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—
Chair

Mr. Rob Merrifield

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• (1020)

[English]

The Acting Chair (Hon. Carolyn Bennett (St. Paul's, Lib.)): We will call the meeting to order.

[Translation]

Ms. Gagnon, do you have a comment?

Ms. Christiane Gagnon (Québec, BQ): Yes, Madam Chair.

Before we begin, I would like to know if a discussion on my motion is on the agenda.

I would like us to set aside a period of 10 to 15 minutes at the end of the meeting in order to discuss my motion which asks the auditor general to look into the mandate, costs, management and effectiveness of the Common Drug Review.

The Acting Chair (Hon. Carolyn Bennett): No, this is not on our agenda, neither today nor tomorrow.

Ms. Christiane Gagnon: Why is it not on for today?

The Clerk of the Committee: Ms. Gagnon, I do not know if we will have time to discuss your motion because we have many witnesses to hear.

Furthermore, we can meet with a reduced quorum to hear witnesses but we require a quorum of seven members to deal with a motion.

Ms. Christiane Gagnon: I know that more members of the committee will join us later on. If we have a quorum at the end of the meeting I would like us to take ten minutes to deal with my motion.

I detect reluctance to deal with my motion today. I get the feeling that some people are not eager to see it passed. This might be the reason for delaying the discussion.

The Acting Chair (Hon. Carolyn Bennett): I anticipate Mr. Merrifield will be coming. If we have a quorum, we will be able to put your motion to a vote.

Ms. Christiane Gagnon: Thank you.

[English]

The Acting Chair (Hon. Carolyn Bennett): Welcome from *l'Angleterre*, Karen Tonks. Can you hear us there?

Ms. Karen Tonks (Chief Nutritionist, Tesco PLC): Yes, I can.

Good afternoon.

The Acting Chair (Hon. Carolyn Bennett): Good afternoon.

I think it's a bit easier knowing who's here. I'm Carolyn Bennett. I am from Toronto and a member of Parliament for St. Paul's.

Would the others just say who they are? I think it's a bit tough talking into the camera.

[Translation]

You have met Ms. Gagnon.

Maybe you would like to introduce yourself, Madam.

Ms. Christiane Gagnon: My name is Christiane Gagnon. I am a member of the Bloc québécois, for the riding of Quebec. I have been the health critic since the last Parliament.

Thank you.

Mr. Luc Malo (Verchères—Les Patriotes, BQ): My name is Luc Malo. I am a member of the Bloc québécois, for the riding of Verchères—Les Patriotes which is located on the south shore of Montreal, in Quebec.

[English]

Mr. Laurie Hawn (Edmonton Centre, CPC): Good morning. I'm Laurie Hawn, the member of Parliament for Edmonton Centre in western Canada, in the province of Alberta, the capital of Alberta. I'm pleased to see you this morning.

The Acting Chair (Hon. Carolyn Bennett): Luc and I have just returned from Whitehorse in the Yukon where we were totally inspired by the Canada Winter Games and the young athletes. We're wide awake and ready to learn what we can do better.

Welcome, Karen. We're keen to hear your presentation. We have 40 minutes for your time. We've gobbled up a bit. Right now we're looking at about 20 minutes if that's okay.

Ms. Karen Tonks: That's fine.

The Acting Chair (Hon. Carolyn Bennett): How long is your presentation, Karen?

Ms. Karen Tonks: My understanding is that you wanted about five or so minutes for me to tell you some of the background and then an opportunity to ask questions.

The Acting Chair (Hon. Carolyn Bennett): That would be perfect. The Library of Parliament has given us a very good overview. So fire away.

Ms. Karen Tonks: First of all, perhaps I can introduce myself. My name is Karen Tonks, as you said. I'm the company nutritionist for Tesco. I don't know how much you know about Tesco as a retailer in the U.K. We are the largest; we have some 800 stores across the U.K., but we also have stores in central Europe, Asia, Thailand, Malaysia, and Japan, and we've just announced we'll be opening stores in California as well, on the west coast of the United States, so we're global in that respect.

As far as healthy eating and nutrition and health are concerned, we have a long history in the U.K. of being involved in this subject. When I first started as company nutritionist with Tesco nearly 20 years ago, we'd really just started. The evidence was coming through in the U.K. that poor diet was contributing to ill health and early death, and our customers were coming to us and asking for help.

Some people may say that retailing is a strange place to provide information and advice on nutrition and health, but it's at retail that customers make their food choices, so they were coming to us with products and asking what we could do.

In 1985 we started a whole healthy living program. It looked at four key aspects. One was providing nutrition information on the backs of our products. Up to that point, nobody had done so, so nobody knew exactly what was in some of the food products they were purchasing. They also wanted information about what the nutrients meant and what healthy diet was all about, and that's really when we started producing significant numbers of leaflets and information for customers to help them understand what fats and saturates and salt and sugar were all about, and what they should do about them in their diet.

The other things we looked at were additives. Our customers, both 20 years ago and today, still consider that additives are a significant aspect of a healthy diet, and they should be avoided, especially by children.

They also wanted us to improve products. They wanted products that were healthier—that were lower in fats, lower in salts, and lower in sugar—so we launched a healthier living range of products back in 1985. All those four aspects have continued to develop over the last 20 years.

We now clearly have legislation in Europe that governs back-of-pack nutrition information and format. It's still voluntary in Europe and the U.K. That legislation is under review, but we apply it to all of our 6,500 products voluntarily. We also provide per serving information. Also, because the legislation asks us to declare "sodium" on the back of the pack, and that's not a familiar term to most consumers, we convert "sodium" to "salt" and put "salt" on the label on the back of the pack as well.

Really the most significant developments in terms of nutrition information have been over the last two years, when it was becoming more and more evident that consumers didn't understand what can be actually quite complex information on the backs of our labels, even though it's probably simpler than the U.S. version, which has lots of different nutrients on it.

To resolve that issue and to help consumers understand the nutrition information, we put GDA labelling on the front of the pack. Basically that means we put calories, fat, saturates, total sugars, and

salt per serving on the front of the pack, and we also put the percentage of a typical adult's guideline daily amount. That gives the consumers a benchmark and enables them to position the food within the diet and understand whether it's high or low, and they use their own rules of thumb.

That is now on all our products. It took us just under two years to re-label all the front labels of our products. A number of leading food manufacturers that you might be familiar with—Unilever, PepsiCo, Kraft, Masterfoods, Nestlé, Coca-Cola, and Kellogg's—have all adopted the same scheme, so in our stores there are probably 10,000 products that will have this labelling; that's probably about 40% of U.K. food packs.

• (1025)

Across Europe, manufacturers have also adopted a similar scheme. So it's beginning to appear across Europe, not only on manufacturers' products, but also in some of the significant retailers in Europe: Carrefour, METRO, Casino, Delhaize, and Ahold.

Really that's where we are with labelling. Those are the most significant developments in terms of nutrition labelling. But of course labelling won't resolve all of the health issues, particularly the rise in obesity. Alongside labelling, there have to be other aspects. One of those that we take quite seriously is product improvement and reformulation. Over the past 12 months we have reduced the salt level in over 500 products. We've reduced fat in over 125, saturated in 143, and sugar in about 53. This year we're reviewing another 2,000 products to make sure there aren't excessive amounts of nutrients in these products. If you don't have to put as much salt in sauce to make it flavoursome and acceptable to customers, we won't do it. We challenge our product developers to really target those key nutrients and bring them down.

The consumers are responding to the front-of-pack labelling and are choosing healthier products. Our sales figures show that when people see a high-salt or a high-fat level, they will look for a healthier alternative. Whilst the numbers might not sound like very much—reducing fat in 125 products or reducing salt in 500—when you look at the amounts we've actually taken out, just by reducing by one-third the salt in white and brown bread, that's 200 tonnes of salt we've taken out of our customers' diets. We've taken it out of a lot of typically high-salt products like canned soups, etc.

We think that's really making a difference in terms of our consumers' health. As I say, their purchasing behaviour is demonstrating that it's true. Of course, alongside that is education and information and helping people understand labelling. You can't just put numbers on a pack and expect people to be able to use them. We've been doing a lot of advertising, very simple advertising that just helps people understand what the numbers on the front of the pack look like, and how to use them, how to interpret them. That includes putting out lots of leaflets, credit-card-sized cards that they can put into their purses for reference, so they know the guideline daily amounts also. Because we're very conscious that people like taking information home, we've continued with further leaflets. We also have magazines and healthy living clubs so that people can read about the subject, about labelling, and about diet and the diseases related to diet and what they need to do to change their diet.

Alongside that, we have one of the biggest online shopping systems—I believe in the world actually, but maybe don't quote me on that—whereby people can go online and do their shopping and have it delivered to them. It's grocery home shopping. We have now put all the information online, so actually if you're at your computer at home doing your shopping, you can see the same information as you would if you were picking up a product from a shelf. The consumers online can actually have access to the same information, and we hope to see them making healthier choices as a result.

Alongside that, we're very much aware that there is a barrage of information about what is healthy, what isn't healthy, and what you should and shouldn't be doing. We really try to simplify it for our customers. We've launched a health calendar this year, and each month there will be a different message. We're asking our customers, along with us, to change one thing about their diet and their lifestyle, so people can take it step by step.

In January, it was all about eating a healthy breakfast and making sure you have breakfast, because that's a significant benefit to health. In February, it's all about oily fish and eating enough fish in the diet. It will continue in coming months with making sure you drink enough water and also keep active. In April, when we have the London marathon in the U.K. and everyone starts thinking that they should be getting out and running and the weather starts getting better, we have a lot of activity in-store and information to really encourage consumers to go out there and do something towards getting fit and healthy.

• (1030)

We are also working with community groups, so we're very much going into the community—and I'll talk a little bit about some of our active schemes—but we're linking in with the National Children's Home and also the Pre-school Learning Alliance, really working with young people. With the National Children's Home, it's about young people who have been in care and are now leaving the care home and setting up by themselves, making sure they've got the skills and the knowledge to shop and cook healthily. With the Pre-school Learning Alliance, we're talking about the pre-schoolers and about their diet and how they get support and information.

In terms of access and making sure consumers have access, we have our “fruit and veg pledge” this year: for the whole of the year, we will have at least five types of fruits and vegetables that will be half price, so we're making it very cheap.

In the “get active” program, you were saying that you've been to the Yukon—we have the aim of inspiring two million people to get involved in some kind of physical activity in the run-up to the 2012 Olympics. So we have all sorts of things working around that. We launched our sports for schools and clubs voucher scheme, which means basically if you spend a certain amount in-store, £10, you get a voucher. The schools and clubs can collect the vouchers and trade them in for physical activity equipment, whether that's simple balls, or goals, or training sessions to encourage them to do that.

The “great school run” is a very popular scheme, and we're actually in the *Guinness Book of World Records*. We got over 750,000 children active and running. We provide lesson plans on health and fitness, and then they do a two-kilometre run around their school fields, all on the same day. It's all on June 21. We're doing it

again this year, and we're hoping for half a million young people this year.

We're also sponsoring the British cycling “go ride” scheme, and that's again encouraging young people to take part in cycling. And we also sponsor the junior and mini great runs that take place before the great runs, the northern great run and southern great run in the U.K. And in particular, one of our key active things, and one I'm pleased to take part in personally, is in cancer research; we have something called “race for life”, which basically encourages women to do a five-kilometre run, although they could walk or they could be pushed if they're in a wheelchair. So everyone can take part and is sponsored to raise money for cancer research. But we sponsored the races, and we have sponsored for them in the last few years. There were 240 races last year, with three-quarters of a million women taking part. We also sponsor the 10-kilometre runs, which encourage men to take part as well.

So, as you can see, we do a number of activities, whether it's labelling, product development, or actually communication for all customers, all ages, and all backgrounds.

• (1035)

The Acting Chair (Hon. Carolyn Bennett): Thanks very much, Karen.

Ms. Karen Tonks: You're welcome.

The Acting Chair (Hon. Carolyn Bennett): We're short on time now, so we're going to have to ask each party to get your question and your answer in within three minutes.

If you don't mind, Scott, one of the first things I'd like to know is whether there's a standard. Here in Canada the heart smart program is related to the food guide. What standard did your labelling come to, or is it just asking everybody to reduce?

Scott, do you want to add to that before Karen answers?

Mr. Scott Simms (Bonavista—Gander—Grand Falls—Windsor, Lib.): No. That's fine. Karen can go ahead.

Ms. Karen Tonks: What was the basis for trying to reduce...? Could you repeat the question?

The Acting Chair (Hon. Carolyn Bennett): What was the standard that the companies were trying to reformulate to? Just less salt, less fat?

Ms. Karen Tonks: Yes, really, it was. We don't have anything like the heart smart guide. We don't have an overall position of what is healthy. We have something that's called the balanced plate, which looks at the proportion of carbohydrates and fruit and vegetables that you have in your overall diet, but on a product basis there's nothing that says this is what a healthy food is.

We were trying to reduce generally. The Food Standards Agency in the U.K. has some criteria set up for reducing salt, and we're following those, but nothing for other nutrients.

The Acting Chair (Hon. Carolyn Bennett): Fine.

Scott Simms is here now, a Newfoundlander. He's a bit closer to you than Ottawa.

Ms. Karen Tonks: Just a bit.

Mr. Scott Simms: Yes, we're practically close to Iceland, Karen, but nonetheless still Canadian in who we are.

Speaking of which, I'm going to use several examples from my home province.

Type 2 diabetes is now being diagnosed at an alarming rate. Obesity in school-aged children, primarily between the ages of 12 and 16, also is at a very alarming rate.

My question is about what we have done recently with the Canadian government and the Newfoundland government as well. We're trying to do promotional schemes for children in schools for physical fitness. What we haven't done thoroughly yet, I think, is introduce mandatory diet restrictions in schools, and of course the mandatory exercise portion of it.

My question is, within the school systems where you are in the U. K., are there mandatory exercise programs or diet regulations within the school system? What are you doing? Do you see an alarming rate of type 2 diabetes as well?

• (1040)

Ms. Karen Tonks: Answering your last question first, yes, we do; it's the same problem. It's really driven by obesity in young children and their poor diets. That will drive type 2 diabetes, which is what is driving it in the older population as well. Obesity is the key thing to treat there.

You're quite right, for children there has to be an aspect of healthy balanced diet, but also physical activity, especially when you're looking at young children. You don't want to restrict their growth too much and the opportunity for nutrients, but you do want to make sure they get good, wholesome food.

In the U.K. there is physical activity as part of the school curriculum, so they will take part in some kind of physical activity. That's really where we're supporting schools in some of our activities, by encouraging them to do something and make it fun and give them lesson plans that are rounded. It's not just about going out and playing a game of football; it's actually about understanding why they need to take physical activities. So it's not just about doing it, but understanding why, so that they do it out of the school environment as well.

In terms of dietary guidelines for school meals, we have had mandatory guidelines in Scotland. They came in a couple of years

ago. In England and Wales, they're just coming in. They came in at the beginning of the year. They're just rolling through. They talk about trying to balance children's diets, probably over about a month. It's not on a day-today basis; it's looking, over a month, at whether they are getting enough of the right nutrients and the positive things they need—some of the vitamins and minerals for growth. But it's also to make sure they're not getting too much salt, sugar, and fat, and therefore it's about having healthy foods and understanding why they should be having healthy foods as well.

It's all part of the curriculum. It's a whole school approach, which definitely works the best, according to research: they talk about it in lessons, it's what they eat when they stop for lunch, and it's what they do when they get home.

The Acting Chair (Hon. Carolyn Bennett): Thanks very much.

Ms. Karen Tonks: You're welcome.

The Acting Chair (Hon. Carolyn Bennett): Madame Gagnon.

[*Translation*]

Ms. Christiane Gagnon: Thank you for telling us about the programs you are implementing.

If I understood you correctly, nutritional labelling is left to the discretion of the manufacturer. Who monitors that information? Who ensures the information is correct?

You try to reduce the amount of bad nutrients in foods. But since you are a private business, your targets are probably lower than those of a government department that tries to control the proportion of nutrients in food for the general population.

The reduction of a given ingredient in a product could alter its taste. Could this make some nutrients less attractive for consumers who are used to the taste of certain foods?

Thank you.

[*English*]

Ms. Karen Tonks: In terms of who controls the information, we all have a duty of care to our consumers, and while we are a private company, we're clearly there in the public domain. In the United Kingdom we have local authorities who enforce the labelling legislation.

There is a lot of legislation related to labelling, and most of it is at the European level and has cascaded down to the national member states. But the principle of it is that we have a duty not to mislead, and we shouldn't be misleading the consumer in how we describe the food, how we put a picture on the label, or how we put nutrition information or any kind of information on our products.

So we have principles of due diligence that the enforcement authorities will check. They will come and talk to us about what processes we've put in place, the testing, the checking of our product specifications, and they will talk to us about our processes, but they will also spot-check. They will take the products off the shelf, they will take them away, and the public analyst will analyze them. If they believe there to be any anomalies, they will come back to us and talk to us about it.

Certainly, there may be anomalies because there is just natural variation, and we can talk about that. Some may be because for some reason, yes, there was an error on the label when it was printed, or an example like that.

So we are very much under public scrutiny in terms of enforcement agencies with regard to any piece of information that we put onto a label, and we're very careful to make sure that we get that accurately.

In terms of where we reduce the quantities of certain nutrients, whether we're working with different objectives to those of the authorities—in the U.K. that would be the Food Standards Agency—we don't work against them. There is no purpose to that. We all actually have the fundamental principles of trying to encourage consumers to eat a healthier diet. It's not in our interest if our customers are dying young. We'd like to keep them. We'd like to keep their loyalty. We want to be seen as members of the local community. We talk to the Food Standards Agency on a regular basis about their research and about what they think the guidelines should be.

Inevitably, sometimes the industry moves faster than the government can, because it has to take a whole range of things into consideration; therefore, in the U.K., the industry—the retailers and the manufacturers—have developed guidelines on the amounts. And whilst the government is using them to some extent, they're not government-based figures. They are a guide that helps everyone move in the right direction, and the government is supportive of them even if its name is not on them.

• (1045)

The Acting Chair (Hon. Carolyn Bennett): Thanks very much.

Ms. Karen Tonks: We are all working towards the same objective.

Another question is what do we do about making sure that we still get quality and good-tasting food by reducing salt and sugar. We do it carefully. In some foods you have to take it down gently, because it's going to make a big difference. In others, we're quite surprised that some foods actually taste an awful lot better if you've taken a lot of the salt and the sugar out. You actually get to taste the ingredients, rather than the other things that we've put in.

We work carefully. We have regular taste panels, so if it doesn't taste good, it doesn't go on our shelves.

The Acting Chair (Hon. Carolyn Bennett): Thanks very much.

My mother used to put HP Sauce on everything.

Laurie, go ahead.

Mr. Laurie Hawn: Thank you very much, Madam Chair, and thanks again, Ms. Tonks.

I have a number of short questions that hopefully will get short answers.

It sounds like industry is leading government in the U.K. Is that a fair statement?

Ms. Karen Tonks: Yes, I think in some aspects, in terms of the things that we need to drive. You were talking about the heart smart guide that you have in Canada. We don't have anything like that in

the U.K.; therefore, we're having to find our own position so that we have consistency across the industry. We don't have that from government.

Government is driving on certain things, like salt. They've set the targets, and we've worked with them to do that.

So I think it depends on where you're looking at it.

Mr. Laurie Hawn: So you're pretty much hand in hand with government. Is what you're doing in the U.K. going to become an EU standard, or is that sort of thing contemplated across the EU?

• (1050)

Ms. Karen Tonks: In terms of the labelling?

Mr. Laurie Hawn: Yes.

Ms. Karen Tonks: The labelling in Europe is being reviewed at present. There is some debate about whether they should include front-pack labelling in part of the legislation. It's at fairly early stages at the moment. We haven't even seen the draft proposal for the legislation, but it is likely there will be front-pack labelling.

There are two competing schemes at the moment, unfortunately. Our research shows that our front-pack labelling worked for our customers. Others have shown that using more of a traffic light scheme, where you label each nutrient red, amber, or green, may give more immediate information for consumers. We think there are some wrinkles in it that need working out, and it will be interesting to see which way Europe goes.

Mr. Laurie Hawn: I'm going to suggest you're probably a fan of voluntary versus regulatory measures.

How easy was it to get companies like Coca-Cola to go along? Clearly, on the sugar side, they're probably not going to do very well with labelling.

Ms. Karen Tonks: I think it was because we all support providing information for consumers. By doing it on a voluntary basis and a self-regulated basis, you then have the flexibility. For example, the labels are too small, and by putting an extra label on you may need more packaging, which we don't want, or extra costs. Then we might leave some information off. If it were regulated, we'd have to put it on come what may, and at the end of the day, it may not be the best thing for the consumer.

For us, voluntary is more flexible, but it needs to have certain standards within it. I'm pleased that the companies that are using the same scheme are using all the same standards so that we don't confuse consumers further.

Mr. Laurie Hawn: Finally, are you happy with the progress you've made? Looking at your successes and failures, is there one thing you'd do differently now if you could go back and do it again?

Ms. Karen Tonks: That's a tough question.

I think I'd be happier with our success if we could get a better position on what a healthy diet is and where people need to be heading, and also, an overall educational campaign, perhaps driven by the government that all of industry could get involved in, not just the big guys like Coca-Cola and Kraft and Kellogg's, but also the small manufacturers. In the U.K. there's very much a drive for locally produced food and the small producer, and when we encourage them and the local farmers and whatever to get behind some of these health initiatives, it really needs to be a government scheme. I'd be happier if there were an overall position on where we were going with a healthy diet. Something like the heart smart guide, that we could all link into, would be a much more positive thing.

If I could go back and do something different, I'd probably do front-pack labelling a lot sooner. We should have done it sooner and just got on with it and tried to stem the tide of increasing obesity, especially in children, a lot sooner. Maybe we should have acted sooner, but I don't think it's too late.

The Acting Chair (Hon. Carolyn Bennett): Thanks very much.

Mr. Martin.

Mr. Pat Martin (Winnipeg Centre, NDP): Thank you, Ms. Tonks.

We've wrestled with labelling as an issue in a number of ways. My specific interest is trans fats, partially hydrogenated oils. We did have a thorough debate in Canada on whether labelling would be adequate or if this product should be just simply banned, eliminated from the food supply. It came to a vote in Parliament, and Parliament did vote to ban rather than label. The logic was that it isn't okay to put poison in our food just because it's properly labelled.

Has this debate been raging in the U.K.? Is there any interest in following Denmark as the European Union trading partner? How do U.K. companies market their product in Denmark? Do they simply forgo that market, or do they take the trans fats out of their product so they can sell it in Denmark? Can you help us with that?

Ms. Karen Tonks: Yes. Trans fats is a hot topic in the U.K., but it's a very confused one, because, as I'm sure you're aware from the debate, there are artificially produced trans fats through partial hydrogenation of vegetable oil and there are also naturally occurring trans fats in milk and meat products—some meat products.

It's really about making sure that consumers understand the difference between them, but also the overall impact of trans fats, and not losing sight of the fact that total fat and saturated fat probably have a bigger impact on health overall—and the salt intake—than these particular elements. It's trying to keep the whole message in balance.

In the U.K., there has been no government position or guidance on this, nor any move to legislate or provide guidance. The industry has been watching what's been going on in the United States and Denmark, and the industry has said, if we don't have to put these in, why are we?

For example, I can say that Tesco has now removed all hydrogenated vegetable oil from its products. So we've taken out the artificially produced trans fats and we use alternatives in our food. Whilst our foods may not be trans fat free, because they still have dairy and meat products, they don't have any partially

hydrogenated vegetable oil. Therefore, we are reducing the trans fat content of our food products, and a lot of manufacturers are doing the same.

• (1055)

Mr. Pat Martin: Just so I understand you, has your company eliminated trans fats from everything with the Tesco label?

Ms. Karen Tonks: No. We've eliminated hydrogenated vegetable oil that produces the artificial trans fats, but you still get trans fat—

Mr. Pat Martin: Yes. This is what I mean, the manufactured—

Ms. Karen Tonks: Manufactured, yes. We've eliminated hydrogenated vegetable oil from our products.

Mr. Pat Martin: I see.

In the United States there's mandatory labelling...

I'm sorry, Madam Chair. Am I out of time?

The Acting Chair (Hon. Carolyn Bennett): I think we're pretty well done. Unfortunately, the other group has been waiting for a while.

I understand, Ms. Tonks, that you have quite a good website that the members could visit to see where a lot of this is laid out. I'm sure that if they have individual questions, you would respond by e-mail or whatever.

Ms. Karen Tonks: Absolutely. Yes.

I can make sure you have my e-mail address, and I'm happy to answer any questions you may have. I can also send you a link to our website for you to look at as well.

The Acting Chair (Hon. Carolyn Bennett): We thank you very much.

We're sorry it was rushed. We had a bit of a storm here that had our members late, so thank you for understanding and being so helpful.

Thanks very much.

We're off to your colleagues at King's College now.

Ms. Karen Tonks: You're very welcome.

Have fun.

Thank you very much.

The Acting Chair (Hon. Carolyn Bennett): We will take a short pause to make the connection with our next videoconferenced witnesses.

• (1055)

(Pause)

• (1100)

The Acting Chair (Hon. Carolyn Bennett): We'll start the second part of our hearing today.

Welcome from London, and we're here in Ottawa.

You can see our committee here, but we would love you to introduce yourselves. I should have introduced myself. I'm Carolyn Bennett, the member of Parliament for St. Paul's.

We are a little thin on the ground here because of a snow storm, so I think our chair, Rob Merrifield, is still in the air.

Prof. Tom Sanders (Head, Nutritional Sciences Research Division, King's College London): Hello. I am Professor Tom Sanders from King's College, London.

Dr. Jane Holdsworth (Consultant to the Food Industry, UK Food and Drink Federation): Hello. I'm Dr. Jane Holdsworth, a consultant working with the food industry in the U.K.

Dr. Sandy Oliver (Reader in Public Policy, Social Science Research Unit, Institute of Education, University of London): I'm Dr. Sandy Oliver with the Institute of Education, University of London.

Prof. Roger Mackett (Professor, Centre for Transport Studies, University College London): I'm Professor Mackett from the Centre for Transport Studies here at University College, London.

The Acting Chair (Hon. Carolyn Bennett): We have about an hour and fifteen minutes.

You each have about ten minutes for your presentation, so it's about forty minutes for the presentations. Then we will use the rest of time for questions.

Is that your understanding?

Prof. Roger Mackett: That's fine.

The Acting Chair (Hon. Carolyn Bennett): Perfect. Shorter is always better. These people love questions.

Dr. Sanders.

Prof. Tom Sanders: Hello. I am a professor of nutrition and dietetics at King's College, London. I have over 30 years' experience working in nutrition science.

My observation on childhood obesity is that the epidemic has occurred in the United Kingdom and other countries despite any changes in the relative proportions of fat or sugar in diets. The evidence from weighed food intake surveys tends to indicate that total food energy has fallen by between 20% or 30% over the past 30 or 40 years, yet the increase in obesity has gone up.

One of the fundamental questions is whether the relative proportions of fats and carbohydrates in diets are important or whether it's total energy intake. I would put to you that the major determinant is the food energy intake, regardless of whether it's primarily from fats or carbohydrates. In support of that, I would point to the results of some recent randomized controls trials. One of the longest ones was carried out in a women's health initiative that basically showed that if you gave advice to get people to reduce the proportion of their food energy derived from fat, it didn't really lead to any long-term changes in weight.

I would argue that the focus in terms of diet should be on matching calorie intake with energy expenditure. It is quite clear that energy expenditure has fallen, but the fall in calorie intake hasn't been sufficient to match the drop in energy expenditure.

One of the issues that has occurred in the U.K. is actually how to inform consumers best to change their dietary habits so that they can avoid obesity—and particularly, the focus on children.

There are two areas that I think deserve consideration. One is the way in which the information is put across, whether it's put across as numerical information or as qualitative information, high, medium, or low, or whether it's a colour-coded system, such as traffic lights, red, amber, and green.

I don't really want to spend any time talking about the methods of display, which I think will vary between cultures, but I want to spend a little bit of time on the way in which you derive what is high, medium, or low that might be used potentially for a regulatory instrument to restrict advertising or to give consumers advice.

The U.K. Food Standards Agency has come out in favour of a traffic light system based on the grams per hundred grams of food for labelling. It has used, as the basis for its labelling, fat, sugar, salt, and saturated fat. Unfortunately, it has not used calories in that labelling.

The major problem of using nutrient composition per hundred grams is that it does not tell you the amount of food consumed, so you label a food as being high for a small portion as well as a large portion. Portion size, I believe, is a major driving factor for obesity. It has become quite clear that portion sizes have been increasing, particularly in the last ten years. You can just think of it as regards cups of coffee or carbonated beverages. They get bigger every year.

The alternative way of expressing dietary intake is relative to a benchmark, and the benchmark that has been most widely used is the guideline dietary amount. The guideline dietary amount is an arbitrary benchmark that can be used to give you an idea of the amount of calories an individual requires and then a proportion of the calories provided by the food.

I think guideline dietary amounts for the appropriate groups are the way in which to base food labelling, rather than on the amount per hundred grams. There are instances where the amounts per hundred grams as a labelling basis being used by the Food Standards Agency become particularly confusing. For example, if you take a food like mustard, mustard would be labelled as red, as high, because it has a high fat content, but you wouldn't consume 100 grams of mustard. Similarly, you need to be aware that certain foods that you need to encourage children to consume in moderation—for example, cheese—would be labelled in an adverse manner by expressing it as an amount per hundred grams.

So in conclusion, I think if you're considering a format of food labelling, I would strongly advise that you go for the amount provided in a portion, and I would focus on really just one thing: food calories. I don't believe the evidence is there to show that the proportion of calories from sugar or fat is particularly useful. It's the total calorie intake that's most useful.

That's all I have to say.

• (1105)

The Acting Chair (Hon. Carolyn Bennett): Thank you very much.

Dr. Holdsworth, please.

Dr. Jane Holdsworth: Thank you.

I'm Jane Holdsworth. I'm a consultant, and I've worked with a wide range of food manufacturers in a marketing and technical career within the U.K. and overseas that has spanned 20 years. Most recently, I've worked with the U.K. Food and Drink Federation to help them shape their approach to front-of-pack labelling and to create and manage a campaign to encourage consumers to use that scheme.

I'd like to provide some background about the Food and Drink Federation and also to outline how the members came to adopt a guideline daily amount-based labelling scheme, and I'll explain why we think that is effective in helping consumers become better informed about the food they eat so they can make more informed food choices.

The FDF in the U.K. represents the interests of the largest manufacturing sector, with a combined turnover of \$70 billion. There are around 7,000 food and drink manufacturing enterprises in the U.K., and the vast majority are small or medium-sized businesses. The Food and Drink Federation has a strong scientific base and ethos that runs through all aspects of its activity. Its manifesto consists of a seven-point pledge that focuses on a number of key issues, one of which is food labelling.

The U.K. government white paper, "Choosing Health", was published in November 2004, and amongst other things, it made clear the government's priorities regarding food labelling. Against this backdrop, the food industry, through the Food and Drink Federation, sought to consider how it could define and implement a food labelling scheme to assess consumers to make better food choices. In mid-2005, Tesco, which is the U.K.'s largest food retailer with about 30% of the market, opted for a guideline daily amount-based front-of-pack labelling scheme. They had previously trialled a traffic light scheme but found that consumers preferred the GDA-based approach, largely because it gave them more information, thus allowing an informed choice.

Guideline daily amounts are widely used and well respected in the U.K. They were developed by the Institute of Grocery Distribution in partnership with government and are based on COMA recommendations. They're included on the backs of a wide variety of food products to provide nutrition information in context. They also form the basis for high-level limits within the FSA traffic light scheme. GDAs are similar to the percentage daily values that are widely used in Canada.

In parallel with the introduction of the guideline daily amount front-of-pack scheme by Tesco in 2005, various food manufacturers conducted their own research into reactions to a Tesco-type scheme and found similar positive responses from consumers. They also found that consumers were keen to see clearer food labelling on all food products, not just on the five composite food categories that were being considered for front-of-pack labelling by the Food Standards Agency.

By late 2005, Tesco had consumer data that showed the public were responding well to the scheme, and early data showed that it was driving healthier choices within the sandwich category. We tested the scheme with 700 consumers and found that 87% of them found it clear and simple. They liked the scheme, and the most

common benefit cited, selected by 38%, is that it would help make healthier food choices.

Against this backdrop of a scheme that was both useful and informative for consumers and showed early signs of being effective in changing consumer behaviour, a number of food and drink manufacturers pledged to adopt a GDA labelling-based scheme. To ensure consistency for consumers, a style guide based on the Tesco model was also developed. The scheme was first introduced on some products in mid-2006 and the adoption of it has grown markedly, such that there are now four retailers using the scheme, representing almost half of the U.K. retailing sector, and 24 manufacturers. It's already on over 10,000 products, representing about 40% of packaged food products, and it's the most widely applied scheme in the U.K. market.

Consumers of this are reacting very positively to the introduction. There's a high level of awareness of the scheme and usage of it across all social grades, and importantly, Tesco data continues to show that it's driving healthier choices. Importantly, the scheme is also driving reformulation decisions by retailers and manufacturers as they seek to improve the nutrition profile of existing products. Some retailers are also setting GDA composition benchmarks for new product development. It's my understanding that Health Canada has told the committee that Canada's mandatory nutrition labelling system is having a similar effect on the nutritional profile of food products sold in Canada.

We've supported the introduction of the scheme with our advertising campaign, which aims to help to increase awareness of the scheme and deepen understanding of how it can be used to help support a healthier lifestyle.

- (1110)

Our website, called www.whatsinsideguide.com, is a core element.

We believe that the scheme is effective and has wide consumer appeal for six core reasons.

The first is that it gives consumers the facts, so they can make informed choices. That was something our initial research showed was key for any scheme.

Second, it helps consumers see individual foods in the context of their whole diet, thus giving them perspective on what it is they're eating.

Third, it provides per portion information, with the portion clearly stated on the pack.

Fourth, it's not hectoring or judgmental; it simply provides the facts. Again, our early research showed that this was really important to consumers.

Fifth, it's consistently applied across food categories and is very widely available.

The sixth point is that it links directly to the more detailed information on the back of the pack.

Importantly, the scheme also shows calories as well as the four key nutrients—sugars, fats, saturated fat, and salt. We believe this is an essential component of any front-of-pack scheme designed to tackle the obesity issue.

We have agreed to carry out joint research with the Food Standards Agency in the U.K. Department of Health and with retailers to determine which of the front-of-pack labelling schemes used in the U.K. at the moment are effective. We're confident this independent research will further demonstrate what the GDA labelling scheme is.

To summarize, there is a front-of-pack signpost labelling scheme in the U.K. that shows per portion, percentage, GDA information. It's widely used by manufacturers and retailers in the U.K. Initial results from its introduction are very positive, with many consumers already aware of it and using it to become better informed about the food they eat. Early signs also indicate that it's changing our purchasing behaviour.

The food industry is working with the U.K. FSA, the Department of Health, retailers, and others to assess the effectiveness of the GDA scheme, alongside the alternative traffic light food scheme. The results of this work are likely to be available in 12 to 18 months.

Thank you.

The Acting Chair (Hon. Carolyn Bennett): Thanks very much.

I think the committee will have lots of questions. This is great.

Professor Mackett.

• (1115)

Prof. Roger Mackett: Good morning, ladies and gentlemen.

My interest in this area started from a project we were carrying out for the U.K. Department for Transport. We were looking at ways to reduce the number of short trips by car. One of the things that came out of that was the very large number of trips made on behalf of children, taking them to and from school and to multiple activities. We then undertook a project to look at ways of reducing the effects of car use on children's volume of physical activity, among other things.

One of the things we did in that study was to fit 200 children aged 10 to 13 with activity monitors, small things the size of pagers, which they wore around their waists. We also asked them to keep diaries of all their activities and travel over a period of four days. From that we found a number of conclusions. We found, for example, that walking and playing provided more exercise than most other activities they undertook. We found that some children spent more calories walking to and from school for a week than they did in two hours of physical education and games lessons. That got into the national newspapers here in the U.K.

Free play tends to use more calories than equivalent organized activities. For example, a child kicking a football around will consume more calories than he or she would in a normal organized activity over the same length of time.

Children tend to walk when they go out to play, but when they are taken to organized activities, they tend to be taken by car, so not only do they use more calories when they go out to play, but they also use

more getting there than in an organized activity. Of course, the trend nowadays is toward these organized activities, rather than letting children just go out and play.

We also found that children who walk more than they use the car tend to be more active in other aspects of their lives, whereas children who use the car more tend to be less active in other activities.

Among other things, we did find that many of the trips taking children to school were often part of a longer trip, usually by a parent—often, but not always, the mother—so that even if the children did stop travelling by car, there would not be an equivalent reduction in the number of cars on the road.

In that project we also looked at interventions such as walking buses. That's a group of children being escorted to school. These are quite common in many countries around the world nowadays. We did find they could encourage children to walk, but they require a lot of effort to organize, particularly in order to maintain their existence. We found that about half the trips made by walking buses in the area we were looking at were previously made by car; there was quite a large transfer from car to walking by the children taking part, but as I said earlier, there wasn't an equivalent reduction in the number of cars on the road.

We found the children who did switch from car to walking or to walking bus were spending about 22 minutes a day on the walking bus. In other words, that could be an extra 110 minutes a week in physical activity. We also found that children tend to drop out of walking buses when they get to the age of about eight because they simply lose interest in the whole concept; their mothers, who are usually the volunteers, drop out at the same time, which is why there is this problem of continuity.

More recently we carried out another project, which we called CAPABLE: children's activities, perceptions, and behaviour in the local environment. We fitted the children with GPS—global positioning satellite—monitors, which are worn on the wrist. They walk around; these communicate with GPS satellites up in the sky, and we can tell with reasonable accuracy where the children are, so we can actually match up with the diaries telling us what the children are doing. The GPS monitor is telling us where they're going, and the activity monitor is telling us how active they are, so we have a very rich body of data on a number of children.

We also conducted surveys and questionnaires of both the children and their parents, with a particular interest in things like the effects of allowing children to go out without an adult.

• (1120)

The following factors seem to correlate with being allowed out alone: living with one parent; having an older sibling, particularly for girls; a household not owning a car; a house having a garden, which we assume associates with the type of area they're living in; and having access to a park or a communal area. So those factors seem to encourage children to be allowed out.

We found that children being allowed out alone were given a greater experience of a variety of places, more opportunity for exercise, and more opportunity to be with their friends and have their own social networks. But of course there are many complicating factors; for example, the nature of the area they live in, cultural factors, and so on. For example, we looked at some children in London, and they were allowed out, but not at such an early age as those living in more rural and suburban areas.

We also found that children tend to walk more vigorously when with adults than when unaccompanied by adults, which we believe reflects the tendency of children to explore more when they're on their own. They can often sit and chat with their friends when there's no adult present, whereas often, when a child has been walking with a parent, they are forced to walk rather fast, which might, at first sight, seem quite a good idea. Nonetheless, we would like to get children out playing, learning, exploring, and using the environment.

The GPS equipment has enabled us to improve the quantity of the results from the diaries. We're currently analyzing the findings from these in relation to the level of activity and the types of places they go to. That's very much ongoing research, and we're still analyzing those findings, but I can let you have those later, if you wish.

The third issue I'd like to go back to briefly is children's car dependency, because that's one thing we're very interested in. Our conclusion is that in order to reduce children's car dependency, you need to reduce their parent's car dependency, because children's car use tends to reflect that of their parents.

One of the major concerns for parents in this country is letting children out without an adult. There's a very high level of concern, often rather irrational, about letting children go out without an adult, so we need to overcome these parents' concerns about letting children out alone or with just their friends. We need to find ways of making the local environment more pleasant for children, and therefore for everybody. We need to get across to parents the message about the risk the lack of exercise is posing to their children's health in the long, medium, and even short term. And finally, we need to stress the message about the benefit of using everyday activity as a way of gaining exercise.

That's all I wish to say at the moment, but I'm very happy to answer your questions and provide more information in due course.

Thank you.

The Acting Chair (Hon. Carolyn Bennett): Thank you very much.

We'll go to Dr. Oliver, please.

Dr. Sandy Oliver: Thank you for inviting me to speak today.

I'm going to present research findings drawn from systematic reviews of the international literature about the effects of interventions that aim to promote children's and young people's physical activity and healthy eating, and from complementary systematic reviews of children's and young people's views about these topics.

The age ranges we studied were children 4 to 10 and young people from 11 to 16. These were all studies addressing children and young people generally, rather than children or young people who were obese.

The studies of children's and young people's views were all conducted in the United Kingdom, so I can't tell you how accurately they might reflect the views of Canadian children and young people. However, when I describe the findings, you will be able to judge for yourselves to what extent they ring true, considering what you know about the children and young people in your own country.

I shall describe each of the reviews in turn, starting with young people and physical activity. This review was published in 2001, with the latest included study published in 2000. The findings are based on 12 evaluations of the effects of interventions and on 16 studies of young people's views addressing aspects of the community or wider society that help or hinder young people's physical activity.

We found that multi-component school-based interventions had a little success in some circumstances. There was some improvement in knowledge, and young British women said the interventions influenced their behaviour.

Most young people saw physical activity as beneficial for both health and social reasons. Young women particularly valued the role of physical activity in maintaining weight and a toned figure, but unlike young men, they found that physical activity did not fit in well with their leisure time.

Ideas for promoting physical activity included increasing or modifying practical and material resources, such as creating more cycle lanes; making activities more affordable; increasing access to clubs for dancing and combining sports with leisure facilities; and more innovative choices in school physical education, such as dancing, cycling, and aerobics. This means that interventions are needed that increase the range of free activities, improve school facilities, provide more choice of activities in school, and emphasize the fun and social aspects of sport.

There are major gaps for research and development, particularly in the areas of parental constraints and the interaction with mental health.

At the same time as searching for these studies, we also sought studies about young people and healthy eating. The findings are based on seven evaluations from around the world that studied aspects of the community or wider society that help or hinder healthy eating and eight studies of young people's views in the U.K. We found a small number of well-designed evaluations that showed mixed evidence on effectiveness. All studies detected at least some positive effects on healthy eating. Interventions were multi-component, complementing classroom activities with school-wide initiatives and changes to the young people's environment, such as facilities for physical activity. The interventions also involved parents. There was stronger evidence for effectiveness among young women compared to young men.

Young people had clear views on healthy eating. Barriers to healthy eating included the cost and poor availability of healthy foods and the association of these foods with adults and parents. In contrast, fast foods were widely available, tastier, and were associated with pleasure, friendship, and being able to exercise choice. Ideas for promoting nutrition included the provision of information on the nutritional content of school meals—for young women particularly—and better food labelling.

Evaluated interventions often neglected the views of young people, especially in terms of their concerns about the taste, cost, and availability of healthy foods. This means that promising interventions are those that address concerns such as the high cost of healthy foods, a taste preference for fast foods or lack of will power to avoid fast foods, and food labelling.

Interventions, and their evaluations, also need to consider issues of gender, inequalities in health, and the interrelationships between healthy eating, physical activity, and mental health.

• (1125)

We followed these reviews, but there are few on children and physical activity outside of school published in 2003, with the latest included study published in 2002. It's based on five evaluations of the effects of interventions, all undertaken in the U.S.A., and five studies of children's and parents' views. We found that there are few evaluated health promotion interventions that address physical activity beyond school-based physical education, and even fewer have been rigorously evaluated.

Interventions shown to be effective include education and provision of equipment for monitoring TV or video game use, engaging parents in supporting and encouraging their children's physical activity, and multi-component, multi-site interventions using a combination of school-based physical education and home-based activities.

Approaches that appear to take into account the views of children in the U.K. but that require further evaluation and development include those that provide children with a diverse range of physical activities to choose from, emphasize the aspects of participating in physical activity that children value, such as opportunities to spend time with friends, provide free or low-cost transport and reduce costs, and aim to provide a safer local environment in which children can actively travel and play.

The findings mean it's not yet clear whether these types of interventions will always result in positive behavioural changes, which components are essential for success, or the extent to which they are appropriate for children in a particular context.

At the same time as searching for studies of children and physical activity, we sought studies about children and healthy eating, in particular, eating fruit and vegetables. The findings are based on 19 evaluations of the effects of health promotion interventions and eight studies of children's and parents' views. We found that interventions were largely school-based and often combined learning about the health benefits of fruit and vegetables with hands-on experience in the form of food preparation and taste testing. The majority also involved parents alongside teachers and health promotion practi-

tioners. Some included changes to the foods provided at school and some targeted more physical activity as well as healthy eating.

The results of our analysis reveal that these kinds of interventions have a small but statistically significant positive effect. Bigger effects are associated with targeted interventions for parents with risk factors for cardiovascular disease. There was no evidence of the effectiveness of single component interventions such as classroom lessons alone or providing fruit-only tuck shops.

Six main issues emerged from the studies of children's views: one, children don't see it as their role to be interested in health; two, children don't see messages about future health as personally relevant or credible; three, fruit, vegetables, and confectionery have very different meanings for children; four, children actively seek ways to exercise their own choices with regard to food; five, children value eating as a social occasion; six, children see the contradiction between what is promoted in theory and what adults provide in practice.

The studies of children's views suggest that the interventions should treat fruit and vegetables in different ways and should not focus on health warnings. Interventions that were in line with these suggestions tended to be more effective than those that were not. This means that promoting healthy eating can be an integral and acceptable component of the school curriculum; effective intervention in schools requires skills, time, and support from a wide range of people; it's easier to increase children's consumption of fruit than vegetables; simple strategies may be branding fruit and vegetables as tasty rather than healthy or may be promoting fruit and vegetables in different ways; and more challenging strategies may be making health messages relevant and credible to children and creating situations for children to have ownership over their food choices.

For all four of these reviews, conclusions about effectiveness remain tentative because of the small numbers of rigorous evaluations found. Most of the research did not look at socially excluded young people or those who seldom go to school.

• (1130)

All four reviews found that although children and young people often have clear views on what helps or hinders their healthy behaviour, their views are rarely taken into account in the development of interventions. We recommend developing and rigorously evaluating interventions that take the views of children or young people as a starting point.

Thank you.

The Acting Chair (Hon. Carolyn Bennett): Thanks very much.

As a committee, we are a little concerned that we haven't yet listened to kids. Maybe later on, in the question period you wouldn't mind letting us know a little bit about how you listen to kids on this, or whether you think that listening to kids just means in terms of academic studies or whether policy-makers should be able to interact with kids, in terms of what affects their choices.

Do you want to have a go at that now? Should we have had a hearing with kids?

Prof. Roger Mackett: I certainly think you should. Our experience with talking to children is they've got fairly clear views and are able to give you fairly clear answers to well-defined questions. I think it would have been very sensible to talk to them.

The Acting Chair (Hon. Carolyn Bennett): Certainly what we found, when we were dealing with the Divorce Act, was that the kids had pretty strong views that ended up improving the report a great deal. So thank you for that.

We've got 40 minutes, so what would the committee like to do? Should we just go around to the people who haven't yet asked a question, and then we'll just keep going? Maybe we'll keep it to about four minutes, so we can keep going around. We'll reward the people who showed up this morning, rather than the usual toing and froing.

Let's start with Luc.

[*Translation*]

Mr. Luc Malo: Thank you, Madam Chair.

Thank you for appearing before us today, ladies and gentlemen,

Last week, we had before us the Secretary of State for Sports from the UK, Mr. Caborn. He told us that there is a cultural change underway in the UK such that, slowly but surely, you are moving towards a society that is less sedentary, more active and also more inclusive.

Professor Mackett and Ms. Oliver, do you see such a significant cultural change at work in Great Britain today?

• (1135)

[*English*]

Prof. Roger Mackett: I would like to think there was, but I don't think there actually is. I'd be very interested in Caborn's evidence to support those statements. I'm afraid I'd be rather cynical on those sorts of things.

Dr. Sandy Oliver: I agree. I think there's a lot of policy interest. A few small projects get a high profile, but I don't know of any figures to show that, collectively, we're being more active or more inclusive.

[*Translation*]

Mr. Luc Malo: We know that income is one of the determinants of inactivity. What direct interventions could we apply to low income families in order to increase their ability to be active and to eat well?

[*English*]

Prof. Roger Mackett: I only wish we knew the answer to that question. I think it's very important. It's much easier to get messages across to high-income people. Most of our experience is working with them. Those parents understand these issues, whereas we don't get the message across to those people with lower incomes. I just wish we knew how to do it. Perhaps my colleagues know better than I do.

Dr. Sandy Oliver: In our systematic reviews we focused largely not on individual barriers to behavioural change, but on social and community barriers to behavioural change, and quite often it's the people with the lower incomes who are facing the greatest barriers. For instance, young people are often not allowed out in the evening because of basic environmental things like poor street lighting. There's a great concern about safety when going out in the evening, and parents are quite often not allowing their children to go out. So if they're not in a position to drive them in a car, they'd rather their children stayed home.

[*Translation*]

Mr. Luc Malo: Thank you.

Seen from the outside, there seems to be some contradiction between the model proposed by Tesco, on the one hand, and the government traffic light scheme on the other hand, in terms of the findings of the various studies for the development of those two schemes.

Could you explain to the committee in what way these schemes are not contradictory but rather complementary? I mean, if they are.

[*English*]

Dr. Jane Holdsworth: There are many elements that are complementary in the two schemes. They're both on the front of the pack, and I would say that in the U.K. the front of the pack has traditionally been a place for brand values. It has not tended to carry nutritional information for consumers.

So, first of all, I would say having the two schemes on the front of the pack, and using that brand space to communicate simply to consumers about ingredients within the product is a major move forward for manufacturers. They both focus on four core nutrients: fat, salt, sugar, and saturated fat. But the GDA one also has calories, which, as I stated and Professor Sanders also mentioned, is an essential component with regard to the importance of calories in any obesity debate.

They both aim to give consumers a perspective on the food they're eating. The GDA does that by showing consumers how individual nutrients or calories fit into a total diet. The traffic light one does so by showing consumers whether or not the nutrient is high, medium, or low, based on a 100-gram amount. I think the differences are around the fact that GDA is based on portion and traffic lights are based on 100-gram amounts, but there are many similarities between the two.

•(1140)

[Translation]

Mr. Luc Malo: Professor Sanders, would you like to comment?

[English]

Prof. Tom Sanders: I think one of the problems with the GDA model for the front of the pack is numerical. We did, at one stage, propose to the Food Standards Agency that they might consider using certain bandings of GDA, to use a colour coding rather than the amounts per 100 grams. So it would be a hybrid sort of methodology.

The other major problem I think with the traffic light system is that it does not discriminate between small and large portions of foods. For example, potato crisps are a food very popular with children, and I recall when I was in Canada last that the packet sizes are a lot larger in Canada—about 60 grams—than they are in the U. K., where they're about 30 grams. Under the traffic light system, they would be labelled identically, but they would be labelled differently if you used a GDA basis.

I stressed in my presentation that you need to separate the mode of display—whether it is numerical or colour coding—from the basis on which calculations are worked out. Nutritional value is the product of nutritional composition times the amount that is consumed. That is a fundamental basis of nutrition science—to look at the contribution it makes to the total diet, rather than at the amount in 100 grams.

[Translation]

Mr. Luc Malo: Thank you very much.

[English]

The Acting Chair (Hon. Carolyn Bennett): Thank you very much.

Mr. Dykstra.

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

I refer back, Tom, to your points. You started to iterate the issues around the fact that a food may ostensibly be healthy for you, but that too much of anything isn't necessarily a good thing, and that's what you're suggesting.

I wonder if you could comment briefly on how you address the issue with the food industry, from a government perspective, speaking about the need to quantify how much an individual should or shouldn't eat and then also trying to work in partnership with the food industry to be able to come to some sort of a conclusion that makes sense for both.

Prof. Tom Sanders: I think it's a point well made. I think when we're considering advice about food for children, the foremost thing we are concerned about is that they have an adequate diet. To look at the implications of labelling, if it demonizes certain foods.... The foods we're particularly concerned with are dairy products. Where in the U.K. 60% of girls have low intakes of calcium, we want to be very cautious not to put girls off consuming dairy foods if they're labelled inappropriately.

We also are aware of processed foods that come out quite badly on the traffic light system. Things like breakfast cereals, because they

are dry foods, end up being labelled as high in sugar or high in salt. But the amounts consumed are relatively small, about 30 grams, and the important thing is they're consumed with milk. So you need to look at them in the context in which they're consumed. You have to work out what contribution the food makes to nutrient intake in the diet versus the potential negative effects of the food.

In the case of something like cheese, it's very clear. Once you go above about 1 ounce—30 grams—a day, you're moving to an area where you're probably consuming too much. So it is about proportion.

Mr. Rick Dykstra: Thank you. I appreciate the overview.

I still want to dig down a little deeper and get an understanding of how, in a government–business relationship, you have been able to work with the food industry in terms of their understanding of the issue at hand with respect to proportions of what children are eating.

Prof. Tom Sanders: With the food industry, one of my roles has been as an advisor to a charity called Heart UK, which is concerned mainly about inherited forms of cardiac disease. It has been persuading the food industry to make cuts in salt in their foods, and particularly in the saturated fat content of their foods. Some parts of the food industry are being quite receptive to bringing about these changes.

One of the problems is when you change the labelling on a food to low fat, it doesn't necessarily mean it will translate into people eating less of that food. It's sometimes used as permission to eat. I think we do have some problems with the way food is sometimes marketed, that it may seem at first like a good change, a reduced-fat product, but then people think you can eat twice as much of it.

•(1145)

Mr. Rick Dykstra: Thank you.

Sandy, you mentioned interventions. I wondered if you could just comment on that. I put a question mark down when you said that word, and I wondered what you meant by it.

Dr. Sandy Oliver: Intervention is the term we use to describe any effort made to intervene in people's lives purposefully. That might be something very simple like a leaflet or a classroom curriculum, or it may be something much more complex, like training for kitchen staff in a school accompanied by changes in labelling in the canteen for the children.

So you can have very simple interventions or you can have very complex interventions. But it's trying to put a boundary around any program or any initiative that is being evaluated.

Mr. Rick Dykstra: You mentioned these quickly, and I wrote them down as fast as I could, the six main factors with respect to what children's reactions were or how you interpreted them. Just as an overview response, how did you get to the point of being able to acknowledge that there actually were six factors, and how did you determine them?

Dr. Sandy Oliver: I think you're talking about the main issues I mentioned towards the end, about children's views about healthy eating.

Mr. Rick Dykstra: Yes, you mentioned children are not interested, future health, good food, children's exercising, social value to eating, and what is right in theory.

Dr. Sandy Oliver: They came from eight studies of children's views. The way we analyzed these is we assessed first of all the quality of the research methods employed in those studies, and then we always had two researchers working independently who would look at what the findings were in those studies—look through them, read them, reread them, code them for different concepts and try to understand how those concepts were linked, both within the studies and between the studies, and then build up a picture across all of the studies. When the researchers had done the work independently they then met to discuss what they'd worked at independently, find out how similar and how different they were, and then come to some agreement as to what they'd found.

The Acting Chair (Hon. Carolyn Bennett): Thanks very much.

Maybe we could go to Mr. Wallace, then back to Scott, and then to Pat.

Mr. Mike Wallace (Burlington, CPC): Thank you, Madam Chair.

I appreciate being here. My name is Mike Wallace. I'm not a regular member of this committee, but it's nice to have you here, and I appreciate your input that I've heard this morning.

I actually have two teenage daughters who are very competitive volleyball players, who are working out virtually every day of the week, so obesity is not really an issue in my household. But I do have an acquaintance, who is a constituent and a friend, who's doing post-graduate work on obesity in children. We have a debate on occasion, and I'm wondering whether you're able to give me the answer to this.

Both of my children have always made the school teams in whatever sports they're involved with. My friend's opinion is that if a child comes out to participate in a school activity, whether it's a school team or whatever, everybody should make the team, that skill is not necessarily the issue; it's the willingness to participate.

Do you know, for your country, what's happening in that area in terms of school teams and getting kids to participate at school in sports and other activities? If any of you could give me an overview of what's happening, I'd appreciate that.

• (1150)

Prof. Roger Mackett: It's not my expertise, but my understanding was that a number of years ago there was a trend towards non-competitive sports. I think we've moved back away from that position much more to the idea where children can compete, and it seems quite a good idea to give them some incentive to compete against one another. But we did have a phase where we went away from the idea of letting children compete, seeing that it could be bad for them in some sense.

Mr. Mike Wallace: Does anybody else wish to comment?

Prof. Tom Sanders: I think, unfortunately, in the United Kingdom sport has become a spectator activity, where people buy expensive clothing to sit on the sofa and watch it on television rather than participate in it.

Dr. Jane Holdsworth: My only contribution can be as a parent. I have two children aged 13 and 11, and certainly in the schools they go to, they're both encouraged to participate in teams and they have widespread involvement in teams. Whether or not that's representative of the country, I wouldn't like to comment.

Mr. Mike Wallace: Okay.

I have a transportation question that I talked about earlier. I've had the discussion with my local school board, which builds new schools. When they build a new school, busing is often used to get kids to school because of the distance they have to go. But they also build drop-off centres to encourage an interaction between the cars that go there with children, the buses, and those who are walked, so that there's no conflict. Can you tell me whether, from the transportation perspective, you're encouraging the facilities at educational institutions not to have the ability to drop kids off as easily as we have done here?

Prof. Roger Mackett: Certainly there is a big concern about the number of cars being used to take children to school. There are conflicts, because a lot of parents do want to drive their children to school, and many schools are taking initiatives to discourage dropping off near the school. It is a very difficult area, because obviously they're dropping them off, usually, on the street in a public place, so they can't generally be stopped. At the school my younger children go to, cars aren't allowed to be parked very close to the school. They've put down double yellow lines, which stops them from parking nearby. So there are all sorts of things, such as school travel plans, all sorts of incentives for schools to encourage parents to encourage children to walk to school, but it is a very difficult question.

Dr. Sandy Oliver: We have an arrangement at school lately, which they call "walk and stride". Those parents who drive their children can use the local car park for free for a half an hour while they walk from the car park around the corner to the school, and that discourages the parking of cars on the narrow road but allows them to park safely in a car park.

Mr. Mike Wallace: Okay.

One final question, Madam Chair, is on a discussion that children at play often burn more calories just because they're out.

Could you give me an idea, for your country, whether kids are going to parks, or what are they doing? What facilities need to be created to encourage that activity?

Prof. Roger Mackett: It's not just a matter of creating facilities; it's encouraging parents to let them go out. The biggest problem in this country is parental concern about allowing children to go out and play. I think the big barrier is letting them go out, rather than the lack of facilities. There is a lot of concern about sexual abduction of children, which is, of course, a very rare activity for children, but people get very worried about it.

Mr. Mike Wallace: Thank you very much.

Thank you, Madam Chair.

The Acting Chair (Hon. Carolyn Bennett): Mr. Simms.

Mr. Scott Simms: Thank you, Madam Chair.

Mr. Sanders, let me start. I think you just touched on the issue I want to touch on, which is parental concern. I have an issue with food labeling. I'll get to it in a moment, but first of all, when it comes to the promotion of healthy eating in schools, it's been more or less a case, as the expression goes, of "the stick instead of the carrot", which is to say that we outlaw certain types of foods in the schools simply for reasons that are obvious: they're just not good for your health whatsoever. So we promote healthy living, but at the same time we provide the tools by which schools can say no to the more destructive foods.

At the same time, that rule does not apply when they go domestic, when they go back home. Ergo, when it comes to labelling, I don't think the private sector—certainly in the case of North America—is completely up front about what product they are selling and how they label. For instance, something that is low in fat is not necessarily good for you, as I'm sure we can all agree. A lot of the children on, say—as I think the description was—the lower end of the socio-economic demographic are displaying signs of obesity and in the later years of late onset diabetes. It's a huge problem, certainly, for the government and the health sector and for universal health care delivery.

That being said, I would like you to comment on where we are in the home. We know what we're doing in the school and we'd like to do a lot more. But where do you see the home front right now, when kids are returning and both parents, say, are working? It's harder for them to make healthy choices.

• (1155)

Prof. Tom Sanders: I think it's a very important point. Most food still in the U.K. is consumed in the home rather than at school. Children now are able to get very palatable food prepared very quickly in relatively large proportions. They can take a pizza out of the fridge, put it in the microwave, and eat it quite quickly.

I think one of the real difficulties is about loss of food skills amongst children, about knowing how to cook and prepare food. That makes them more dependent on ready-prepared food, which quite often tends to be sold in larger portions as easier to prepare. Particularly, people in low-income groups may also lack not only the skills but the facilities to prepare fresh food.

The other factor that is very important is not eating together. Eating together puts some food restraint on families, if you take time to eat together. We say families who eat together stay together. There is that as a factor, and it is quite important. If both parents are out at eating time and the child, who is what we call a latch-door child, comes home and is hungry, he or she will get what is convenient. On a low income, you're going to buy the best value you can get, so if it's "buy one, get one free", it may well be a food that is relatively calorie-rich. That, potentially, is a problem.

How you address that to people on low incomes.... They actually are making the best use of their money, if they're short on income, but it's a question of what they're trading it off for in the rest of their lifestyle.

Portion sizing and food skills, I would say, are something one needs to inculcate in young people—actually how to prepare food and enjoy cooking.

Mr. Scott Simms: What do you think about the labelling aspect I touched on earlier? I throw this open to all members. In my own opinion, I think we've made some headway over the past five to ten years, but nonetheless, I don't think labelling is up to a standard of our being completely honest. We've come much further in the trans fats, but as in the example I gave earlier, low in fat doesn't necessarily mean we're talking about the wrong fats in question.

Prof. Tom Sanders: I would agree there. I think the issues about types of fat in the diet are mainly to do with cardiovascular risk rather than total calorie intake. Foods that are very high in fat are likely to be high in calories. It depends on the proportions that are consumed. I think there really is an issue about portion sizing. If there's one message I could get through, it is that certainly in ready-prepared food there needs to be clearer labelling on actually how many calories are provided in a proportion in relation to your needs. Particularly, if it's one thing you want to get across, you need to get it across clearly. Numerical presentation of the data may not be the best way of presenting that.

Mr. Scott Simms: To go back to your earlier example—your bag of chips, or crisps, as you call them—the labelling should be about the bag size and not any particular portion of crisps. Is that correct?

• (1200)

Prof. Tom Sanders: It's exactly the same as for alcohol labelling and whether you talk in units with alcohol. For example, if you take the comparable with alcohol, you can have spirits at a higher concentration or you can have beer, but it's the number of units of alcohol that matter.

Dr. Jane Holdsworth: If I could perhaps add on this one, I think we have over the last 50 years or so gone through something of a revolution on food. Going back 50 years ago, people were limited in terms of what they ate by the fact that they couldn't simply afford to buy food to put on the table. Now in the U.K. very few people are in a position where they can't afford to eat. Going forward, that's likely to be even less the case. I think we have to educate people to the point where they start to really think about the food they're eating.

I think one important thing for children in school is to learn about food labelling and how to read food. In the campaign that we've developed there are four steps that we're going through. First of all, we're trying to encourage people to know their food, to know what they're eating, and to think about what they're eating—not stress about it, just be aware and make an informed choice.

Second, we're trying to say to them, know your limits, know what a good diet looks like, and that's where I think GDAs are a very important concept.

Third, we're taking them to a point of doing something about it—making informed choices when they choose their food.

Fourth, they need to be active, which I think is always the other side of the coin.

For me, those are really important concepts.

The Acting Chair (Hon. Carolyn Bennett): Thank you very much.

Mr. Chong, do you have a question? You were missed terribly last week in Whitehorse.

Hon. Michael Chong (Wellington—Halton Hills, CPC): Thank you, Madam Chair.

My first question concerns a recent announcement from your regulators, the Office of Communications, about its intention to ban advertising of certain food and beverage products that are high in fat, sugar, and salt during the times at which programs for children are being aired on television.

I really have two questions relating to that announcement. First, what has been the reaction of the food industry to that? Have they generally been cooperative or supportive of this? Are they reluctant to put in place that decision? What's been the reaction of stakeholder groups of the public at large?

The second question relating to this announcement is whether or not any of you are of the opinion that it will have any material impact on the eating habits of children.

Dr. Jane Holdsworth: I can perhaps respond to answer on the food industry's response to it.

The food industry worked very closely when the consultation was going on and worked consistently to look at ways that you could target interventions around advertising to children. I think the big disappointment for the food industry is the basis on which those interrelationships are being targeted, which is not proportional. There is a nutrient profiling model that is a 100-gram model, which is being devised by the Food Standards Agency, that determines which foods are classed as high in fat, salt, or sugar. The belief of the food industry is that it is not scientific, and there are many others from the academic world who have backed that view as well.

I think, firstly, the food industry is very willing to change. Many of the food companies here already don't target advertising to children under 12. I think there was a disappointment that at the last minute Ofcom directed its interventions to children up to the age of 16, when previously we'd always talked about children up to the age of 12.

On the question of whether the interventions will be effective, my belief is that most of the research we've seen has indicated that changing advertising practices to children has very little bearing on changing behaviour. But I think there is a willingness with the five food companies to make the changes that are necessary and not advertise during the children's viewing periods.

Prof. Tom Sanders: I think there has been public support for restrictions on controlling confectionery, soft drink, and crisps advertising targeted at children generally. I think there have been some casualties from this across-the-board ban. One of the ones that's quite interesting is that cheese—we can't advertise Canadian cheddar cheese, I'm afraid, on British TV now in the watershed hours of children. There are some foods that have been hit by this, like breakfast cereals, which have come off. I think the other thing you need to bear in mind is that only some television channels in the U.

K. carry advertisements. The BBC, for example, does not have advertisements.

I am doubtful whether it will have a significant impact on eating behaviours because the purchasing behaviours are mainly determined by when people go around shops and stores and see what's on offer there and the prices. I think the downside is that it will have an adverse effect on some of the program makers to children's television, the loss of revenue.

• (1205)

Hon. Michael Chong: I'm not sure if any of the other panellists have any comments on my questions.

The Acting Chair (Hon. Carolyn Bennett): You still have a couple more seconds there.

Hon. Michael Chong: The reason I ask this question is because last weekend I was watching television, and I was sitting with my two-year-old flipping channels. I went through a children's program, and during the advertisements I noticed that they were advertising a high-sugar-content breakfast cereal, and it was being marketed clearly to my two-year-old because it was all in cartoons. It clearly wasn't targeted toward adults.

The Acting Chair (Hon. Carolyn Bennett): I wouldn't mind following up on Michael's question. We also have a problem with the marketing to Michael's two-year-old. It is a very short ad that then drives people to the Internet—maybe not the two-year-old—for an hour-long mystery tour that actually is just filled with more and more advertising for this particular breakfast cereal.

One of the reasons we're cautioned about the advertising on television is that it's there on the Internet anyway. I think we are seeing evidence now that they're using their little time on the television to drive people to the Internet for huge periods of time.

I'm very keen that we in Canada understand, in order to have evidence-based policies, what you are using in terms of evidence, in terms of things that have actually changed behaviour. Do you have access to biometric data that actually shows that weights are becoming healthier?

Also, I was pretty impressed with some of the studies we've seen on pedometer use, that kids who were exposed to pedometers in physical education classes tended to choose the activities that got them higher scores, and that ended up being evidence-based.

So questions on two things: one on the ads, but also can you talk a little bit about the evidence that would be used for public policy that would actually change behaviour?

Prof. Tom Sanders: Can I just follow along on the breakfast cereals? Children are unlikely to get fat from eating breakfast cereals, simply because breakfast cereals are not that high in calories and the amounts consumed aren't high. The sugar concern is mainly one about rotting their teeth, rather than actually being one about obesity.

I wouldn't say that is a primary concern, but there is an issue generally about the marketing of food to children. That needs to be addressed, and some companies are now taking on a view of not doing that. In the U.K., Mars recently announced it wasn't going to target children.

When you look at that, it's very important that you also expect the same sort of thing to be happening on the Internet as a corporate policy. A lot of pressure can be put on through the boardrooms of companies to react to how they market food to children.

• (1210)

The Acting Chair (Hon. Carolyn Bennett): On the issue of biometric data, we are feeling here that Statistics Canada, in the survey on kids, and certainly our population health people, very much want access to height, weight, and maybe waist circumference as a way of monitoring programs and being able to see whether certain communities are doing better, so that their approaches could therefore become best practices.

What do you have in terms of evidence around actual weights? I think Professor Mackett's study showed actual pedometer use as being at least helpful in his analysis. I also want to know if you have any evidence that it actually is motivating kids to get higher scores.

Prof. Roger Mackett: I don't think there's much evidence of that. What we were trying to do was experiment just to measure children's everyday activity. We didn't want them to do more exercise because they were wearing the monitors, because that would rather upset the experiment.

I'm afraid I don't really know the answer to your question on whether wearing a pedometer helps. A lot of free pedometers are given out in all sorts of places, sometimes by people selling food. They certainly do seem to work in the short term in terms of encouraging children to run around a bit more, but I'm not sure there is much evidence of the long-term effects of them having much benefit.

Maybe my colleagues know better.

Prof. Tom Sanders: Can I just comment about biometric data? Weighing children and taking measurements is an area of great sensitivity. Certainly, probably the most reliable measurement of adiposity is waist measurement. This doesn't require coming into quite close contact with children. Girls in particular are very sensitive about that.

You also have to be very careful about the way in which height-for-weight data is used and whether children are classified or labelled as obese or overweight. In the U.K., we are using new international standards for relative body weight, and those standards tend to slightly overclassify children into the overweight or obese classification when compared with the previous systems.

There is no doubt that waist sizes have been going up in the U.K. That's quite an easy one, in terms of actually knowing the waist sizes of the trousers that children have. That's a way of monitoring this.

The Acting Chair (Hon. Carolyn Bennett): Thank you.

Is there a possibility of doing this by taking the identifiers off, the way we do in medicine? You don't know which kid it is, you just need to know what the waist size of the classroom is. Maybe we need to go to Marks & Spencer and ask about husky and chunky kids, or how many more pairs of pants they're selling one way. Is that being done?

Prof. Tom Sanders: They're not being individually tailored. It's almost like being weighed at the checkout and then being told that this is your calorie load.

There has been a very large cross-sectional study in the U.K., looking at doing these measurements relative to height and weight and seeing if eating behaviours are different between children who are overweight and those who are not overweight. They don't actually reveal any striking differences, but there is a major problem in that children who are overweight tend to under-report food intake. Specific types of foods get under-reported. Chocolate is a well-known one for being under-reported, for example.

The Acting Chair (Hon. Carolyn Bennett): Sandy.

Dr. Sandy Oliver: If your aim is evidence-based policy, then I think it's very ambitious to think you could test out some programs, some interventions, and see a clear link with changes in weight. I think the time scale and the variability are so great that that sort of measure is too challenging. Weight is very good if you want to see a general trend in changes, but not to inform your evidence-based policy. Probably the best you could do is to look at observed behaviour. That is something that is much shorter-scale. In time scale, it's much easier to see and manage in a regular study.

• (1215)

The Acting Chair (Hon. Carolyn Bennett): Thank you.

The last question is from Mr. Hawn.

Mr. Laurie Hawn: Thank you Madam Chair.

We've talked a lot about programs, results, and so on, and I guess it comes down to how we assess that. What I'd like to ask—and perhaps Jane Holdsworth may be the best one to start—is how you anticipate measuring the results of all these programs. What are your expectations? When do you expect to be able to measure the results so you can decide whether programs have been effective or not?

Dr. Jane Holdsworth: With regard to the food labelling, we're participating in a research study with the Food Standards Agency that will look at the various labelling schemes in the market here in the U.K. We'll look at how they have changed people's attitudes towards foods and knowledge about them, and also whether that's changed their behaviour. They're scoping the piece of research at the moment, and it'll take 12 to 18 months. We anticipate that in about 12 months' time we should have some initial results of that large joint study.

At the same time, having introduced the scheme ourselves onto the front of manufacturers' packs, we are doing a tracking study. We did a baseline study last October and are now tracking how people's behaviour changes as a result of the labelling being introduced. We'll look at things like awareness of the label and usage of it, detailed understanding of what the label is telling them, and claimed change in their behaviour or knowledge about the food they're eating. That is ongoing. We have another wave of research happening fairly soon.

Mr. Laurie Hawn: And what about any of the other programs about childhood obesity and things like type 2 diabetes? They're obviously going to take a while to measure. When do you think that might happen?

Prof. Tom Sanders: I think type 2 diabetes is relatively uncommon amongst children. Obviously, with increasing body weight, the risk goes up, but most of the children would not acquire it until their late 20s or 30s.

I do think monitoring weight, particularly waist circumference, is important, but I think it needs to be anonymized. You don't want a child going home with a relative body mass index on their report, as is being proposed. You need to be thinking in the longer term, two or three years down the line, and not expect to see results in six months or one year, but at least be able to stem the proportion of children who are above one of the cut-off points. Relative body mass index is quite good for groups of children, but it's not very good for defining whether individuals are specifically overweight. Some children are more muscle-bound; others have relatively more fat, and fat is lighter than muscle.

The Acting Chair (Hon. Carolyn Bennett): Thank you very much.

Thank you all for being with us today. We are going to go and have a healthy lunch before we go to Birmingham in ten minutes.

Thank you very much.

•(1215) _____ (Pause) _____

•(1225)

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

Christiane Gagnon has a question.

[*Translation*]

Ms. Christiane Gagnon: Mr. Chairman, you know I tabled a notice of motion. Could we deal with this motion today? I believe we have a quorum. We were just waiting for you. We could pass or reject the motion asking for an audit by the auditor general of the Common Drug Review.

Could we set aside some time at the end of the meeting for this?
[*English*]

The Chair: You've given us notice of motion. We will take it at the end of the meeting. First we'll hear from our witness.

We have one more individual who would like to contribute to our dialogue before we complete our study on childhood obesity. We want to welcome Joe Harvey from the Health Education Trust in Great Britain.

Mr. Joe Harvey (Director, Health Education Trust): Thank you.

The Chair: Thank you for taking the time to be with us.

We'll give you the floor and listen to your presentation.

Mr. Joe Harvey: Thank you very much, Mr. Chairman.

I'm not exactly sure what you want us to work over today, but my understanding is that it would be helpful for me to give you a brief introduction to what I do, what the Health Education Trust does, and where we find ourselves within the national context right now. Then perhaps we'll pick up the conversation from there on in.

Are you happy with that?

•(1230)

The Chair: That sounds very good. We'll listen to you, and then we'll open it up for questions and answers. Go ahead.

Mr. Joe Harvey: Sounds good to me.

My previous history is one of being based in education all my life. The Health Education Trust came into existence in 1993, when I was senior advisor to the Birmingham education department.

The trust is an advocate for children. It argues for best practices. It argues for consistent approaches in education and health and the valuing of children in everything that is done inside a school. It also argues for their engagement and involvement in the decision-making process, and we see the power of partnership as being very important.

On the issue of food services, food curriculum, and the delivery of food and nutrition in the context of a school, it seems to us that the process is almost as important as some of the outcomes.

The last 10 years have seen the adoption of many of the principles we set out as early as 1993, 1994, and 1995, when we published the first approaches to whole-school food and nutrition policy—school nutrition action groups, and the concept that everything you do across the school day should be consistent, should engage children, and should be for the best of their health.

In response to the growing crisis in childhood obesity, we find ourselves with an explosion of activity right across the U.K., and probably the best opportunities we have had for positive change in 25 years. We have three national programs operating: Hungry for Success, which is Scottish; Appetite for Life, which is the Welsh program; and Turning the Tables, which is the English one. I am and have been directly involved in both the writing and the delivery of the Welsh and English programs for national change.

This change is consistent in terms of principles. It is looking at the whole of the food service throughout the day. It's not just the lunchtime provision, but also areas I know you're interested in, such as snacking and vending—vending has been a particularly disgraceful situation in the U.K. over the last 10 or 15 years—and all aspects of the taught curriculum, including what we teach children about the theory of food and nutrition and also the fact that for a long time there's been a very large gap in our ability to have children leave school with an ability to cook food and to understand basic food hygiene. We're looking at the whole picture.

One of the jobs the Health Education Trust has had as we've run up to this has been problem-solving—looking at issues like vending, for example, and deciding how we can produce healthy vending that will be appropriate for the children, that will be used, and that will be commercially viable.

Probably the country with the most to offer in terms of forging ahead at the moment is Wales, because they are again taking a point that was communicated to me from your government, this area of looking at food and physical activity at the same time. I'm engaged at the moment in writing some policy documents for the Welsh Assembly Government, looking at joint policy development for food and nutrition, physical activity, and recreation throughout all schools in Wales.

There were references on our website to one or two of the issues we've worked on particularly. Our Best in Class initiative simply looks at schools that have best practice, are delivering change, and are prepared to share with other schools the benefits that have accrued from what they've done in food nutrition policy.

We have in England and in the U.K. in general a very strong non-government organizational lobbying teamwork—organizations like ourselves—but I think I'd just finish by saying that probably the most exciting thing I've been involved in for a very long time is a big lottery award for £17 million that we have won, along with three other partners. It will turn 180 of our schools in our nine regions in England into beacons of best practice in all aspects of food and nutrition over the next five years. We are currently engaged in developing the groundwork for that, and we'll get into our first schools in September.

●(1235)

That's a whistle-stop tour of where we're at, at the moment. I'd be happy to pick up on anything you would like to talk about.

The Chair: Thank you very much for that presentation and for answering some questions.

We'll proceed to that questioning, and we'll ask Ms. Bennett if she would start.

Hon. Carolyn Bennett: Thanks very much.

I wonder if you would just elaborate on the Best in Class initiative in terms of the criteria that are used and in terms of whether it is on the student coming out, being able to do these things, or is it the availability of physical activity and good nutrition in a school?

Here in Canada, in the province of Quebec, there is a program called ISO-Active, which is almost like an ISO 9000 standard for a school to be designated an ISO-Active school.

Could you just go over the Best in Class idea and what is the critical appraisal being taught? What would be the things you would evaluate in terms of Best in Class, and are there some things you would include that are maybe not already included now?

Mr. Joe Harvey: I think probably Best in Class is already being overtaken by our Food for Life Partnership, the big lottery award I've just described to you, because that will, in effect, produce 180 Best in Class schools. But they won't be called Best in Class; they'll be called Food for Life gold standard.

Best in Class was an initiative that we put into place. And remember, we're a relatively small charity. We live off a shoestring. We just happened to be recognized as having great expertise in a fairly small area of education.

I think one was just to prove that schools could take a whole-school policy around food and nutrition, some physical activity as well, but not all...certainly not in England. Food and nutrition, sadly, is too often separate from policy on physical activity and recreation. I'm hoping that will change very rapidly over the next three to five years when we see the work coming out of Wales. And there is already an intimation that the English and Scottish governments are wanting movement this way.

But Best in Class was just a little toe in the water to show anybody who was interested enough to look at our website that where you have schools that were courageous enough to take the time to set principles around engagement of pupils in decision-making, you could work as a school to assess where you were, where you wanted to get to, what the particular emphasis was in your school, and work along those lines and achieve huge benefits.

We set relatively relaxed parameters in terms of overall outcomes. What we wanted to see were parameters that met the latest government guidelines, which are tough, parameters that involve children in the decision-making process through school councils and through the creation of a food policy working group, as well, of course, as a close partnership with a caterer, and, where possible, linked to the external community, which mutually supported the school and the school supported it.

We were also looking to see that the whole process of food and nutrition was used as a channel, not just for the engagement of pupils but for valuing them. The principle of this is an understanding that if you do anything badly in a school, it will have an impact on the way children perceive themselves, almost certainly on their behaviour, and certainly on their social education.

Where we have some schools that will see their lunchtime period as a problem rather than as an opportunity, we have a school where I see a bad senior management team, where I would ask the question as an ex-inspector/advisor, if you do that badly, what else don't you care about?

It's this principle of setting up a value system that sees everything in the school being done as well as it can and sees that process as a part of growing children up to take greater responsibility for the operation of the school.

●(1240)

Hon. Carolyn Bennett: Can you tell me, did this come to your research because the previous top-down imposition of what's good for you didn't work, and then you learned that if the kids were involved in the decisions, there was easier implementation and better results?

Mr. Joe Harvey: That's an interesting question. It almost presumes an either/or, and I don't see it that way.

I see children in schools working with staff and caterers within a set of constraints, because at the moment what we have... We may want to get into this when we're looking at things such as vending, snacking, the impact of advertising, and the large companies.

I've seen the disgraceful development of large multinational soft drink and confectionery companies taking over, as they did in the United States, the whole of the vending/snacking operation and making a very considerable profit. In effect, they were buying profits at the cost of poor health to the children.

Quite clearly, there was an easily understood cynicism or, if you like, an inconsistency between teaching the importance of fresh fruit and vegetables and a balanced diet in the classroom and then selling high-fat, sugar-laden soft drinks and confectionery throughout the school.

It doesn't add up. So it seems to me that you establish a pattern of best practice, good quality catering, and good quality other services, such as vending and snacking. Then within that parameter, you sit down with your children and your caterers to say okay, how do we deliver these changes? What is the best way to operate? What's the time scale, and what level of flexibility is there for negotiations?

The Chair: Thank you very much.

Madam Gagnon.

[*Translation*]

Ms. Christiane Gagnon: I will defer to Mr. Luc Malo.

[*English*]

The Chair: Luc, go ahead, please.

[*Translation*]

Mr. Luc Malo: Thank you, Mr. Chairman.

Thank you for appearing before us today, Mr. Harvey.

Last week, we had before us the minister of State of Sports of the UK who came to talk about various aspects related to a cultural change that he sees happening in your country. He told us it is important for young people to become more active and to have contact with positive role models such as professional athletes, for example.

Would you care to comment on this?

[*English*]

Mr. Joe Harvey: Yes. I'm not sure that our government has the greatest record again in terms of consistency, with delivering role models or processes that are particularly supported.

On a number of occasions recently, the government actually got into bed with big business through endorsement programs that supplied net ball posts and basketballs, for example, in return for a large collection of chocolate bar wrappers.

So I'm concerned again that if a government minister talks about such an issue, with which I agree in principle, at the same time we should be looking at the sponsorship of the sports that most of our sporting heroes take part in. For example, if you look at our number one sport, soccer, and you look at who sponsors the premier league soccer players, it is by and large alcohol companies, Coca-Cola, and Pepsi.

It seems to me that a government action to restrict the total domination of sporting events by these companies...and you could also take into account massive multinational companies, such as McDonald's, that spend a great deal of time, effort, and money making sure that the very exciting sports for men and women, which are right in the public eye at all times, are associated with their products.

If that could be curtailed, it would be very much more helpful than the odd athlete turning up at a school here and there to give an hour or two of free coaching.

The other aspect of this is that we have a major problem in the U. K. with our sports and recreation infrastructure, in terms of making sure that kids can get access to sporting facilities at a relatively

sensible and accessible price, and also that those sports facilities are in good condition.

So while I take the point you're making, it seems to me that it's actually a little splash in a puddle. There's a whole lake of water that we should be looking at, in terms of the really important influences on young people regarding turning them on to activity.

● (1245)

The Chair: Thank you very much.

Now, Mr. Mike Wallace.

Mr. Mike Wallace: Thank you, Mr. Chairman, and welcome back.

Thank you, Mr. Harvey, for joining us today.

Just for my education on this, who developed your mandate, and where do you get your funding from for the Health Education Trust?

Mr. Joe Harvey: Could you repeat the bit about mandate? I'm sorry, I missed that.

Mr. Mike Wallace: First, was it the Government of England that developed your mandate for the trust? Where did that come from?

Second, where do you get your funding?

And third, do you deal with partnerships? What's the role of parents in the education system on health education?

Mr. Joe Harvey: That sort of question should keep me busy for a little while, shouldn't it? Let's start with the mandate.

We don't get our mandate from the government or in fact from anywhere else. We established the principles and objectives that we believe are important to us as an independent charitable trust. They are enshrined within our memorandum as a charity and as a company, and we deliver them to the best of our ability, in partnership with those people who are like-minded. So when the government is doing something well, we support the government passionately. When it's doing something badly, we criticize it as toughly as we possibly can. We work with those people who share our ideals and our passion for giving the best possible outcomes for kids through the school process and beyond. So where we see meanness, or inconsistency, or hypocrisy, or an undue influence by large multinational companies, particularly who are interested in profits, not children's health, we will swing into action and bring as much influence to bear as we can.

We are a very small organization, so we partner up as often as we can with as many people as we can.

As for budgets and funding, we have very little budget; we have very little funding. We work on a shoestring, and I actually earn my living doing a whole lot of other things.

The money we get tends to do things. This document I'm holding up in front of you is the toolkit for healthy vending that we wrote for the Welsh Assembly government. They gave us a grant to deliver that one. Here is another one that relates to whole-school food policy; another one on vending; and another one on water policy.

I'm also chair of the Caroline Walker Trust, and these are guidelines, public health nutrition guidelines, for other institutions. This one is for old people.

So the work that's done is usually done on the back of grants to do specific pieces of work. Our lobbying is normally done on the back of other earned income.

Mr. Mike Wallace: That's a help for me, because just based on the title of the trust and how it worked, I wasn't sure who was involved.

You touched on it briefly and you talked a lot about health education and food within the educational system. What is your trust's role in terms of education and promotion of physical activity, in conjunction with proper diet, and so on?

Mr. Joe Harvey: When I left Birmingham about 12 or 13 years ago, I left it as a specialist advisor in health. We've been almost driven down a much narrower path over the last, particularly, five or six years because of, I guess, the devastation that we're seeing in terms of the obesity crisis with our young people. But my background has to do with legal and illegal drugs and with physical activity. In fact, my original training was as a specialist physical education teacher.

So I'm passionate about linking the two, but at the moment it is a relatively small part, an understated part, one might say, of Scottish and English policy. It is much more strongly being pursued in Wales. I'm working very closely with the Welsh Assembly government to deliver policy that I hope will mean that schools, when they're looking at food and nutrition, at the same time look at physical activity, both in the curriculum and the recreative facilities available within the school, and link that very closely to what is available in the community outside, whether it's public services or whether it's based on the local clubs that can offer support to kids and good quality coaching to kids.

So it's not something that I am spending as much time on as I would like, but it's something that I see being pulled into the picture in the rest of the U.K. as the work in Wales, which is of a first-class quality, gets more and more noticed.

•(1250)

Mr. Mike Wallace: Okay. Thank you very much.

Thank you, Chair.

The Chair: We want to thank you very much for being here with us. I don't see any other questioners at this time. So I want to thank you again, Mr. Harvey, for your participation. We're actually drawing to a conclusion. We've had a tremendous number of witnesses on this subject of childhood obesity, and we hope to be moving into writing our report very soon. So I thank you for contributing to that.

Just before we sign off, I would like to make mention of those who helped with the technical and logistics on both sides, or in both countries. I was going to say on both sides of the pond, but it's a big pond. Let's call it both countries. I certainly want to thank those people in the United Kingdom who have helped set this up—they've

saved us travelling over there—and the people on this end as well, by doing this videoconferencing. So thank you to them, as we are about to sign off.

Thank you, Mr. Harvey, for your contributions.

We will call this part of the meeting over, and we will then go into the motion.

Mr. Joe Harvey: Nice to talk to you. Bye.

The Chair: Thank you.

Madame Gagnon, would you like to present the motion?

[*Translation*]

Ms. Christiane Gagnon: I will move my motion on Wednesday because I need to leave immediately. I will not have the time to...

[*English*]

The Chair: You don't want to do the motion.

[*Translation*]

Ms. Christiane Gagnon: No, it will be Wednesday. It is too late, I have to leave.

[*English*]

Mr. Rick Dykstra: Chair, this was an issue brought up by Ms. Gagnon at the beginning of the meeting. She asked for this motion to be dealt with. She wanted it to be dealt with. Now she would like to pull it off the table and deal with it at the next meeting. I would suggest that we get on and let's deal with it. We have a couple of things we'd like to speak to about it. Let's move it forward. We have hearings starting. We may as well deal with it now.

[*Translation*]

Ms. Christiane Gagnon: I have to leave immediately. I thought we would finish at 12:30 and not 12:40.

[*English*]

The Chair: It's your motion, and if it's not introduced, then we can't debate it. That's the situation the chair finds himself in.

[*Translation*]

Ms. Christiane Gagnon: It is my motion and I will move it on Wednesday.

[*English*]

The Chair: If the motion had been introduced, then we would have to vote on it, but it hasn't been, so it just sits there.

On the motion, I can tell you my suggestion, and that's that the intent of the motion may be fine; I would just prefer to have voted on this after we hear.... But that's a discussion on the motion. I'll just leave that in the hands of the mover, because that's the situation. That's the opinion I would have on it.

At any rate, I see that our business is done here. I want to thank everyone for being here. And accept my apologies for being late.

The meeting is adjourned.

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