

Unhealthy Eating & Chronic Disease

It is well established that unhealthy eating is associated with poor health conditions. For example, consuming too much sodium can lead to negative health effects and chronic disease such as hypertension, heart disease, stroke and certain types of cancer (World Cancer Research Fund and the American Institute for Cancer Research, 2007). The consumption of saturated and trans fats has been linked to increased risk of heart disease and stroke (Micha and Mozaffarian, 2008; Heart and Stroke Foundation of Canada, 2009). A recent global review of the literature linked the consumption of a primarily plant-based diet containing lots of vegetables and fruit with cancer prevention (World Cancer Research Fund and the American Institute for Cancer Research, 2007) and a diet rich in fibre may help prevent the development of type 2 diabetes (Canadian Diabetes Association, 2003).

Health Related Consequences

Poor eating habits and physical inactivity along with many other factors contribute to the increasing rate of overweight and obesity in Ontario. In general, adults who are less active are more likely to be obese while active individuals are more likely to have healthy weight (Canadian Fitness and Lifestyle Research Institute, 2007). Similarly, individuals who consume a healthy diet, including higher amounts of vegetables and fruit, are more likely to be at a healthy weight, be physically active, not smoke, and in women, to not be alcohol-dependent (Perez, 2002). The consequences of excess body weight are well-known and its link to increasing risk of chronic disease, such as heart disease, cancer and type 2 diabetes is well established. The World Health Organization (1999) recognizes weight gain and obesity as an emerging danger to world-wide health and identifies obesity as a chronic disease.

Prevalence

Canadians have significant room for improvement when it comes to healthy eating. At most ages, Canadians consume less than the recommended servings of vegetables and fruit a day (Garriguet, 2004). In Ontario, only 50% of women and 36% of men (aged 18 and over) are consuming vegetables and fruit five or more times daily (Statistics Canada, 2005). Based on data from the 2004 CCHS, 59% of Canadian children and adolescents were reported to consume vegetables and fruit less than five times a day (Sheilds, 2005). These young people were significantly more likely to be overweight/obese than were those who ate vegetables and fruit more frequently (Sheilds, 2005). Children, adolescents and the majority of seniors do not get the daily recommended servings of milk products, while men are heavy consumers of meat (Garriguet, 2004; World Cancer Research Fund and the American Institute for Cancer Research, 2007). Overall, Canadians are falling short of meeting recommendations for grain products and are consuming more foods and beverages that are low in nutrients and higher in sugar, sodium or fat (Garriguet, 2004).

Cost

Unhealthy eating is a key modifiable risk factor for chronic diseases that plays a major role in morbidity, disability and premature death in Canada. The economic burden of unhealthy eating has been estimated at \$6.3 billion in Canada each year, including direct health care costs of \$1.8 billion (Health Canada, 2000).

Reason for Action

The benefits of healthy eating include lower risk of chronic diseases including type 2 diabetes, heart disease and hypertension, and certain cancers; lower risk of overweight and obesity; and lower risk of micronutrient deficiencies (Health Canada, 2007d). Furthermore, individuals who eat healthy foods are more likely to lead longer, healthier lives.

In addition, poor eating habits and physical inactivity along with many other factors contribute to the rising rate of overweight and obesity in Ontario. Annually, obesity costs Ontario \$1.6 billion including \$647 million in direct costs - such as hospital care, pharmaceuticals and physician services - and \$905 million in indirect costs - such as lost earnings due to illnesses and premature deaths associated with obesity (Katzmarzyk & Janssen, 2001).