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Wednesday, February 21, 2007

—
Chair

Mr. Rob Merrifield

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•(1535)

[English]

The Chair (Mr. Rob Merrifield (Yellowhead, CPC)): I call the meeting to order.

I would like to thank the witnesses for coming forward. We have a very important session ahead of us, talking about food labelling, as we narrow down on the final days of testimony before we go into drafting and issuing our report on childhood obesity.

I want to thank you for coming. It's very good that you are here. I see that Sally Brown is back again. Sally, don't you just wear out sometimes? It's good that you're here.

We also have, from the Department of Health, Janet Beauvais. It's good to have you here. From the Canadian Food Inspection Agency, we have Debra Bryanton. From the Heart and Stroke Foundation of Canada, that's Sally. From McCain Foods Canada, we have Fred Schaeffer. It's good to have you here. From the Centre for Science in the Public Interest, we have Bill Jeffery. It's good to have you all here.

We'll start with Ms. Beauvais. The floor is yours.

Ms. Janet Beauvais (Director General, Health Products and Food Branch, Food Directorate, Department of Health): Thank you, Mr. Chairman.

I'm Janet Beauvais, director general of the food directorate at Health Canada. I'm pleased to be here with you again today to speak further about nutrition labelling in Canada and how nutrition labelling can assist Canadians in making healthy food choices.

Health Canada's food directorate is responsible for establishing policies and standards relating to the safety and nutritional quality of food. We are also responsible for the health and safety aspects of the labelling and advertising of foods sold in Canada. The Canadian Food Inspection Agency is responsible for enforcing these policies and standards.

In 1998 voluntary nutrition labelling was put in place in Canada. In combination with nutrient content claims such as low fat or reduced calories, this labelling became a powerful incentive for industry and led to increased access to a number of reformulated products. However, the labels of most products with less favourable nutrient profiles continued to stay silent about their nutrient content, leaving consumers with limited information upon which to make comparisons between products.

After extensive consultations with stakeholders, mandatory nutrition labelling regulations came into effect for most prepackaged

foods in Canada on December 12, 2005. Under these new regulations, information about the caloric value and the nutrient content of a food must be conveyed in a standardized format, known as the nutrition facts panel.

Consumer research has indicated that the consistent look of the nutrition facts table facilitates comparisons between products and makes nutrition information easier to find and use. It was envisioned that the provision of mandatory nutrition information would not only help consumers make healthier food choices, but would further act as an incentive for the food industry to produce healthier products. Evidence is mounting that the intended effect is taking place. For example, since the requirement to list trans fat became mandatory under the new regulations in December 2005, a great number of food companies have reformulated their products to remove trans fat, and trans fat consumption has dropped by at least 41%.

The regulations also contain provisions for the use of over 40 nutrient content claims on the package. These claims allow industry to make declarations on a product's label about its caloric or nutrient content, for example, low fat, so that manufacturers can highlight a particular nutrient content of the product.

While very informative, the mandatory nutrition labelling system does not make a judgment about the overall nutritional value of a food. In order for it to be used properly, consumers must be educated about, and dedicated to, making healthier food choices. This is why in many countries, including Canada, better choice slogans, symbols, or logos have started to appear on the principal display panel of some food labels as a quick way of providing information to consumers on some aspect of the nutritional value of the food. This is referred to as a healthier or wiser choice slogan, symbol, logo, or endorsement.

The conditions for displaying these label identifiers, logos, or symbols are set by endorsing organizations such as the Heart and Stroke Foundation with its Health Check program, which I'm sure we'll hear further about today, or by the manufacturer itself when it's a corporate initiative, such as PepsiCo's Smart Spot. These conditions vary from one program to another. They vary within programs. They vary from one food category to another, such as crackers or beverages, and are dependent upon the objectives of the endorsing organization. For example, in the case of a corporate initiative, the goal is often to highlight a certain nutritional profile of a company's products. I would note that none of these programs has been endorsed by Health Canada.

As it is difficult to make a simple judgment about a food overall, especially foods that have both positive and negative nutritional characteristics, these logos often only refer to limited nutritional characteristics of the food. For example, a logo might indicate that the product is low in fat but not indicate that the product is high in sodium. Health Canada continues to recommend that consumers use the nutrition facts table to get complete nutrient information.

The proliferation of these third-party logos is a new phenomenon in Canada, and concerns have been raised regarding the risk of creating confusion among consumers. Some countries, such as Australia, are now investigating the establishment of basic rules to govern these practices and ensure some consistency in order to prevent consumer confusion.

• (1540)

As the committee heard recently, the United Kingdom has developed a unique labelling system, known as signposting, that goes one step further than the Canadian nutrition facts table by providing a judgment around the nutritional value of foods. It is important to note, however, that unlike Canada, the United Kingdom does not have mandatory nutrition labelling for most pre-packaged foods.

By providing information on calorie content and the 13 nutrients, including fat, saturated fat, cholesterol, sodium, carbohydrate, and a range of other nutrients, Canada's current labelling requirements allow for more meaningful and fulsome comparison among products than the four-nutrient traffic light labelling system used in the United Kingdom.

As previously mentioned, Canada's mandatory nutrition labelling regulations have been in force for just over a year. Since the regulations came into effect, Canadians have become increasingly knowledgeable about how to use labels to make informed decisions.

According to the Canadian Council of Food and Nutrition's recent 2006 Tracking Nutrition Trends survey, 77% of Canadians get nutrition information from the product labels. In addition, in 2006, 67% of Canadians reported that they were able to find what they were looking for and they attached credibility to these labels. However, not surprisingly, with its recent introduction into regulation, some Canadians are still finding it difficult to understand and read the new nutrition facts table.

Could nutrition labelling be further simplified by setting parameters that would allow the voluntary addition of a colour code for nutrients or other such logos? Without adequate time for government to conduct consumer research on this type of expanded nutrition labelling, such as logos or symbols, I cannot answer that question.

Let me conclude by saying that the mandatory nutrition facts table, in addition to nutrient content claims and combined with education on their use, offers a significant public health opportunity to improve the nutritional health and well-being of Canadians. Health Canada will be continuing to monitor the use of nutrition labelling and the nutrition facts table to ensure that it's achieving its desired objectives.

Thank you very much, Mr. Chairman.

The Chair: Thank you very much.

Now we move on to Debra Bryanton from the Canadian Food Inspection Agency.

Ms. Debra Bryanton (Executive Director, Food Safety, Canadian Food Inspection Agency): Thank you, Mr. Chairperson, for another opportunity to appear before the committee in its examination of childhood obesity. We appreciate being part of these important discussions and again would like to commend the committee for taking on this important topic.

My name is Debra Bryanton. I'm the executive director of the Canadian Food Inspection Agency's food safety directorate.

As we're here to support Health Canada, I will keep my remarks brief. In September I briefly reviewed the CFIA's role in enforcement and compliance regarding the nutrition labelling regulations and today will provide some further details on that role, with the aim of clarifying the two distinct roles that Health Canada and the agency have with respect to nutrition labelling.

As Janet noted earlier, Health Canada is responsible for setting food labelling regulations and policies respecting consumer health, food safety, and nutrition. CFIA is responsible for enforcing those regulations, as well as for setting non-health and safety labelling provisions; for example, those that serve to inform consumers and prevent misleading practices.

As the committee is aware, the CFIA verifies compliance with 13 federal acts and their respective regulations, including the Food and Drugs Act. We work in partnership with other stakeholders to carry out this mandate, and of course one of our key partners is Health Canada.

Nutrition labelling regulations became mandatory for large companies as of December 12, 2005, and will be mandatory for small companies by December 12, 2007.

CFIA has taken a staged approach to the implementation of these regulations. Our initial enforcement approach focuses on increasing the awareness of industry, particularly in their role of making the nutrition facts table available and accessible in their application of the regulations. We also apply an appropriate level of enforcement action on products that include nutrients of greater public health significance—for example, trans fatty acids, saturated fatty acids, and sodium—and we follow up on foods that are mislabelled. We also investigate complaints, and we work closely with industry associations to achieve voluntary compliance where possible.

After December 12 of this year, when all companies will be expected to comply with the nutrition labelling provisions, our approach will continue to be educational in nature, similar to how it was with the larger companies in the first year, in assisting the smaller companies to implement the regulatory requirements in their first year of implementation.

The CFIA's role regarding the issue of childhood obesity is complementary to that of Health Canada's. We will continue to support Health Canada and our health partners in tackling this issue and other important public health concerns.

I would now be pleased to answer any of the committee's questions.

• (1545)

The Chair: Thank you very much for being here. I'm sure there will be questions.

Now to the Heart and Stroke Foundation of Canada. Sally Brown, I see you brought Carol Dombrow, a nutritional consultant, with you. The floor is yours.

Ms. Sally Brown (Chief Executive Officer, Heart and Stroke Foundation of Canada): Thank you, Mr. Chair.

Carol is here in case you ask me tough questions.

[Translation]

I have five goals for today. I am going to explain why we have launched the *Health Check* program, and how it works.

[English]

I will highlight some key differences between the Health Check program and the current industry program to demonstrate that Health Check has been broadly accepted by both industry and consumers. I will differentiate between the Canadian and the U.K. environments for food labelling programs and propose how Canada can move forward by supporting Canada's existing pre-eminent food information program.

[Translation]

All that in 10 minutes.

• (1550)

[English]

So why did we start Health Check? It was started in response to consumer demand for a simple way to choose healthier products. For us at HSFC the rationale was that poor nutrition, especially a high-fat diet, is a major risk factor for heart disease and stroke. Heart disease and stroke share common diet-related risk factors with many other chronic diseases such as diabetes, cancer, and kidney disease. So it's important to recognize it is not a heart-smart program; it is really a program for healthy eating, not for heart-healthy eating.

Most Canadians consider nutrition to be important when they buy food, but they find the information confusing, as has been said, even after the advent of mandatory nutrition labelling. For many vulnerable populations, they just can't decipher that label. Shoppers are always in a hurry. They've told us they want something to help them make a decision quickly. According to our research, 92% of Canadians support one standard symbol.

How does Health Check work? Well, it provides consumers with a visual logo, as you can see on this can of beans. It's a quick visual reference on the food packaging. The awareness of Health Check is sitting at about 67% of principal grocery shoppers.

The logo guarantees that the food meets the specific nutrition criteria of Canada's Food Guide. It's based on guidelines and nutrition recommendations for general healthy eating, as I mentioned. It's comprehensive. It encompasses, in one check mark, the nutrition criteria for salt, fat, fibre, protein, and vitamins. Industry programs, as you've heard, often look only at one or two of those

criteria, not all of them, and the proposed traffic light system in the U.K. is also nutrient specific.

Regarding the cost recovery model for HSFC, it is not a fundraiser. The money that companies pay to belong to Health Check goes right back into the program to build it. There are nominal fees to cover the product review, the operating and promotional costs, but a small company can join for \$300. The fees are not a barrier to participation and are not seen that way by the companies, nor do they increase the cost of the food item.

[Translation]

Health Check was developed in consultation with Health Canada and CFIA.

[English]

We've been strong and active supporters, through Health Check, of the government's food guide and the nutrition labelling legislation. This support, along with our recent trans fat work and our partnership with the Canadian Cancer Society and the fruit and vegetable growers on the "five to ten a day" campaign, is part of our strong mission focus on healthy eating and a belief that we can help the consumers.

We're currently in the process of developing criteria for sugar in light of the new food guide and will be reviewing all of our criteria to ensure continued alignment with the guide. Health Check is influencing Canada's food supply. There are now over 1,000 products in the program—including McCain's Old South line of orange juice, we're happy to say—in 70 different categories, representing over 100 companies. It's doubled its size in the last year.

[Translation]

It is a truly national program. In fact the *Health Check* system was started in Quebec.

[English]

Health Check is not only successful in helping consumers choose healthier products, it has helped make the products healthier. Many leading brands have reformulated to meet our nutrition criteria, and I've brought two of them here. It includes Campbell's, Heinz, Maple Leaf, and Dare. These reformulations took the companies over a year to do, and they're very committed to the program. For example, Campbell's recently reformulated 25 of their 40 soups to fit into the program. They had to reduce the amount of salt by about 20% to do so.

We frankly need stricter criteria for salt in Canada, and we would like to work with Health Canada to establish these standards. We don't do it alone, we do it with Health Canada. They're not our standards, they're Canada's standards.

Health Check is growing. Retail outlets are now coming onboard. Sobeys, Canada's number two grocery retailer, joined in 2006 with their private label, the Compliments line of products. Their objective is to eventually have over 300 of their products in Health Check. Two more retailers are joining Health Check this year.

Health Check has recently expanded into food services such as Swiss Chalet, because 40% of our food dollar is spent outside the home, as you all know and have heard before. HSFC signed a contract this week with the British Columbia government to roll out a Health Check restaurant model in British Columbia restaurants.

Our research has shown that consumers expect such programs to be run by a health authority, and if it's not Health Canada, then it's a group like the Heart and Stroke Foundation. Many consumers are suspicious of the food information programs established by food manufacturers.

I draw your attention to the handout, at the bottom of page three, which compares the industry food information programs with the Health Check program on several elements. I'm not going to go through it. I think I've spoken to most of them, but it's been a good summary up to now.

Page four in your handout shows the different labels that are now in place in Canada. We hope it shows you why it is that the consumer is getting confused. Not only are there a growing number of programs, but to the consumer a check mark is a check mark. We're actually getting calls from our donors who are irate that our check mark is appearing on Diet Pepsi. The consumer sees a check mark as a check mark.

Health Check is already Canada's pre-eminent food information program. It was the first into the field, and it's the largest by far. The second largest program has 200 or less products. We're at least five times larger than one of the industry programs. We're the only third-party unbiased program. We're non-exclusive, well recognized, and our criteria are totally transparent. The food industry itself has embraced Health Check. Over 100 food manufacturing companies, large and small, and three retail chains will soon be onboard, and we're moving into food service. Consumers trust us, and 87% say they trust us compared to as low as 19% for the food industry programs. Health Check incorporates, simplifies, and full supports Canada's Food Guide.

I thought I'd take one minute to outline the comparison between the U.K. and the Canadian situations.

In the U.K. there's no mandatory food labelling. There are a plethora of industry programs. There is no Health Check equivalent. The government is introducing the traffic light proposal. Consumer confusion is extremely high, and there's growing industry and government animosity as a result of the introduction of the traffic light proposal.

In Canada we have mandatory labelling. There are currently only a few industry programs. We have Health Check, which, as I said, is a large and respected non-biased program. This government is exploring where it should go on food labelling, but there is a risk of growing confusion if the government doesn't act. As I mentioned, instead of industry and government animosity, there is a strong industry support of Health Check. Obviously it's not universal or

there wouldn't be other programs, but in all the companies that have moved to another label, they've had discussions with us first, and that's very important to understand. They didn't join because not all of their products would fit, and they wanted all or nothing.

● (1555)

In conclusion, it is our belief that Canada does not need the U.K. traffic light program or any equivalent. Our environments are, thankfully, very different because of wise decisions that governments have made in Canada about food labelling. Canada has a pre-eminent program that consumers trust and that the food industry has widely embraced.

Health Check complements nutrition labelling, it doesn't undermine it. We believe government should publicly and strongly support Health Check/*Visez santé* as the standard for other programs to emulate, and promote it on the food guide website and other places. An overwhelming number of Canadian consumers want a trusted, simple, standardized symbol.

We're not asking the government to mandate exclusivity, nor to give us any money. We're just saying this is one program, based on what you declare is healthy eating, established in consultation with the government, that 97% of consumers say they trust.

We're saying we have a window of opportunity before the market gets flooded with a plethora of programs, as is happening in the U. K., an opportunity to not confound and confuse the consumers even more. Worse than confusion will be consumer skepticism of the value of any of the check marks, and that's why we feel we have to strongly back the Health Check mark, because it is so well respected, and we can't afford to have that respect eroded on behalf of consumers.

Merci beaucoup. Thank you very much. Carol and I will answer all of your questions.

The Chair: Thank you very much.

Now we'll move on to the Centre for Science in the Public Interest. Bill Jeffery, the floor is yours.

Mr. Bill Jeffery (National Coordinator, Centre for Science in the Public Interest): Thank you, Mr. Chair.

Since, like some of the other members of the committee, I'm a repeat attendee, I'll dispense with the introductory comments about the Centre for Science in the Public Interest beyond saying that we have 100,000 subscribers to our newsletter and we don't take funding from industry or government.

Current mandatory nutrition labelling regulations for prepackaged foods were predicted by Agriculture and Agri-Food Canada to reduce the burden of diet-related disease by approximately 4% by producing \$5 billion in cumulative economic benefits in the coming two decades at a non-recurring cost of about one-fifth of 1% of food sales for a single year during the phase-in period. By our calculations, that's a 2,000% return on investment.

The impact of the new mandatory nutrition labelling rules has not yet been formally assessed in Canada. While cause and effect relationships are difficult to establish, American consumer research has shown that many consumers use the U.S. Nutrition Facts panel, and that nutritional labelling use is associated with healthier diets. That said, the effectiveness of nutrition facts labelling could be amplified in Canada by supplementing the labels with information such as a front-of-package traffic light system that requires fewer mathematical calculations and less time to interpret.

Such a system would also provide stronger incentives for food companies to reformulate their products to benefit from a healthier designation. Of course, nutrition label information that is now mandated by regulation in Canada, coupled with sensible nutrition criteria, would serve as the basis for the symbol designations. The use of a symbol could accommodate the menu space limitations that appeared, for instance, to underlie the restaurant industry's opposition to menu labelling provisions in Bill C-283 in November 2006.

The appeal of the front-of-package nutrition symbols is that they translate key nutrition information now in small print on food packages into easily recognizable universal symbols. This is even more important for chain restaurant foods where fine print is often available only on corporate websites, if at all.

Front label symbols that alert consumers to the healthfulness of foods: "We must make the healthy choice the easy choice" is a slogan popularized by the World Health Organization and used by the Minister of Health, Tony Clement. By simply glancing at the front label of a food package, consumers could immediately know roughly how healthful a food is.

In the absence of a Health Canada endorsed traffic light labelling system, food companies and others have developed their own front label symbols to indicate that a particular product is healthful, or at least better than some other foods. Indeed, some companies see consumers' confusion about how to structure a healthy diet as a marketing opportunity and use symbols to designate more healthful items to encourage shoppers to buy those products.

Existing symbols include PepsiCo's Smart Spot, Kraft's Sensible Solution, President's Choice's PC Blue Menu, and General Mills' Goodness Corner. These private systems all allow manufacturers to effectively promote their healthier products to consumers, but on the basis of self-chosen nutritional criteria. While those programs may be useful, they may also be deceptive, and because they have differing and sometimes weak criteria, taken together they may end up being more confusing than helpful to consumers.

For instance, according to *The Globe and Mail* nutrition columnist, Leslie Beck:

Packages of Kraft Dinner, President's Choice Rice Chips, Gatorade and Diet Pepsi are stamped with "good for you" decals, but health foods they're not...And many products would not meet the Heart and Stroke Foundation's nutrient criteria. According to Carol Dombrow, nutrition consultant for the Heart and Stroke Foundation, roughly 50 per cent of PepsiCo's Smart Spot products, for example, would not meet Health Check criteria.

The United States Institute of Medicine, in its report, *Food Marketing to Children and Youth: Threat or Opportunity*, stated:

While representing an important step to draw attention to more nutritious products, the array of categories, icons, and other graphics, as well as the different standards employed by these companies may introduce some confusion,

particularly for young consumers, thereby raising the need for developing and regulating standard and consistent approaches...The FDA has not yet fully explored its potential role for providing leadership and experience to food companies in order to develop and enforce an industry-wide rating system and graphic representation on food labels that is appealing to children and youth to convey the nutritional quality of foods and beverages.

• (1600)

Action by Health Canada would bring consistent and reliable information to the marketplace and help consumers choose more helpful diets. A significant amount of U.S. research has already pointed to the potential value of front-of-pack nutrition and symbol systems, and last November the Select Standing Committee on Health of the British Columbia legislature recommended that its own government "develop warning labels alerting consumers to high fat, sugar, and salt foods, such as a red-amber-green system, and/or a calorie-load-per-serving system".

You heard testimony earlier in the week about the U.K. signposting system. There are two other systems that I think merit the committee's attention. One is called the Swedish keyhole system. It identifies more healthful food choices within particular food categories like pizza, cheese, margarine, and so on. The approach differs significantly from the U.K. system of traffic lights, which calls for the use of colour-coded symbols, green, yellow, and red, on all foods, not just those that are relatively healthful within a specific food category.

The Swedish system, while useful, does not identify which foods are less healthy, and since 1989 the Swedish national food administration has allowed more nutritious foods within particular food categories to be labelled with a green keyhole system. One major Swedish retailer, ICA, has used the keyhole system and reports that in 2003 and 2004 sales for keyhole products rose by over 15%.

There is also one promising private system in the U.S. that merits special attention, the Hannaford Brothers supermarket chain star designation system. It established the star system for processed foods, in which some products receive no stars, one, two, or three stars, on a shelf marker next to the item price or on a sign. One star indicates a good choice, two stars indicate a better choice, and three stars indicate the healthiest choice. One advantage of this approach is that it is not binary but allows Hannaford to depict a gradation from less to more healthy. On the other hand, one may question the particular criteria and cut-offs used.

In the end, three-quarters of products sold received no stars because they're not especially healthful, as explained in a point-of-sale brochure. Such products as General Mills' Count Chocula, Cookie Crisp, and Trix cereals do not qualify for any of Hannaford's stars because of their high sugar content, yet those cereals carry the American Heart Association's heart check logo—as distinct from the Health Check logo here—on their labels because they are low in fat and cholesterol. Such inconsistent messages can only confuse consumers.

In conclusion, Health Canada should conduct a study of front-of-label nutrition traffic light systems by soliciting comments from scientists, health and communication experts, industry, and consumers on how best to rate and communicate to consumers through the use of symbols on food packages the nutritional quality of foods. It should also engage in consumer research to identify the program that would best help consumers choose healthful diets. Work already completed by the Food Standards Agency in the United Kingdom, the U.S. Food and Drug Administration, the Swedish government, supermarket chains, food manufacturers, and the Heart and Stroke Foundation and others could help inform this effort. Once Health Canada identifies the appropriate nutrition criteria and symbols, with explanatory words if necessary, it could determine whether the system should be voluntary or mandatory, although we strongly favour a mandatory system. Health Canada should also determine whether company and non-profit labelling programs that are inconsistent with the official labelling program are misleading and should be ended.

Thank you.

• (1605)

The Chair: Thank you very much.

Now we will hear from industry. We have McCain Foods here, Fred Schaeffer.

Mr. Fred Schaeffer (President and Chief Executive Officer, McCain Foods Canada): Thank you, Mr. Chair and committee members. I appreciate the invitation to be with you here today.

For those I have not met, my name is Fred Schaeffer. I'm the president and CEO of McCain Foods Canada, as well as the current chair of Food and Consumer Products of Canada, the largest association in Canada representing the food and consumer products industry.

I'll structure my comments today around three topics. First, I'd like to provide my perspective on the significant efforts undertaken by the Canadian food industry to improve the health and wellness of the Canadian populous. Second, I would like to highlight some of the specific areas of focus and contribution made by McCain Foods in the area of health and wellness. Finally, I'd like to provide a perspective on the topic at hand, which is how to best move forward with some of the food labelling recommendations that may have come before this committee.

I'll start my comments by saying how proud I am to be part of the Canadian food industry. This is an industry that not only produces and distributes some of the safest and lowest-cost food products in the world, but it's also extremely responsive to our consumers' needs.

As an industry we employ roughly 350,000 Canadians and represent the single largest component of this country's manufacturing sector, producing over \$80 billion in goods annually, with a quarter of that being destined for the export market. We are the largest purchaser of Canadian agricultural production—almost half of what's grown in Canada. We are the industry that believes in giving back to our communities. Our commitment to philanthropy can be underscored by the more than five million bags of groceries donated to food banks across Canada, as well as annual philanthropic contributions of more than \$30 million.

We're also an industry that is committed to meeting the needs of our consumers. It is clear to me that our consumers want healthier, great-tasting foods. In fact, I believe that health and wellness is no longer a trend with our consumers, but rather a truth. When asked, 70% of consumers said they have made some changes to their diets in the last six months. When asked the type of changes they are making, consumers most often state that they are eating more fruits and vegetables and drinking more water. Consumers also tell us that they are reducing fat in their diets. This is clear evidence that there is demand for healthier, great-tasting foods.

It should not be surprising that with this kind of demand, our industry is responding. Today, eight out of ten food companies are working on healthier-for-you product options, with particular focus on reduced fat, sugar, and salt.

Industry efforts are not just limited to improving our products. Our industry is improving the visibility and knowledge of the nutritional content of our products, as well as promoting increased physical activity, which I hope you would agree is the other key element in the calories-in, calories-out balanced lifestyle equation.

On improving the visibility of the nutritional content our products, as you are no doubt aware and have heard today, the Canadian food industry has recently undergone a complete transformation of our packaging to now include the Canadian nutritional facts table. This facts table provides clear visibility to our consumers on calories and 13 different nutrients on both an absolute and percentage daily value basis. To quote from the Health Canada website, "This new nutrition labelling system, combined with public education, will help to reinforce information about healthy eating practices, increase understanding of the links between nutritional health and well-being, and help people reduce the risk of chronic nutrition-related diseases."

The Canadian food industry has not only embraced the new nutritional labelling standards, but has also helped educate our consumers on the meaning of the facts panel by sponsoring such programs as Healthy Eating is in Store For You. Sponsorship of this educational program, in addition to 1-800 numbers and websites, helps educate Canadians on how to read the new nutritional facts table in order to make the right healthy food choices.

In addition to healthier food products and improved nutritional labelling, our industry has sought to educate Canadians on the benefits of combining increased physical activity with a healthy diet to achieve a balanced, healthy lifestyle. Our industry has invested millions of dollars in programs such as Long Live Kids, which are either fully sponsored by our industry or jointly sponsored with government and non-government organizations to educate both adults and children on the benefits of combining exercise with a healthy diet in order to live a healthy lifestyle.

In 2005 many members of our industry, including McCain Foods Canada, developed and signed a voluntary statement of commitment to show our support for healthy active living. The statement is based on the key areas identified by the World Health Organization where industry can contribute to healthy active living: products and choices, consumer information, advertising and marketing, promotion of healthy lifestyles, and workplace wellness. I have brought with me several copies of a brochure highlighting this effort, should the committee be interested in understanding our industry's efforts in more detail.

• (1610)

The second portion of my remarks will be focused on the specific efforts of McCain Foods in the area of health and wellness.

We at McCain Foods Canada are aggressively working to improve the health and wellness of our consumers and employees. Our efforts are focused on improving the availability of healthier products, building awareness of healthy lifestyles among Canadians, and improving the health and wellness of our employees.

On the product front, I am pleased to report that by mid-year McCain Foods Canada will be using only non-hydrogenated oils in the production of our McCain-branded food service and retail potato products. This effort will remove approximately eight million pounds of trans and saturated fats from Canadians' diets annually.

While I'm on the subject of our potato products, I feel the urge to rectify a common misperception that french fries are inherently unhealthy foods. To state what might be blindingly obvious to some, but I can assure you not to all, french fries do indeed start from a potato. One small raw potato contains approximately 130 calories, has no fat or cholesterol, and is an excellent source of potassium and vitamin C, as well as being a source of iron and dietary fibre. An 85-gram serving of our oven-baked Superfries also contains 130 calories, is low in saturated fat, contains zero grams of trans fat or cholesterol, and is a source of potassium, vitamin C, iron, and dietary fibre.

In addition to making our french fries healthier for you, we have also introduced such healthier-for-you products as Cool Quenchers frozen fruit punches, with 50% less sugar, and McCain Smooth-eez, which have 2 servings of real fruit in every smoothie.

To help build awareness of healthier lifestyles, McCain Foods Canada has developed and broadcast several public-service-style spots that feature renowned cookbook author and authority on the art of eating and living well, Rose Reisman. These spots encourage Canadians to eat healthy foods, snack nutritiously, and exercise.

On the employee wellness front, McCain Foods has piloted an employee wellness program called McCain in Motion. This program encourages our employees to improve their physical fitness by increasing their activity. McCain in Motion is also a wellness education and awareness campaign. This program was initiated by our U.S. company, and McCain is currently in the process of rolling this out on a global basis.

The final topic I wanted to touch upon is McCain's view of the ever-expanding number of nutritional labelling programs that are proliferating around the globe. As you may be aware, McCain Foods is a Canadian-owned, privately held, \$6 billion global manufacturer of predominantly frozen food products. We do business in 110 countries around the world. In each of the countries in which we do business, our approach to nutritional labelling is guided by local regulatory guidelines and legislation. In the absence of any clear regulation, McCain Foods, like most other consumer products companies, follows the conventional wisdom of local industry best practices.

In Canada, McCain Foods has embraced the mandatory nutritional labelling guidelines that include the use of the nutrition facts table. We also answer consumer questions regarding the nutritional properties of our products via our 1-800 number and our Internet portal, available on practically all of our retail products.

It's my understanding that one of the programs being evaluated by this committee is the so-called traffic light or stoplight program utilized by several companies, including McCain Foods in the United Kingdom. That program was adopted by our U.K. business unit as a result of two factors. First, there is no mandatory front-of-pack nutritional labelling program in Great Britain, as all programs are voluntary. Second, there was no clear industry best practice or consensus guiding front-of-package food nutritional labelling in Great Britain.

As a result, our Great Britain business decided to stick a foot in each pond by utilizing both the GDA and traffic light systems in a hybrid label in order to see what would work best for their consumers. In the future, should industry consensus and best practices emerge, it would be the intention of our Great Britain office to follow that consensus.

As for McCain Foods Canada's view of the use of a similar traffic light system based in this country, I can clearly state that we do not believe it would be in the best interest of our consumers. Frankly, we believe the current nutrition facts table is superior to the GB traffic light system in that it allows consumers to quickly and easily make informed choices, allows consumers to make meaningful comparisons between products, informs consumers on how to manage their total diet, and educates consumers about the nutritional content of foods. From the research I have seen from Great Britain, there does not appear to be a clear preference among consumers for a stoplight system.

● (1615)

Where should Canada be heading? I can only say that I believe off-the-shelf solutions from other jurisdictions with different public health profiles are not the answer. The current made-in-Canada solution seems to be meeting Canadian needs. In fact, according to research conducted by the Canadian Council of Food and Nutrition and Ipsos Reid, 77% of Canadians reported that they use the nutritional facts table as their source of information on food and nutrition, and nearly half of Canadians say that information provided on the nutritional facts table influences their decision of whether or not to buy a food or beverage product. In light of these results, any alternative labelling option should be carefully researched to ensure that it truly enhances and does not confuse the consumer's understanding of nutritional information and that it provides accurate and scientifically sound information.

Before we introduce new gimmicks to our consumers, I believe we should continue to spend our time, energy, and resources on encouraging Canadians to use, as well as on helping them understand how to use, the current nutritional facts table. In public policy, as in business, sometimes it is harder to stay the course and continue to support an existing strategy than it is to succumb to the temptation of something new.

Again, thank you for the opportunity to be with you today.

The Chair: Thank you very much for the testimony.

We now will move to the questioning part of our meeting. We'll start with Ms. Brown.

Ms. Bonnie Brown (Oakville, Lib.): Thank you, Mr. Chairman.

Thank you to our guests for their presentations. I can tell that each and every one of you takes a great deal of pride in your work and demonstrates a real interest and commitment to what you do.

Mr. Chairman, my first question is for Ms. Bryanton. Seeing as her agency is responsible for identifying non-compliant labelling, including any that is misleading, I'd like to know how many field inspectors are employed by the Canadian Food Inspection Agency and what percentage of their time they spend reviewing labels?

Ms. Debra Bryanton: Thank you for the question.

The agency has over 6,000 employees. Those 6,000 employees are engaged in our programs for animal health, plant health, and food safety and inspection. With regard to labelling programs specifically, we don't break out the FTEs that would be specific to a nutrition labelling program or other labelling programs as these activities are incorporated into more general food inspection programs. I would estimate that we have about 60 FTEs who are engaged in the verification of labels and label claims across the range of labelling requirements.

Ms. Bonnie Brown: Thank you.

Do these inspectors only investigate complaints regarding labels, or do they do that as part of active surveillance?

Ms. Debra Bryanton: We have two programs within the Canadian Food Inspection Agency under which there is a mandatory label pre-registration requirement. For our domestic and imported meat inspection program, labels are forwarded to the agency for assessment and review. All of those labels would be reviewed. As well, labels that come under our processed product regulations, which are primarily for canned and frozen fruits and vegetables, are also reviewed on a mandatory basis. For other program areas, when it comes to nutrition labelling in particular, the nutrition labelling provisions are complex. The approach we have used for enforcement of these regulations begins with an educational approach that is more persuasive than punitive in its early years.

We have worked with industry on tools to help industry sectors design labels and also to help industry understand our expectations when it comes to the information that should be available in verifying the accuracy of the information that is on the labels. With nutrition labelling becoming mandatory for the larger companies, we have done general reviews to see if the nutrition facts table is indeed being used and if claims associated with that label are accurate. In future years we will work on a sectoral basis, looking more in depth at particular sectors to verify, both at the plant level and in some cases through testing programs, whether the statements that are on labels are indeed correct.

We also follow up on complaints. Complaints can arise with regard to the changes that need to be made to labels. How quickly those changes need to be made depends on whether the violation has a more immediate health and safety potential, or if it's more related just to the formatting. If it presents a health and safety concern, we do require that the label be changed immediately.

● (1620)

Ms. Bonnie Brown: Thank you.

I'd like to ask Ms. Beauvais about this study on page 7 of her presentation, which was also quoted by a representative of McCain Foods. I think it was Ipsos Reid that did the survey. It said that "...77% of Canadians get nutrition information from product labels. In addition...67% of Canadians reported that they were able to find what they were looking for...".

Do you know the sample size of that study and the methodology? Was it a phone survey?

Ms. Janet Beauvais: I don't recall the exact sample size, but it was in the order of a few thousand, and it was done by phone. It's from the Canadian Council of Food and Nutrition, its Tracking Nutrition Trends Survey. It was basically a phone survey to ask Canadians about their habits.

Ms. Bonnie Brown: Self-reporting?

Ms. Janet Beauvais: Self-reporting, yes.

Ms. Bonnie Brown: I have to say that when I'm in the grocery store I see an awful lot of busy people filling their shopping baskets without even breaking stride. Some of them seem to be sprinting, and I don't think they're really stopping to look. But all of them know they should be looking at the labels for nutritional reasons. When they're being asked to self-report, they're going to think the questioner expects them to say, "Oh yes, I do that", so they're going to say it. I personally don't believe this, particularly when it conflicts with recent literacy and numeracy surveys that show that half the Canadian population lacks sufficient skills to understand the current food labels—whether it's from the literacy or the numeracy perspective.

Don't you think you're at risk when you quote this study from the nutrition tracking survey?

Ms. Janet Beauvais: Yes, I think that conducting surveys is often difficult when they're self-reporting. At this point it's an opportunity to track changes in people's awareness over time. Whether the awareness translates into a different action is a separate question that needs to be approached in a different way.

We do see that people very often consult the labels when they buy a product for the first time. They may not consult it each time, or they may not consult it all the time, but once in a while they do. A large number of Canadians are consulting labels at some point during their shopping.

Ms. Bonnie Brown: Thank you.

Mr. Schaeffer seems to be fairly happy with our nutrition labels as they have been introduced in the last couple of years, and he seems to be resisting the stoplight method. Am I correct?

• (1625)

Mr. Fred Schaeffer: Correct.

Ms. Bonnie Brown: Have you considered a hybrid system whereby we retain the good work that has been done on our content labels, but we might inject small symbols such as a stoplight, maybe similar to the stoplight system used in the U.K.?

Mr. Fred Schaeffer: For me, I think the issue is not really about whether there is a second system that could be complementary, but what that second system is. For example, the reason we're not as thrilled about the U.K. system is that it doesn't allow comparison

across categories, or even within categories. For example, if you take a low-fat cheese and a regular cheese, both rate high in fat within the stoplight system, yet one actually is a better choice than the other.

So it's a bit of "the devil is in the detail" on how you design your system versus things being good or bad. You have to make sure we're not confusing consumers and that we're allowing them to make meaningful comparisons. That is really the message I'm trying to leave with you today.

Ms. Bonnie Brown: Thank you.

Thank you, Mr. Chair.

The Chair: Thank you very much.

We'll now move to Madame Demers.

[Translation]

Ms. Nicole Demers (Laval, BQ): Thank you Mr. Chairman.

Good morning ladies and gentlemen. I thank you for your presentations and the information you gave us.

Ms. Beauvais, there is a new Canada's Food Guide. One food category has been eliminated from the Guide. However, among foods that have the *Health Check* logo you can find products from PepsiCo, General Mills and Kraft. The majority of these products are part of the two food categories that should be avoided as much as possible, or the one that has been eliminated from the Guide.

Do you find it acceptable that people are encouraged to eat these kinds of food when they should avoid them as much as possible? I am disappointed. By placing the *Health Check* logo on that food, for instance on Miracle Whip mayo jars, you make people believe that they are eating healthy food.

I do not believe that, in large quantity, that type of food would be very good for your health, whether it is, for example, salted soda crackers made with refined flour or Kool Aid drinks loaded with sugar.

[English]

Ms. Janet Beauvais: Health Canada supports Canadians using the nutrition facts panel as the source of information to make their food choices.

As I've mentioned earlier, some of the logos or symbols that we see on packages describe only one aspect of the nutrition in a positive way, but don't describe the less positive or negative attributes of that product. At times it is confusing for the consumer not to understand both the positive and the negative in that logo or symbol. This is why we fully support Canadians reading the facts panel, which provides the full picture of the food product, and making their comparisons in that way.

[Translation]

Ms. Nicole Demers: Isn't it your responsibility to make sure that Canadians are well informed and not just by reading something written in very small print. A logo like *Health Check* is quite confusing. Are you not confusing people with that kind of logos? If I may, I also would like to ask a question to Mr. Schaeffer.

If I may, I also would like to ask a question to Mr. Schaeffer.

You have accepted to use the traffic light system in the U.K. Here in Canada, only one of your products has the *Health Check* logo. I would like to know how many of your products will have respectively the red light, the green light or the two green lights in the U.K. I also would like to know if you intend to comply with the new US legislation which has been passed in New York concerning trans fat.

• (1630)

[English]

The Chair: There are a number of questions. Who would like to start?

[Translation]

Ms. Nicole Demers: This is for Mr. Schaeffer or Ms. Beauvais.

[English]

The Chair: Mr. Schaeffer.

Mr. Fred Schaeffer: There are number of questions there.

Regarding the question that I heard directed to me—which was whether I know how many specific products are here in Canada that would qualify on various criteria in the traffic light labelling system—I have no idea, in all honesty.

[Translation]

Ms. Nicole Demers: How many products are labelled with a red light in the U.K.?

[English]

How many red lights do you have in the United Kingdom?

Mr. Fred Schaeffer: Honestly, I don't know that answer either.

[Translation]

Ms. Nicole Demers: And as far as trans fat are concerned?

[English]

Mr. Fred Schaeffer: Could you repeat the question? I'm not sure I understood it.

[Translation]

Ms. Nicole Demers: Do you intend to comply with the new US regulations passed in New York for trans fat?

[English]

Mr. Fred Schaeffer: We comply with all regulations. If it's regulated, we comply. It's that simple.

[Translation]

Ms. Nicole Demers: Do you intend to apply the same requirements to the products that you sell here, as you are already doing it in the States?

[English]

Mr. Fred Schaeffer: We respect the local requirements of each government. In the United States....

Those are the rules of the game. Canada has certain rules, and the U.S. has certain laws. Would I like them to be one? If that's the question, I can answer that one. But if the question is whether we will respect each local regulation and legislation, the answer is absolutely.

The Chair: The time has gone, but we'll continue with some of the answers for a short time.

So go ahead, Ms. Beauvais.

Ms. Janet Beauvais: Health Canada is committed to the nutrition labelling regulation that we have in place as a source of full, authoritative information for Canadians. However, we are aware that there is a growing confusion for consumers, and if at some point it was thought there was an appropriate role for government, to step in to address this issue, the only way for government to do it mandatorily would be to create another regulation through consultation to govern the use of logos on the front of packages.

Right now there's no ability for Health Canada to intervene in this matter.

The Chair: Okay, thank you very much.

We have now Ms. Davidson.

Mrs. Patricia Davidson (Sarnia—Lambton, CPC): Thank you, Mr. Chair.

And thanks very much to our presenters today. As always, it's been very interesting.

My first couple of questions are going to be for Ms. Beauvais.

In some of your remarks you said that since the requirement to list trans fats became mandatory, a number of food companies have reformulated their products to remove it, and the trans fat consumption has dropped by at least 41%. Do you have any idea how many food companies have complied with that, percentage-wise?

Ms. Janet Beauvais: I can't say how many companies percentage-wise, but almost every week there are new announcements of additional companies or restaurants eliminating or reducing trans fats significantly. It's almost hard to keep up at this point.

Mrs. Patricia Davidson: I guess what I was wondering is whether, to drop it by at least 41%, we had 50% of companies, or... Or can we not tabulate that?

Ms. Janet Beauvais: I don't have that information handy.

Mrs. Patricia Davidson: Okay.

You also said that the new nutrition labelling regulations allow the user to use over 40 nutrient content claims, and these claims can be used by the manufacturers to bring attention to the positive features in their product. What assurance, then, does the consumer have that those content claims are reliable? Who checks that?

Ms. Janet Beauvais: The criteria for content claims are set out in regulation, and they're measured against the information provided on the nutrition facts panel. The accuracy of those claims is enforced by CFIA.

Mrs. Patricia Davidson: As you know, we heard some testimony from the United Kingdom regarding their labelling system. Have you considered a similar system to what's been introduced in the United Kingdom?

•(1635)

Ms. Janet Beauvais: Health Canada hasn't formally considered or examined this issue in detail. We are certainly aware of the myriad of programs that are available around the world, but haven't done a formal policy analysis to determine what would be an enhancement to nutrition labelling here in Canada.

Mrs. Patricia Davidson: Is that something you're contemplating?

Ms. Janet Beauvais: I'd say certainly we're aware of activities in the U.K. and Australia and with other regulators through our regular contacts. At this point, our priority is to finish implementing the nutrition labelling regulations. They're not fully in force. Those for small and medium-sized businesses won't come into force until later this year, and we have a tremendous priority on working with companies and continuing to do education at this point.

Mrs. Patricia Davidson: Ms. Bryanton, you are the enforcement branch, I guess. I know you had a question about enforcement and whether or not it was voluntary compliance, and the investigated complaints, and so on. What is the penalty or the disincentive if somebody isn't following the rules?

Ms. Debra Bryanton: There are provisions in the regulations if we do move to the point of prosecutions, but our approach is generally to work with the company to see the label corrected. So if the label represents a violation that has a health and safety impact—for example, there's an incorrect statement on one of the key areas that we do look at, such as trans fats or salt—in some cases we would even request that the product be withdrawn from the marketplace. So we do require that the label be corrected immediately for products where there could be a more immediate health impact.

Where it is more related to the format on the label, we do permit a longer period of time for that to be corrected, sometimes with the next printing of a label. So it really does depend on the nature of the violation.

What we do ask of companies when we are verifying labels is what method they have used to verify the nutrient content in the product, in particular on those where they are making nutrient content claims. So we do look at the validity of the laboratories that they have used to test the products and at other aspects relating to that to verify compliance. Although we have not begun a sampling program as of yet, because it's in the early stages of implementation, we will be incorporating that aspect into our compliance program as well to do that final cross-check on some of the claims.

Mrs. Patricia Davidson: Mr. Jeffery, you talked about two other systems, I think—a Swedish system and a U.S. system. Are either of those something you would recommend we look at, or do you think that what we have is superior to these other systems?

Mr. Bill Jeffery: We certainly don't advocate abandoning the Canadian nutrition facts panel. It's very important. It provides a lot of useful information for consumers that are interested in the details. Both the Swedish keyhole system and the Hannaford Bros. experiment, if you want to call it that, have features that are desirable. Obviously the Swedish example was established by government, so it has a little more credibility, I guess, and so acceptance of it may be broader.

The Hannaford Bros. approach actually rates virtually all of the processed foods in the store, which is an advantage over the other systems, over the U.K. system or the Swedish system. Consumers can see which foods have unfavourable designations and which ones have favourable designations, and they can make the decision on the basis of both types of information.

The Chair: Thank you. Your time has gone.

We'll now go to Ms. Priddy.

Ms. Penny Priddy (Surrey North, NDP): Thank you, Mr. Chair, and thank you to the presenters.

I'm wondering if, when using language such as "67% of Canadians", we might think about saying "67% of Canadians polled", because it really isn't 67% of Canadians.

I'm wondering if you have any idea as to whether the polling was done solely in English or whether it was done in other languages. In the Chinese community, the South Asian community, the Korean community, whatever, the first language may not be English, although the labels are. Can we have some sense of whether that is included in the polling? What we often have is a poll of English-speaking people only.

Anybody can answer.

•(1640)

Ms. Sally Brown: Our Health Check polling we do ourselves, as opposed to looking at polling that's done by somebody else. They're done in French and English and no other language.

Ms. Penny Priddy: Okay, and for the Ipsos Reid poll that is used in your presentation?

Mr. Fred Schaeffer: English.

Ms. Penny Priddy: And the other one?

Ms. Janet Beauvais: On the tracking of nutrition trends, I'm sorry, I don't have the language profile handy.

Ms. Penny Priddy: Okay, because often that is a fairly major problem. When I saw "67% of Canadians", I thought, no, no. I guess the language is just a bit misleading.

Secondly, my challenge is that when I see "67% of Canadians" or even, let's say, "67% of Canadians polled"—and I would agree with Ms. Brown that people probably over-report good behaviour—I have this vision of people in the grocery store. Now I have my reading glasses on, which I would never have on at the grocery store, which I don't go to as much as I used to, so let me be honest about that. But I would have to see accelerated music and pumped-in oxygen, because if everybody had to take out their reading glasses in order to read the nutritional facts, which I do, we'd have a very slow-moving grocery store. That would be my guess. So with only the nutrition facts, I have difficulty believing that 67% of folks would find this useful.

Secondly, when I look at the vitamin A in a can of Heinz beans—I'll use that example—and this is 2% of the daily content that I'm supposed to have, it's very difficult for me. I'm not sure that having a red or green light, or even the Heart Check, would necessarily make a difference. Because then, as I run down the aisle, I have to ask myself, if this is 2% of my vitamin A today, then what else is it that I'm having to keep track of on my tally as I go through the grocery store?

The likelihood of any of that happening, by the way, is fairly unusual; at least I think it would be at my house, but I'm sure all of the rest of you do it rigorously.

I'd also be interested to know how many prosecutions we've had in the last 12 months.

Ms. Debra Bryanton: None.

Ms. Penny Priddy: Thank you.

So the comment I would make is that I would not believe a label that was done by the product producer. It may be my natural cynicism or whatever, but I would certainly believe a third party validator. Whether that's government, whether it's Health Check, whatever, I'd certainly prefer to look at a third party validator.

I think that's the end of my questions. It's probably the end of my time, too.

The Chair: Yes, it is. Thank you very much.

Mr. Fletcher.

Mr. Steven Fletcher (Charleswood—St. James—Assiniboia, CPC): Thank you very much, Mr. Chair.

Mr. Schaeffer, you'll be pleased to know that my university buddies feel that french fries are an actual food group. Perhaps after the meeting, I'll tell you what they think about alcohol.

I wonder if I could ask the researchers this. Mr. Jeffery brought up two other labelling systems, and I wonder if we could get some more information on that for the committee to consider in the report.

I'm going to just ask my questions right off the bat, so I don't get cut off.

Ms. Brown, Mr. Jeffery was highlighting some of the shortcomings that exist in the United States system, with their check mark system, and I'd like to hear your impressions of that. I liked the Count Chocula example. I think my colleague Dave Batters will probably have to do something with his cereal supply item, I'm not sure.

•(1645)

Mr. Dave Batters: Cocoa Puffs.

Mr. Steven Fletcher: Cocoa Puffs, okay, sorry. I didn't mean to misrepresent.

In regard to the labels that Ms. Priddy was describing, I wonder if we could get some feedback perhaps from you, Mr. Schaeffer, and maybe from the Heart and Stroke Foundation. If we were to put a colouring system over the top the actual labels, so it doesn't add any more room to the label but it does provide a visual indication, as well, within the label, that might be a compromise between the red light/green light suggestions that we've heard.

Finally, for Mr. Schaeffer, in regard to trade, how does it work? You respect the jurisdictional regulations, but if New York has a regulation and Buffalo has a regulation—and the way the United States is going, there are going to be hundreds of regulations—and then Toronto has a different set, how do you deal with that, as far as exports are concerned?

Those are my questions.

Ms. Sally Brown: I can start, Mr. Chair. Carol will then speak to your question about the colouring system, if that's okay, Mr. Fletcher.

Please don't confuse us with the AHA heart check. The AHA is a wonderful organization that does incredible things in the United States. We looked at their heart check program and we specifically did not copy it. We don't agree with it. In addition to having it exclusively for the heart, it's not a full health check program. You can actually buy exclusivity in a certain category of food, and we absolutely will not allow that. We think our program is superior.

They didn't have a food guide to base it on. I believe they developed their own criteria, as was done in the Australian program. We were fortunate in Canada. We looked to see whether or not we should develop our own criteria. We were strongly advised by CFIA and Health Canada to use Canada's Food Guide. We have subsequently been quite surprised that they didn't publicly say that we are the best third party unbiased program.

I should say that because the food guide does not have criteria for dessert, junk food, and condiments, neither does Health Check. You will not see a Health Check label on those products.

Carol.

Ms. Carol Dombrow (Nutrition Consultant, Heart and Stroke Foundation of Canada): In terms of the colouring system, I think it's a very interesting proposal. I think you're still going to have the difficulty of deciphering whether or not it's a healthy food, because you'll have a variety of colours on the nutrition facts table. You're still going to have to turn over the package to review it.

For example, you can look at the Health Check symbol. Our slogan is: "It's like shopping with the Heart and Stroke Foundation's dietitians." We've reviewed the whole food for you, and we can tell you this food is part of healthy eating. It's a very simple and quick little tip.

Mr. Fred Schaeffer: With regard to the two questions addressed to me, one was on whether we would put a colouring system on top of the current nutrition facts table. I'll address the question more broadly, and you can come back if you don't like the answer.

Perhaps the question behind the question is, can we at some point improve the nutrition facts table? I'm a CEO, so I'm a believer in continuous improvement. There's nothing in the world that can't be improved upon.

I think the question is this. What's the right way to improve things over time? How do you improve it over time? Where do we want to spend our time and energy between now and then?

I personally believe that in the short run we should spend our time and energy on educating people on what the nutrition facts table says today and on how to read it today, rather than spending time, energy, and resources educating or thinking about something else. It's only been in the market for a couple of years, a year and a half, or a year and a few months. It's early in the cycle. I would say we should stay the course.

In terms of how we deal with the multi-regional regulations, I can tell you that it's a challenge. I believe it is in some ways an impediment to trade, depending on what some of the regulations are and how regional they become. It takes considerable time, energy, and resources. Again, those are resources that in my mind could be put towards other things, such as improving the health properties of our products.

Running a corporation or a government is all about making choices. We can choose to continuously redesign our labels or we can choose to continually improve the quality of our products and the nutritional profile of our products. It's hard to choose everything and do it well all at once.

The Chair: I'm sorry, your time is finished.

Mr. Boshcoff.

Mr. Ken Boshcoff (Thunder Bay—Rainy River, Lib.): Thank you very much, Mr. Chair.

I have questions about the cost of changing labels. But right from the beginning, perhaps CFIA could tell us this. When we deal with imports or specialty shops, what restrictions or guidelines do they have for English, or French, or something else? Are they compelled to follow the same rules as Canadian food producers?

• (1650)

Ms. Debra Bryanton: Yes, thank you. The regulations apply to domestic and imported food products, and so they apply equally to imports. We work with importers as the responsible party for bringing the foods into Canada. We have been working to first educate them on the requirements for nutrition labelling and to improve compliance as it relates to inclusion of the nutrition facts table on their products.

Some of these companies would be considered to be in the smaller category. The uptake by the larger companies was very good. We found that for the first phase of the implementation of the nutritional labelling regulations there was good uptake, and for the most part, the nutrition facts tables are being used. For some of the smaller companies, which include some of the smaller importers, we expect there will be a greater effort on our part to make sure these products are in compliance with Canadian regulations.

Mr. Ken Boshcoff: Thank you.

Perhaps Mr. Jeffery could answer the first question, which would be the cost of producing standardized, uniform labels. Would that be oppressive to the nation or the economy?

Maybe Mr. Schaeffer could tell us a little about how often labels are turned over, when you add an Olympic logo, congratulations to some type of program, or those kinds of things.

I'm leading towards the question of what would be a reasonable time for us to come up with a label that was standardized in terms of its health perceptions, so that we could go with the Heart and Stroke Foundation, or at least with a label that people would really recognize and that the government could actually endorse, according to the Canada's Food Guide.

Please answer.

Mr. Bill Jeffery: To respond to the first question, the metric for deciding what course of action to take from a public policy perspective should always be what's the public health benefit, not just in terms of reducing the loss of human life, but also financial savings and less strain on the public health care system and on economic productivity.

The evidence concerning the benefits of mandatory nutrition labeling that we have currently demonstrated is that it's a fabulously efficient way for producing public health benefits, at least as far as cost goes. So I think there's great potential for having some kind of traffic light system, and I would hate to think that the decision to not go down that road, even to research its feasibility, was dictated by management philosophy instead of the likelihood of having some public health benefit.

The Chair: I wonder if Mr. Schaeffer would like to answer your question about the cost of labelling.

Mr. Fred Schaeffer: Industry studies, orders of magnitude: circa \$150 million when we went to MNL, mandatory nutrition labeling. Regarding packaging, I don't know if that's roughly equivalent with

Ms. Janet Beauvais: Yes. When we implemented the nutrition labeling regulations, we were required to do a detailed business cost impact, and it was in the order of \$260 million over three years, although to add a logo would probably cost about half, because companies wouldn't have to do the analysis of the nutrients.

Mr. Ken Boshcoff: But companies do that as a matter of routine—you know, "This is the year 2000 and it's our hundredth anniversary", or "This is the best beer possible", and those kinds of things.

Mr. Fred Schaeffer: To that I would say there are several "I'll try not to bog you down in the quagmire of technical details on packaging" kinds of packaging changes. They're what we call single plate changes, where you need to change an ingredient because it's no longer available or you've chosen to use another ingredient. That's one type of change, and it's very inexpensive, very quick, and happens relatively frequently.

Any time you're trying to redesign the real estate of your package and you want to move things around on it, this usually requires getting a packaging and design firm and relaying that entire package. This would be a second and much more expensive level of change.

Then regarding the point raised by Health Canada, if that's also required by supported nutritional analysis, it has third-party validations, and it's sent out to labs, that is yet another layer.

So not all changes are created equal is the message I would leave with you, and the more space and more analysis you require, the more costs you incur.

•(1655)

The Chair: Thank you. Your time is gone.

Mr. Batters.

Mr. Dave Batters (Palliser, CPC): Thank you very much, Mr. Chair.

Thank you to all of you for taking time out of your busy schedules to enlighten this committee today.

To Health Canada, do you conduct ongoing evaluations of the mandatory nutrition labels that are currently in effect to determine their effectiveness? Also, how do you test their effectiveness?

As a bit of a preamble, I have to confess that I don't ever read the nutrition labels. I find it quite complicated. This is something that probably should be taught in our schools as a mandatory part of education. It should be taught to grade 3 students or below. I simply don't ever remember being taught that, and I've never used it in my life.

Given that, do you test for effectiveness, and how do you assess that effectiveness?

The Chair: Just for the information of the committee and those listening, Mr. Batters applies that same principle with eating cookies here too.

Some hon. members: Oh, oh!

Mr. Dave Batters: And I grew up on McCain Pizza Pops.

Ms. Janet Beauvais: Health Canada is fully committed to evaluating the impact of the nutrition labelling regulations once they're more fully in place. As I've mentioned, the implementation date was December 2005, which was just a little over a year ago, so it's premature to be doing a full evaluation at this point in time. We haven't yet designed the evaluation, but we fully intend to do it. And with the launch of the food guide, there'll be even more education around healthy eating and reading nutrition facts panels.

Mr. Dave Batters: Have there been concerns or complaints expressed regarding the existing mandatory nutrition labelling? And if yes, have they come from consumers; have they come from industry?

And maybe our industry representatives can comment on that. If there have been concerns, how will they be addressed? Or will you be addressing them?

Ms. Janet Beauvais: From Health Canada's perspective, the types of complaints we generally receive are concerns from the public about the nutrient profile of such a product or another product. They're concerned, basically, that it's maybe not a healthy food, or things of that nature.

I'll ask CFIA to speak perhaps more to other types of complaints. We don't tend to receive many.

Ms. Debra Bryanton: Because of the complexity of the nutrition labelling regulations, there was a lot of discussion with industry, not just with the manufacturers but also with the packaging organizations. There was a full commitment to moving ahead with nutrition labelling requirements. It was more a question of the "how to" and

the "when". Industry, of course, was quite interested to know when we would be taking aggressive compliance action on products.

Earlier I mentioned that we hadn't moved ahead with prosecution. It's that we haven't had a situation that would lead to prosecution as of yet. So although we would follow up, to the point of prosecution, we have not had a reason to do it at this point. We don't get many complaints on the need for nutrition labelling.

Mr. Dave Batters: Mr. Schaeffer and Ms. Brown, and Ms. Dombrow, do you, from your perspective, like the labels? Are you okay with the labels—just quickly?

Ms. Sally Brown: Yes.

Mr. Fred Schaeffer: Yes.

Mr. Dave Batters: Thank you.

I have one more line of questioning. Recent literacy and numeracy surveys in Canada have shown that about half of the Canadian population lack sufficient skills to understand the current food labels. I'd like to think I could understand them; I just choose not to look at them. Food companies have suggested that their symbols and logos take the confusion out of nutrition for consumers and enable them to make specific dietary changes. What evidence exists about the effectiveness of these different colour symbols in communicating nutrition information? Would these suffice? Or do we need the nutrition facts labels as well?

That's question number, I guess: are the symbols enough, or do we need the nutrition facts labels as well?

And with the proliferation of competing symbols and logos from different companies, is there greater confusion among consumers with all these symbols? Should we be striving to develop a uniform system that is simpler than the current labelling system?

That will finish my questions, once they're all answered, Mr. Chair.

•(1700)

Ms. Sally Brown: I could start, maybe, Mr. Batters.

We believe the nutrition facts table is essential, and the Health Check logo is meant to complement it, not replace it.

With respect to your second question, you don't need, we believe, exclusivity in the label; there could be all sorts of checks. But they all should be based on the same criteria. If they don't want the Health Check label on, then put on a label that says the same thing. The public thinks it's saying the same thing, so make the criteria the same. They then can pay for their own reformulation and put on a PepsiCo label. But it should be based on the same criteria that the Health Check one is, which is based on Canada's Food Guide.

The Chair: I'll accept any further answer, but I won't accept any more questioning, because we have to move on.

I don't see it; then we'll move on. Ms. Kadis.

Mrs. Susan Kadis (Thornhill, Lib.): Thank you, Mr. Chair.

There's a statement in one of the documents that says, "The current made-in-Canada solution seems to be meeting Canadian needs."

I apologize for being a bit late—I was at another meeting. Possibly this has been addressed.

What measurement has been used to make that statement? How has it been assessed? I'm not sure what it means. Can you elaborate on it?

Mr. Fred Schaeffer: I think it was in my pitch, so I'll try to answer it for you. That was based on some polling that was done, going out and asking people what their primary source of nutritional information was. When you ask people that, they say it's the nutrition facts panel.

In response to the earlier question about polling, certainly I will acknowledge some particular verbiage, but I would say, as I look at polling, I think of it as directional and I try to triangulate with it. If there are multiple sources telling me the same thing, I tend to say it seems to make sense. Whether it is exactly 69.534 I don't know, but is it all kind of telling me the same thing? Yes, it seems to be. I would say that the research seems to be all coming around to say that Canadians like the nutrition facts table. They use it. They may not use it every time, but they may use it to start when they shop for a product. It seems, largely, to be working. That's my general assessment of the research to date.

Ms. Sally Brown: I would totally agree, though, with an earlier comment that we're not getting into the ethnic communities. They're actually more at risk for chronic diseases. There is no doubt that they are not reading the nutrition facts table, and we're not asking them often enough. I think that is a real gap.

Mrs. Susan Kadis: I think that should be included in our report and clearly identified, Mr. Chair.

I don't have the expertise here, but I have to say that, especially since serving on this committee but prior to that as well, I have been really looking at those facts. I'm not sure if I'm your typical Canadian. They have been highlighted through the meetings and brought to my attention very clearly.

When I am reading them, I'm seeing saturated fats and trans fats together as a certain total figure, and then two figures that do not align with that total figure. Can you explain that? Obviously I'm making a serious, genuine attempt to look to that for information, and to make better decisions and choices, but I'm finding that confusing. I imagine that others do as well.

The Chair: In fast foods?

Ms. Carol Dombrow: I'm not sure if I understand. You're looking at saturated fat and trans fat, and then you're looking at the per cent of daily value?

Mrs. Susan Kadis: It has a different figure.

Ms. Carol Dombrow: Okay. The per cent of daily value in this case is 1%. If you have 0.2 grams of saturated and 0 grams of trans, that just shows you that there is a very small amount of saturated and trans. It's related to your total intake and your calorie intake, and it's more complicated.

Mrs. Susan Kadis: So it's an average. In other words, it's not an exact figure.

Ms. Carol Dombrow: It's not necessarily specific to you, that it's 1% of your daily value for saturated and trans, but it would be close;

it would be a representative number in terms of the per cent of your daily value of saturated and trans.

• (1705)

Mrs. Susan Kadis: It's too bad that I didn't have the product with me that I had last evening, because the total percentage was not consistent with the figures for trans fat and saturated fat.

Ms. Carol Dombrow: That's showing you the number of grams. That's a different value. That's the quantity of saturated and trans. Per cent of daily value is related to your total intake. They're two different numbers.

Mrs. Susan Kadis: I realize that. I assumed that. What I'm getting at is that if I'm having that difficulty, others will as well.

Ms. Carol Dombrow: Yes.

Mrs. Susan Kadis: Clearly that needs to be streamlined to take full advantage of the information, which I do think is definitely going in the right direction. My concern is that it will take too much more time, especially with relation to our childhood obesity issue and draft report. We want to be very clear and expedite this, given the ongoing problem that our children are facing.

Thank you.

The Chair: Thank you very much.

Mr. Dykstra.

Mr. Rick Dykstra (St. Catharines, CPC): Thank you, Mr. Chair.

I have one question, and I know it refers a little bit to the Heart and Stroke Foundation. We've done some work with, or at least had the opportunity to listen to and have interaction with, the folks from the U.K. who talked about their food labelling program and how successful that has been in its use of colours for identification.

I'm just remembering a story that I told Ms. Priddy about reading labels. I mentioned that one weekend that's what I did every time I went to get something to eat: I read the label. Ms. Demers said she felt sorry for me because that weekend was obviously a very boring one for me, but it was somewhat informative.

In any event, I saw one of the benefits of the U.K. system being the ability for people to see that image, that colour, right away and then to deal with it and say, well, it's red, it's green, it's amber, or whatever the three colours may be.

We also heard about a sort of check mark system. We talked a little bit about whether there could be an integration of the two. Quite frankly, though, shouldn't there be some prudence or some smart thinking on our behalf, from a federal perspective, that we should go with what's working versus trying to implement a system that will take some time for people to understand? From everything we've heard, the system seems to be working very well in the U.K.

Ms. Sally Brown: Actually, we also met with a representative who came over from the U.K. One comment she made to us, at least, was that if we had mandatory labelling, we probably wouldn't be going down this route. We actually had a long conversation with her. She was very interested in why the British Heart Foundation didn't have a health check program, so we had that discussion.

Our belief is that we need to have a mandatory food labelling program. It doesn't have to be our program. Canada also has a symbol that more and more Canadian are using and trusting. It's based on Canada's Food Guide and industry was uptaking it very quickly. The only reason a couple of companies didn't go with Health Check and went with their own was that they wanted an all-or-nothing check mark, but we would not cover desserts and condiments. They were perfectly willing to get many of their other products in, though.

So it's not perfect and it's not finished yet, but Canada is well on its way to having an excellent system, with the combination of food labeling and a third party program based on the government's food guide.

Mr. Rick Dykstra: Does anyone else care to comment?

Mr. Fred Schaeffer: With regard to the question about whether or not you can quickly adapt something that's working elsewhere, put aside the fact of whether you believe the system works or not. The practical execution of best adapting and having to change the packaging.... The last time we went through MNL, there was a three-year period allowed for packaging changeover. As we talked about, that still cost somewhere between \$150 million and \$250 million.

From a practicality standpoint on the reality of getting a new system up and running, my coaching or counselling would be to focus on what we have. Train people on the nutrition facts table. It seems to be working for folks. I would not at all disagree that we need more education and awareness of that, so spend our resources there and help people understand what's there today.

Mr. Rick Dykstra: Ms. Brown, you mentioned the food guide. I have to say that there are those who think it's great and those who do not. I mailed out copies of it to each of the high school teachers in my riding. Just by way of information, I've had a phenomenal response. In every high school I sent it to, we had at least one of the teachers requesting a couple of hundred of them to be able to pass them out to students. I'm scrambling to try to find some more, so if you do have some, I'd appreciate getting my hands on them.

● (1710)

Ms. Sally Brown: Mr. Chair, I think it was Mr. Batters who came up with the idea. I think nutritional labelling should be taught in the schools so that the next generation won't think twice about reading it. We shouldn't keep it a secret from children. They can learn it if they're taught it. They can learn what a check mark means and what it's based on.

No, the food guide isn't perfect. I've said we need to have stronger criteria on salt in Canada, and we also probably need criteria on sugar, because there are none. Health Check is starting to look at what we can do to develop criteria for sugar, and we want to have discussions with Health Canada on those criteria. We're not even sure what the stoplight program is based on. We couldn't find their criterion on sugar even though it's one of their stoplight criteria, so that is something we need to do.

So there's more work to be done, but starting over with another program is not the way to go, in our view.

Mr. Rick Dykstra: Whether or not the guide is perfect, the fact that I got so many requests for it means there is an appetite for it—if

I can use that word—and there's a reason folks want to look at it. I think it's a great start.

Ms. Sally Brown: It is, and we are strong supporters of the food guide. I agree with you that it's way better than it was, and there's an interactive component. It's an excellent product, and if I find any extra copies hanging out in my office, I'll send them to you.

The Chair: Thank you very much.

Before we start another round—and I know Madam Demers has another question and I want to give her time—I wonder if the committee would allow me to ask just a couple of questions that I have on this.

One, do McCain fries have a Health Check symbol? Are you part of the Health Check program?

Mr. Fred Schaeffer: On our french fries?

The Chair: Yes.

Mr. Fred Schaeffer: No.

Ms. Sally Brown: One does.

Mr. Fred Schaeffer: The low-fat fries.

The Chair: There's only one reason I'm asking that question. You said the cost of putting on the Health Check symbol was \$150 million, was that it?

Mr. Fred Schaeffer: No, I'm sorry. That was an industry figure.

The Chair: Maybe the right question is to Sally Brown.

For those companies that put the Health Check mark on the front of the package, what is the cost of that label? Do you know?

Ms. Sally Brown: It depends on the category and the size of the company.

Carol.

Ms. Carol Dombrow: I don't know the cost to join Health Check from the manufacturer's perspective. Depending on the size of the company and the population they sell to, it can start at \$300 and it goes up to—

The Chair: So it's not significant.

Ms. Sally Brown: No, it's not significant.

The Chair: The debate here is that we have a mandatory label that seems unclear. That was demonstrated by the questions asked by Ms. Kadis. When I read the label, what does it really mean to me as a consumer? Obviously Health Check is all about trying to give consumers a little more information.

Ms. Sally Brown: That's correct.

The Chair: You wouldn't need Health Check if they had all the information on the label.

I think the debate the committee is wrestling with is how to make that clear. Whether it's a signpost or some kind of integrated sign on the front of the package to give the consumer better information, that's where we want to go. Whether we go with one check, two checks, or three checks on the front with your Health Check, maybe that might be a progressive way to go about giving that information. I don't know. Maybe you have some comments on that, but I think that's where we want to go.

The question I really have for you, Ms. Brown, comes about because this study is all about child obesity. If children followed the label that you have on Health Check products, would they become overweight?

Ms. Carol Dombrow: I don't think we could answer that question exactly. In the Health Check program, to qualify for Health Check and meet the criteria, you have to qualify based on CFIA's reference amount, as well as your labelled serving size. If you were to have a very large serving size, you wouldn't be able to meet our criteria. To some extent, then, we're controlling the serving size that is recommended on the nutrition facts table, and that is certainly going to help in terms of consumption.

In terms of childhood obesity, it's a much more complicated issue than a label program. Certainly healthy eating is going to help in terms of childhood obesity. If children choose healthier products, which they're going to be able to do easily by choosing products with a label that has evaluated the total product to make sure it is part of healthy eating, that is certainly going to be a very positive factor.

• (1715)

The Chair: But you do recommend a serving size.

Ms. Carol Dombrow: Yes, we do.

The Chair: That was the gist of my question. Does that—

Ms. Carol Dombrow: Yes, there's a definite serving size, and they have to meet the criteria for the serving size specified.

The Chair: It's interesting. In terms of the caloric intake, I suppose it depends on how many of the products they eat.

Ms. Carol Dombrow: That's right. That's why it's very complicated.

The Chair: Fair enough.

Madame Demers.

[*Translation*]

Ms. Nicole Demers: Thank you, Mr. Chair. I would like to raise three issues in one shot.

Mr. Schaeffer, I would appreciate if you could send us information on the number of products that you sell in the U.K. I would like to know the percentage of products that have a green light, a yellow light and a red light.

Ms. Brown, your program is based on Canada's Food Guide. Are you considering changes following the rewriting of the Guide? Furthermore, I would like to know what is your annual income from products evaluation and approval costs for the *Health Check* program?

Mr. Jeffrey, some members of our committee think it is not a good idea to consider trans fat regulation within our study on child obesity because trans fat is not the main cause for obesity among children. What do you think of the fact that it is not considered as a factor?

Mr. Schaeffer, you do not need to answer?

Ms. Brown and Mr. Jeffery, you have the floor.

[*English*]

Mr. Fred Schaeffer: Request duly noted.

[*Translation*]

Ms. Nicole Demers: Thank you.

[*English*]

Ms. Sally Brown: Yes, we will be making changes based on the new food guide. As I mentioned, we're also hoping to go further on salt and sugar, but we will do that in conjunction with Health Canada.

The program at Heart and Stroke is about a \$1 million a year program. Just so you know, there's a wall between the program and the Heart and Stroke Foundation. Any surplus gets put back into the program, but that money is used to review the materials.

We do in-store promotions. We don't promote the individual products, but we promote the brand, because the companies aren't using their own brand. They're not going out there with their own check mark, they're going out there with the Health Check mark, and they want to know that the public understands what that brand means. We therefore have to spend some money to promote the fact that this is a third party, unbiased program based upon Canada's Food Guide. Otherwise, the brand has no value when they put it on their product for consumers. So it's about a \$1 million program that is actually very small.

Mr. Bill Jeffery: There's no single ingredient that is uniquely responsible for obesity. By that standard, trans fat isn't the cause, nor is saturated fat. The one distinct thing about trans fat is that it doesn't have any redeeming nutritional benefits whatsoever. It contributes just as many calories as saturated fat or polyunsaturated fat, but all it brings is harm to one's health. So I think it fits fairly squarely within the mandate of this committee.

On the question the chair asked earlier about someone following the Heart and Stroke Foundation diet or any of the commercially available ones, those are determinations about the relative healthfulness of a particular food, often in relation to others in the same food category. If you look at some of the commercially available logo systems, virtually all the foods are from the former "other" category, the condiments.

In the case of the Health Check system, I think 50% or 60% are from the meat and dairy categories, whereas the Canada Food Guide wants us to consume three-quarters of our food from fruits and vegetables and whole grains. So strictly speaking, if you followed the Health Check program you wouldn't be getting enough whole grains—the big picture.

But the most important thing is that people follow the general dietary goals of more fruits, vegetables, and whole grains, and less dairy products and meat, but lower-fat versions when they do consume them.

• (1720)

Ms. Sally Brown: Can we speak to that, because it's missing information about the Health Check program.

Carol.

Ms. Carol Dombrow: We certainly have food products represented in all 70 categories of the food guide. We have whole grain pastas, a complete line of whole grain breads, and fruits and vegetables. So I'm not sure where the figure of 50% to 60% comes from.

Mr. Bill Jeffery: I mean it's counting the products. We should consume a small number of servings from the dairy and meat categories in the food guide. According to the food guide support, I understand we should consume most of our servings from fruits and vegetables and whole grains.

I concede that you do have those types of products represented in your program, but most of the products are from the meat, dairy, and other food categories. It may be just marginally more than half, but the fact is that it's not a distinct minority. That's all I'm saying.

Ms. Carol Dombrow: I will send you the percentages.

The Chair: Why don't you send them to us too.

Ms. Carol Dombrow: Okay.

The Chair: Ms. Priddy.

Ms. Penny Priddy: Thank you, Mr. Chair.

Mr. Jeffery perhaps answered the question, but I have a strong feeling that trans fat needs to be included. I believe children who are obese are already health vulnerable, therefore trans fats, which make people even more vulnerable for heart disease, will compromise the health of obese children even more. So I have a really strong feeling it should be included.

Would it ever be possible for grocery stores—and maybe this could be voluntary—to put up posters, bigger than the label, that gave a summary of what the recommended dietary intake was for a day. I don't mean we shouldn't educate people as well, by any means. But if there was a big chart at the end of three rows, I might actually go back and look at it and see if I'd actually covered off the things I was supposed to.

I realize that would take up space at the grocery store, but I have to think that people might really use something like that—at least I would. From the sound of it, none of us in this room are particularly paying attention to it as it currently exists.

Thank you.

The Chair: It's only Mr. Batters who doesn't care.

Mr. Fletcher.

Mr. Steven Fletcher: To the Heart and Stroke Foundation, with your Health Check program, what about a scenario where an individual is very busy, is away from home for about half the year, gets home at around 10:30 at night, is out of their apartment, needs to get something to eat, and wheels over to the Subway around the corner? How can you reconcile that sub with the food guide? Is there a way of applying the Health Check program to that poor fellow who's alone in his wheelchair in the Byward Market?

Ms. Sally Brown: Yes. If that individual wheeled around to a Swiss Chalet he could choose a Health Check meal, which includes the chicken without the skin, non-battered; a reconstituted dipping sauce; a potato; and a salad. That is perfectly in line with Canada's Food Guide and is an option for you at Health Check.

As I mentioned, B.C. has a goal to be the healthiest province by 2010, and they're moving Health Check into a number of their White Spot restaurants. To be clear, it's on a meal and not just a food item, because you have to look at it in its entirety. But there are three Health Check meals at Swiss Chalet.

Mr. Steven Fletcher: But if you do that to your meal, what's the point?

Ms. Sally Brown: Do you mean, are you forced to eat a Health Check meal?

Mr. Steven Fletcher: No, I'm only—

Ms. Sally Brown: You just get a choice.

The Chair: That's the end of our questioning.

I want to thank you very much for coming in and sharing your expertise with us on food labelling. It is something that is very important to Canadians, and it's an experiment that we're well into now. We hope to be able to enhance it even further. Thank you very much.

The meeting is adjourned.

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