting them into practice in the kitchen, allows those who cook to establish “continuity with the past” (Mudry, 2009, p. 145), learn a “plurality of discourses” about food (Mudry, 2009, p. 148) and establish “criteria for judging quality, criteria that have made up significant and meaningful parts of a particular culture’s past” (Mudry, 2009, p. 148). Scrinis (2013) refers to the “hands-on” food education that happens in garden and kitchen spaces as the “sensual-practical approach.” He notes that while this approach is often primarily targeted at raising skills and (re)connecting people with, and raising their appreciation of, good-quality food, it can also be a way for individuals to confront and adapt hegemonic dietary guidelines, like Canada’s Food Guide, to their own “personal experience, bodily disposition, and individual needs” (Scrinis, 2013, p. 234) through experience and experimentation:

The embodied experience of feeling healthy, eating well, and being physically active can be valued as a legitimate source of knowledge and can be used to contextualize and to question the scientific interpretation of one’s own internal biomarkers – such as being told by a doctor that you have high blood cholesterol levels and therefore require cholesterol-lowering medication. This individual experimentation is also distinct from more scientific attempts to personalize dietary recommendations, often based on body size, age, biochemical biomarkers of disease risk, metabolic typing, or genetic markers. (Scrinis, 2013, p. 234)

As discussed earlier in this chapter, based on the food guide’s supplementary education material, like the *Resource for Educators and Communicators*, it seems as if Health Canada also realizes the importance of hands-on food education, especially for children, in developing

important life-skills, fostering an appreciation for food and ownership of one's eating habits, and encouraging healthy practices. However, the *Resource* does not envision hands-on food learning happening in schools or classrooms, but rather places the responsibility for it with parents and caretakers in the private sphere of the home. As all of the educators interviewed for this research underscored, though, based on their experiences with students, it is obvious to them this is not generally the case, and that skills such as food preparation and gardening are dropping, especially among young people. The *Resource* itself also seems to recognize this is an obstacle in the food environment: "Busy schedules often mean people have less time to shop for food, prepare meals and eat with their families. People rely more on pre-prepared foods and meals made outside the home." (Health Canada, 2007c, p. 2).

In 2010, a report on Canadians' cooking and food preparation skills, collaboratively produced by the Public Health Agency of Canada, Health Canada, the Federal/Provincial/ Territorial Group on Nutrition and the Healthy Living Issue Group, stated that the rise in people's reliance on pre-packaged and processed "convenience foods" was linked to a "potential lack of transference of basic, traditional, or 'from scratch' cooking and food preparation skills from parents (primarily mothers) to children and adolescents, which has traditionally been the primary mode of learning" (Chenhall, 2010, p. 3). The report continues that, without these skills, many young people may "not be equipped with the necessary skills to make informed choices within an increasingly complex food environment" (p. 3) and that "consumers have lost the knowledge necessary to make informed food decisions from the perspectives of quality, health, environmental sustainability and local economic development" (p. 11). Importantly, the report highlights the role of public school curriculum as both a cause of this de-skilling, and a potential solution moving forward:

Changes within public school curricula in several national jurisdictions, including Canada, has stimulated further concern related to the development of cooking and food preparation skills among children and youth, as learning within the education system has traditionally

been identified as the second most common route for the acquisition of skills and knowledge. Stitt details that when nutrition and food-related course content have been maintained within curricula, they are ‘options’ (versus requirements) for students, and have been adapted to place greater emphasis on technology, food production and marketing from an industry or commercial perspective as opposed to the development of an essential, domestic life-skill. Consistent with concerns noted above, the anticipated consequence of these changes is even greater reliance on generally pre-prepared and convenience foods which are nutritionally inferior and more expensive than food traditionally prepared within the home environment, a concern which has potentially greater implications for low income families. Stitt concludes that deskilling within the education curriculum will have widespread implications for the entire food and eating culture as a missed opportunity to maintain one of the most effective health promotion strategies which protects the ability of individuals and families to make informed food choices. (Chenhall, 2010, p. 13)

Despite these concerns and, as the educators interviewed for this research pointed out, high levels of interest in including cooking and gardening as required school activities, many people still seem to be undervaluing the educational potential of such programs. As noted earlier, this attitude may be associated with a presumably wide held belief that food education is something meant for the private sphere, where (mostly) mothers teach their children domestic skills in the home. Another aspect Belliveau (2007) draws out is that cooking and gardening activities and their fun and “playful” nature just do not fit with many people’s conception of what school is supposed to look like:

Sadly, when thinking of adding concepts of ‘play’ to coursework within the academy comments, such as lacking in rigor, anti-intellectual, even too vocational, seem to resonate. Conversely, when colleges and universities have succeeded in creating experiential coursework, in some cases, it is externalized through separate offices or in internships or summer programs off campus. This separation, or tidy compartmentalization, from the “real” intellectual work of the academy, perpetuates an obsolete notion of learning. Quite paradoxically, it can sometimes create graduates with weak thinking skills, precisely because they have had no hands-on experience. Today’s students will face the responsibilities of freedom in a complex, dynamic world that does not organize itself neatly into academic disciplines; they need preparation for participation in democracy, as well as economy, on a global scale. (Belliveau, 2007, p. 233)

To be sure, the possibilities of supplementing or replacing quantitative, didactic approaches to nutrition education with “alternative” hands-on pedagogical elements driven by diversity, tolerance, and self-affirmation or the cultivation of positive self-image carry with them their own risks. For example, some scholars have discounted the positive gains school garden

programs make, opting instead to focus on how they are “spaces of neoliberal governmentality” where people are forced to modify their actions to confront “economic restructuring and social dislocation through self-help technologies centred on personal contact with nature” (Pudup 2008, p. 1228). Others, like Guthman (2008; 2010) question the potential of alternative food practices to inspire positive social change, as they risk maintaining a neoliberal approach that still focuses on normative ideas of personal responsibility and self-improvement, just through “alternative” practices (Guthman, 2008; 2010). However, while these critiques are valid, this project is more concerned with the productive and subversive potential such “alternative” practices can have. For example, as Hayes-Conroy (2010) has noted in her work on community and school garden projects, while they risk breeding neoliberalism, they also “offer more than this in terms of opportunities to create and practice in resistance of neoliberalism. They are active spaces that can and do allow for other possibilities to emerge—bodies that are inspired to engage in collective action, moved to hold the government ever-more accountable, and motivate to make alternative food in their own terms” (pp. 90-91).

These are serious issues that need to be considered as the Canadian government charts the direction for its health eating policies, including nutrition education and Canada’s Food Guide. One place to start might be, as the educators interviewed for this project pointed out, redefining how we understand “nutrition” and “health” to cultivate pedagogical approaches that move away from simply telling people what and how much to eat, to ones that view food itself as a teaching tool that can be used to raise knowledge about many subjects, teach important life skills, and increase appreciation of and healthy relationships with food that focus on helping people achieve overall well-being, building social relationships, enjoyment, and happiness. Because, as one of the dietitians said, “That’s all part of healthy living, too” (D2).

Conclusion: Where to from here?

Researching and writing this dissertation project has certainly been a challenging endeavor, especially as the story of Canada's Food Guide's has shifted considerably over the past five years. When I started looking at *Eating Well with Canada's Food Guide* more closely in 2012, Health Canada had not touched the document since its release in 2007. Despite recurrent criticisms that the food guide was confusing and inefficient at actually promoting healthy diets among Canadians (e.g. Abramovitch et al., 2012; Andresen, 2007; Dubois et al., 2011; Kondro, 2006; Ricciuto, Tarasuk & Yatchew, 2006; Rossiter, Evers & Pender, 2012; Tarasuk, Fitzpatrick & Ward, 2010) at the time, there was little indication things were going to change any time soon. But then, in 2013, Health Canada started to review the evidence base of its food guide, which indicated change might be coming sooner than I initially expected. This two-year review process determined that, while the guide was scientifically sound and "generally consistent with the latest evidence on nutrition and health" (Government of Canada, 2016a) there were major communication and format issues. Then, on Oct. 24, 2016, Health Minister Jane Philpott officially announced Health Canada was kicking off a full revision of *Eating Well with Canada's Food Guide*, as part of the federal government's multi-year Healthy Eating Strategy.³⁴ As it stands, Health Canada plans to release its revised healthy eating policies and a new food guide – or guides – in phases during 2018 and 2019. There are also plans to update *Eating Well with Canada's Food Guide for First Nations, Inuit and Métis*, with stakeholder and public engagement planned for 2018, and a tentative release date sometime in 2019. That said, this project changed gears a number of times over the past five years, as I kept a close eye on the

³⁴ Outside of the food guide revision, the Healthy Eating Strategy includes a number of other goals, namely changes to nutrition labeling, reducing sodium and eliminating trans fats in the Canadian food supply, restricting food advertising to children, and improving the Nutrition North program.

latest developments, all the while researching and writing about a document that was now sure to look very different in the near future.

Additionally, accessing information on *Eating Well with Canada's Food Guide* and the revision and consultation processes that lead up to it was a slow and, at times, frustrating process. As mentioned in Chapter 1, after noting the Government of Canada had not made much background and procedural information surrounding the 2007 guide public, I filed a number of Access to Information requests with federal departments involved with the food guide. After months, and sometimes years, of waiting and back-and-forth with government information officers – who I need to point out were extremely helpful in keeping me up to date and aiding me in negotiating my requests – by early spring 2017, I had resigned myself to the fact I would not be able to track the institutional history of *Eating Well with Canada's Food Guide* as fully as I had planned, simply due to a lack of information and barriers to access. But, then, as I was in the process of completing my final chapter in April and May 2017, two of my larger access requests – one with Health Canada and another with Agriculture and Agri-Foods Canada – were resolved. As some of the information I requested started trickling in, I found myself having to read, sort, analyze, and make connections between thousands of pages of documentation in a relatively short period of time.

Despite these challenges, this dissertation has been able to shed light on five interconnected topics. First, through analysis of archival records surrounding 2007's *Eating Well with Canada's Food Guide* revision processes obtained through Access to Information requests, this dissertation indicates that the recommendations in the guide are far from “objective” and “value free,” and are rather the result of discourse and debate between a number of agents involved. The discourse promoted within food guide and its supplementary materials is highly contingent and represents only a “temporary closure” on the definition of what “healthy eating”

might mean (Howarth, 2000; Jorgensen & Phillips, 2002; Laclau & Mouffe, 1985). As healthy eating discourses, including Canada's Food Guide, are constantly under negotiation, and created and recreated through discourse, opportunities remain for "healthy eating" to be differently conceptualized moving forward.

Second, through an exploration of how the food guide has, and continues to, mobilize ideas of "health," this dissertation indicates a quantitative and biomedical conceptualization that only values certain aspects of "health" – namely the maintenance of "suitable" body weight and the absence of chronic disease as a personal responsibility – limits not only how "health" is understood, but also what the food guide can "do" to help improve the overall well-being of Canadians. Its reductive definition of "health" excludes other important factors, including social connection, tradition, pleasure, and agency, which have all been connected to ideas of overall well-being. By bracketing social, cultural, political, personal, and emotional facets of food through its quantitative and biomedical approach, the food guide promotes a narrow attitude to dietary health that runs the risk of framing many food and eating practices that fall outside of its normative model or are aimed at increasing feelings of pleasure, belonging, and community, as unhealthy, irresponsible, and immoral.

Third, even though Canada's Food Guide purports to help Canadians cut through confusing and often conflicting nutrition messages by providing official, scientifically proven information on diet and health, this dissertation shows that it actually contributes to "nutrition confusion" (Scrinis, 2013) through its use of a "discourse of quantification" (Mudry, 2009) to communicate what a healthy diet should look like. This discourse appeals to the "objectivity" of science and numbers and promises to provide Canadians with "value-free" general advice on diet applicable to all. However, this limited framework that reduces dietary health "to mathematical formulae" (Mudry, 2009, p. 173) and treats "eating as resource extraction" (Belasco, 2006, p. 172) has

served to further confuse eaters, and label them as “unhealthy,” as their actual food and eating practices do not – or cannot – adhere to this model perfectly.

Fourth, this dissertation indicates that, while well-intentioned, Health Canada’s efforts to expand its food guide’s one-size-fits-all approach to account for “cultural diversity” and “personal preference” does not actually present a meaningful shift away from the food guide’s framework that positions its quantitative “Canadian” pattern of healthy eating as ideal. Instead of providing space for genuine encounters with dietary difference and diversity, the food guide and its supplementary *My Food Guide* and *Eating Well with Canada’s Food Guide for First Nations, Inuit and Métis* represent biopedagogical tools that teach cultural “Others” about the “right” way to eat healthy. In addition to requiring cultural Others to fit their differences into the food guide’s model, it also risks differentiating them from “general Canadian” nutrition norms, thereby potentially contributing to further marginalization. It is doubtful the food guide will ever be able to resolve what is a central tension in pluralistic societies. The food guide will always fail at meaningfully affirming both dietary commonality and difference, and inclusion and distinction in its pages, all at once. This unavoidable failure is exactly what makes dietary recommendations a political field, rather than just a technical one governed solely by nutrition science evidence. Nevertheless, the question is whether the food guide fails well, or fails poorly. *Eating Well with Canada’s Food Guide* and its supplementary materials that I have reviewed in this dissertation fail poorly, for the reasons I have shown.

Finally, based on fieldwork in Montreal-area public schools, and one-on-one semi-structured interviews with educators and school dietitians, this dissertation also indicates Canada’s Food Guide and its pedagogical approach, further expressed in *Eating Well With Canada’s Food Guide: A Resource for Educators and Communicators*, potentially promotes a confusing and “unhealthy” approach to “healthy eating” that risks fostering judgmental ideas of what good and bad foods are, and harmful relationships with food more generally. This research

indicates that other food education tactics, including teaching food and media literacy, critical thinking, and “hands-on” food skills, may be more beneficial in fostering healthy approaches to food and diet than the food guide’s quantitative approach that encourages constant self-surveillance and measurement.

Essentially, the main takeaway from this research is that the current Canada’s Food Guide is broken. It does not fulfill its main stated purpose of teaching people about healthy nutrition and helping them eat well. Its quantitative approach to measuring, communicating, representing, and teaching nutrition are abstract and confusing. They possibly also promote unhealthy approaches to food and eating that work directly against its goals. The processes that lead to the production of this broken policy document are rife with uncertainty, disagreement, potential conflicts of interest, and secretive and disingenuous practices that have become bracketed and hidden in the final version of the food guide itself, and through widespread recirculation of the guide through media and pedagogical channels, which only serves to strengthen this impossible text as an “official” source of nutrition expertise. With that said, however, an important question remains: where do we go from here?

With Canada’s Food Guide now officially under revision, there seem to be opportunities opening up to meaningfully change the way it treats and communicates nutrition and health. Overall, the federal government’s Healthy Eating Strategy, of which the food guide revision is part, recognizes that “healthy eating” is a complex matter, and a challenging one that is not solely the responsibility of individual Canadians (Health Canada, 2016a). Instead, the Healthy Eating Strategy aims at aiding Canadians in navigating the “constant flow of changing and often conflicting messages [that create] a lot of clutter and confusion about what to eat and what not to” (Health Canada, 2016a, p. 1). But, as the federal government has indicated, it realizes that “information is not enough” (Health Canada, 2016a, p. 3), and will also be working toward improving the state of the Canadian food environment through multi-sectorial collaborations

with governments at all levels, health professionals, academia and experts, NGOs, and industry members (Health Canada, 2016a, p. 2). As for the food guide, Health Canada will be working on the revision for a planned two-year period, in consultation with the provinces and territories, health professional associations, and NGOs (Health Canada, 2016a, p. 3). It is important to point out here that industry and trade organizations are not on this list of collaborators. While industry interests will not specifically be represented during in-person consultations-- like they were on the Food Guide Advisory Committee for *Eating Well with Canada's Food Guide* -- members are able to participate in Health Canada consultations along the same terms as other stakeholders and members of the public.

Based on a number of documents obtained through Access to Information, it also seems as if Health Canada is seriously reviewing its approach to dietary guidance, health, and the ways in which it communicates these to Canadians. For example, slides from a September 2016 Health Canada meeting with federal health portfolio partners³⁵ and Agriculture and Agri-Foods Canada (AAFC) indicate they are looking at potentially strengthening messages that specifically underscore which foods to consume (e.g. vegetables, fruit, whole grains, milk products, soy, legumes, pulses, nuts, seeds, eggs, and fish) and which ones to consume less (e.g. juice, sugar sweetened beverages, alcohol, red meat, and processed meat), as well as a number of factors that “support healthy eating,” such as traditional foods, food access, food skills, and food environments (Health Canada, 2016b, slide 21). The presentation slides also list a number of others areas “under exploration” for the revised food guide, namely sustainability, health equity, and using terms such as “unprocessed/processed/ultraprocessed foods” as indicators of food quality, much like Brazilian Food Guide does (Health Canada, 2016b, slide 21). Documents received through an Access to Information request with AAFC also indicate the Brazilian

³⁵ These partners are Health Canada, the Public Health Agency of Canada, the Canadian Institutes of Health Research, the Patented Medicine Prices Review Board and the Canadian Food Inspection Agency.

approach to food-based dietary guidelines³⁶ -- with their recommendations to limit processed foods, eat in good company when possible, develop and share cooking skills, and be wary of food industry claims -- have so far been making the rounds in some federal departments.

Furthermore, based on information in these presentation slides, Health Canada seems to be moving in a direction that will separate the dietary guidance policy from the food guide consumer resources. *Eating Well with Canada's Food Guide* was developed as an “all-in-one” tool that combines both the policy and information resource in one document, which Health Canada has identified as a confusing and inefficient approach. Based on current information, the plan for the revised dietary guidelines includes formulating “new policy products with revised dietary guidance,” including a Dietary Guidance Policy Report and Healthy Eating Patterns modeling, which will describe the recommended amounts and types of foods. In addition to these policy documents, Health Canada also plans to work with stakeholders to produce “new tools and approaches to communicate guidance in simpler, relevant, modern formats. This could include: visual depictions, web interactive tools, mobile apps, video, [and] social media” (Health Canada, 2016b, Slide 22).

As part of its stated commitment to “openness, transparency and meaningful engagement with the public and stakeholders” (Health Canada, 2016a), Health Canada has also taken a new approach to proactive disclosure when it comes to meetings with stakeholders and correspondences related to the policy developments part of the Healthy Eating initiatives. As the food guide revision and consultations move along, Canadians will be able to use the Government

³⁶ Brazil's food guide includes “10 steps for a healthy diet” that do not focus on counting and measuring servings. Instead, these steps are: (1) Make natural or minimally processed foods the basis of your diet. (2) Use oils, fats, salt, and sugar in small amounts when seasoning and cooking natural or minimally processed foods and to create culinary preparations. (3) Limit consumption of processed foods. (4) Avoid consumption of ultra-processed foods. (5) Eat regularly and carefully in appropriate environments and, whenever possible, in company. (6) Shop in places that offer a variety of natural or minimally processed foods. (7) Develop, exercise and share cooking skills. (8) Plan your time to make food and eating important in your life. (9) Out of home, prefer places that serve freshly made meals. (10) Be wary of food advertising and marketing (Ministry of Health of Brazil, 2014).

of Canada's Consultation and Stakeholder Information Management System³⁷ to access information on which stakeholders have requested meetings with Health Canada officials and correspondences that express stakeholder views and opinions on the Healthy Eating initiative and policies. Information on the formal consultation process and policy workshops and symposia lead by Health Canada, however, are not part of this proactive disclosure initiative, as these will otherwise be made publicly available in the *Canada Gazette* and through the Government of Canada's online Open Government portal.³⁸

With the problematic issues of *Eating Well with Canada's Food Guide* this dissertation has drawn out in mind, the steps Health Canada seems to be taking should inspire cautious optimism for the future of Canada's Food Guide. Nevertheless, a number of concerns persist. First, although it is clear the food guide will be undergoing some fundamental changes in the way it communicates healthy eating to Canadians, it still seems as if quantitative and biomedical understandings will be the privileged source of dietary expertise. As the Government of Canada notes on its food guide revision website (2016a):

We're developing new products to promote health and reduce the risk of nutrition-related chronic diseases, including: a dietary guidance policy report that provides clear, concise and evidence-based recommendations; healthy eating patterns that recommend amounts and types of foods; tools and approaches to help communicate the guidance in relevant and useful ways.

Of course, it is too early to tell exactly what this will look like in practice; nevertheless, I worry that if it continues to be considerably based on quantitative approaches to communicating and measuring dietary health, but simply presents it differently, any revised food guide will continue to suffer from the same problems it does today. A maintained focus on scientific evidence as the only legitimate, or privileged, source of nutrition expertise likely will continue to bracket social, political, personal, and emotional facets of food, which in turn will severely limit the food

³⁷ <https://csims-sgici.hc-sc.gc.ca/csims/login.html>

³⁸ <http://open.canada.ca>

guide's potential to have any positive effect on the overall food environment. In this latest revision, a main goal is to modify Canada's Food Guide so it "meets the needs of different Canadian audiences" (Government of Canada, 2016a). To do this, Health Canada is looking at producing food guide consumer "tools using a variety of mediums, including online and new technologies" (Health Canada, 2016a, p. 3). While the presentation and delivery of nutrition guidance is, of course, an important aspect to consider for any revised food guide, sticking with a deficit model of communicating nutrition by simply providing "more" or "better" information in visually appealing ways will likely not contribute to any meaningful changes in the food environment. It is encouraging to see that Health Canada is considering a number of topics that are absent in *Eating Well with Canada's Food Guide* – especially food skills and food justice issues like the availability of traditional foods, food access, sustainability, and health equity. However, it is unclear at this point how such issues will be addressed in future healthy eating policies and iterations of the food guide. If Health Canada does not seriously reconsider its limited quantitative model of dietary health, such issues risk being presented as an afterthought, or not making it in at all. With that in mind, I think it is important to look at ways of broadening the food guide's approach to, and definition of, dietary health to include other aspects of overall well-being not accounted for in its quantitative, biomedical framework.

Second, although there have been brief mentions of "food skills" as an issue under consideration during the food guide revision until now, it is difficult to determine what position Health Canada will ultimately take on this. As this research has indicated, the development of food skills, as well as media and food literacy, are important skills elementary and high school nutrition educators have underscored. Of course, public education is a matter dealt with at the provincial and territorial levels. This does not, however, preclude the possibility of the federal government and Health Canada "leading by example," and including in its revised food guide and future healthy eating policies statements and recommendations that could be used to

advocate for increased “hands-on” food education in our schools. A recent report on Health Canada’s first online food guide consultation with stakeholders and members of the public, held from Oct. 24 to Dec. 8, 2016, indicates that people want a revised food guide that recognizes the importance of food skills -- especially cooking – local and regional foods, and enjoyment (Ipsos Public Affairs, 2017).

It is unclear at this point whether the latest revision will include a supplementary communicators and educators’ resource, like *Eating Well with Canada’s Food Guide* did in 2007. If this does end up becoming part of Health Canada’s plan, however, the revision must move beyond the current quantitative approach to nutrition pedagogy that focuses on constant self-surveillance, counting servings, and measuring serving sizes. Despite this reductive, confusing, and potentially harmful approach, *Eating Well With Canada’s Food Guide: A Resource for Educators and Communicators* does make an interesting statement on how people might use the document, namely to “Write and talk about the importance of eating well,” “develop or advocate for nutrition policies,” and “create new tools and resources” (Health Canada, 2007c). Future federal healthy eating policies and resources, including any new version of the food guide and support materials, should seriously consider including recommendations on the importance of developing food skills, and the pedagogical roles activities like cooking, gardening, and tasting food can play in nutrition education and developing positive lifelong skills and behaviours. By “officially” recognizing this, federal nutrition policies and resources – which already form the basis for so many non-federal institutional policies and practices, including school food and nutrition policies – may actually be mobilized at the provincial, territorial, and local levels to advocate for increased “hands-on food education,” help in the development of teaching tools and strategies to do this, and justify increased funding and resources for these initiatives.

Third, the fact that industry is not officially “at the table” during the food guide revision raises some serious questions. It is likely Health Canada, following the recommendations of the March 2016 Standing Senate Committee on Social Affairs, Science and Technology report (Senate of Canada, 2016), made the decision to do this in reaction to numerous critics raising questions about possible food and agriculture industry influence on the recommendations made in 2007’s *Eating Well with Canada’s Food Guide*. As evidenced in Chapter 1, food industry interests in the food guide are a fact. The report on Health Canada’s first online food guide consultation further notes that participants who self-identified as having food industry interests were most interested in the food guide for product development and marketing reasons (Ipsos Public Affairs, 2017). Evidence obtained through the Government of Canada’s Consultation and Stakeholder Information Management System indicates a number of industry and trade organizations have sought meetings with Health Canada since the Health Minister officially launched the food guide revision in October 2016, and have also sent communications expressing disappointment at not being invited to the table. In a telling communication from Food and Consumer Products of Canada (FCPC),³⁹ dated Nov. 12, 2016, the industry association noted “no stakeholder group has a greater role and impact on food environments and food reformulation than those within the food supply chain, from farm to fork.” (FCPC, 2016). The letter expressed that the online Food Guide Survey provided industry members a “very limited” opportunity to engage in “direct dialogue on policy development.” It then goes on to turn Health Canada’s promise of “transparency and openness” back onto the department:

Given the Minister’s commitment to 100 per cent transparency in this process, FCPC members would like to know the following, and receive all and any supporting evidence:

1. What is the scientific basis for the exclusion of the food and beverage industry from the in-person Food Guide consultations with Health Canada?⁴⁰

³⁹FCPC is the largest industry association in Canada, representing more than 100 Canadian food, beverage and consumer goods companies.

⁴⁰ Here, again, Health Canada’s claim that its food guide is “objective” and “evidence based” is turned against the department to question its approach.

2. What methodology was used to create the online Food Guide consultation questions?
3. Prior to establishing the online Food Guide survey, what research did Health Canada undertake and use to understand Canadians' current eating patterns?
4. Was research was undertaken to understand how Canadians across the socio-economic continuum are using the current Food Guide in order to understand how it might be improved to meet the modern needs of Canadians?
5. What are the Health Canada definitions for the terms "minimally processed," "processed" and "ultra-processed?"
 - a. Does Health Canada have data that demonstrates that consumers clearly and consistently understand these terms?
 - b. Does Health Canada have evidence of these terms being used and applicable in the Canadian context?
6. What is the Health Canada definition of "food environment"?
 - a. What are the determinants of the food environment, in the Canadian context?
7. Can you provide a list of experts who will be consulted in-person on the policy elements of the Food Guide?

While the points raised in the FCPC communication to Health Canada were clearly written with the interests of industry members in mind, they are still important questions that have wider implications for the revised food guide, its goals, and its potential effects. As noted previously, and echoed in the FCPC letter, Canada's food and agricultural industries have a very important role to play in the Canadian food environment and increasing the potentials for healthy eating within it. While excluding them from in-person consultations may superficially address criticisms of undue industry influence with regard to *Eating Well with Canada's Food Guide*, this gesture does little to account for the complexity of the food supply chain and undermines the positive role industry members might play in the production of healthy food environments, which Health Canada has identified as necessarily collaborative. Exclusion, here, may not be the right approach; responsible, open, and visible participation may be something to consider.

With this in mind, excluding industry stakeholders from in-person consultations on the food guide revision may also have the adverse effect of making it more difficult for Canadians to trace whose opinions, interests, and agendas are reflected in the final version. Although proactive disclosure and the federal government's Consultation and Stakeholder Information Management System are a step in the right direction, there are a number of exemptions to keep in mind. The

list of documents and information that will not be proactively disclosed as part of this initiative include:

- documents provided by stakeholders during meetings;
- actual letters and e-mails from stakeholders;
- records of discussion held by Health Canada employees with external experts at the request of Health Canada for evidence-gathering related to policy development;
- oral or written communication from stakeholders for the purposes of making simple enquiries, or requests for information;
- records of discussion with stakeholders during formal consultations.

Information and data related to the latter point -- records of discussion with stakeholders during formal consultations -- are captured in the *Canada Gazette* and in so-called “What We Heard” reports, and are made publically available. However, these reports tend to present information in an anonymous fashion, and do not tie statements, opinions, and other forms of input back to the person or organization by name. The documents and types of information on this list, while not proactively disclosed, are subject to Access to Information legislation, and may be formally requested.

That said, simply excluding certain stakeholders from official, in-person consultations -- be they from industry or any other sector -- will not automatically make a revised food guide “objective” and free from conflict of interest. Furthermore, the fact that certain information surrounding the revision and consultation will not be made public automatically may make it even more difficult for Canadians to keep track of the proceedings and follow up on whose input and opinions are valued more, and whose are valued less, in the development of healthy eating policies and resources. To be sure, Canadian citizens are legally able to request access to documents related to the revision and consultation processes that are not proactively disclosed. However, as this research demonstrates, doing so is not always so simple, and often results in delayed processes, redactions, and barriers to timely access that seriously impact the transparency and openness of such processes. As noted, the government’s approach to

proactively disclosing certain pieces of information related to the development of healthy eating policies and resources is a positive step; however, the fact that much information will only be made available if someone officially files access to information requests is troubling. It has been well-established that navigating Canada's federal ATI system can be a frustrating endeavour. Expensive fees, long delays, lack of explanation regarding decisions made, and high rates of non-disclosure have led many to critique Canada's ATI system as among the worst in the world (Cribb et al., 2015; Bronskill & McKie, 2014; Brownlee & Walby, 2015; Walby & Larsen, 2012). The Trudeau Liberals have taken steps to overhaul the Access to Information Act, including abolishing all fees outside of the \$5 required per application, and implementing online application systems for a limited number of departments and agencies. Other proposed reforms include, among others, providing requesters written explanations when information cannot be released, providing government institutions and the information commissioner the authority to decline what it terms "frivolous or vexatious" requests, strengthening the federal access to information program overall, and making government data and information "open by default" (Government of Canada, 2016b). The Access to Information Act has been scheduled to go through a full legislative review no later than 2018, however reforms have been delayed (Bronskill, 2017; Tunney, 2016). With regard to the food guide revision and consultation processes, it remains to be seen just how "open and transparent" they will be, or whether they will continue to be characterized by a "bureaucratic culture of secrecy" (Cribb et al., 2015, p. 242) that severely limits Canadians' abilities to stay informed on processes and procedures, keep governments and stakeholders accountable, and meaningfully participate in the determination of policies and resources that impact their own food environments and healthy eating opportunities.

While many of the questions I have raised in this dissertation remain only partially answered –and some unanswered -- I hope this research will lead to discussions on how we might approach Canadian nutrition guidance, education, communication and policy in more

beneficial ways. My hope is that the research and arguments presented in the previous pages will encourage academics across fields, policy makers, journalists, educators, health professionals, food and agriculture industry members, community activists, and individuals to participate in Health Canada's ongoing food guide consultations, engage with the Healthy Eating Strategy and policy development processes as much as possible, and continue to advocate for government openness and transparency by filing Access to Information requests often in order to hold those in power accountable, and to see if they are making good on promises to maintain open and transparent consultations.

The federal government's Healthy Eating Strategy and Health Canada's revision of its food guide present actual opportunities to do things differently, and promote equitable food environments with widespread food quality, access and affordability in mind. As noted throughout these pages, "healthy eating" has implications that go far beyond biomedical understandings of health and the absence of chronic disease. Health Canada is in a position to reform healthy eating policies and its food guides in ways that account for this, and follow through on its promise of "responsible regulation-making" that will lead to "better food environments" to enable Canadians to eat healthfully; it is important for us to make sure these promises are kept.

Bibliography

- Abramovitch, S. L., Reddigan, J. I., Hamadeh, M. J., Jamnik, V. K., Rowan, C. P., and Kuk, J. L. (2012). "Underestimating a serving size may lead to increased food consumption when using Canada's Food Guide." *Applied Physiology, Nutrition and Metabolism* 37(2012): 923-930.
- Ahmed, S. (2000). *Strange Encounters*. London, UK: Routledge.
- Althusser, L. (2006). "Ideology and Ideological State Apparatuses." In A. Sharma and A. Gupta (eds.) *The Anthropology of the State: a reader*. Oxford, UK: Blackwell, pp. 86-111.
- Andresen, M. (2007). "Mixed reviews for Canada's new food guide." *Canadian Medical Association Journal* 176(6): 752.
- Arnold, C. (2016). "The youngest casualties in the war on obesity." *Pacific Standard*. March 14, 2016, Retrieved from <http://www.psmag.com/health-and-behavior/the-youngest-casualties-in-the-war-on-obesity>
- Bannerji, H. (2000). *Dark Side of the Nation: Essays on Multiculturalism, Nationalism, and Gender*. Canadian Scholars' Press: Toronto, ON.
- Beagan, B. L., Power, E. M. & Chapman, G. E. (2015). "'Eating isn't just swallowing food': Food practices in the context of social class trajectory." *Canadian Food Studies*, 2(1), pp. 75-98.
- Beardsworth, A. and Keil, T. (1997). *Sociology on the Menu: An invitation to the study of food and society*. London: Routledge.
- Belasco, W. (2012). *Food: Key Concepts*. New York, NY: Bloomsbury Academic.
- Belasco, W. (2006). *Meals to Come: A History of the Future of Food*. Berkeley, CA: University of California Press.
- Belliveau, C. (2007). *A New Look at Dewey's Cooking Lab: a Pedagogical Model for Interdisciplinary Learning in Contemporary Higher Education*. Dissertation for the Degree of Doctor of Education Specializing in Educational Leadership and Policy Studies. University of Vermont: Burlington, VT.
- Belton, P. S. & Belton, T. (eds.) (2003). *Food, Science and Society: Exploring the Gap Between Expert Advice and Individual Behaviour*. New York, NY: Springer.
- Berlant, L. (2011). *Cruel Optimism*. Durham, NC: Duke University Press.
- Bordirsky, M. & Johnson, J. (2008). "Decolonizing Diet: Healing by Reclaiming Traditional Indigenous Foodways." *Cuisine*, 1(1). <http://id.erudit.org/iderudit/019373ar>
- Bronskill, J. (2017). "Access To Information Reforms Delayed Because Feds Want To 'Get It Right.'" *Huffington Post Canada*, March 21, 2017. http://www.huffingtonpost.ca/2017/03/21/access-to-information-ref_0_n_15511602.html
- Bronskill, J. & McKie, D. (2014). *Your Right to Know*. International Self-Council Press: Vancouver, BC.
- Brossard, D. & Lewenstein, B. (2010). A Critical Appraisal of Models of Public Understanding of Science: Using Practice to Inform Theory. In L. Kahlor and P. A. Stout (Eds.), *Communicating Science: New Agendas in Communication* (pp. 11-39). New York, NY: Routledge.
- Brownlee, J. & Walby, K. (2015). *Access to information and social justice*. ARP Book: Winnipeg, MB.
- Bush M.A., Martineau C, Pronk JA & Brule D. (2007) "Eating well with Canada's Food Guide: 'A tool for the times.'" *Can J Diet Pract Res*. 68(2): pp. 92-96.

- Bush, M & Kirkpatrick, S. (2003). "Setting dietary guidance: the Canadian experience." *Journal of the American Dietetic Association* 103(12): S22-S27.
- Callison, C. (2014). *How Climate Change Comes to Matter: The Communal Life of Facts*. Duke University Press: Durham, NC.
- Callon, M., P. Lascoumes & Barthe, Y. (2009). *Acting in an uncertain world: An essay on technical democracy*. Cambridge, MA: MIT Press.
- Canadian Broadcasting Corporation (2012). "Canada's Food Guide." *The National*, July 30, 2012. <http://www.cbc.ca/player/play/2262238688>
- Chenhall, C. (2010). "Improving Cooking and Food Preparation Skills." *Government of Canada*. Ottawa, ON.
- Cho, L. (2010). *Eating Chinese: culture on the menu in small town Canada*. Toronto, ON: University of Toronto Press.
- Connors Bros. Income Fund (2007). "New Food Guide Recommends Canadians Eat More Fish." Canada Newswire, <http://www.newswire.ca/news-releases/new-food-guide-recommends-canadians-eat-more-fish---recognizes-health-benefits-of-protein-source-that-is-high-in-omega-3-fatty-acids-and-low-in-saturated-fat-533377651.html>
- Corbin, J & Strauss, A. (2008). *Basics of Qualitative Research, Third Edition*. London, UK: Sage.
- Cowan, J. (2007). "I ate the Food Guide." *National Post*, June 18, 2007, p. A3.
- Cribb, R., Jobb, D., McKie, D., Vallance-Jones, F. (2015). *Digging Deeper: A Canadian Reporter's Research Guide*. Don Mills, Ontario: Oxford University Press.
- Daston, L. & Galison, P. (2007). *Objectivity*. New York, NY: Zone B.
- de Certeau, M. (1984). *The Practice of Everyday Life*. Berkeley, CA: University of California Press.
- Dewey, J. (1902). *The Child and the Curriculum*. Dover Publications: Mineola, NY.
- Dewey, J. (1916). *Democracy and education*. New York: MacMillan.
- Dubois, L., Farmer, A., Girard, M., Burnier, D., and Porcherie, M. (2011). "Demographic and socio-economic factors related to food intake and adherence to nutritional recommendations in a cohort of pre-school children." *Public Health Nutrition* 14(6): 1096–1104.
- Elliott, C. D. (2007). "Big Persons, Small Voices: On Governance, Obesity, and the Narrative of the Failed Citizen." *Journal of Canadian Studies*, 41(3), pp. 134-149.
- Engler-Stringer, R. (2011). "Community Nutrition Practice and Research: Integrating a Food Sovereignty Approach." In Hannah Wittman, Annette Aurelie Desmarais and Nettie Wiebe, eds. *Food Sovereignty in Canada: Creating Just and Sustainable Food Systems*. Black Point, NS: Fernwood Publishing, pp. 134-150.
- Evans, B. and Colls, R. (2009). "Measuring Fatness, Governing Bodies: The Spatialities of the Body Mass Index (BMI) in Anti-Obesity Politics." *Antipode*, 41(5), pp. 1051-1083.
- Fleck, L. (1979). *The genesis and development of a scientific fact*. Chicago, IL: University of Chicago Press.
- Food and Consumer Products of Canada (2007). "Canada's food and beverage industry supports Health Canada initiatives to educate consumers on healthy eating." Canada News Wire, Feb. 5, 2007. <http://www.newswire.ca/en/story/14001/canada-s-food-and-bev>
- Foucault, M. (2002). *Society Must be Defended: Lectures at the College de France, 1975-76*. New York, NY: Picador.

- Foucault, M. (1998). "Technologies of the self." In eds. L. H. Martin, H. Gutman and P.H. Hutton, *Technologies of the Self*, University of Massachusetts Press, Amherst, MA, pp. 16-49. <https://foucault.info/doc/documents/foucault-technologiesofself-en-html>
- Foucault, M. (1984). "On the Genealogy of Ethics." In ed. P. Rabinow, *The Foucault Reader*, Pantheon Book, New York, NY, pp. 357-372.
- Foucault, M. (1983). "Self-writing." *Dits et écrits*, Vol. IV, pp. 415-430. <https://foucault.info/doc/documents/foucault-hypomnemata-en-html>
- Freedhoff, Y. (2015). "Canada's Food Guide is broken—and no one wants to fix it." *Globe and Mail*, 26 April 2015. Accessed 29 April 2015 from <http://www.theglobeandmail.com/life/health-and-fitness/health-advisor/canadas-food-guide-is-broken-and-no-one-wants-to-fix-it/article24111642/>,
- Fullagar, S. (2009). "Governing Healthy Family Lifestyles through discourses of Risk and Responsibility." In eds. Wright, J. and Harwood, V. *Biopolitics and the 'Obesity Epidemic': Governing Bodies*. New York, NY: Routledge, pp. 108-126.
- Gabaccia, D. R. (1998). *We are what we eat: ethnic food and the making of Americans*. Cambridge, MA: Harvard University Press.
- Galloway, G. (2007). "New food guide dishes out fresh advice." *Globe and Mail*. Feb. 6, 2007, p. A17.
- Giard, L. (1998). "Doing Cooking." In Michel de Certeau, Luce Giard and Pierre Mayol, eds. *The Practice of Everyday Life: Book 2*. Minneapolis, MN: University of Minnesota Press, pp. 149-247.
- Government of Canada (2016a). "Revision process for Canada's Food Guide." Available at <https://www.canada.ca/en/health-canada/services/canada-food-guides/revision-process.html>
- Government of Canada (2016b). "Revitalizing access to information." Available at http://open.canada.ca/en/consultation/revitalizing-ati?_ga=1.62015396.902366584.1486504605.
- Government of Canada (2014). "Nutrition North Canada – Eligible Food." Retrieved from <http://www.nutritionnorthcanada.gc.ca/eng/1415385762263/1415385790537>.
- Greenhalgh, S. (2012). "Weighty subjects: The biopolitics of the U.S. war on fat." *American Ethnologist*, 39(3), pp. 471-487.
- Guthman, J. (2011). *Weighing In: Obesity, Food Justice, and the Limits of Capitalism*. Berkeley, CA: University of California Press.
- Guthman, J. (2008). "Neoliberalism and the Making of Food Politics in California." *Geoforum* 39, pp. 1171-1183.
- Halse, C. (2009). "Bio-Citizenship: Virtue Discourses and the Birth of the Bio-Citizen." In eds. Wright, J. and Harwood, V. *Biopolitics and the 'Obesity Epidemic': Governing Bodies*. New York, NY: Routledge, pp. 45-59.
- Hansen, Y. (2011). "Growing Community: Community Gardens as a Local Practice of Food Sovereignty." In Hannah Wittman, Annette Aurelie Desmarais and Nettie Wiebe, eds. *Food Sovereignty in Canada: Creating Just and Sustainable Food Systems*. Black Point, NS: Fernwood Publishing, pp. 151-168.

- Harding, S. (1993). *The racial economy of science: Toward a democratic future*. Bloomington, IN: Indiana University Press.
- Harding, S. (2008). *Sciences from below: Feminism, postcolonialities, and modernities*. Durham, NC: Duke University Press.
- Harwood, V. (2009). "Theorizing Biopedagogies." In eds. Wright, J. and Harwood, V. *Biopolitics and the 'Obesity Epidemic': Governing Bodies*. New York, NY: Routledge, pp. 15-30.
- Hayes-Conroy, J. (2010). "Gardens and 'Actually Existing Neoliberalism.'" *Humboldt Journal of Social Relations*, 33(1/2), pp. 64-96.
- Hayes-Conroy, A. & J. (2013). "Feminist Nutrition: Difference, Decolonization, and Dietary Change." In A. Hayes-Conroy and J. Hayes-Conroy (eds.) *Doing Nutrition Differently: Critical Approaches to Diet and Dietary Intervention*. Surrey, UK: Ashgate, pp.173-188.
- Health Canada (2016a). "Press release, October 24, 2016." Ottawa, Ontario.
- Health Canada (2013e). Translated versions of the Guide. http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/order-commander/guide_trans-trad-eng.php
- Health Canada (2012a). "History of the Food Guide." retrieved from http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/context/fg_history-histoire_ga-eng.php#role
- Health Canada (2010a). "A consumer's guide to the DRIs (Dietary Reference Intakes)." http://www.hc-sc.gc.ca/fn-an/nutrition/reference/cons_info-guide_cons-eng.php.
- Health Canada (2010b). Eating Well with Canada's Food Guide for First Nations, Inuit and Métis – FAQ. <http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/fnim-pnim/index-eng.php>
- Health Canada (2007). "Canada's New Government launches updated Food Guide to help Canadians live healthier." Canada News Wire, feb. 5, 2007. <http://www.newswire.ca/news-releases/canadas-new-government-launches-updated-food-guide-to-help-canadians-live-healthier-533402661.html>.
- Health Canada (2002). *Canada's Food Guides from 1942 to 1992*. Ottawa, Ontario: Government of Canada.
- Highmore, B. (2008). "Alimentary Agents: Food, Cultural Theory and Multiculturalism." *Journal of Intercultural Studies*, 29:4, pp. 381-398.
- hooks, b. (2006). "Eating the Other: Desire and Resistance." In Gigi Durham Meenakshi and Douglas Kellner, eds. *Media and Cultural Studies: Key Works*. Malden, MA: Blackwell, pp. 366- 380.
- Howarth, D. (2000). *Discourse*. Open University Press: Buckingham, UK.
- Jasanoff, S. (Ed.). (2004). *States of knowledge: The co-production of science and social order*. London, UK: Routledge.
- Jorgensen, M. and Phillips, L. (2011). *Discourse Analysis as Theory and Method*. London: Sage.
- Katamay, S. W., Esslinger, K. A., Vigneault, M., Johnston, J. L., Junkins, B. A., Robbins, L. G., Sirois, I. V., Jones-McLean, E. M., Kennedy, A. F., Bush, M., Brule, D., Martineau, C. (2007) "Eating Well with Canada's Food Guide (2007): Development of the Food Intake Pattern." *Nutrition Reviews* 65(4): 155-166.
- Kellogg Canada (2007). "Kellogg's Supports Canada's New Food Guide." Canada News Wire, Feb. 5, 2007. <http://www.newswire.ca/news-releases/kelloggs-supports-canadas-new-food-guide-533386841.html>
- Kirkey, S. (2007a). "Food bible gives fats a chance." *National Post*, Feb. 6, 2007, p. A14.

- Kirkey, S. (2007b). "Critics chew out writers of new food guide." *Winnipeg Free Press*, Feb. 6, 2007, p. A8
- Kirkey, S. (2007c). "Scoop on getting pregnant: help yourself to ice cream." *Montreal Gazette*, Feb. 28, 2007, p. A1.
- Knezevic, I. (2012). "Labels and Governance: Promises, Failures and Deceptions of Food Labeling." In Mustafa Koç, Jennifer Sumner, and Anthony Winson, eds. *Critical Perspectives in Food Studies*. Don Mills, ON: Oxford University Press, pp. 247-259.
- Kondro, W. (2006). "Proposed Canada Food Guide called 'obesogenic'." *Canadian Medical Association Journal* 174(5): 605.
- Kvale, S. & Brinkmann, S. (2009). *InterViews*. London, UK: Sage.
- Laclau, E. & Mouffe, C. (1985). *Hegemony and Socialist Strategy*. London, UK: Verso.
- Latour, B. (1988). *Science in action: How to follow scientists and engineers through society*. Cambridge, MA: Harvard University Press.
- Latour, B. & Woolgar, S. (1986). *Laboratory life: The construction of scientific facts*. Princeton, NJ: Princeton University Press.
- Lavin, C. (2013). *Eating Anxiety: The Perils of Food Politics*. Minneapolis, Minnesota: University of Minnesota Press.
- Leach, J., Yates, S. & Scanlon E. (2009). Models of science communication. In Holliman, R., Whitelegg, E., Scanlon, E., Smidt, S. & Thomas, J. (Eds.), *Investigating Science Communication in the Information Age: Implications for public engagement and popular media*. (pp. 128-146). New York, NY: Oxford University Press.
- Leahy, D. (2009). "Disgusting Pedagogies." In eds. Wright, J. and Harwood, V. *Biopolitics and the 'Obesity Epidemic': Governing Bodies*. New York, NY: Routledge, pp. 172-182.
- Lemke, T. (2011). *Biopolitics: An Advanced Introduction*. New York, NY: New York University Press.
- Levenstein, H. (2003a). *Paradox of Plenty: A Social History of Eating in Modern America*. Berkeley, CA: University of California Press.
- Levenstein, H. (2003b). *Revolution at the Table: The Transformation of the American Diet*. Berkeley, CA: University of California Press.
- Lichtenstein, A.H. & Ludwig, D.S. (2010). "Bring back home economics education." *The Journal of the American Medical Association*, 303(18), pp. 1857-1858
- Logan, R. A. (2001). Science Mass Communication: Its Conceptual History. *Science Communication*. 23(2), 135-163.
- MacDonald, G. and Weeks, C. (2014, June 18). "Heart and-Stroke Foundation ends Health Check program." *Globe and Mail*. Retrieved from <http://www.theglobeandmail.com/news/national/heart-and-stroke-foundation-ends-health-check-program/article19222121/>
- Mackey, E. (2002). *The House of Difference: Cultural Politics and National Identity in Canada*. University of Toronto Press: Toronto, ON.
- Manitowabi, Darrel & Maar, Marion (2013). "Coping with Colonization: Aboriginal Diabetes on Manitoulin Island." In *Indigenous Bodies: Reviewing, Relocating, Reclaiming*, Eds.

- Jacqueline Fear-Segal and Rebecca Tillett, State University of New York Press: Albany, NY, pp. 145-159.
- Maslow, M. (2006). "Home Economics." *The Canadian Encyclopedia*.
<http://www.thecanadianencyclopedia.ca/en/article/home-economics/>
- Mayes, C. & Thompson, D. B. (2014). "Is Nutritional Advocacy Morally Indigestible? A Critical Analysis of the Scientific and Ethical Implications of 'Healthy' Food Choice Discourse in Liberal Societies." *Public Health Ethics*, 7(2), pp. 158-169.
- Mayes, C. & Thompson, D. B. (2015). "What Should We Eat? Biopolitics, Ethics, and Nutritional Scientism." *Bioethical Enquiry*, 2015(12), pp. 587-599.
- Metzl, J. (2010) "Why Against Health?" in Metzl, J. & Kirkland, A. (eds.) *Against Health: How Health Became the New Morality*. New York: NYU Press, pp. 1-11.
- Ministry of Health of Brazil (2014). *Dietary Guidelines for the Brazilian Population*.
http://189.28.128.100/dab/docs/portaldab/publicacoes/guia_alimentar_populacao_ingles.pdf
- Mosby, I. (2014). *Food Will Win the War: The Politics, Culture, and Science of Food on Canada's Home Front*. Vancouver, BC: University of British Columbia Press.
- Mosby, I. (2013). "Administering Colonial Science: Nutrition Research and Human Biomedical Experimentation in Aboriginal Communities and Residential Schools, 1942-1952." *Social History*, 46(91), pp. 145-172.
- Mosby, I. (2012). "Making and Breaking Canada's Food Rules: Science, the State, and the Government of Nutrition, 1942-1949." In Franca Iacovetta, Valerie J. Korinek and Marlene Epp, eds. *Edible Histories, Cultural Politics: Toward a Canadian Food History*. Toronto, ON: University of Toronto Press, pp. 409-432.
- Mudry, J. (2009). *Measured Meals: Nutrition in America*. Albany, NY: State University of New York Press.
- Nestle, M. (2007). *Food Politics: How the food industry influences nutrition and health*. Berkeley, CA: University of California Press.
- Ogilvie, M. (2007). "The gospel of good eating: First new Food Guide in 15 years stresses veggies, fruits, portion sizes." *Toronto Star*, Feb. 6, 2007. P. A3.
- Ottawa Citizen (2007). "Guide us to good health." *Ottawa Citizen*, Feb. 8, 2007, p. A16.
- Parasecoli, F. (2008). *Bite Me: Food in Popular Culture*. Berg: New York, NY.
- Pereira, A. (2008). "Home economics for a new generation." *University Affairs*, June 9, 2008.
<http://www.universityaffairs.ca/features/feature-article/home-economics-for-a-new-generation/>
- Peterson, A. & Lupton, D. (2000). *The New Public Health: Health and self in the age of risk*. London: Sage.
- Porter, T. M. (1996). *Trust in numbers: The pursuit of objectivity in science and public life*. Princeton, NJ: Princeton University Press.
- Pudup, M. B. (2008). "It Takes a Garden: Cultivating Citizen-Subjects in Organized Garden Projects." *Geoforum* 39, pp. 1228-1240.
- Rabinow, P. & Rose, N. (2006). "Biopower Today." *BioSocieties*, 2006(1), pp. 195-217.

- Rachul, C. (2014). "Obesity, Responsibility and Knowledge Translation: A Multimodal Genre-Based Analysis of *Eating Well with Canada's Food Guide*." *Borders without Boundaries: Research and Pedagogy in Writing and Discourse – Proceedings of the Sixth Annual Conference of the Canadian Association for the Study of Discourse and Writing*, Brock University, St. Catharines, Ontario, Canada, May 24-26, 2014. pp. 26-38.
- Ricciuto, L., Tarasuk, V. & Yatchew, A. (2006). "Socio-demographic influences on food purchasing among Canadian households." *European Journal of Clinical Nutrition* 2006(60): 778–790
- Rich, E. & Evans, J. (2009). "Performative Health in Schools: Welfare Policy, Neoliberalism and Social Regulation?" In eds. Wright, J. and Harwood, V. *Biopolitics and the 'Obesity Epidemic': Governing Bodies*. New York, NY: Routledge, pp. 157-171.
- Roshanafshar, S. & Hawkins, E. (March 2015). "Food insecurity in Canada." *Statistic Canada – Health at a Glance* (no. 82-624-X) Retrieved from <http://www.statcan.gc.ca/pub/82-624-x/2015001/article/14138-eng.htm>.
- Rose, N. (1999). *Powers of Freedom*. London: Cambridge University Press.
- Rossiter, M. D., Evers, S. E. & Pender, A. C. (2012). "Adolescents' diets do not comply with 2007 Canada's food guide recommendations." *Appetite* 59(2012): 668-672.
- Savage, C. (2008). *Food as Dialogue: The cultural politics of dietary reform*. M.A. thesis in the School of Communication, Simon Fraser University, Burnaby, BC.
- Schwartz, D. (2012). "The politics of food guides." *CBC News*, retrieved from <http://www.cbc.ca/news/health/story/2012/07/27/f-food-guide-70.html>
- Scrinis, G. (2013). *Nutritionism: The Science and Politics of Dietary Advice*. Columbia University Press: New York, NY.
- Scrinis, G. (2008). "On the Ideology of Nutritionism." *Gastronomica: The Journal of Food and Culture* 8:1, pp. 39-48.
- Shapin, S. & Shaeffer, S. (1985). *Leviathan and the air pump: Hobbes, Boyle and the experimental life*. Princeton, NJ: Princeton University Press.
- Shapiro, L. (2008). *Perfection Salad: Women and Cooking at the Turn of the Century*. Berkeley, CA: University of California Press.
- Shapiro, L. (2004) *Something from the Oven: Reinventing Dinner in 1950s America*. New York, NY: Penguin Books.
- Singer, P. & Mason, J. (2007). *The Ethics of What We Eat: Why Our Food Choices Matter*. Emmaus, PA: Rodale.
- Smith, S. J. & Lloyd, R. J. (2006). "Promoting Vitality in Health and Physical Education." *Qualitative Health Research*, 16(2), pp. 249-267.
- Sornberger, M. (2007). "Defending the guide: how a month of following Canada's Food Guide helped me eat better and lose weight." *Ottawa Citizen*, Sept. 22, 2007, p. J5.
- Statistics Canada (2012). Linguistic Characteristics of Canadians. <http://www12.statcan.gc.ca/census-recensement/2011/as-sa/98-314-x/98-314-x2011001-eng.cfm>
- Stitt S. (1996) "An international perspective on food and cooking skills in education." *British Food Journal*, 98(10), 27-34.
- Tarasuk, V., Fitzpatrick, S. and Ward, H. (2010). "Nutrition inequities in Canada." *Applied Physiology, Nutrition and Metabolism* 35(2010): 172–179.

- Taylor, B. (2009). "When healthy eating isn't easy to stomach: One man's aim to follow Canada's Food Guide turns into a confusing, impractical exercise." *Toronto Star*, June 8, 2009, p. U2.
- Taylor, C. (2014). "Foucault and Food." In eds. P.B. Thompson and D.M. Kaplan, *Encyclopedia of Food and Agricultural Ethics*. Springer: New York, NY.
- Thobani, S. (2007). *Exalted subjects: studies in the making of race and nation in Canada*. University of Toronto Press: Toronto, ON.
- Trubek, A. R. & Belliveau, C. (2009). "Cooking as Pedagogy: Engaging the Senses through Experiential Learning." *Anthropology News*, April 2009, p. 16.
- Tunney, C. (2016). "Liberals' slow movement on Access to Information reform concerns commissioner." CBC News, Oct. 21, 2016, <http://www.cbc.ca/news/politics/suzanne-legault-access-to-information-timeline-liberals-1.3812208>
- Unilever Canada (2007). "Canada's Food Guide for First Time Recommends Consumption of Healthy Fats." Canada News Wire, Feb. 5, 2007. <http://www.newswire.ca/en/story/24167/canada-s-food-guide-for-first-time-recommends-consumption-of-healthy-fats>
- Walby, K. & Larsen, M. (2012). *Brokering access: power, politics, and freedom of information process in Canada*. UBC Press: Vancouver, BC.
- Walters, Krista (2012). "'A National Priority': Nutrition Canada's Survey and the Disciplining of Aboriginal Bodies, 1964-1975." In eds. Franca Iacovette, Valerie J. Korinek and Marlene Epp *Edible Histories, Cultural Politics: Towards a Canadian Food History*, University of Toronto Press: Toronto, ON, pp. 433-451.
- Weigold, M. F. (2001). Communicating science. *Science Communication*, 23(2), 164-193.
- Welch, R., McMahon, S., and Wright, J. (2012). "The medicalisation of food pedagogies in primary schools and popular culture: a case for awakening subjugated knowledges." *Discourse: Studies in the Cultural Politics of Education*. 33(5), pp. 713-728.
- Wright, J. (2009). "Biopower, Biopedagogies, and the Obesity Epidemic." In eds. Wright, J. and Harwood, V. *Biopolitics and the 'Obesity Epidemic': Governing Bodies*. New York, NY: Routledge, pp. 1-14.
- Wright, J. & Harwood, V. (2009). *Biopolitics and the 'Obesity Epidemic': Governing Bodies*. New York, NY: Routledge.

Primary sources referenced:

- Government of Canada (2007). *Government Response to the Seventh Report of the Standing Committee on Health*.
- Health Canada (2016b). *Healthy Eating Strategy*. Government of Canada, Ottawa, ON. Available at <https://www.canada.ca/content/dam/canada/health-canada/migration/publications/eating-nutrition/healthy-eating-strategy-canada-strategie-saine-alimentation/alt/pub-eng.pdf>
- Health Canada (2014) "Eat Well and Be Active Educational Tool Kit." Ottawa, Ontario: Government of Canada. <http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/educ-comm/toolkit-trousse/index-eng.php>
- Health Canada (2013a). "Healthy Living." Ottawa, ON: Government of Canada. Retrieved from <http://www.hc-sc.gc.ca/hl-vs/index-eng.php>.

- Health Canada (2013b). “Healthy Eating and the Nutrition Facts Table.” <https://www.youtube.com/watch?v=IHAEP7EojWU>
- Health Canada (2013c). “Grocery cart.” https://www.youtube.com/watch?v=3g_uVs6azqU
- Health Canada (2013d). My Food Guide <http://www.healthycanadians.gc.ca/eating-nutrition/healthy-eating-saine-alimentation/food-guide-aliment/my-guide-mon-guide/index-eng.php>
- Health Canada (2012b). “Background on the Food Guide.” <http://hc-sc.gc.ca/fn-an/food-guide-aliment/context/index-eng.php>
- Health Canada (2012c). “Nutrition Labeling Educator Section.” Ottawa, Ontario: Government of Canada. <http://www.hc-sc.gc.ca/fn-an/label-etiquet/nutrition/educat/index-eng.php>
- Health Canada (2011). “The revision process.” http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/context/rev_proc-eng.php
- Health Canada (2007a). *Eating Well With Canada’s Food Guide*. Ottawa, Ontario: Government of Canada.
- Health Canada (2007b). *Eating Well With Canada’s Food Guide for First Nations, Inuit and Métis*. Ottawa, Ontario: Government of Canada.
- Health Canada (2007c). *Eating Well With Canada’s Food Guide: a resource for educators and communicators*. Ottawa, Ontario: Government of Canada.
- Health Canada (1998). *The Vitality Approach: a guide for leaders*. Ottawa, ON: Government of Canada.
- Health Canada (1992). *Canada’s Food Guide to Healthy Eating*. Ottawa, ON: Government of Canada.
- House of Commons Standing Committee on Health (2007). *Report: Healthy Weights for Healthy Kids*. Ottawa, Ontario: Government of Canada.
- House of Commons Standing Committee on Health:
- Transcript of proceedings, June 15, 2006
 - Transcript of proceedings, Sept. 21, 2006
 - Transcript of proceedings, Sept. 28, 2006
 - Transcript of proceedings, Oct. 3, 2006
 - Transcript of proceedings, Oct. 17, 2006
 - Transcript of proceedings, Oct. 24, 2006
 - Transcript of proceedings, Nov. 9, 2006
 - Transcript of proceedings, Feb. 1, 2011
- Ipsos Public Affairs (2017). *Canada’s Food Guide Consultation – Phase 1 What We Heard Report*. Published online, June 9, 2017 at <https://www.canada.ca/en/health-canada/services/publications/food-nutrition/canada-food-guide-phase1-what-we-heard.html>.
- Lalonde, M. (1974). “A new perspective on the health of Canadians.” Government of Canada.
- National Film Board (1958). *Mystery in the Kitchen*. Directed by Don Haldane. Retrieved from https://www.nfb.ca/film/mystery_in_kitchen
- Public Health Agency of Canada (2013). “What is Healthy Living?” retrieved from <http://www.phac-aspc.gc.ca/hp-ps/hl-mvs/index-eng.php>.
- Senate of Canada (2016). “Obesity in Canada: A Whole-of-Society Approach for a Healthier Canada.” Report by the Standing Senate Committee on Social Affairs, Science and Technology, March 1 2016.

Access to Information documents referenced:

Emails between Agriculture and Agri-Food Canada officials:

- August 22, 2006
- August 31, 2006
- Nov. 7, 2006
- Nov. 26, 2006

Agriculture and Agri-Food Canada (2007). "Memorandum to the Minister – Revision of Canada's Food Guide." Oct. 17, 2006.

Agriculture and Agri-Food Canada (2007). "Memorandum to the Minister – Update on Revised Canada's Food guide (for Decision)." Jan. 29, 2007.

Agriculture and Agri-Food Canada (2007). "Parliamentary Secretary and the Announcement of Canada's Revised Food Guide."

Corporate Research Associates (2006). "Qualitative Research on Layout, Comprehensiveness and Understanding of Content in a Draft Food Guide Resource for Intermediaries – Final Report." Prepared for Health Canada. Contract # HCPOR-06-22. Contract award date: 2006-08-10.

Decima Research Inc. (2003). "Healthy Eating – Quantitative Consumer Research - Final Report." Submitted to Health Canada, Aug. 11, 2003.

EKOS Research Associates Inc. (2006). "Canada Food Guide Consultations - On-Line Surveys - Final Report." Submitted to Health Canada, June 1, 2006.

Expert Advisory Committee on Dietary Reference Intakes (2005). Record of Proceedings, Ottawa, Ontario, Sept. 30 2005.

Expert Advisory Committee on Dietary Reference Intakes (2005). Record of Proceedings, Ottawa, Ontario, March 11, 2005.

Expert Advisory Committee on Dietary Reference Intakes (2004). Record of Proceedings, Ottawa, Ontario, Oct. 1, 2004.

Expert Advisory Committee on Dietary Reference Intakes (2004). "Terms of Reference."

Food and Consumer Products of Canada (2016). Correspondence to Health Canada, Nov. 15, 2016.

Food Guide Advisory Committee (2005). Revision of Canada's Food Guide to Healthy Eating Meeting Report, June 2, 2005.

Food Guide Advisory Committee (2004). "Terms of Reference"

Food Guide Advisory Committee (2004). Revision of Canada's Food Guide to Healthy Eating Meeting Report, June 28-29, 2004.

Food Guide Advisory Committee & Interdepartmental Working Group (2005). Revision of Canada's Food Guide to Healthy Eating Meeting - Draft Meeting Summary, Oct. 12, 2005, Ottawa, ON.

Food Guide Advisory Committee & Interdepartmental Working Group (2004). Revision of Canada's Food Guide to Health Eating - Draft Meeting Summary, May 4-5, 2006 Gatineau, Quebec.

- Health Canada (2016c). “Updates on Healthy Eating Initiatives - Meeting with Health Portfolio and AAFC partners.” Sept. 12, 2016.
- Health Canada (2008). Focus group research with intermediaries who promote healthy eating among specific ethno-cultural communities.
- Health Canada department email (Feb. 4, 2007) “Stakeholder Messages – Launch of Canada’s Food Guide.”
- Health Canada (2005). Consultation Meeting Report - Revision of Canada’s Food Guide November 24, 2005.
- Health Canada (2004). Review of Canada’s Food Guide to Healthy Eating - Stakeholder Meeting – Report, January 20, 2004.
- Interdepartmental Working Group (2004). Meeting minutes from May 26, 2004.
- Interdepartmental Working Group (2004). Meeting minutes from May 19, 2004, Revision of Canada’s Food Guide to Healthy Eating Issue Paper: “Food Groups and Other Foods”
- Interdepartmental Working Group (2004). Meeting minutes from May 12, 2004, Appendix A: Discussion- Food Guide Objectives
- Office of Nutrition Policy and Promotion (2016). “Health Canada Update: dietary guidance” (slides).
- Office of Nutrition Policy and Promotion (2005). “Health Canada Regional Meetings - Proposed Direction for National Dietary Guidance.” June 2005.
- Office of Nutrition Policy and Promotion (2004). Review of Canada’s Food Guide to Healthy Eating, Stakeholder Meeting, Report, January 20, 2004.
- Phase5 (2007). Canada’s Food Guide to Healthy Eating Health Canada Usability Research – Final Report, Submitted to Health Canada, February 2007.
- Phoenix Strategic Perspectives (2005). Input of Multicultural Intermediaries into the Revision of Canada’s Food Guide to Healthy Eating. Submitted to Health Canada, October 2005.
- Sage Research Corporation (2002). “Qualitative Investigation of Canadians’ understanding of and attitude towards nutrition and healthy eating.” for Health Canada, December 11, 2002
- Summary of Dietary Guidance Regional Meetings (May-June 2005)
- Western Opinion Research (2006) “Report of Focus Group Testing of Draft Revised Food Guide – Final Report.” Submitted to Health Canada, March 31, 2006.



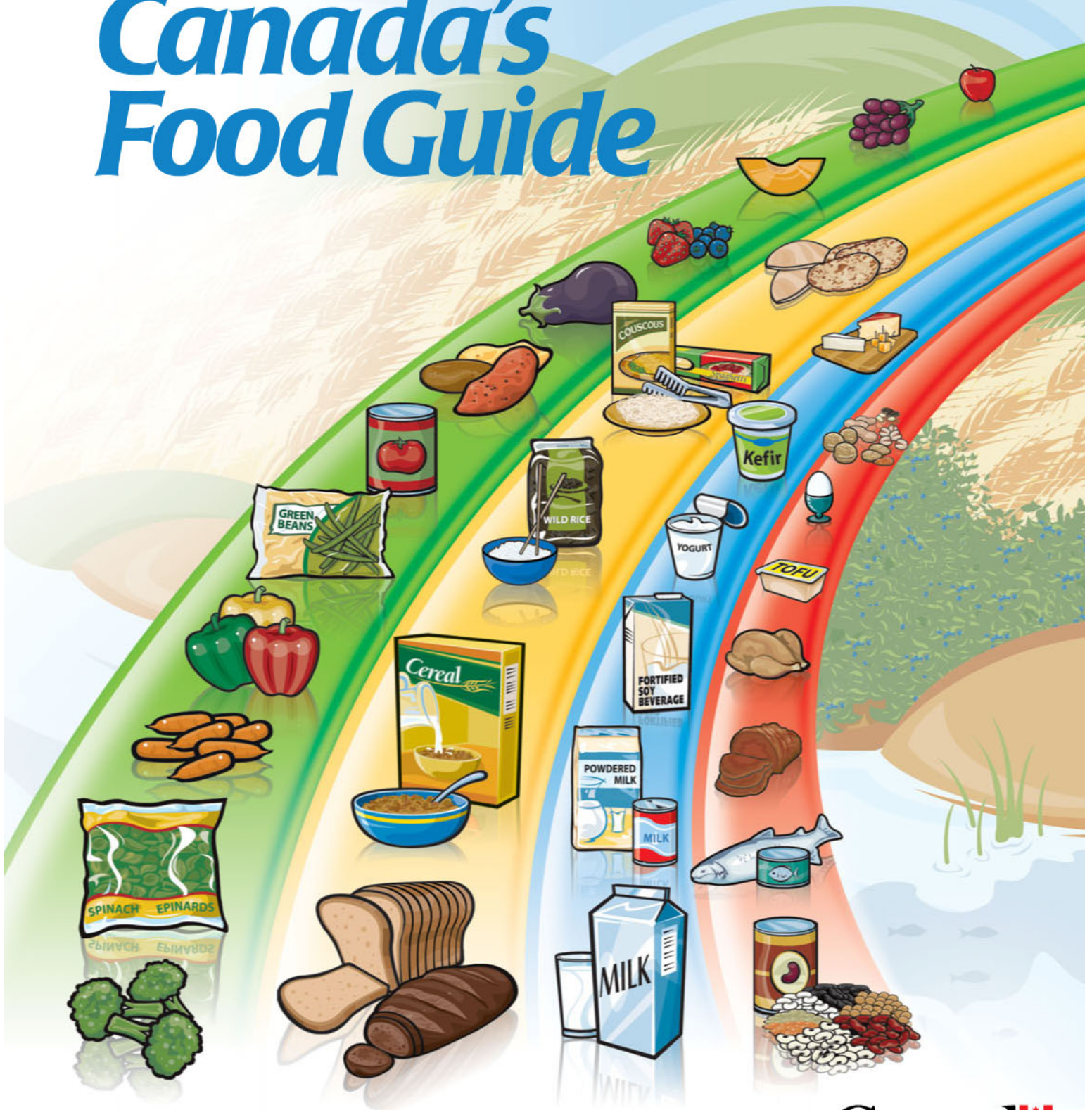
Health
Canada

Santé
Canada

Your health and
safety... our priority.

Votre santé et votre
sécurité... notre priorité.

Eating Well with *Canada's* Food Guide



Canada

Recommended Number of Food Guide Servings per Day

Age in Years Sex	Children			Teens		Adults			
	2-3	4-8	9-13	14-18		19-50		51+	
	Girls and Boys			Females	Males	Females	Males	Females	Males
Vegetables and Fruit	4	5	6	7	8	7-8	8-10	7	7
Grain Products	3	4	6	6	7	6-7	8	6	7
Milk and Alternatives	2	2	3-4	3-4	3-4	2	2	3	3
Meat and Alternatives	1	1	1-2	2	3	2	3	2	3

The chart above shows how many Food Guide Servings you need from each of the four food groups every day.

Having the amount and type of food recommended and following the tips in *Canada's Food Guide* will help:

- Meet your needs for vitamins, minerals and other nutrients.
- Reduce your risk of obesity, type 2 diabetes, heart disease, certain types of cancer and osteoporosis.
- Contribute to your overall health and vitality.

What is One Food Guide Serving?

Look at the examples below.



Fresh, frozen or canned vegetables
125 mL (½ cup)



Leafy vegetables
Cooked: 125 mL (½ cup)
Raw: 250 mL (1 cup)



Fresh, frozen or canned fruits
1 fruit or 125 mL (½ cup)



100% Juice
125 mL (½ cup)



Bread
1 slice (35 g)



Bagel
½ bagel (45 g)



Flat breads
½ pita or ½ tortilla (35 g)



Cooked rice, bulgur or quinoa
125 mL (½ cup)



Cereal
Cold: 30 g
Hot: 175 mL (¾ cup)



Cooked pasta or couscous
125 mL (½ cup)



Milk or powdered milk (reconstituted)
250 mL (1 cup)



Canned milk (evaporated)
125 mL (½ cup)



Fortified soy beverage
250 mL (1 cup)



Yogurt
175 g (¾ cup)



Kefir
175 g (¾ cup)



Cheese
50 g (1 ½ oz.)



Cooked fish, shellfish, poultry, lean meat
75 g (2 ½ oz.)/125 mL (½ cup)



Cooked legumes
175 mL (¾ cup)



Tofu
150 g or 175 mL (¾ cup)



Eggs
2 eggs



Peanut or nut butters
30 mL (2 Tbsp)



Shelled nuts and seeds
60 mL (¼ cup)

Oils and Fats

- Include a small amount – 30 to 45 mL (2 to 3 Tbsp) – of unsaturated fat each day. This includes oil used for cooking, salad dressings, margarine and mayonnaise.
- Use vegetable oils such as canola, olive and soybean.
- Choose soft margarines that are low in saturated and trans fats.
- Limit butter, hard margarine, lard and shortening.



Make each Food Guide Serving count... ***wherever you are – at home, at school, at work or when eating out!***

▶ **Eat at least one dark green and one orange vegetable each day.**

- Go for dark green vegetables such as broccoli, romaine lettuce and spinach.
- Go for orange vegetables such as carrots, sweet potatoes and winter squash.

▶ **Choose vegetables and fruit prepared with little or no added fat, sugar or salt.**

- Enjoy vegetables steamed, baked or stir-fried instead of deep-fried.

▶ **Have vegetables and fruit more often than juice.**

▶ **Make at least half of your grain products whole grain each day.**

- Eat a variety of whole grains such as barley, brown rice, oats, quinoa and wild rice.
- Enjoy whole grain breads, oatmeal or whole wheat pasta.

▶ **Choose grain products that are lower in fat, sugar or salt.**

- Compare the Nutrition Facts table on labels to make wise choices.
- Enjoy the true taste of grain products. When adding sauces or spreads, use small amounts.

▶ **Drink skim, 1%, or 2% milk each day.**

- Have 500 mL (2 cups) of milk every day for adequate vitamin D.
- Drink fortified soy beverages if you do not drink milk.

▶ **Select lower fat milk alternatives.**

- Compare the Nutrition Facts table on yogurts or cheeses to make wise choices.

▶ **Have meat alternatives such as beans, lentils and tofu often.**

▶ **Eat at least two Food Guide Servings of fish each week.***

- Choose fish such as char, herring, mackerel, salmon, sardines and trout.

▶ **Select lean meat and alternatives prepared with little or no added fat or salt.**

- Trim the visible fat from meats. Remove the skin on poultry.
- Use cooking methods such as roasting, baking or poaching that require little or no added fat.
- If you eat luncheon meats, sausages or prepackaged meats, choose those lower in salt (sodium) and fat.



* Health Canada provides advice for limiting exposure to mercury from certain types of fish. Refer to www.healthcanada.gc.ca for the latest information.

Advice for different ages and stages...

Children

Following *Canada's Food Guide* helps children grow and thrive.

Young children have small appetites and need calories for growth and development.

- Serve small nutritious meals and snacks each day.
- Do not restrict nutritious foods because of their fat content. Offer a variety of foods from the four food groups.
- Most of all... be a good role model.



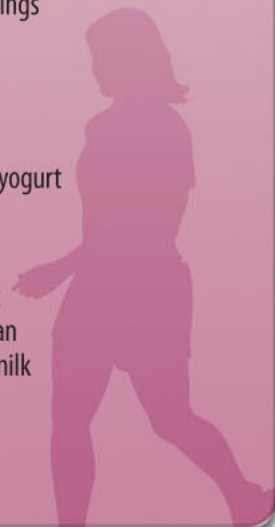
Women of childbearing age

All women who could become pregnant and those who are pregnant or breastfeeding need a multivitamin containing **folic acid** every day. Pregnant women need to ensure that their multivitamin also contains **iron**. A health care professional can help you find the multivitamin that's right for you.

Pregnant and breastfeeding women need more calories. Include an extra 2 to 3 Food Guide Servings each day.

Here are two examples:

- Have fruit and yogurt for a snack, or
- Have an extra slice of toast at breakfast and an extra glass of milk at supper.



Men and women over 50

The need for **vitamin D** increases after the age of 50.

In addition to following *Canada's Food Guide*, everyone over the age of 50 should take a daily vitamin D supplement of 10 µg (400 IU).



How do I count Food Guide Servings in a meal?

Here is an example:

Vegetable and beef stir-fry with rice, a glass of milk and an apple for dessert

250 mL (1 cup) mixed broccoli, carrot and sweet red pepper = 2 **Vegetables and Fruit** Food Guide Servings

75 g (2 ½ oz.) lean beef = 1 **Meat and Alternatives** Food Guide Serving

250 mL (1 cup) brown rice = 2 **Grain Products** Food Guide Servings

5 mL (1 tsp) canola oil = part of your **Oils and Fats** intake for the day

250 mL (1 cup) 1% milk = 1 **Milk and Alternatives** Food Guide Serving

1 apple = 1 **Vegetables and Fruit** Food Guide Serving



Eat well and be active today and every day!

The benefits of eating well and being active include:

- Better overall health.
- Lower risk of disease.
- A healthy body weight.
- Feeling and looking better.
- More energy.
- Stronger muscles and bones.

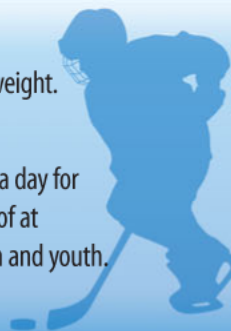


Be active

To be active every day is a step towards better health and a healthy body weight.

Canada's Physical Activity Guide recommends building 30 to 60 minutes of moderate physical activity into daily life for adults and at least 90 minutes a day for children and youth. You don't have to do it all at once. Add it up in periods of at least 10 minutes at a time for adults and five minutes at a time for children and youth.

Start slowly and build up.



Eat well

Another important step towards better health and a healthy body weight is to follow Canada's Food Guide by:

- Eating the recommended amount and type of food each day.
- 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, french fries, potato chips, nachos and other salty snacks, alcohol, fruit flavoured drinks, soft drinks, sports and energy drinks, and sweetened hot or cold drinks.

Read the label

- Compare the Nutrition Facts table on food labels to choose products that contain less fat, saturated fat, trans fat, sugar and sodium.
- Keep in mind that the calories and nutrients listed are for the amount of food found at the top of the Nutrition Facts table.

Nutrition Facts			
Per 0 mL (0 g)			
Amount	% Daily Value		
Calories 0			
Fat 0 g		0 %	
Saturates 0 g		0 %	
+ Trans 0 g			
Cholesterol 0 mg			
Sodium 0 mg		0 %	
Carbohydrate 0 g		0 %	
Fibre 0 g		0 %	
Sugars 0 g			
Protein 0 g			
Vitamin A 0 %	Vitamin C 0 %		
Calcium 0 %	Iron 0 %		

Limit trans fat

When a Nutrition Facts table is not available, ask for nutrition information to choose foods lower in trans and saturated fats.

Take a step today...

- ✓ Have breakfast every day. It may help control your hunger later in the day.
- ✓ Walk wherever you can – get off the bus early, use the stairs.
- ✓ Benefit from eating vegetables and fruit at all meals and as snacks.
- ✓ Spend less time being inactive such as watching TV or playing computer games.
- ✓ Request nutrition information about menu items when eating out to help you make healthier choices.
- ✓ Enjoy eating with family and friends!
- ✓ Take time to eat and savour every bite!



For more information, interactive tools, or additional copies visit Canada's Food Guide on-line at:
www.healthcanada.gc.ca/foodguide

or contact:

Publications
Health Canada
Ottawa, Ontario K1A 0K9
E-Mail: publications@hc-sc.gc.ca
Tel.: 1-866-225-0709
Fax: (613) 941-5366
TTY: 1-800-267-1245

Également disponible en français sous le titre :
Bien manger avec le Guide alimentaire canadien

This publication can be made available on request on diskette, large print, audio-cassette and braille.

Appendix 2:
Access to Information request with Indigenous and Northern Affairs Canada
(#A-2015-00654)

Requested: August 2015

Resolved: September 2015

Number of pages: 147

Documents Received:

Doc #	Title	Author	Type	Date
1	Review of Canada's Food Guide to Healthy Eating – Interpretation of Findings and Next Steps	Health Canada	Report	???
2	Interdepartmental Working Group – Revision of Canada's Food Guide to Healthy Eating – Meeting Summary	Interdepartmental Working Group	Meeting Minutes	15-Apr-04
3	Interdepartmental Working Group – Revision of Canada's Food Guide to Healthy Eating – Meeting Summary	Interdepartmental Working Group	Meeting Minutes	21-Apr-04
4	Food Guide Interdepartmental Working Group Draft Terms of Reference	Interdepartmental Working Group	Terms of Reference	28-Apr-04
5	Food Guide Advisory Committee Draft Terms of Reference	Food Guide Advisory Committee	Terms of Reference	28-Apr-04
6	Food Guide Interdepartmental Working Group Terms of Reference (UPDATED)	Interdepartmental Working Group	Terms of Reference	05-May-04
7	Interdepartmental Working Group – Revision of Canada's Food Guide to Healthy Eating – Meeting Summary	Interdepartmental Working Group	Meeting Minutes	05-May-04
8	Interdepartmental Working Group – Revision of Canada's Food Guide to Healthy Eating – Meeting Summary	Interdepartmental Working Group	Meeting Minutes	12-May-04
9	Revision of Canada's Food Guide to Healthy Eating Issue Paper – Food Groups and Other Foods	Health Canada	Report	19-May-04
10	Interdepartmental Working Group Revision of Canada's Food Guide to Healthy Eating	Interdepartmental Working Group	Meeting Minutes	26-May-04
11	Interdepartmental Working Group Revision of Canada's Food Guide to Healthy Eating	Interdepartmental Working Group	Meeting Minutes	02-Jun-04
12	Email from Fred Hill to Jennifer McCrea and Stefa Katamay, "Food Guide"	Fred Hill	Correspondence	12-May-06

13	Email from Fred Hill to Jennifer McCrea, “Re: Draft #2 Food Guide for review – May 4& 5 FGAC/IWG meeting f-up”	Fred Hill	Correspondence	26-May-06
14	Email from Fred Hill to Jennifer Baisana, Luc L Ladouceur and Todd Evans, “FWD: Food Guide Launch”	Fred Hill	Correspondence	05-Feb-07
15	The Canada Food Guide: Who want what, when & why – Health Canada Online Analysis	PublicInsite (for Health Canada)	Report	???

Appendix 3:
Access to information request with Health Canada
(#A-2015-00260)

Requested: June 2015

Resolved: April 2017

Number of pages: 1,288

Documents Received:

Doc #	Title	Author	Type	Date	
1	Review of Canada's Food Guide to Healthy Eating – Interpretation of Findings and Next Steps	Health Canada	Report	???	
2	Review of Canada's Food Guide – 2003 Stakeholder Consultation - Final Report	Decima Research Inc. (For Health Canada)	Report	Nov-03	
3	Canada's Food Supply: A Preliminary Examination of Changes, 1992-2002	Health Canada	Report	???	
4	Review of Canada's Food Guide to Healthy Eating - Assessment of Food Guide Use and understanding by dietitians, public health personnel and teachers	Opinion Impact Inc. (For Health Canada)	Report	Oct-03	
5	Qualitative Investigation of Canadians' understanding of and attitude towards nutrition and healthy eating	Sage Research Corporation (For Health Canada)	Report	11-Dec-02	
6	Food Guide Interdepartmental Working Group Summary of meeting	Food Guide Interdepartmental working group (Health Canada)	Meeting minutes	21-Apr-04	
7	Expert Advisory Committee on Dietary Reference Intakes Record of Proceedings	Expert Advisory Committee on Dietary Reference Intakes (Health Canada)	Meeting minutes	11-Mar-05	
8	Food Guide Advisory Committee Meeting - Draft Meeting Report	Food Guide Advisory Committee (Health Canada)	Meeting minutes	10-Nov-04	
9	Food Guide Advisory Committee & Interdepartmental Working Group Meeting - Draft Meeting Summary	Food Guide Advisory Committee & Interdepartmental Working Group (Health Canada)	Meeting minutes	12-Oct-05	
10	Food Guide Advisory Committee - Meeting Summary	Food Guide Advisory Committee (Health Canada)	Meeting minutes	02-Jun-05	
11	Interdepartmental Working Group - Draft Meeting Summary	Interdepartmental Working Group (Health Canada)	Meeting minutes	02-Jun-04	

12	Interdepartmental Working Group - Draft Meeting Summary	Interdepartmental Working Group (Health Canada)	Meeting minutes	12-May-04	
13	Interdepartmental Working Group - Meeting Summary	Interdepartmental Working Group	Meeting minutes	12-Jul-04	
14	Interdepartmental Working Group - Meeting Summary	Interdepartmental Working Group	Meeting minutes	21-Oct-04	
15	Interdepartmental Working Group - Government of Canada Perspective	Interdepartmental Working Group	Membership list	???	
16	Expert Advisory Committee on Dietary Reference Intakes - Terms of Reference	Expert Advisory Committee	Term of reference	???	
17	Canada Food Guide Consultations - On-Line Surveys - Final Report	EKOS Research Associates Inc. (for Health Canada)	Report	01-Jun-06	
18	Healthy Eating – Quantitative Consumer Research - Final Report	Decima Research Inc. (for Health Canada)	Report	11-Aug-03	
19	Canada's Food Guide to Healthy Eating - Assessment Relative to Dietary Reference Intakes	???	Report	???	
20	Expert Advisory Committee on Dietary Reference Intakes - Record of Proceedings	Expert Advisory Committee on Dietary Reference Intakes	Meeting minutes	01-Oct-04	
21	Expert Advisory Committee on Dietary Reference Intakes - Record of Teleconference Proceedings	Expert Advisory Committee on Dietary Reference Intakes	Meeting minutes	06-Jun-05	
22	Expert Advisory Committee on Dietary Reference Intakes - Record of Proceedings	Expert Advisory Committee on Dietary Reference Intakes	Meeting minutes	30-Sep-05	
23	Food Guide Advisory Committee & Interdepartmental Working Group - Draft Meeting Summary	Food Guide Advisory Committee & Interdepartmental Working Group	Meeting minutes	04-May-06	05-May-06
24	Food Guide Advisory Committee Meeting - Meeting Report	Food Guide Advisory Committee	Meeting minutes	28-Jun-04	29-Jun-04
25	Interdepartmental Working Group summary of meeting	Interdepartmental Working Group	Meeting minutes	15-Apr-04	
26	Interdepartmental Working Group meeting minutes	Interdepartmental Working Group	Meeting minutes	05-May-04	
27	Interdepartmental Working Group meeting minutes	Interdepartmental Working Group	Meeting minutes	26-May-04	
28	Food Guide Advisory Committee Terms of Reference	Food Guide Advisory Committee	Term of reference	???	
29	Report of Focus Group Testing of Draft Revised Food Guide	Western Opinion Research (for Health Canada)	Report	31-Mar-06	

30	Usability Testing – Web Component	Phase 5 (for Health Canada)	Report	30-Mar-06	
31	Qualitative Research With Triads on Food Guide Consumer Resource	Corporate Research Associates (For Health Canada)	Report	Jul-06	
32	Qualitative Research on Layout, Comprehensiveness and Understanding of Content in a Draft Food Guide Resource for Intermediaries	Corporate Research Associates (For Health Canada)	Report	Sep-06	
33	Stakeholder Meeting - Report	ONPP/Health Canada	Meeting minutes	20-Jan-04	
34	Regional Meetings	ONPP/Health Canada	Slides	Apr-06	
35	Regional Meetings - Summary	ONPP/Health Canada	Meeting minutes	Apr-06	
36	Health Canada Consultation Meeting - Report	Health Canada	Meeting minutes	24-Nov-05	
37	Focus group research with intermediaries who promote healthy eating among specific ethno-cultural communities	Health Canada	Report	??? 2007	
38	Regional Meetings - Proposed Direction for National Dietary Guidance	ONPP/Health Canada	Slides	Jun-05	
39	Summary of Feedback from June 23rd Dietary Guidance Teleconference	???	Notes	???	
40	Input of Multicultural Intermediaries into the Revision of Canada's Food Guide to Healthy Eating	Phoenix Strategic Perspectives (for Health Canada)	Report	Oct-05	
41	Summary of Dietary Guidance Regional Meetings (May-June 2005)	Health Canada	Meeting minutes	??? 2005	

Appendix 4:
Access to information request with Agriculture and Agri-Food Canada
(#A-2016-00129)

Requested: October 2016

Resolved: May 2017

Number of pages: 1,056

Documents Received:

Doc #	Title	Author	Type	Date
1	Healthy Eating	Health Canada	Report	Sept. 9, 2016
2	Updates on Healthy Eating Initiatives - Meeting with Health Portfolio and AAFC	Health Canada	Slides	Sept. 12, 2016
3	Meeting on Healthy Eating Initiatives	AAFC	Email	13-Sep-16
4	Healthy Eating Strategy	AAFC	Email	Oct. 21, 2016
5	Guidelines for the Disclosure of Communication with Stakeholders during the Policy Development of Healthy Eating Initiatives	???	Guidelines	???
6	Meeting with Canadian Beverage Association	AAFC	Scenario note	08-Jun-16
7	Monday Health Canada launch	AAFC	Email	Oct. 21, 2016
8	US Food Guide	AAFC	Email	Jan. 8, 2016
9	For information - Brazil's food Guidance and Canada's Food Guide		Report	27-May-15
10	Study - Food Guide impact on dairy industry	AAFC	Email	23-Mar-06
11	Memorandum to the Minister - Update on Revised Canada's Food Guide	AAFC	Briefing notes	Jan. 29, 2007
12	AAFC's Parliamentary Secretary and the Announcement of Canada's Revised Food Guide	AAFC	Briefing notes	Jan. 29, 2007
13	Canada's Food Guide	AAFC	Email	Nov. 29, 2006
14	Canada's Food Guide Buy Local Message	AAFC	Email	Nov. 20, 2006
15	Food Guide	AAFC	Email	Nov. 7, 2006
16	Buy local/Buy Regional Messages in the Food Guide	AAFC	Email	Aug. 22, 2006
17	Canada's Food Guide	AAFC	Email	08-May-06
18	Some files	AAFC	Email	12-Apr-06

19	Primary food sources of key nutrients in Canadian diets	AAFC	Email	07-Apr-06
20	Nutrition Recommendations for Canadians	AAFC	Email	07-Jul-04
21	13-17 years	AAFC	Email	19-Jul-04
22	Review of Canada's Food Guide to Healthy Eating	Health Canada	Report	26-May-04
23	List of Materials Provided to Health Canada for use in the Environment Paper to Canada's food Guide	???	???	???
24	Memorandum to the Minister - Revision of Canada's Food Guide	AAFC	Briefing notes	Oct. 17, 2006
25	Canada's Revised Food Guide	AAFC	Brief	28-Mar-07
26	The Potential Impact Revisions to the CFGHE Will Have On the Vegetable and Fruit Sector: Brief Outline of the Process and Rationale	???	Report	???
27	Presentation by Health Canada on Canada's Food Guide and Dietary Guidance	AAFC	Email	29-Apr-06
28	Food Guide Serving Sizes	AAFC	Email	Dec. 15, 2006
29	Food List for My Food Guide	???	???	Dec. 14, 2006
30	Results from testing ranges	AAFC/Health Canada	Email	Dec. 5, 2006
31	Changes to food intake pattern - Model #34 (The Rounded Pattern) to Model #41 (The Final Pattern)	???	Report notes	Nov. 30, 2006
32	Meeting notes for December 1, 2006	Health Canada/AAFC	Email	Dec. 1, 2006
33	Results of Model #41 compared to Low Income Model #41	???	Report	Nov. 20, 2006
34	Buy local	AAFC	Email	Nov. 7, 2006
35	Food Guide - Local Food Text	AAFC	Email	Aug. 31, 2006
36	Fisheries Data	AAFC/Health Canada	Email	22-Jun-06
37	Input to Food Guide resource for intermediaries due Monday April 10th	Health Canada/AAFC	Email	11-Apr-06
38	Intermediary Recourse - March 16 version	???	Notes	16-Mar-06
39	Revised costing spreadsheets	Health Canada/AAFC	Email	Sept. 30, 2005
40	Low income results from model #34 - the final rounded pattern	Health Canada/AAFC	Email	Sept. 23, 2005
41	Food Guide Communication - Teleconference - TUESDAY AUG 2nd!!	Health Canada/AAFC	Email	Aug. 3, 2005
42	notes from meeting between ONPP and AAFC	Health Canada/AAFC	Email	Sept. 14, 2004
43	follow-up re CFGHE data	Health Canada/AAFC	Email	Aug. 19, 2004
44	Food Habits of Canadians: Reduction in Fat Intake Over a Generation	Katherine Gray-Donald, Linda Jacob-Starkey,	Journal article	Sept./Oct/2000

		Louise Johnson-Down		
45	Ministerial launch: revision process of the Food Guide and Healthy Eating Initiatives	Health Canada/AAFC	Email	Oct. 24, 2016
46	Press release	Health Canada	Press release	Oct. 24, 2016
47	NOW LIVE: Revision of Canada's Food Guide and online consultation	H	Email	24-Oct-16
48	Ministerial launch: revision process of the Food Guide and Healthy Eating Initiatives as part of a vision for a healthy Canada	Health Canada/AAFC	Email	Oct. 24, 2016
49	Meeting with AAFC to discuss CFG	AAFC	Email	28-Apr-16
50	Health Canada update: Dietary Guidance	ONPP	Slides	???
51	dietary guidance/food guide	AAFC	Email	04-Apr-16
52	Preliminary assessment of the 2015-2020 Dietary Guidelines for Americans compared to Canada's Food Guide (2007)	???	Report notes	???
53	Dissemination of Findings from the Assessment of the Use of Canada's Food Guide	Health Canada/AAFC	Email	Jan. 26, 2015
54	Assessment of the Use of Eating Well with Canada's Food Guide: Overview and Findings	Health	Report	Sep-14
55	Use of Eating Well with Canada's Food Guide - First Nations, Inuit and Metis	Health Canada	Report	Sep-14
56	Updated Surveillance Tool: The Classification of Foods in the Canadian Nutrient File According to Eating Well with Canada's Food Guide - documentation attached	Health Canada/AAFC	Email	10-Mar-14
57	Summary of the Development and Use of a Surveillance Tool	Health Canada	Report	Mar-14
58	Evaluation of Canada's Food Guide	Health Canada	Letter	18-May-10
59	Kudos Re: Rev article in Nutrition Reviews on development of Food Guide	Health Canada/AAFC	Email	04-May-07
60	fish supply assessment	Health Canada/AAFC	Email	Feb. 16, 2007
61	Eating Well With Canada's Food Guide (2007) - Development of the Revised Food Intake Pattern	Katamay et al.	Journal article	Jan. 27, 2007
62	full probability method for iron applied to selected models	Health Canada/AAFC	Email	Nov. 1, 2006
63	Model #41 - concurrence needed and plans to move on	Health Canada/AAFC	Email	Oct. 24, 2006
64	notes from 6 October 2006 meeting	Health Canada/AAFC	Email	Oct. 6, 2006
65	food guide modelling update and results of 75g revision of model #34 (model #36)	Health Canada/AAFC	Email	Sept. 13, 2006
66	Selected results from: Qualitative Research with Triads on Food Guide Consumer Resource	???	Draft report notes	Jul-06
67	Consultation Meeting on Canada's Food Guide Revision	Health Canada	Registration form	Nov-05
68	Food Guide Revision Meeting Summary - Your	Health	Email	Sept. 7,

	input is requested	Canada/AAFC		2005
69	Revision of Canada's Food Guide to Healthy Eating - Food Guide Team Meeting	Health Canada	Meeting minutes	Aug. 29-30, 2005
70	Food Guide 2006 "Other Foods" Background	ONPP	Notes	Aug. 10, 2005
71	Proposed refined analysis	Health Canada/AAFC	Email	Feb. 23, 2005
72	Canada's Guidelines to Healthy Eating - Proposed Format - Terms of Reference	???	Background document	???
73	Blank modeling spreadsheets to model Sug-Groups	Health Canada/AAFC	Email	Feb. 21, 2005
74	refined skeletal outlines	Health Canada/AAFC	Email	Feb. 16, 2005
75	Skeletal Outline - Environment Section	Health Canada	Background document	Feb-05
76	Principles for guide revision	Health Canada/AAFC	Email	Jan. 5, 2005
77	Canada's Guidelines to Healthy Eating - Your input is requested	Health Canada/AAFC	Email	Dec. 9, 2004
78	Canada's Guidelines for Healthy Eating - Review 2004/2005	Health Canada	Background document	Dec. 1, 2004
79	Follow-up to Oct. 21st IWG meeting - Overview presentation	Health Canada/AAFC	Email	Oct. 21, 2004
80	Revision of Canada's Food Guide to Healthy Eating	ONPP	Slides	2004
81	Members of task group on food consumption	Health Canada/AAFC	Email	02-Jun-04
82	January 20, 2004 Stakeholder Meeting - Meeting Report	Health Canada/AAFC	Email	28-Apr-04
83	Food intake pattern costing	Health Canada?	Report	Jan. 2, 2007
84	Notes from modelling sub-group meeting of 13 April 2007	Health Canada/AAFC	Email	13-Apr-07
85	Food Modelling Sub-group Teleconference	???	Agenda	13-Apr-07
86	Summary of Key Results for Model #36	???	Report	Sept. 12, 2006
87	Model #41 Lacto-Ovo Vegetarian	???	Report	???
88	Proposed daily food intake patterns - using 75g meat serving	???	Report notes	Jun-06
89	Rounded food intake pattern Model 34	???	Report notes	Sept. 21 2005
90	Modelling planning	???	Notes	05-Jun-05
91	Estimation of Canadian Estimated Energy Requirements	???	Report	???
92	Food Guide Costing	???	Slides	Oct. 3, 2005
93	Food intake pattern costing	???	Report	Sept. 29, 2005
94	Modelled food intake pattern to food guide pattern - Thoughts	???	Report	Aug. 23, 2005

95	Comparison of Model #25+ to Model #24D+	???	Report	Aug. 12, 2005
96	Development of the number of servings of modellines food groups	???	Report	Aug. 5, 2005
97	Aug. 9 ? Call	???	Handwritten notes	Aug. 9 ?
98	Linoleic acid content of modeled diets	???	Report	28-Jul-05
99	Progression of number of servings Across food groups and models for M 31-50 years of age	???	Report	27-Jul-05
100	CFG One-day Intake Stats	???	Report	Oct. 24, 2016
101	Follow-up to May 25 IWG meeting - FGAC meeting summary	Health Canada/AAFC	Email	13-Jul-05
102	Revision of Canada's Food Guide to Healthy Eating - Food Guide Advisory Committee	ONPP	Meeting minutes	02-Jun-05
103	draft record of meeting FGAC meeting Nov. 10, 2004	Health Canada/AAFC	Email	Nov. 30, 2004
104	Revision of Canada's Food Guide to Healthy Eating - Food Guide Advisory Committee Draft Meeting Report	ONPP	Meeting minutes	Nov. 10, 2004
105	materials for 10 November FGAC meeting	Health Canada/AAFC	Email	Nov. 3, 2004
106	Revision of Canada's Food Guide to Healthy Eating - Food Guide Advisory Committee Teleconference	ONPP	Agenda	Nov. 10, 2004
107	Food Guide Advisory Committee 10 November 2004 - June Meeting Follow-up Part One	Health Canada	Meeting notes	Nov-04
108	Food Guide Advisory Committee 10 November 2004 - June Meeting Follow-up Part Two	Health Canada	Meeting notes	Nov-04
109	Draft Food Guide Advisory Committee Meeting Minutes	Health Canada/AAFC	Email	Aug. 6, 2004
110	Revision of Canada's Food Guide to Healthy Eating - Food Guide Advisory Committee Meeting Draft Meeting Report	ONPP	Meeting minutes	June 28-29, 2004
111	Final summary of Food Guide IWG meeting - Oct. 21st	Health Canada/AAFC	Email	06-Jun-05
112	Interdepartmental Working Group - Summary of Meeting	ONPP	Meeting minutes	Oct. 21, 2004
113	May 25 Food Guide IWG Meeting Agenda & Materials	Health Canada/AAFC	Email	20-May-05
114	Interdepartmental Working Group - Summary of Meeting	ONPP	Meeting minutes	25-May-05
115	Interdepartmental Working Group - Proposed Agenda	ONPP	Agenda	Oct. 19, 2004
116	Draft Summary for July 14th Food Guide IWG meeting	Health Canada/AAFC	Email	20-Jul-04
117	Interdepartmental Working Group - Summary of Meeting	ONPP	Meeting minutes	14-Jul-04
118	Interdepartmental Working Group - Proposed Agenda	ONPP	Agenda	14-Jul-04
119	Final summary of Food Guide IWG meeting - May 26th	Health Canada/AAFC	Email	16-Jun-04
120	Interdepartmental Working Group - Summary of	ONPP	Meeting	26-May-

	Meeting		minutes	04
121	Members of task group on food consumption	Health Canada/AAFC	Email	02-Jun-04
122	June 2 IWG Mtg Materials & Revised Levels Issues Paper	Health Canada/AAFC	Email	31-May-04
123	Interdepartmental Working Group - Summary of Meeting	ONPP	Meeting minutes	02-Jun-04
124	Interdepartmental Working Group - Summary of Meeting	ONPP	Meeting minutes	02-Jun-04
125	Draft Revision of Canada's Food Guide to Healthy Eating Issue Paper - Food Groups and Other Foods	Health Canada	Report	02-Jun-04
126	Revision of Canada's Food Guide to Healthy Eating Issue Paper - Serving Size	Health Canada	Report	02-Jun-04
127	Food Guide Energy Levels	Health Canada	Report	31-May-04
128	Translated Terms of Reference for Food Guide IWG	Health Canada/AAFC	Email	25-May-04
129	Food Guide Interdepartmental Working Group Terms of Reference	Health Canada	Terms of Reference	05-May-04
130	Interdepartmental Working Group - Proposed Agenda	ONPP	Agenda	12-May-04
131	Interdepartmental Working Group - Summary of Meeting	ONPP	Meeting minutes	12-May-04
132	Interdepartmental Working Group - Summary of Meeting	ONPP	Meeting minutes	05-May-04
133	Interdepartmental Working Group - Proposed Agenda	ONPP	Agenda	05-May-04
134	Review of Canada's Food Guide to Healthy Eating	???	Report	???
135	June 2 IWG Mtg Materials & Revised Levels Issues Paper	Health Canada/AAFC	Email	31-May-04
136	Interdepartmental Working Group - Proposed Agenda	ONPP	Agenda	02-Jun-04
137	Food Guide Energy Levels	Health Canada?	Report	31-May-04
138	material for 5th May 2004 Food Guide IWG meeting	Health Canada/AAFC	Email	29-Apr-04
139	final summary of meeting 15 April 2004 Food Guide IWG	Health Canada/AAFC	Email	29-Apr-04
140	Interdepartmental Working Group - Summary of Meeting	ONPP	Meeting minutes	15-Apr-04
141	final summary of meeting 21 April 2004 Food Guide IWG	Health Canada/AAFC	Email	14-May-04
142	material for 5th May 2004 Food Guide IWG meeting	Health Canada	Email	29-Apr-04
143	Interdepartmental Working Group - Proposed Agenda	ONPP	Agenda	12-May-04
144	Food Guide Interdepartmental Working Group Draft Terms of Reference	Health Canada	Terms of Reference	28-Apr-04
145	Food Guide Interdepartmental Working Groups Summary of Meeting	ONPP	Meeting minutes	21-Apr-04
146	January 20, 2004 Stakeholder Meeting - Meeting Report	Health Canada/AAFC	Email	28-Apr-04

147	Food Guide IWG summary of meeting and agenda for next meeting	Health Canada/AAFC	Email	19-Apr-04
148	Interdepartmental Working Group - Summary of Meeting	ONPP	Meeting minutes	15-Apr-04
149	Interdepartmental Working Group - Summary of Meeting	ONPP	Meeting minutes	15-Apr-04

Appendix 5: Participating Organizations at the Health Canada Consultation Meeting on the Revision of Canada's Food Guide in Ottawa, Ontario on Nov. 24, 2005

Industry/trade organizations

1. Frito Lay Canada
2. General Mills Canada Corporation
3. Kellogg Canada Inc.
4. Kraft Canada Inc.
5. McCain Foods (Canada)
6. Nestle Canada Inc.
7. Nutrisphere
8. PBG Canada (Pepsi Bottling Group)
9. Pepsi Cola Canada Ltd.
10. QTG Canada Inc. (operates as a subsidiary of Pepsi-QTG)
11. Sobeys Inc.
12. Baking Association of Canada
13. BC Dairy Foundation
14. Beef Information Centre
15. Canada Pork
16. Canada Council of Grocery Distributors
17. Canadian Egg Marketing Agency
18. Canadian National Millers Association
19. Canadian Produce Marketing Association
20. Canadian Restaurant and Foodservices Association
21. Canadian Sugar Institute
22. Canola Council of Canada
23. Chicken Farmers of Canada
24. Coffee Association of Canada
25. Confectionary Manufacturers Association of Canada
26. Dairy Farmers of Canada
27. Dairy Processors Association of Canada
28. Food and Consumer Products of Canada (FCPC)
29. Pulse Canada
30. Refreshments Canada
31. Tea Association of Canada
32. Vegetable Oil Industry of Canada (VOIC)

Health Professional Associations

1. Bariatric Medical Institute
2. Canada Academy of Sport Medicine
3. Canada Association of Naturopathic Doctors
4. Canadian Dental Association
5. Canadian Diabetes Association
6. Canadian Institute of Child Health
7. Canadian Population Health Initiative/CIHI
8. Canadian School of Natural Nutrition
9. Community-based Diabetes Education Program. Centretown Community Health Centre
10. Dieticians of Canada
11. Ontario Society of Nutrition Professionals in Public Health

12. Ordre professionnel des dietetistes du Quebec
13. Hospital for Sick Children
14. Women's Health in Women's Hands CHC

Non-governmental organizations

1. Centre for Science in the Public Interest
2. Easter Seals Canada
3. Heart and Stroke Foundation of Canada
4. Intercultural Heritage Association of Great Moncton
5. Inuit Tapiriit Kanatami (ITK)
6. Ontario Federation of Indigenous Friendship Centres (OFIFC)
7. Ontario Agri-Food Education
8. Canadian Council of Food and Nutrition
9. YMCA Canada
10. Vert l'action
- 11.

Federal governments

1. Agriculture and Agri-Food Canada (AAFC)
2. Canadian Food Inspection Agency
3. Department of National Defence
4. Fisheries Council of Canada
5. Health Canada
6. Intersectoral Healthy Living Network, PHAC
7. Statistics Canada
8. Public Health Agency of Canada

Provincial/territorial/municipal governments

1. British Columbia, Ministry of Health
2. Manitoba Health
3. Nova Scotia Health Promotion
4. Ottawa Public Health

Universities

1. Universite de Montreal
2. University of Ottawa
3. University of Toronto, Program in Food Safety

Schools

1. A.Y. Jackson Secondary School
2. Gloucester High School (Family Studies)

Consumer groups

1. Canada Association for the Fifty Plus

Other

2. Food Guide Advisory Committee
3. Firefly Advisory Services
4. Fleishman Hilliard Canada

5. GPC Public Affairs
6. ISA – Conseil en gestion et en informatisation (des services alimentaires)
7. Joint Consortium for School Health
8. Real Food For Real Kids



Health
Canada

Santé
Canada

Your health and
safety... our priority.

Votre santé et votre
sécurité... notre priorité.

Eating Well with **Canada's Food Guide** *First Nations, Inuit and Métis*



How to use Canada's Food Guide
The Food Guide shows how many servings to choose from each food group every day and how much food makes a serving.

	Recommended Number of Food Guide Servings per day			
	Children 2-3 years old	Children 4-13 years old	Teens and Adults (Females) (Males)	
Vegetables and Fruit Fresh, frozen and canned.	4	5-6	7-8	7-10
Grain Products	3	4-6	6-7	7-8
Milk and Alternatives	2	2-4	Teens 3-4 Adults (19-50 years) 2 Adults (51+ years) 3	Teens 3-4 Adults (19-50 years) 2 Adults (51+ years) 3
Meat and Alternatives	1	1-2	2	3

- Find your age and sex group in the chart below.
- Follow down the column to the number of servings you need for each of the four food groups every day.
- Look at the examples of the amount of food that counts as one serving. For instance, 125 mL (1/2 cup) of carrots is one serving in the Vegetables and Fruit food group.

What is one Food Guide Serving?
Look at the examples below.

Eat at least one dark green and one orange vegetable each day. Choose vegetables and fruit prepared with little or no added fat, sugar or salt. Have vegetables and fruit more often than juice.

Dark green and orange vegetables
125 mL (1/2 cup)

Other vegetables
125 mL (1/2 cup)

Leafy vegetables and wild plants
cooked 125 mL (1/2 cup)
raw 250 mL (1 cup)

Berries
125 mL (1/2 cup)

Fruit
1 fruit or 125 mL (1/2 cup)

100% Juice
125 mL (1/2 cup)

Make at least half of your grain products whole grain each day. Choose grain products that are lower in fat, sugar or salt.

Bread
1 slice (35 g)

Bannock
35 g (2" x 2" x 1")

Cold cereal
30 g (see food package)

Hot cereal
175 mL (3/4 cup)

Cooked pasta
125 mL (1/2 cup)

Cooked rice
White, brown, wild
125 mL (1/2 cup)

Drink 500 mL (2 cups) of skim, 1% or 2% milk each day. Select lower fat milk alternatives. Drink fortified soy beverages if you do not drink milk.

Milk
Powdered milk, mixed
250 mL (1 cup)

Fortified soy beverage
250 mL (1 cup)

Canned milk (evaporated)
125 mL (1/2 cup)

Yogurt
175 g (3/4 cup)

Cheese
50 g (1 1/2 oz.)

Have meat alternatives such as beans, lentils and tofu often. Eat at least two Food Guide Servings of fish each week.* Select lean meat and alternatives prepared with little or no added fat or salt.

Traditional meats and wild game
75 g cooked (2 1/2 oz)/125 mL (1/2 cup)

Fish and shellfish
75 g cooked (2 1/2 oz)/125 mL (1/2 cup)

Lean meat and poultry
75 g cooked (2 1/2 oz)/125 mL (1/2 cup)

Eggs
2 eggs

Beans - cooked
175 mL (3/4 cup)

Peanut butter
30 mL (2 Tbsp)

When cooking or adding fat to food:

- Most of the time, use vegetable oils with unsaturated fats. These include canola, olive and soybean oils.
- Aim for a small amount (2 to 3 tablespoons or about 30-45 mL) each day. This amount includes oil used for cooking, salad dressings, margarine and mayonnaise.

- Traditional fats that are liquid at room temperature, such as seal and whale oil, or ooligan grease, also contain unsaturated fats. They can be used as all or part of the 2-3 tablespoons of unsaturated fats recommended per day.
- Choose soft margarines that are low in saturated and trans fats.
- Limit butter, hard margarine, lard, shortening and bacon fat.

*Health Canada provides advice for limiting exposure to mercury from certain types of fish. Refer to www.healthcanada.gc.ca for the latest information. Consult local, provincial or territorial governments for information about eating locally caught fish.

Respect your body... Your choices matter

Following Canada's Food Guide and limiting foods and drinks which contain a lot of calories, fat, sugar or salt are important ways to respect your body. Examples of foods and drinks to limit are:

- pop
- fruit flavoured drinks
- sweet drinks made from crystals
- sports and energy drinks
- candy and chocolate
- cakes, pastries, doughnuts and muffins
- granola bars and cookies
- ice cream and frozen desserts
- potato chips
- nachos and other salty snacks
- french fries
- alcohol

People who do not eat or drink milk products must plan carefully to make sure they get enough nutrients.

The traditional foods pictured here are examples of how people got, and continue to get, nutrients found in milk products. Since traditional foods are not eaten as much as in the past, people may not get these nutrients in the amounts needed for health.

People who do not eat or drink milk products need more individual advice from a health care provider.



Wild plants, seaweed



Bannock (made with baking powder)



Fish with bones, shellfish, nuts, beans

Women of childbearing age

All women who could become pregnant, and pregnant and breastfeeding women, need a multivitamin with folic acid every day. Pregnant women should make sure that their multivitamin also contains iron. A health care provider can help you find the multivitamin that is right for you.

When pregnant and breastfeeding, women need to eat a little more. They should include an extra 2 to 3 Food Guide Servings from any of the food groups each day.

For example:

- have dry meat or fish and a small piece of bannock for a snack, or
- have an extra slice of toast at breakfast and an extra piece of cheese at lunch.

Women and men over the age of 50

The need for vitamin D increases after the age of 50.

In addition to following Canada's Food Guide, men and women over the age of 50 should take a daily vitamin D supplement of 10 µg (400 IU).

For strong body, mind and spirit, be active every day.



This guide is based on *Eating Well with Canada's Food Guide*.

For more information, interactive tools or additional copies visit Canada's Food Guide at: www.healthcanada.gc.ca/foodguide

or contact: Publications • Health Canada • Ottawa, Ontario K1A 0K9 • E-Mail: publications@hc-sc.gc.ca • Tel.: 1-866-225-0709 • TTY: 1-800-267-1245 • Fax: (613) 941-5366

Également disponible en français sous le titre : Bien manger avec le Guide alimentaire canadien – Premières Nations, Inuit et Métis

This publication can be made available on request on diskette, large print, audio-cassette and braille.



Health
Canada

Santé
Canada

Your health and
safety... our priority.

Votre santé et votre
sécurité... notre priorité.

EATING WELL WITH CANADA'S FOOD GUIDE

A Resource for Educators and Communicators



Canada 

Health Canada is the federal department responsible for helping Canadians maintain and improve their health. We assess the safety of drugs and many consumer products, help improve the safety of food and provide information to Canadians to help them make healthy decisions. We provide health services to First Nations people and to Inuit communities. We work with the provinces to ensure our health care system serves the needs of Canadians.

Published by authority of the Minister of Health.

*Eating Well with Canada's Food Guide –
A Resource for Educators and Communicators* is available
on Internet at the following address:
<http://www.healthcanada.gc.ca/foodguide>

Également disponible en français sous le titre :
*Bien manger avec le Guide alimentaire canadien -
Ressource à l'intention des éducateurs et communicateurs*

This publication can be made available on request on
diskette, large print, audio-cassette and braille.

For further information or to obtain additional copies,
please contact:

Publications
Health Canada
Ottawa, Ontario K1A 0K9
Tel.: 1-866-225-0709
Fax: (613) 941-5366
TTY: 1-800-267-1245
E-Mail: publications@hc-sc.gc.ca

© Her Majesty the Queen in Right of Canada, represented
by the Minister of Health Canada, 2011
This publication may be reproduced without permission
provided the source is fully acknowledged.

HC Pub.: 4667
Cat.: H164-38/2-2011E-PDF
ISBN: 978-1-100-19678-7



% ' "



(



)

+

,

,

-

Section 1:

Section 2:

Section 3:

%	%	%
		,
-		,
/		,
		0

Section 4: 1 / 2 ,

Section 5: 2

1	-	3,
1	-	0
		3

Appendix A: 4 -52 33

SECTION 1:



.)
// /
0 1



)

2

+

2

3

/

(



6



%4

%

2

0

0

)

,

"



(

+ ' 5+ ' 6 +'

+ ' 0 + ' 6 0+ ' + ' ' 0+ '

	%		
	CARBOHYDRATE	PROTEIN	FAT
1-3 years	78 %98 :	8 %" ; :	; %q ; :
4-18 years	78 %98 :	; % ; :	"8 % 8 :
19 years and over	78 %98 :	; % 8 :	"; % 8 :

AMOUNT

RECOMMENDED NUMBER OF FOOD GUIDE SERVINGS PER DAY

	Children			Teens		Adults			
	2-3	4-8	9-13	14-18 Years		19-50 Years		51+ Years	
	Girls and Boys			Females	Males	Females	Males	Females	Males
<i>Vegetables and Fruit</i>	4	5	6	7	8	7-8	8-10	7	7
<i>Grain Products</i>	3	4	6	6	7	6-7	8	6	7
<i>Milk and Alternatives</i>	2	2	3-4	3-4	3-4	2	2	3	3
<i>Meat and Alternatives</i>	1	1	1-2	2	3	2	3	2	3

TYPE

Lower in fat

3

)

2

.

3

0

/

+

:

"

2

1

Lower in sugar

(

.

)

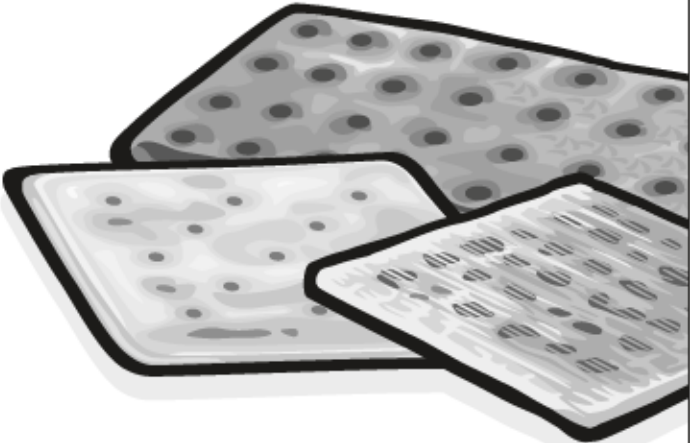
Lower in salt

0

.

.

?



Nutrition Facts

Per 125 mL (87 g)

Amount	% Daily Value
Calories 80	
Fat 0.5 g	1 %
Saturates 0 g	0 %
+ Trans 0 g	
Cholesterol 0 mg	
Sodium 0 mg	0 %
Carbohydrate 18 g	6 %
Fibre 2 g	8 %
Sugars 2 g	
Protein 3 g	
Vitamin A 2 %	Vitamin C 10 %
Calcium 0 %	Iron 2 %

%
%

%



0

0

%4

%

2

)

5

0

6

SECTION 3:

, -

% % %				
	!		((
2			✓	✓
			✓	✓
	✓	✓	✓	
	✓	✓		
		✓		✓
,		✓	✓	✓
1		✓		✓
	✓	✓		
4 9	✓			✓
4 "			✓	✓
4	✓			
4	✓		✓	
4 +			✓	
			✓	
		✓		✓
		✓	✓	✓
0	✓	✓	✓	✓
2	✓	✓	✓	✓

% . %

A

(

A

2

(

2

B

%%

%
Ⓢ

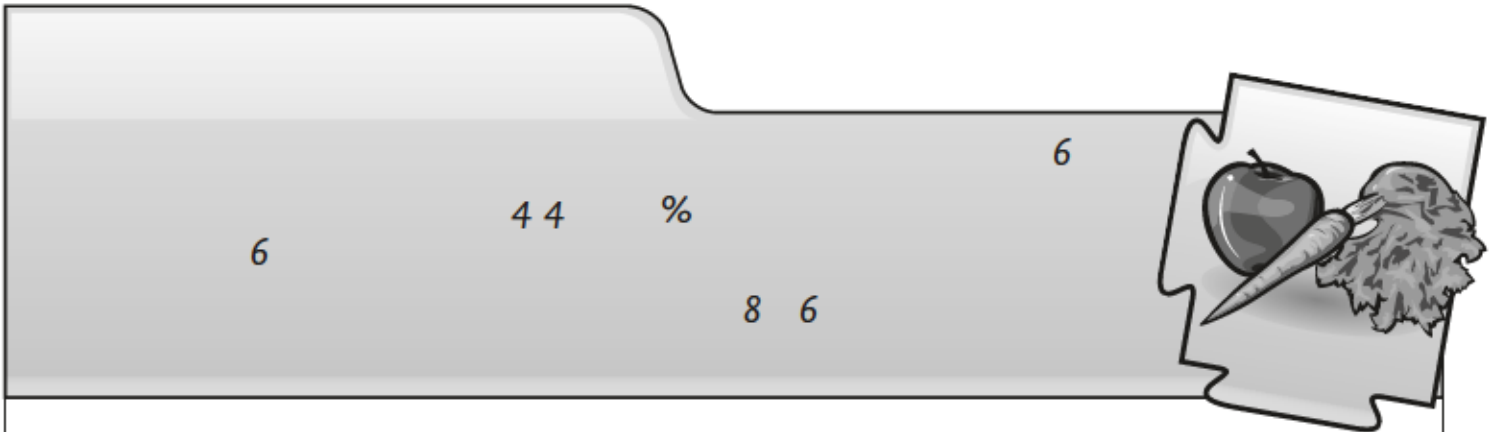
.

B

)

,





4

1

(

4

)

3

.

C

D

C

D

3

4

3

4

2

C

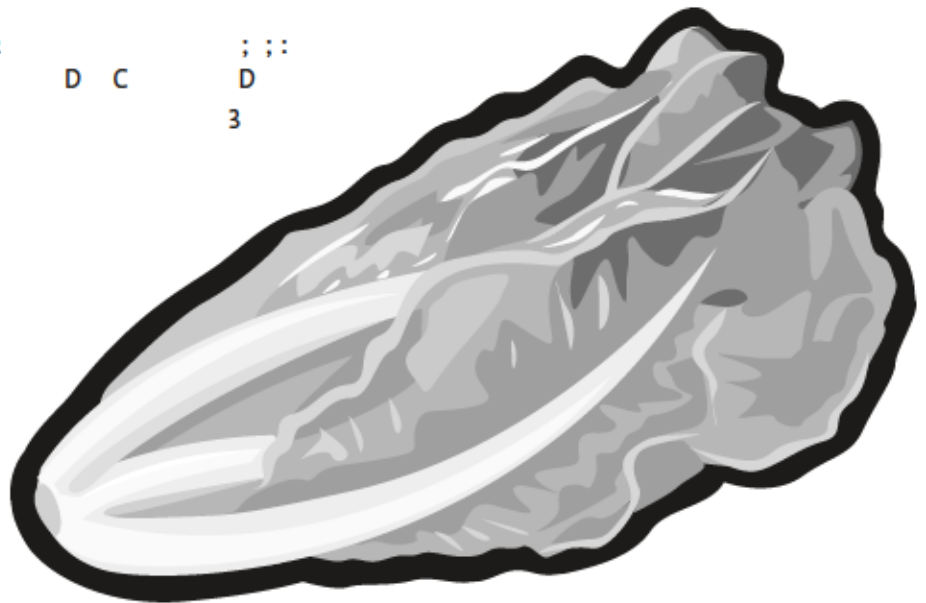
D

C

:::

D

3



0 1 2
% 1%

Eat at least one dark green
and one orange vegetable each day.

+

+

(

E

/

/

.

/

E²



%

3

,

)

(

,

✓ (

o

✓ A

F

/

✓ . /

✓ 2

✓

/

/

B

-

/

✓



Choose vegetables and fruit prepared with little or no added fat, sugar or salt.

0

4

/

3

(

2

(

3

2

.

5 6

1

Benefit from eating vegetables and fruit at all meals and snacks.



%

,

)

(

,

✓.

✓

✓

/

✓.

✓ A

3

✓

✓

✓

C

D

C

D

✓?

✓

✓.

Have vegetables and fruit more often than juice.

3



1 2 1%
2 %
What is one Food Guide Serving?

" 8? 5," 6 / -
E
"8; ? 5 6 " 8? 5," 6
9; ? 5,7 6 3
" 8 ? 5," 6



%% %

D C

C
D+

2

/

4

3

E
o

/

3

SECTION 3:

0

4

4

%

%

6

6



1

6

5

2

2

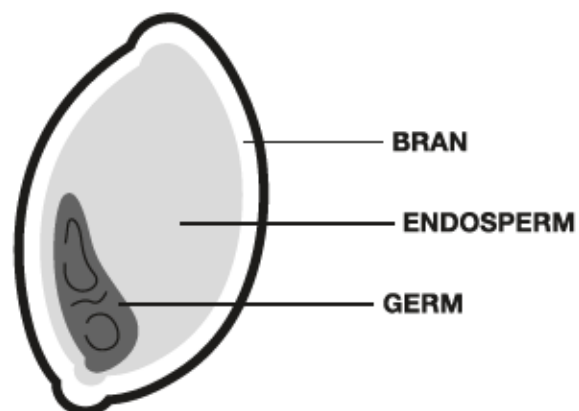
5

6



0 % 1%

Make at least half of your grain products whole grain each day.



☒

	%
3	
✓	
✓	
✓	
✓	
✓	
✓ 2	
✓ ?	
✓ E	



%

1

Choose grain products that are lower in fat, sugar or salt.

2

✓ 0

✓ A 1

//

✓

✓ .

✓ G

✓

5 6

[illegible]

1

2 9 , 9 6
% 6 6



0 + "

5 6 0

0 % 0 %1 1%

Drink skim, 1% or 2% milk each day.

5 : 0 ": 0 6

+
" +

C - D 2

2 8;; ? 5" 6

+

C + .
D +

0

+
-

+



.
 +
 3
 +

Select lower fat milk alternatives.

0
 5: 0 6
 ?
 " : 0
 8 : " : 0
 2

(



%

3 3 45 65 3

) (,

✓ A

✓

✓

✓ 2 /

✓ A

✓ 0 (

✓ + /

✓ 0

✓ F

% 0 1%
%1
What is one Food Guide Serving?
E 5"8; ? 6



5 6 " 8? 5H 6
J 8 5H 6
5 6 8;
5 H 6



%

3

✓ 0 (

✓ A

✓ . /

✓ ' ,

✓ ,

✓ A

2

✓ .



%%

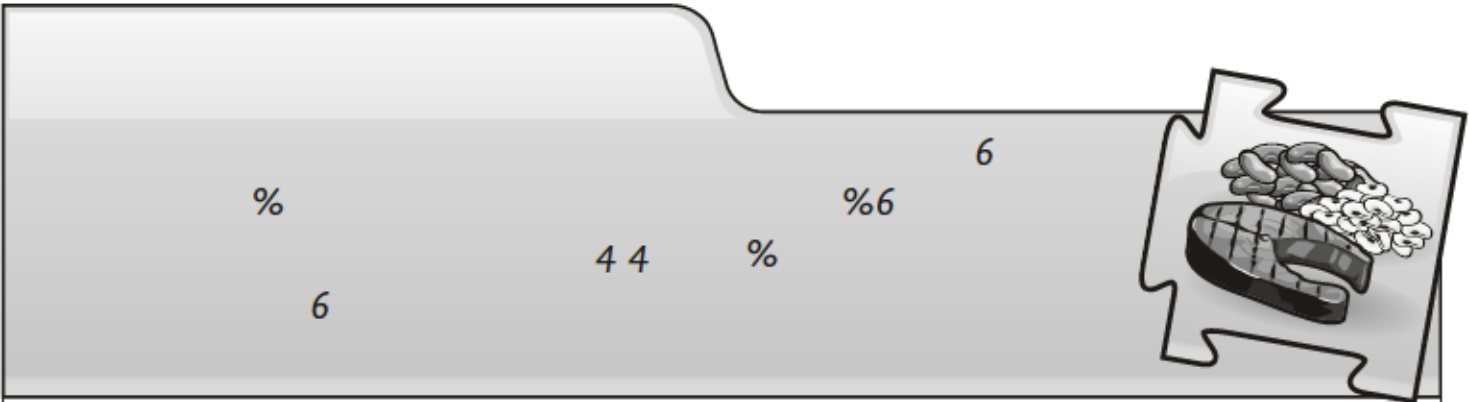
%

0

3 - I +
I +

I

0



0 9 " 6 5

0 1% 1%

Have meat alternatives such as beans, lentils and tofu often.

5 1 6 ?

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

Eat at least two Food Guide Servings of fish each week.

8;
2

5 2 5 6 2 6 / +
(

2 +

/

+ /

/

/ (

,

/



%

,

3

)

(

,

✓

✓ 2

✓

✓ A

/

-

✓

Select lean meat and alternatives prepared with little or no added fat or salt.

? (

(

?

/

?

5 6

.

+ /



%

,

)

(

,

✓

✓ '

✓

K

K

+

✓ A

✓ 0

✓ ?

✓

%

1%

%1



What is one Food Guide Serving?

1/2 cup (8 oz)

1/2 cup (8 oz)

1/2 cup (8 oz)

1/2 cup (8 oz)

1/2 cup (8 oz)

1/2 cup (8 oz)

0

3

0

(

Vegetarians

"

/

"

+

0

%%

%

0

0

1

(

0

E



0

6



E

/

+

G

5

6

(

E

/

E

5

6

2

/

5

/

/9

6

Include a small amount - 30 to 45 mL (2 to 3 tablespoons) - of unsaturated fat each day. This includes oil used for cooking, salad dressings, margarine and mayonnaise.

2



Use vegetable oils such as canola, olive and soybean.

4

Choose soft margarines that are low in saturated and trans fats. Limit butter, hard margarine, lard and shortening.



%

%

-

✓

1

"

1

✓

5

6

✓

✓ A

/

F

/

+

/

%%

%

-

2

+

(

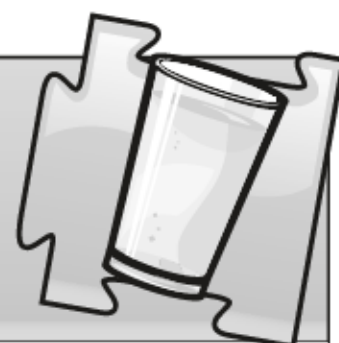
(

(

l

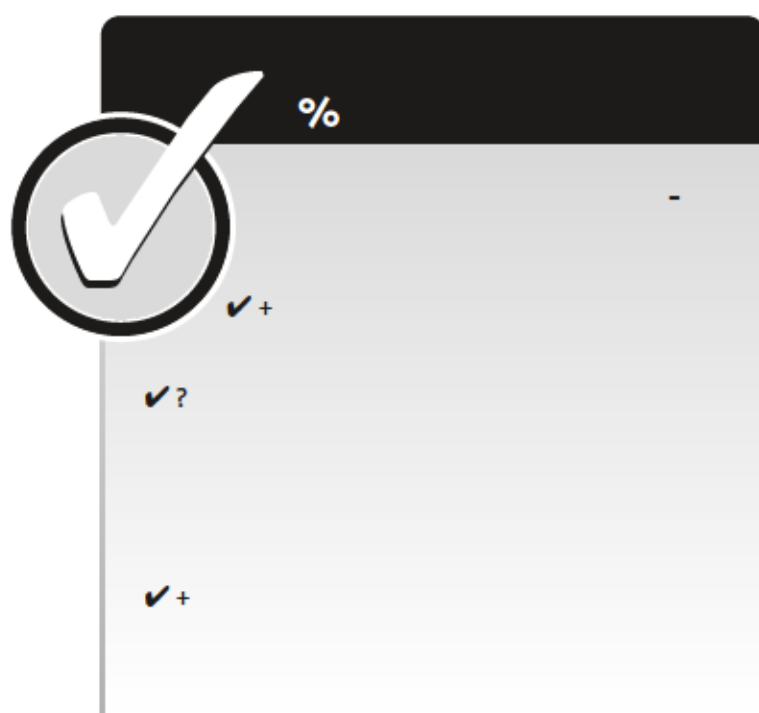


% % 6



1

2



3 C DC DC/ D C D
3

(



%%

%

(

(

|

0

00



(

(

2

E

"8?

5H

6

0

E

2

(

-

(/

2

/

0

%

1%

%

1 (



A

(

.

Main ingredients used to make one portion of Beef Lo Mein					
	Vegetables and Fruit	Grain Products	Milk and Alternatives	Meat and Alternatives	Added Oils and Fats
"8; ? 5 6		"			
" J8 5" H 6					
"8; ? 5 6	"				
; ? 5" 6				,"	
2 8? 5 6					
	6	6	7	48;	4



%% %

.

((

4

2 G

4

EAT WELL AND BE ACTIVE TODAY AND EVERY DAY

- Limit foods and beverages high in calories, fat, sugar or salt.
- Be active every day.

Both eating well and being active are essential to a healthy lifestyle.

Eat well

Follow Canada's Food Guide by eating the recommended amount and type of food each day. People should also limit foods and beverages high in calories, fat, sugar or salt (sodium) such as:

- cakes and pastries
- chocolate and candies
- cookies and granola bars
- ice cream and frozen desserts
- doughnuts and muffins
- french fries
- potato chips, nachos and other salty snacks
- alcohol
- fruit flavoured drinks
- soft drinks
- sports and energy drinks
- sweetened hot or cold drinks

Be active

To be active every day is a step towards better health and a healthy body weight. It is recommended that adults accumulate at least 2 ½ hours of moderate to vigorous physical activity each week and that children and youth accumulate at least 60 minutes per day. You don't have to do it all at once. Choose a variety of activities spread throughout the week. Start slowly and build up.

WHAT ARE THE BENEFITS OF EATING WELL AND BEING ACTIVE?

- Better overall health
- A healthy body weight
- More energy
- Lower risk of disease
- Feeling and looking better
- Stronger muscles and bones

People can use Canada's Food Guide to assess their own eating habits and physical activity patterns and identify changes for better overall health and a healthy body weight. When comparing their intake to Canada's Food Guide, people may find that they need more vegetables, fruit and whole grains, and less high sugar drinks and salty snack foods.

WHEN TEACHING CANADA'S FOOD GUIDE...

- Use terms such as “less healthy choices” to talk about foods high in fat, sugar or salt. Encourage people to track how often they eat these foods. Increasing awareness is a first step in improving food choices. The “less healthy choices” should be limited but can be enjoyed at times. What matters most is how people eat on a regular basis.
- Discuss ideas to help people make healthy choices from the four food groups at snack time and meals. Placing a bowl of apples, pears or other in-season fruit on the kitchen counter or dining table can make it easier to grab fruit for a quick snack, instead of cookies or doughnuts.
- Help people to become more familiar with the Nutrition Facts table on food labels and to look for packaged foods that contain less fat, saturated fat, trans fat, sugar and sodium.
- Remember that physical activity is an important part of Canada's Food Guide. Seek opportunities to promote physical activity.



TIPS FOR CONSUMERS...

Eat well today and every day.

- ✓ Spend time in the grocery store reading the Nutrition Facts table on food packages. Compare the calorie, fat, sugar and sodium content of different brands or varieties of foods you often buy.
- ✓ Take nutritious snacks from home to eat at school, at work or when on the go. Try packing a snack such as vegetables or fruit with a dip. This will help reduce the temptation to buy less nutritious snacks.
- ✓ Enjoy the natural, wholesome flavour of foods that have not been heavily processed. Savour a juicy apple or ripe banana instead of apple pie or banana chips.
- ✓ At restaurants, order foods that have been grilled, steamed or baked.
- ✓ Avoid eating deep-fried foods such as french fries, onion rings, spring rolls, breaded chicken nuggets, deep-fried battered vegetables and chicken wings.



PUT IT INTO PRACTICE

Lack of time is one of the most common barriers to healthy eating. Busy Canadians may end up choosing convenience foods, which often contain hidden fat, calories, sugar and salt (sodium). One way to deal with this challenge is to keep a good supply of ready-to-go foods in the kitchen. This way, you will always have something to make a nutritious meal in a hurry. For example, frozen whole wheat pizza crust, a jar of tomato sauce, fresh vegetables and grated low fat cheese can become a nutritious pizza dinner in less than 15 minutes. Try using a slow-cooker, making double batches of recipes and using leftover rice or pasta in a salad. What other creative time-saving tips and strategies can you think of to help people eat well?

Be active

Starts slowly...and build up.

People do not have to do their activity all at once. They can add up shorter periods throughout the day. Adults should be active for at least ten minutes at a time.

Adults need to be active for at least 2½ hours each week. In addition to this, adults should add muscle and bone strengthening activities at least 2 days each week. Here's how Jessica makes time for several short periods of physical activity throughout the day:

- 6:30 a.m.** Jessica starts her day with 20 minutes of weight training at home.
- 8:45 a.m.** Jessica gets off the bus a few stops early and walks 10 minutes at a brisk pace to get to work.
- 12:30 p.m.** Before eating lunch, Jessica goes for a 10 minute power walk with her co-workers.
- 7:00 p.m.** After supper, Jessica and her family go biking for 20 minutes.



TIPS FOR CONSUMERS...

Be active today and every day.

- ✓ Starts slowly and build up to at least 2 ½ hours of moderate to vigorous physical activity each week.
- ✓ Take the stairs, up and down, wherever you are. Every step counts.
- ✓ Go for a brisk ten minute walk at lunch, in the mall or after supper.
- ✓ Walk all or part of the way to work or school. If you can, roller-blade or cycle.
- ✓ Invite the neighbours and their kids over to play ball hockey or basketball.
- ✓ Visit with friends during a walk or outdoor hike rather than at the coffee shop.
- ✓ Sign up for a fitness class or a recreation program at the community centre.
- ✓ Take up a new sport.
- ✓ Play tag or soccer with the kids.
- ✓ Organize a walking or cycling club in your community.





PUT IT INTO PRACTICE

Many adults say that the high cost of going to the gym or playing a sport keeps them from being more active. You can help people overcome this barrier by talking about lower cost opportunities such as joining a walking club. Another common barrier is lack of time. It is important to make physical activity a priority. Choosing activities that are enjoyable can help people continue to make time for them in their busy schedule. In addition to the tips, what other ideas can you share to encourage people to make physical activity part of their daily routine?

Children need to be active for 60 minutes every day.

Here's shown nine-year-old Ben has fun and keeps active on a school day:

- 10:00 a.m.** At recess, Ben has outdoor free time and climbs on the play structure with his school mates for 10 minutes.
- 12:30 p.m.** After he eats his lunch, Ben plays a 15 minute game of basketball.
- 4:30 p.m.** After school, Ben takes a five minute walk to his friend's house. They play a 20 minute game of ball hockey on the driveway and then Ben walks home for five minutes.
- 7:00 p.m.** After supper, Ben and his Dad play one-on-one soccer in the backyard for 15 minutes.





%

3

, -

✓

, 3

1

✓

3

,

-

-

4

B

4

✓

3

,

?

✓

-

-

B

1

-

3

G

✓ 2

,
3 - 4

1

,

?



✓

3

-1

B

2

E

E

3

✓

A

✓ 3

3



3



L

B

2

2

0

8;

+

%

4

%

6



+

1

.

.

0

-

//

(

(

-

E

(

/ /

,

.

(



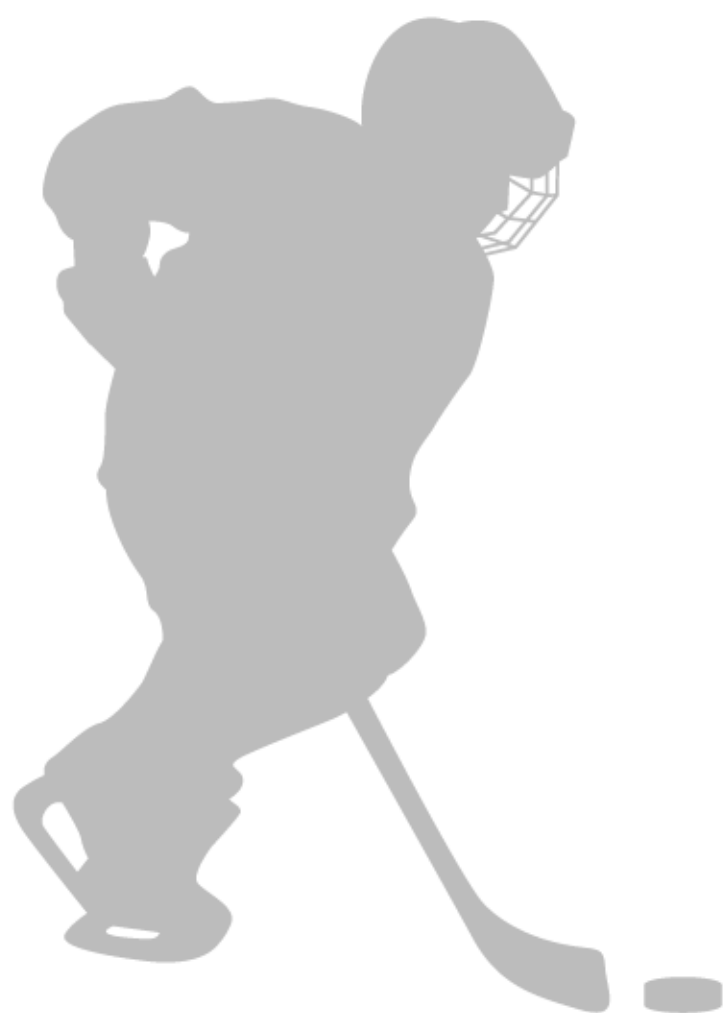
%%

%

2

(

3





%

.

-

✓ 2

✓ G

0

E

✓ 0

✓

3

(

+

-

✓ E

✓

3

✓ 0

✓ E

.

B

✓ .

2

?

✓ ?

/

0

0

2
%

6



(

51+ 6

7;;

57

6

8; (
78; (

1 +

8; 7;; (

2

9;;
8;;

(

(

.

(

4

2

%

(

4

0

0

0

0 34

%

0

2 44

6



1

4

+

8;

4

+

3

+ 4

+

+

+

4

+

8;

L

+

(

A4

A

L

5
6

o

8;; ? 5"

6

(8

5";; A 6

E

+

+

(

;

5";; A 6

+

8;

8;

+

;

5";; A 6

55
4 -52

	A	B	%	A	B	A	%
	1		3				
" /	7		"				

	1		3		
H "8 ? 5H 6 " : 58 6		,	,		
9; ? 5H 6	,				✓
? H 5 ; 6 9; ? 5H 6 "8 ? 5H 6				,	✓
58 6 "8 ? 5H 6		,	,		
+ "8 ? 5H 6 5 7; H 6 "8 ? 5H 6 "8 ? 5H 6		,		,	✓
H	,				
,		:	6	4	

A B

46/B A 2 B

	1		3	
			,	,
M/	9	9	/7	/

	1		3	,	,
"8; ?5 6 "8 ?5H 6 3		/, "	, "		
.					
? J8 5 H 6 "8; ?5 6		"			✓
" 8? 5H 6			, "		
+ / "8; ?5 J8 5 H 6 "8; ?5 6	"				✓
J 8? 5H 6 "8; ? 5 6		/, "			
" 8? 5H 6					
,	9	9		6	

A B % B ~~4/B~~ A

	1		3	
7/P	J	9	/7	"

	1		3		
5 6 8 ? "8; ? 5 6		"		,"	
.					
? 5; " 6 "8 ? 5H 6 3 "8 ? 5H 6		"		,"	✓ ✓
+ 8;; ? 5" 6 " 8? 5H 6 9; ? 5H 6 8; 5 H 6 "8; ? 5 6	"	"			✓
,		9	:	6	

A B C A B A

	1		3	
O M%&;	P/;	P	"	

	1		3		
5H 9; 6 "8 ? ; ? 5 6 "8; ? 5 6":		"		,	
"8; ? 5 6 3	"				
? ?) 5 8 "H 6 "8; ? "8 ? 5H 6		"			✓
+ ; 5 H 6 "8; ? 5 6 " 8? 5H 6 "8; ? 5 6 " 8? 5H 6 /		"		/, "	✓
" "8; ? 5 6":		"			✓
,	D		6	:	

A B % 2 97AB A

	1		3	
8	J	9		"

	1		3		
J8 ?5H 6 "8 ?5H 6:			,		
. ; ?5 6				,	
? 2)"8; ?5 6 R"8 ?5H 6 "8 ?5H 6 R R "8 ?5H 6 "8 ?5H 6: R		"		,	✓
. J8 ?5H 6 "8 ?5H 6					
+ 0)J 8? 5H 6 R" 8 ?5H 6 R " 8 ?5H 6 " 8? 5H 6:			,		✓
. 5; 6 " 8 ?5H 6			,		
,		9	:	6	

A B C 67AB A 1 %

	1		3	
O M%8;	P/;	P	"	

	1		3		
)"8; ?5 6 R"8 ?5H 6 R	"	"			✓
.		"			
? /) J8 ?5H 6 R "8 ?5H 6 R "8 ?5H 6		"			✓
"8; ?5 6-		"			
+ J 8 ?5H 6 5 6 H " 8 ?5H 6 "8; ? 5 6 3	"	"			✓
"8; ?5 6 "8; ?5 6	"				
,	4		6	:	

0



- ☒
- ☒
- ☒
- ☒
- ☒ 0
- ☒
- ☒ +
- ☒ .
- ☒
- ☒
- ☒ .
- ☒ .
- ☒ ?
- ☒

: ":



%%/%

6 6