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Focus on vulnerable populations:

- Mothers living with food insecurity less likely to breastfeed exclusively to 6 months**
- Large study on cancer in the Métis people of Canada**
- Taxing sugar-sweetened beverages could increase stigma for low-income groups, Aboriginal peoples**
- Vulnerable populations: a special CMAJ focus – editorial**

VULNERABLE POPULATIONS

Mothers living with food insecurity less likely to breastfeed exclusively to 6 months

Visual abstract pre-embargo link: <http://bit.ly/2DbQpO5>

Mothers with babies living in households with food insecurity — inadequate or unpredictable access to food because of financial issues — are less likely to breastfeed exclusively to the recommended 6 months, found a study published in *CMAJ (Canadian Medical Association Journal)*.

“We found that women who are struggling to make ends meet stop breastfeeding their infants much sooner than other women,” says Dr. Valerie Tarasuk, Public Health Ontario and the University of Toronto. “We have long known that food insecurity is bad for health, but this study reveals its negative impact at the very beginning of life.”

Researchers looked at data on 10 450 women who participated in the Canadian Community Health Survey (between 2005 and 2014) and who had given birth a year before or within the year of their participation. Of the total, 17% lived in households with food insecurity, with 5.5% marginally food insecure, 8.6% moderately food insecure and 2.9% severely food insecure. Most women initiated breastfeeding and vitamin D supplementation (between 86% of severely food-secure to 91.6% of food-secure households), although the duration of exclusive breastfeeding varied by food-security status.

“Our findings raise serious questions about the adequacy of existing supports for mothers vulnerable to food insecurity,” write the authors.

Stopping exclusive breastfeeding can be problematic because infants and babies may miss out on the physical and emotional benefits, but formula-feeding is an additional financial burden for families.

“Given the importance of breastfeeding for health, our findings point to the need for more effective interventions to support vulnerable women and address food insecurity among Canadian families,” says Dr. Tarasuk.

In a related commentary, Drs. Meta van den Heuvel and Catherine Birken, from The Hospital for Sick Children and the University of Toronto, write, “In contrast to the US, where the Women, Infants and Children program provides food supplementation to infants and children, there is no national feeding program for infants and children in Canada. When Canadian mothers who report food insecurity require nutritional supplementation for their infants, they are left to rely on local food banks to obtain formula.”

The study was conducted by researchers at Public Health Ontario, the University of Toronto and Acadia University, Wolfville, Nova Scotia. It was funded by a Programmatic Grant in Health and Health Equity from the Canadian Institutes of Health Research.

“Relation between household food insecurity and breastfeeding in Canada” is published March 19, 2018.

MEDIA NOTE: Please use the following public links after the embargo lift:

Research: <http://www.cmaj.ca/lookup/doi/10.1503/cmaj.170880>

Commentary: <http://www.cmaj.ca/lookup/doi/10.1503/cmaj.180167>

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Large study on cancer in the Métis people of Canada

The incidence of all cancers combined was similar for Métis men and significantly higher for Métis women compared to non-Aboriginal men and women, found a study published in *CMAJ (Canadian Medical Association Journal)*.

Canada’s Métis people are 1 of 3 groups officially named in the Canadian Constitution as the “aboriginal peoples of Canada”, along with Inuit and First Nations peoples. Métis people, who are descendants of early unions between First Nations women and European fur traders, have unique culture, traditions and nationhood. Aboriginal peoples in Canada have higher rates of poverty and unemployment as well as obesity, tobacco smoking and unhealthy diet compared with non-Aboriginal Canadians.

There are more than 450 000 Métis in Canada (1.4% of the total population). However, there is a lack of national data on the incidence of cancer as well as cancer survival rates in this unique population.

In this large study, researchers linked data on self-reported Métis ancestry from the 1991 Canadian census to national cancer and mortality databases between 1992 and 2009. In the 11 050 Métis adults (aged 25 to 99 years), 1090 cancers were diagnosed over 185 000 person-years. Compared with non-Aboriginal adults in the study, Métis adults were significantly younger, were more likely to live in rural areas as well as Canada's Prairie provinces, and had lower educational and income levels.

The rates of cancer were similar for Métis and non-Aboriginal people for many types of cancer, although Métis adults had significantly higher rates for lung cancer in both sexes separately; for liver, larynx and gallbladder cancers in both sexes combined; and for female breast and cervical cancers. Survival rates for prostate cancer were poorer for Métis men compared with non-Aboriginal men with prostate cancer. Incidence rates were significantly lower for melanoma and leukemia in Métis adults and for colorectal cancer in Métis women, compared with non-Aboriginal people.

“The cancer burden of Métis people has been understudied in Canada, so this study substantially increases our knowledge of cancer risk and prognosis in this community,” says Dr. Loraine Marrett, Scientist Emeritus, Cancer Care Ontario. “The evidence found in this study shows us that more action is needed to reduce the incidence of cancer, improve survival and provide better health outcomes for Métis people.”

The study was conducted by researchers from Cancer Care Ontario, University of Toronto, Statistics Canada and Métis National Council. It was funded by a grant from the Canadian Institutes of Health Research.

“*Cancer incidence and survival among Métis adults in Canada: results from the Canadian census follow-up cohort (1992–2009)*” is published March 19, 2018.

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Taxing sugar-sweetened beverages could increase stigma for low-income groups, Aboriginal peoples

Podcast pre-embargo link: <https://soundcloud.com/cmajpodcasts/170379-ana/s-QWDQe>

When considering taxing sugar-sweetened beverages in Canada, policy-makers should look at lessons learned from tobacco taxation, especially how taxation could increase

inequalities and stigma, argues an analysis in *CMAJ (Canadian Medical Association Journal)*.

“Proponents of a tax on sugar-sweetened beverages are quick to emphasize positive aspects of a tobacco tax; however, a thorough comparison analysis reveals other lessons about exacerbation of inequity and stigma, including racial stigma, in already-marginalized populations,” writes Natalie Riediger, University of Manitoba, Winnipeg, Manitoba, with Andrea Bombak, Central Michigan University, Mount Pleasant, Michigan.

The authors look at the issues around taxation of sugar-sweetened beverages through a social justice lens.

“Many public health policies can have unintended consequences for some groups and it is important to consider this when implementing new policies,” they write.

People of low socioeconomic status and Aboriginal populations in Canada consume more sugar-sweetened beverages than the general population and have higher rates of obesity and diabetes.

“For taxation of sugar-sweetened beverages to be effective as a measure of population health, it must affect consumption in these populations.”

The authors suggest that taxing only certain sugar-sweetened beverages, namely soft drinks, may heighten stigma around obesity and further isolate marginalized people. Sweetened coffee drinks, which are mainly consumed in areas where people of higher socioeconomic status live or work, are not being recommended for taxation, despite their increasing consumption.

“A sweetened beverage tax aimed only at regular soft drinks may carry classist and racist overtones that could exacerbate stigma directed at already-marginalized groups,” write the authors. “In other words, economically advantaged people may continue to drink their frappuccino, untaxed, while less wealthy people are taxed for their cola, despite similar added sugar content.”

Taxing soda could also affect relations with Aboriginal peoples who live on reserves where there are long-term water advisories because of unsafe supply. Many people in these situations rely on soft drinks for hydration.

The authors urge involvement of Aboriginal peoples in developing taxation policies around sugar-sweetened beverages.

“Sugar-sweetened beverages as the new tobacco: examining a proposed tax policy through a Canadian social justice lens” is published March 19, 2018.

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Analysis: <http://www.cmaj.ca/lookup/doi/10.1503/cmaj.170379>

Podcast permanent link: <https://soundcloud.com/cmajpodcasts/170379-ana>

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Vulnerable populations: a special CMAJ focus

Editorial

Canada's major medical journal, *CMAJ*, will champion the health of vulnerable populations with a special focus on groups that experience adverse health outcomes because of poverty, isolation, discrimination and other factors.

“By choosing vulnerable populations as a *CMAJ* area of focus, we renew our commitment to using our platform to advocate on behalf of Canadians who are vulnerable to poor health because of structural and personal factors that prevent them from achieving the optimal health that is their human right,” write *CMAJ* medical editors Drs. Kirsten Patrick, Ken Flegel and Matthew Stanbrook in an editorial in *CMAJ* (*Canadian Medical Association Journal*).

“We hope to shine a light on vulnerability in health care and help to reduce it by empowering and giving voice to those who are vulnerable. We are hereby signalling to researchers working with vulnerable populations across Canada and internationally that we can be a prominent home for their highest-quality work in this area. In addition, we will continue to prioritize *CMAJ*'s tradition of effective advocacy for the vulnerable,” they write.

The journal will continue to publish a broad range of content relevant to primary care physicians, specialists and policy-makers.

A linked commentary discusses the concept of vulnerability in health care.

MEDIA NOTE: Please use the following public links after the embargo lift:

Editorial: <http://www.cmaj.ca/lookup/doi/10.1503/cmaj.180288>

Commentary: <http://www.cmaj.ca/lookup/doi/10.1503/cmaj.180242>

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