



HOUSE OF COMMONS
CHAMBRE DES COMMUNES
CANADA

Standing Committee on Health

HESA • NUMBER 025 • 1st SESSION • 41st PARLIAMENT

EVIDENCE

Thursday, February 2, 2012

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Chair

Mrs. Joy Smith

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• (0845)

[English]

The Chair (Mrs. Joy Smith (Kildonan—St. Paul, CPC)): Good morning and welcome to committee. I have to say we've been very pleased with the study we've done on our topic of health promotion and disease prevention, because we've had a lot of witnesses who have given us some really good input and we're delighted you're here today.

We have with us, from the Centre for Science in the Public Interest, Mr. Bill Jeffery. Welcome, Bill.

From Food and Consumer Products of Canada, we have Ms. Phyllis Tanaka. Welcome, Phyllis.

From the Saskatoon Health Region, we have Ms. Nancy Klebaum, who is the manager, and Ms. Donna Nelson, the nutritionist for the Food for Thought program. We're very pleased to have you here.

And from Québec en Forme, we have Madame Diane LeMay, assistant manager. She is testifying via video.

Can you hear me?

Mrs. Diane LeMay (Assistant Manager, Partnerships, Knowledge Translation and Innovation, Québec en Forme): Yes. Yes, I can.

The Chair: If you want to make any comments, just raise your hand so I can see you to make sure that we get you on the agenda.

We also have Madame Manon Paquette, provincial adviser for nutrition, partnerships, knowledge translation and innovation. Welcome.

We will begin with ten-minute presentations from each group and we will begin with the Centre for Science in the Public Interest with Bill Jeffery, please.

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

The Centre for Science in the Public Interest is a non-profit consumer health advocacy group specializing in nutrition and food safety issues, with offices in Washington, D.C., and Ottawa.

We don't accept funding from industry or government. We are fortunate to be very well funded by our 100,000 subscribers to the Canadian edition of *Nutrition Action Healthletter*, which does not carry advertisements. We have, on average, one subscribing household within a one-block radius of every Canadian street corner.

Every year, nutrition-related diseases cost the Canadian economy—mostly provincial treasuries—at least \$5 billion, and some estimates are as high as \$30 billion. Applying World Health Organization estimates, they caused 48,000 deaths in Canada due to cancers, diabetes, heart disease, and stroke related to nutrition.

Dozens of expert reports have called for regulatory changes to enhance the nutritional quality of the food supply, and thereby improve health, protect medicare, and improve economic productivity. Last September a special session of the United Nations General Assembly, which included 33 heads of state, adopted the political declaration of the high-level meeting of the General Assembly on the prevention and control of non-communicable diseases.

That commitment resulted in a unanimous agreement to—and I'm going to simplify the United Nations text a little bit—reduce the impact of tobacco use, unhealthy diet, physical inactivity, and harmful use of alcohol through the implementation of relevant international agreements and strategies, and educational, legislative, regulatory, and fiscal measures.

To support a comprehensive review and report to the General Assembly in 2014, the Secretary General of the United Nations and the Director General of the World Health Organization will develop, by December 2012, a global monitoring system for relevant, non-communicable disease indicators and time-limited targets; develop options for strengthening action through effective partnerships, which the World Health Organization has interpreted as including safeguards against commercial conflicts of interest; and finally, submit to the General Assembly, by May 2014, a report assessing national progress in implementing the global strategy and action plan.

We recommend the following specific federal government policy reforms, and I would underscore that these are the same reforms, for the most part, that we recommended when we were before the committee last February.

One, strengthen food-labelling regulations, including mandatory front-of-package nutrition labelling. In practice, nutrition facts labels on prepackaged foods are very useful to interested and educated shoppers, but might be more aptly named “back-of-pack, complicated nutrition facts”. Harried shoppers should be able to quickly scan the front of the package on a shelf to pick a nutritious choice, and repeat that process for dozens of weekly choices without stretching a simple shopping trip into a tedious, time-consuming research project.

Two, extend the Quebec ban on advertising to children—the vast majority of which promotes sedentary play and non-nutritious foods—to the other 75% of children in Canada, and help Quebec stem the flow of non-compliant advertisements leaking across the borders through the Internet, U.S. cable networks, and other media. Since 1980, the Government of Quebec has been a world leader in protecting children from the unfairness and adverse health effects of commercial marketing that targets children under the age of 13. That law was challenged in the 1980s, and in upholding the law the Supreme Court of Canada said that advertising to children is “*per se* manipulative. Such advertising aims to promote products by convincing those who will always believe.” Unfortunately, only token safeguards are applied to protect children outside of Quebec against advertising.

Three, shift the GST and HST from foods that promote good health—like fruits, vegetables, and whole grains—to foods that increase the risk of disease. It is indefensible to tax foods that help prevent disease, but the Excise Tax Act often does just that. Federal and provincial levels of government each collect about \$3 billion from GST and provincial sales tax, or their portion of the HST, when applied to food.

• (0850)

To be fair, the act taxes soft drinks, candy, and snack food at the rate of about 13% in most provinces but discourages healthy eating by taxing low-fat milk, whole grains, and vegetable dishes when consumed in restaurants, as well as club soda, salads, and vegetable and fruit trays when sold in retail stores. Meanwhile, many unhealthy foods sold in retail stores are tax-free, such as sugary breakfast cereals, transfat-laden shortening, high-saturated-fat cheese, chicken wings, fatty burgers, even salty caviar. You get the idea. That makes no sense. Taxes should be focused on unhealthy foods and eliminated for healthy foods.

The average Canadian now spends about \$95 per year on GST for food purchases. In 2010-11, the GST low-income credit reimbursed \$631 to the average single individual earning \$20,000. These rebates could easily be increased by a few dollars to offset further regressive effects, if any, of nutrition-promoting food tax reform and increased even further to help reduce poverty.

Four, the federal government should join most provincial and some municipal governments in subsidizing school meals for Canadian schoolchildren K to 12, provided those foods meet strong nutritional standards. As a major study from Harvard University and our chief public health officer acknowledged, subsidized school meals may also improve school attendance, completion, and equalize opportunities for life success among children from families with unequal financial means.

Last month the U.S. Department of Agriculture finalized binding national nutrition standards for food that are much stricter than the old ones. They are used to qualify for more than \$14 billion in federal government subsidies for school food, or approximately \$1.30 per student per school day. On a per-student basis that commitment is more than 30 times the four cents per student that the Canadian government spent on school meals. To my knowledge, the federal government still spends nothing or virtually nothing; it's

mostly provincial governments. In Canada, only Ontario has binding school nutrition regulations.

Five, mandate the disclosure of calorie counts and notices about the amounts of sodium for menu items in outlets of large restaurant chains, where Canadians spend \$60 billion annually, which is one-fifth of all food consumed. Nutrition information for restaurant menus has been exempt from the nine-year-old regulations mandating numbers for calories and 13 nutrients on packaged foods sold in grocery and convenience stores but not at restaurants, where Canadians spend so much of their food dollar.

While Health Canada continues to discuss menu labelling, governments in New York City, California, and elsewhere have required calorie labelling on menus, and soon regulations will extend that requirement nationally in the United States.

Dozens of Canadian groups and expert reports have called for mandating calories and sodium on restaurant menus. Studies indicate that fewer than 1% of consumers go out of their way to obtain onsite nutrition information prior to ordering. By contrast, one carefully conducted New York City study found that calorie labelling on menus helped reduce calorie totals by 14% per non-beverage food transaction. That's when the numbers were actually on the menu board.

So Canadians finding that a Tim Hortons sausage, egg, and cheese breakfast sandwich has nearly double the calories, 530, of the English muffin with egg and cheese, with 270 calories, or a McDonald's mighty Caesar entree salad with warm crispy chicken has nearly five times as much sodium, 1,320 milligrams, as the spicy Thai salad, 260 milligrams, might choose differently or eat elsewhere if they find that all the nutrition numbers look grim.

• (0855)

The Chair: Wow, that's my favourite. Sorry.

Mr. Bill Jeffery: Six, commit to fully implement Canada's strategy for sodium reduction, which is now 18 months old. As the committee is aware, the sodium working group made 33 recommendations, including some recommendations for regulatory reforms. Ninety percent of Canadians will have hypertension during their lifetime, and a lot of this is attributable to excess sodium intake, which may cause as many as 16,000 premature deaths a year.

I expressed concern at this committee hearing last February about the sodium working group being disbanded. I will renew my concern by drawing the committee's attention to the fact that despite the provincial and territorial officials coming up with an alternative plan, which essentially stripped out most of the regulatory recommendations, the federal government still hasn't implemented that plan.

The Chair: Mr. Jeffery, I'm sorry, but your time has long passed.

That was a very compelling presentation. Thank you so much. You certainly got all of our attention. That's very useful information. Thank you.

We will now go to Phyllis Tanaka.

Ms. Phyllis Tanaka (Vice-President, Scientific and Regulatory Affairs (Food Policy), Food and Consumer Products of Canada): Good morning, everyone.

Food and Consumer Products of Canada welcomes this opportunity to contribute to the Standing Committee on Health's study on health promotion and disease prevention as it relates to healthy eating.

For those who don't know us, FCPC is the voice of Canada's leading food, beverage, and consumer product companies that manufacture or distribute the products that sustain Canadians and enhance their quality of life. FCPC and its member companies routinely work with governments and other stakeholders to develop effective solutions on public policy issues.

As we all know, a seminal report was released by the World Health Organization in 2004 entitled "Global Strategy on Diet, Physical Activity and Health". It spells out the major risk factors for non-communicable diseases and lays out recommendations to all stakeholders on how to contribute to reducing NCDs in two pivotal areas of concern: unhealthy diets, and physical inactivity. The recommendations specific to the food industry are noted in my submission in table 1.

It is in the context of these recommendations from the WHO that I share with you the key activities in which FCPC food manufacturing member companies, through their international affiliations and at the national level, are engaged. They are activities that ultimately support Canadians in creating their own healthy eating regimes.

At the international level, global multinational companies are members of the International Food and Beverage Alliance. It collaborates with the WHO and other relevant stakeholders to address globally the health and well-being challenges identified in the global strategy.

IFBA member companies have made commitments related to product reformulation and innovation, providing useful contextual information for consumers on foods and beverages, strengthening voluntary measures on marketing and advertising, and promoting healthy lifestyles. Table 2 outlines these commitments.

The most recent annual progress report was published in March 2011, and it can be found on the IFBA website. It documents the significant progress that is being made.

At the national level, similar actions are being taken.

FCPC members have articulated their longstanding commitment to healthy active living through a voluntary statement that factors in the key recommendations made to the food industry in the global strategy.

The FCPC statement of commitment on healthy active living focuses on product choice, innovation, and selection, consumer education, responsible advertising and marketing practices, and promoting healthy active living in the workplace and community. The full commitment is outlined in table 3.

I will quickly walk through some initiatives that have already been done or are under way in support of this FCPC member commitment.

FCPC, representing its food manufacturing member companies, had an integral role in two very significant multi-stakeholder initiatives established to bring about beneficial changes to the food supply, namely the transfat task force and the sodium working group. The multi-stakeholder transfat task force recommendations were designed to effectively eliminate or reduce processed transfat in Canadian foods to the lowest level possible.

The last set of monitoring data collected to reflect the marketplace in 2008-09 found that 80% of the products in the marketplace were compliant with the task force recommendations. In a news release sent out at that time by the minister's office, Minister Aglukkaq acknowledged food industry's achievement, saying:

Our government is pleased to see that industry has reduced the level of transfat in many pre-packaged foods. This was achieved by finding healthier alternatives without increasing the levels of saturated fat.

● (0900)

The food industry was also represented on the sodium working group that developed the sodium reduction strategy for Canada. I was one of the members. In addition, FCPC member companies have worked with Health Canada on proposed voluntary sodium reduction targets for processed food products in support of the strategy's interim goal of shifting the dietary average intake of sodium to 2,300 milligrams per day.

The operating premise for the food industry in working on targets has always been threefold: changes must always factor in food safety; they must recognize the real functional and technical challenges associated with reducing sodium levels in some food categories; and they must take heed of the role of consumer acceptance. To that end, changes to the food supply must be in concert with awareness and education campaigns that target Canadians to inform them of what is happening to their food supply and why it should matter to them.

The attached figure 79 from a World Health Organization report gives context to the challenge before us. Thirty-three countries are listed. All have salt consumption patterns above the World Health Organization's recommended five grams per day, Canada included. You will note, however, that relative to most countries, our salt consumption is low. That is the good news. The bad news is that this graph illustrates that we are embarking on uncharted territory. Solutions to lowering salt levels in the diets of Canadians and in the Canadian food supply are not already out there for us to take advantage of. We will be leading the way.

While the sodium reduction strategy for Canada has not yet been fully implemented, it has not deterred food manufacturers from making sodium reduction in processed food products an ongoing priority. In fact, in a recent survey of members, 65 of the respondents reported that they were reformulating products in their product portfolios to reduce sodium levels, and 35% were introducing new products that have reduced sodium levels.

FCPC member companies also take a lead role in helping consumers make informed decisions. Since 2005, food manufacturers have provided nutrition facts tables on their processed food products using a standardized format. They list calories and nutrient breakdown for 13 key nutrients. The ingredients list tells consumers what the products contain. Additional information in the form of health claims, from nutrient content claims to disease risk reduction claims, in line with regulations, further provide the consumer with details that help them make informed purchasing decisions.

An initiative I'm particularly pleased to highlight is the groundbreaking, collaborative, and award-winning campaign called the nutrition facts education campaign, which was launched in October 2010. It is a collaboration between Health Canada and FCPC. The initiative is multi-faceted. It explains the percentage daily value to consumers through messaging on food packages, in stores, and in national media, including print, television, and online.

Building on the success of phase one, phase two was recently launched. Thirty-four major Canadian food companies are participating in this initiative. Because of the nature of the program, it provides a fantastic reach to Canadians.

● (0905)

The next commitment I'll speak to gets a lot of attention, and it is about responsible marketing and advertising practices as they relate to children. There is a broadcast code for advertising to children. Its purpose is to guide advertisers in developing messages directed at children 12 years and under. Across Canada, except for Quebec, advertisers follow the guidelines under this code. Quebec, as Bill Jeffery has noted, does not allow advertising to children.

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

Ms. Phyllis Tanaka: Okay.

I will close by saying thank you for the opportunity. There is more detail in the full submission that you've received from us.

Thanks again.

The Chair: We will now go to Nancy Klebaum.

Ms. Nancy Klebaum (Primary Health Manager, Saskatoon Health Region): Thank you.

We are really honoured and privileged to be here today. Donna and I represent the Food for Thought program in Saskatoon, Saskatchewan. We are a Canadian prenatal nutrition program project, and therefore we are gratefully funded by the Public Health Agency of Canada. We are also jointly funded by the Saskatoon Health Region. We are here to really share the success story that Food for Thought is.

Food for Thought is a program that has been running for 16 years. Our target population is low-income pre- and post-natal women living in conditions of risk. Our aim is to guide them to achieve better health for themselves and their children. The conditions of risk include poverty, adolescence, women who use alcohol, drugs, and tobacco, women living with mental health issues, women living with violence, aboriginal women, recent immigrants to our country, and women living in isolation with limited access to services.

Our program is guided by an overarching value of respect. We emphasize respect for others by creating a friendly, non-threatening environment in which Food for Thought participants meet other individuals with similar issues and they can freely discuss concerns. We use a strength-based approach that recognizes that each woman is the expert on how to bring about changes in her own life. Participants are encouraged to work toward small changes that are realistic within the context of their everyday lives. We also strive to facilitate empowerment, which we define as helping our participants to discover the power that they possess within themselves.

● (0910)

Ms. Donna Nelson (Nutritionist, Food for Thought Program, Saskatoon Health Region): How do we do this? Well, we are a unique program in that we use the kitchen as a venue for health education. Program sessions take place on weekdays and are typically two and a quarter hours in length. On-site quality child care is provided. Transportation in the form of taxis to and from the program is also provided.

During the sessions, participants cook together, and information is shared that addresses a variety of topics. These include, on a regular basis, planning and preparation of economical, nutritious, and delicious meals; food budgeting and grocery shopping strategies; and baby-food-making workshops. We explore pre- and postnatal nutrition, infant nutrition, and the benefits of breastfeeding. We also provide education on fetal growth and development, as well as labour and delivery, to prepare the women for the births of their babies.

In addition, we discuss healthy sexuality and what that means in the lives of our participants, as well as family planning, effective parenting, and healthy relationships. A snack is always served, and participants proudly take home the food they have prepared.

We are guided by strong nutritional practices, and incorporate healthy nutrition into most activities. Good nutrition is modelled by staff, and is seen in all areas of programming, including menu planning, food safe skills in the kitchen, food preparation and education, and feeding of infants and children.

We teach not only that when life gives you lemons, make lemonade, but when the food bank gives you canned tuna and stale bread, make tuna melts.

Ms. Nancy Klebaum: Food for Thought has developed some key partnerships with other groups and organizations that greatly benefit the participants who attend. For example, the Saskatoon Open Door Society, which provides resettlement services to new immigrants and refugees, works closely with us and helps us to offer our program to that population specifically.

We have partnered with READ Saskatoon, a local literacy group, to provide resources to our women. We have developed a strong and a very key partnership with mental health and addiction services in our health region. A worker with those specialized skills attends half of our program sessions. That individual can provide short-term counselling, and also assist with timely access to service.

By programming out of primary health facilities, we have also partnered with many other health providers such as nurse practitioners, public health nurses, family physicians, and others.

Food for Thought is also unique because of our nationally recognized peer leadership program. Peer leaders are program participants who are identified as being able to model some of our key program values. These women are selected by the staff and are provided with additional training, ongoing support, and an honorarium. They work with the staff to help deliver the sessions to the participants.

The peer leader experience has been a stepping stone for many of our former clients into other community work, into paid employment, and to further education. In addition, it provides the new women a role model with whom they can identify and who has shared a similar life experience. Our peer leaders play a key role in the planning and implementation of the program by contributing to our program advisory board and also by providing us with regular feedback on program activities.

Ms. Donna Nelson: We like to break away from our regular routine from time to time to do special projects. These projects draw on the strengths of women and mothers from across generations and cultures.

Some special projects done in the recent past have been canning and homemade bread workshops, making baby blankets, making baby slings, making wreaths at Christmastime, crafting memory boxes, sewing fleece mitts, toques, and scarves, and we are about to embark on knitting baby booties.

These special projects help mothers to bond with their babies and learn new skills and it provides mothers with a sense of accomplishment.

Where is the proof that this works? How do we know the Food for Thought program is meeting our goal of achieving better health for pregnant women and their children? Much of what we consider to be successful outcomes is difficult to measure. We believe that the most powerful proof of the success of Food for Thought is in the stories.

●(0915)

Ms. Nancy Klebaum: Please allow me to share a story of one of our Food for Thought participants who is now a peer leader. I hope you'll find this explains our program. This is Courtney's story:

I came to Food for Thought in December of 2005. I was single, pregnant, and had absolutely nothing to my name. I had just gotten out of a treatment centre and was pregnant for the first time. I was desperately afraid of everything. I had gone to treatment for drug addiction because I had been struggling with addictions for many years, and finally hit bottom using crack cocaine. I had dropped out of high school and left home at a young age, and had been using drugs and alcohol—

The Chair: Excuse me. Could you slow down a little bit? The interpreters have trouble keeping up to you. Thank you.

Ms. Nancy Klebaum: Oh, I'm sorry. Sure.

Would you like me to back up a couple of lines? No?

I had been using drugs and alcohol for 7 years. I was just 19 years old at this time. I had no skills to know how to live a productive life, let alone how to take care of a child. I was also paranoid, and in a constant state of panic.

When I came to Food for Thought, I felt like I was welcomed and more importantly, I felt safe. I felt like I could come to the program and I was respected (which was odd for me, because at this point I did not even have respect for myself.) It was also one of the first experiences that I had that I could go somewhere and nobody wanted anything from me. My transportation was paid for, I was able to help prepare a meal to take home for free, and I could participate in discussions with other people as much or as little as I wanted. I loved the truly positive environment of Food for Thought. I have learned how important it is to feed my children quality food, and how to afford to do so. I have learned how to make babyfood and what my kids and I need to eat to be healthy. Looking back I can see how extremely beneficial it is to have that wealth of knowledge at my fingertips.

Honestly, my cooking skills were the least reason I came to Food for Thought. I came because it was somewhere safe to go, and I was able to access things I couldn't on my own. My babies were able to get immunized, I had support with breastfeeding, I could talk to a nurse or doctor about any concerns, and I created friendships with women who I could relate to. What had the most impact on me however, was the information. I learned how to treat myself with love, with respect and that I had value.

A huge part of what made Food for Thought feel like a safe place was the peer leaders. I still remember looking at them in awe and admiration, they all had been through similar hardships and difficulties, and were in the same social class as me, and they were volunteering and helping out and providing a bridge for me to talk to and relate to, and I figured if they were trusting of the staff members I might be able to trust the staff too. It was so cool to perceive people who had a position in the program as equals, not all just grownups with degrees.

Over the next while, I did come to trust the staff, and they also became (and definitely continue to be) pillars of support to help me with whatever life threw at me. When I was asked to become a peer leader I was so honoured, and at the same time I couldn't believe that someone saw the qualities in me that I saw in the other peer leaders.

I am now eleven months away from receiving a degree in social work. I am a trained labour doula, a mother of three children and engaged to be married. I have material possessions that I never even dreamed of owning. I am still a peer leader with food for thought. The past 6 years have been hard, full of trials and tribulations. When I thought I should go back to school and get my grade twelve, I had a group of women tell me, I know you can, and you will succeed. When I mentioned I thought it was cool to be a doula, I was told I know you can do that and you would be great at it. When I thought I should go to university, and maybe I could be a social worker, I was again told, you can do that, and I did.

From the manager, to the program facilitators, to peer leaders to participants, my life was created within this program. I did not know how to live a productive meaningful life when I first came here. Sometimes I still am unsure of what that means or how to do it... But I always know where the door is always open, and love, respect and kindness will be in abundance. That's why I haven't left, and why I probably never will.

Thank you for your time and attention.

The Chair: Thank you, Nancy. That was wonderful.

Some hon. members: Hear, hear!

The Chair: It just shows how caring and practical work and planning can change lives. I've heard stories like that many, many times with the groups I've worked with. It's amazing to see them develop the way they do and for all of us to be a part of that, so congratulations on your very astute program.

I would like to go now to video conference with Trois-Rivières. We'll have Diane LeMay, assistant manager, partnerships, knowledge translation and innovation, and Manon Paquette.

I assume you would like to share your time, with five minutes each. Is that what you would like to do? Okay, great. So we'll begin with Diane.

• (0920)

[Translation]

Ms. Diane LeMay: Good morning. To begin, we would like to thank you for having invited us to make a presentation on the prevention of illness and health promotion, and more particularly on healthy eating habits.

I will give you a brief overview of our organization, Québec en Forme, and my colleague, Manon Paquette, will speak to the strategies we have adopted to promote healthy eating habits.

Québec en Forme is a non-profit organization which is the result of a partnership agreement with the Government of Quebec. It includes seven departments, three governmental organizations and one private foundation, the Lucie et André Chagnon Foundation.

Funding for Québec en Forme comes from the Fund for the promotion of a healthy lifestyle. This fund has \$480 million for a 10-year period, which extends from 2007 to 2017.

Québec en Forme supports projects which promote healthy eating habits and a physically active lifestyle at the local level, that is, at the community, regional and provincial level.

The board of directors has 12 members, half of which represent the Government of Quebec, and half of which represent the Lucie et André Chagnon Foundation.

Our mission is to mobilize people and all of Quebec society to adopt and maintain a more physically active lifestyle and healthy eating habits, which are essential to the development of Quebec youth.

Our vision is that young Quebeckers eat healthy foods and be physically active, two lifestyle habits which local communities, decision-makers, all of society, and the parents of young people, recognize as being essential elements to their full development and success at school.

This is the vision we wish to translate into reality. So what we are talking about are young people who are active and who eat well, communities that are mobilized and do what it takes to achieve that goal, healthy eating habits and an active lifestyle, things which are recognized as being essential elements to the full development of young people.

We have just finished the new strategic planning exercise, in which we developed three strategic orientations. The first is the mobilization of communities, and the second revolves around changing the environment in which young people live. My colleague will speak more fully to what we are doing with regard to changing living environments, as well as transforming social standards.

The choice of these themes is based on the many experiences we have had on the ground since 2002, as well as on what the scientific literature recommends to introduce real changes in our society. It must be understood that our objectives complement the Plan d'action gouvernemental de promotion des saines habitudes de vie et de prévention des problèmes reliés au poids 2006-2012 — Investir pour l'avenir, of the Government of Quebec.

The objective is to increase, especially in underprivileged areas, the percentage of young people who eat well and are physically active.

I will talk about the first objective, which is the mobilization of communities. In our view, mobilizing communities means bringing people together to achieve something, to commit towards a common objective, and to become responsible for one's actions with the intent of reaching a common goal. It means making the decision to participate in a movement which brings organizations and people together, who are concerned by these two lifestyle habits.

We have people on the ground who work with local groups of partners to increase their ability to help influence the behaviour of young people. It is also a matter of mobilizing regional, provincial or national actors, to help them meet the needs of local communities, and to help them pool their resources in response to these needs, or at least to complement each other in their work. We are ultimately trying to break down silos, to get people to share our vision and to contribute their resources, as well as provide our support, to Québec en Forme, so that together we commit to a collective plan for change.

So, we both support local groups—

• (0925)

[English]

The Chair: Excuse me, Diane. You wanted to share your time. I just want to tell you that you're at halftime right now, so it depends on how much your partner has to say. You have five minutes left.

[Translation]

Ms. Diane LeMay: This is where we were at.

Mrs. Manon Paquette (Provincial Nutrition Advisor, Partnerships, Knowledge Translation and Innovation, Québec en Forme): Thank you. I will continue with the second objective of Québec en Forme.

We have spoken about changing our environment. When I speak about the environment, I am speaking of everything that surrounds human beings, young people. We know there is an interaction between people and their environment.

This is why Québec en Forme has worked with the Ministry of Health on a vision of positive environments. We have divided our environment into four categories: physical environment, i.e. all the natural and man-made items; the sociocultural environment, i.e. anything having to do with social structures and the way people interact with other people or groups; the political environment, i.e. all of the measures and laws that structure our environment; finally, the economic environment, i.e. anything having to do with production, consumption, or even the cost of services. Working with partners to change our environments helps us posit a diagnosis regarding our communities, municipalities, or region.

Québec en Forme's third objective has to do with social norms. We need to go from an approach that goes from "we must eat well" to "it is the norm to eat well". Québec en Forme is taking measures in order to devise a social marketing plan including a communication plan with our partners. This will encourage this kind of activities within local communities, regions, and all over the country. This is a far-ranging communication and awareness-raising plan.

More recently, Québec en Forme has acquired a new platform, or a tool to complete its strategic planning. This tool allows us to clarify why we must work on nutrition. This platform allows us to clarify the changes we hope to achieve. It allows us to have a common vision which we share with our partners and that we can propose to Canadians. This is not a restrictive approach; we do not seek to impose it. The idea is to offer a whole range of choices.

We are lucky enough to have had a certain experience in this field and to be able to document it. We can also use this documentation to make our proposals. Through this platform, we suggest that all our partners, at all levels, develop young people's skills, increase access to quality food, and contribute to the fostering of positive social norms.

How does this translate into a strategy? By developing young people's skills, by giving them chances to learn and experiment, by giving them programs in their communities, and by training trainers. I spoke about giving them access to quality services; by this I mean improving services offered by the community, whether in regard to physical activity, nutrition, or our man-made environment. For example, building new parks, green spaces, gardens, or breast-feeding areas. As I said earlier with regard to social norms, we want

to raise awareness, communicate with people and defend these causes in their community.

In conclusion, all of Québec en Forme's partners, be they local, regional, or national, share with us the desire to improve young Quebecers' nutrition and lifestyles. Thanks to the great diversity of our representatives, and to the solid partnerships that they weave with decision-makers, and finally to the awareness they have of the consequences of their decisions, we believe that our partners are key stakeholders in improving our youth's health.

Thank you for your attention.

• (0930)

[English]

The Chair: Thank you so much.

All the presentations today have been extremely helpful, and we thank you all.

Now we're going to be going into a seven-minute Q and A round. The questions and answers will be within that seven minutes.

I want to remind committee members that we will be going in camera at 10:15 for a half-hour business session.

We will begin with Ms. Davies, who I understand is going to share her time with Dr. Morin. Right?

Ms. Libby Davies (Vancouver East, NDP): That's right.

The Chair: Okay, thank you.

Ms. Libby Davies: Thank you very much, Madam Chair.

Thank you to the witnesses for coming.

I'd like to ask Mr. Jeffery a couple of questions.

First of all, thank you for your excellent report. You paint a very grim picture, and that's what we need to hear: the reality of what's out there. I don't know if you can circulate your report and your recommendations, but it would be very helpful if we could get copies.

I want to ask what you think is coming down the line and what we can do. We know that the sodium working group was disbanded. I recall at the recent provincial health ministers meeting that there seemed to be agreement, at least among the provinces, to reduce the sodium level, and it appeared that the federal government was not on board. It went no further.

I want to ask you about this notion of voluntary versus a stronger approach. We've heard from Food and Consumer Products of Canada that we have to worry about consumer acceptance. It really concerns me that somehow we can understand that using seat belts saves people's lives, but people are killing themselves by eating so much salt and trans fats and sugar, and we have to take a voluntary approach. I think the news from Quebec is very good in terms of what they do. I'd like to ask what you see in terms of what we can do at the federal level, particularly on the sodium front, to ensure we go beyond some sort of voluntary stance and we can actually mandate a reduction.

Mr. Bill Jeffery: Certainly. On the first point, we'll be circulating, through the chair and the clerk, our technical brief next week.

We're not ideologically predisposed to a mandatory voluntary route. If it were a voluntary method that would deliver performance, then we would be behind that. My concern is that the voluntary approach is simply completely unworkable and that a bunch of sophisticated public servants and politicians will sit around for two or three years to prove that to everybody.

The sodium working group report made some carefully considered recommendations in July 2010, and we haven't really heard an answer to that from the Minister of Health yet. I remained hopeful, even as late as November last year, when the ministers were meeting.

My sense is that the group that was tasked by the ministers and deputy ministers to prepare this plan B were so desirous of getting the support of the federal Minister of Health that they stripped out almost all of the references to regulations and then provided it to the minister. She still said no.

I remember telling colleagues on the sodium working group that the first sign we would get that the voluntary approach isn't working is when companies refuse to provide information on their progress. It seems that's exactly what has happened; I just didn't think it would take so long. The minister said she didn't want to proceed with the plan because she didn't want to post the results online. That's problematic.

Ms. Libby Davies: I'll turn it over to Dr. Morin.

[Translation]

Mr. Dany Morin (Chicoutimi—Le Fjord, NDP): Thank you very much.

I will continue on the same topic. I would like to speak about sodium with Mr. Jeffery.

Do you agree that we should adopt the 18 recommendations of the Sodium Working Group? Do you think we should do it gradually? In order to reach concrete results on the federal stage, what would your strategy be? Should we adopt all 18 recommendations? Should we do it in stages? Which stages could be implemented in 2012?

• (0935)

[English]

Mr. Bill Jeffery: I don't want to get confused about reports, but the sodium working group report published in July 2010 had 27 recommendations and six overarching recommendations. Some have

been implemented, the softer ones, such as research and some of the public education.

There are some unambiguous recommendations for modifying food labels that simply must be done. It's great to have education campaigns about how to better use the food label, but everyone seems to agree that there are certain parts of it that are inherently misleading. The daily value for sodium has to be changed from 2,400 to 1,500. Almost everybody recognizes that, including the Institute of Medicine in the U.S. There is some confusion about how to interpret the daily value.

We've had discussions here and elsewhere in the U.S. Institute of Medicine about front-of-package nutrition information, which was one of our recommendations. A backbone of the sodium working group report and plan B was this voluntary system that is policed basically through transparency. It is the transparency that seems to be the stumbling block for the Minister of Health.

Mr. Dany Morin: Merci.

I fully agree with you. Considering that the Conservative government lacks leadership on this, and we know that even babies eat twice the recommended amount of sodium, we need to do something more on this issue.

You mentioned in your report taxing bad food, *malbouffe* in French, differently. It's a very complicated issue, considering the provincial—

The Chair: You have 30 seconds left.

Mr. Dany Morin: Can you expand on taxing bad food differently?

Mr. Bill Jeffery: It's a myth that we don't tax food. We plainly do. The Excise Tax Act spells out what's called the definition of basic groceries. Some foods, such as Froot Loops, are exempt from tax. Bacon is exempt from tax. Club soda, which is generally a healthful food, is taxable. The tax rules are basically based on these 1950s notions of what is a sensible diet, and they have to be updated. Nutrition science has changed dramatically since then.

The Chair: Thank you very much.

We'll now go to Mrs. Block.

Mrs. Kelly Block (Saskatoon—Rosetown—Biggar, CPC): Thank you very much, Madam Chair.

I would like to thank all of our guests for appearing here today.

We've covered a broad range of issues that are definitely interconnected: ensuring that there is healthy food available; the labelling of food; and preparing food.

I was interested in looking at the presentation by Québec en Forme. You said that daily life has changed for parents and children since the seventies and eighties. One of the bullet points speaks to time spent preparing meals, which went from nine hours a week in 1986 to five hours in 2005. I found that interesting, and I just want to link that to the presentation by our witnesses from the Food for Thought program.

I am very pleased that you are here today. Of course you are from my home city of Saskatoon, and your program is run right in my riding. I'm very excited to have you here.

I'm also very interested in the guiding principles you've outlined and the fact that you promote the engagement of your participants in relationships that emphasize strength and that facilitate empowerment. Even the story you shared demonstrates that. I have had the opportunity to participate in this program, and I know full well the very good work that is done.

I want to ask just a few questions about the program itself. How many women participate in a class? How many classes do you offer, and how many women participate in a class?

Ms. Nancy Klebaum: Generally our programming goes from September to June. We run the programs weekly. I think we run close to 80 groups a year. The number of participants varies, because some are drop-in and some are sort of scheduled in advance if they require transportation. We average about 10 to 15 women at a session. That is a nice number to work with.

• (0940)

Mrs. Kelly Block: You've said that the program runs from September to June. How long do participants attend the program? When can they start attending, and is there a specific length of time they participate before they perhaps move out of the program?

Ms. Nancy Klebaum: That's a good question. It is a prenatal nutrition program. We strongly encourage the women to engage with the program early in their pregnancies, and they can remain with us until their infants are six months of age. Then we assist them to move on to other resources that might exist in the community where they can receive similar support. So it can be that they are with us for a number of months.

Mrs. Kelly Block: You've highlighted that this is a program run in Saskatoon, Saskatchewan. Is it offered anywhere else in the province of Saskatchewan or in any other provinces?

Ms. Nancy Klebaum: There are 325 Canadian prenatal nutrition program projects across the country. The neat thing is that each program is given its own budget to work with, and the programs look very different from community to community, because what we do in urban Saskatoon wouldn't be appropriate for the far north of our province, for example, as things might look very different there. So across the country the programs are all quite different.

I can't remember what the first part of your question was.

Mrs. Kelly Block: Is it offered anywhere else?

Ms. Nancy Klebaum: Yes, indeed they are.

Mrs. Kelly Block: You've mentioned that your goal is to provide support to prenatal women who are in high-risk situations. Could you describe for us some of the programs you have in place to encourage them to eat healthy?

Ms. Nancy Klebaum: Perhaps Donna would like to speak to some of the work we actually do in our Food for Thought program.

Ms. Donna Nelson: I think just by its nature, cooking together as a group gets people interested, and discussions always take place during cooking sessions. Then we have time focused on education. We move to a different room outside of the kitchen. A lot of our sessions are focused on teaching how to read labels, how to grocery shop and plan for that, how to feed your children, and how to feed toddlers, which is a big thing.

I try to gear my conversations to what I see happening around me, depending on the age of the children of most of the women who are coming to our program, and to engage them in what they need so it's relevant for their lives.

Mrs. Kelly Block: Do I have any time left?

The Chair: You have about a minute.

Mrs. Kelly Block: I know you have a high number of newcomers to Canada, new immigrants, as well as young aboriginal women participating in your program. I want to get back to what I mentioned about the guiding principles and the relationships that emphasize strengths and facilitate empowerment. I'd just like to give you an opportunity to speak a little bit more to that, if you wouldn't mind.

Ms. Nancy Klebaum: I think the fact that we approach everybody using a strength-based approach is a huge part of that. We look at all of the women and we know that no matter how challenging their circumstances might be personally, in every family there are strengths. Sometimes it is hard to ferret those out, but you can find them if you try. That family needs to learn how to build on their own strengths, and sometimes it's just personal resilience. They may have come through some really difficult situations in the past, and we know that deep within, if we support, nurture, and encourage, they are going to find a way to walk through this particular circumstance as well.

So I think it's just that general atmosphere of respect for all of the women. It's very non-judgmental of where they might be at that time and it really supports the nurturing and empowerment we spoke about as well.

The Chair: Thank you very much.

We'll now go to Dr. Duncan.

Ms. Kirsty Duncan (Etobicoke North, Lib.): Thank you, Madam Chair.

I'd like to thank all of the witnesses. I really appreciated your presentations.

Dr. Jeffery, I'd like to talk about student nutrition. As you know, 42% of elementary kids and 62% of secondary students go to school without breakfast. In Toronto we feed 142,000 children every morning, which means one in four of our children goes to school hungry.

There is an organization in Toronto called the TFSS, the Toronto Foundation for Student Success. They asked principals in an at-risk community what help they wanted to deal with issues that were the result of poverty and gun violence. They expected the request would be for after-school programs. It was unanimous among the principals across the board that they needed food for the children. Hungry children have concentration issues. If they have concentration issues, there are behaviour issues, and they have myriad health issues.

I'm wondering if you could talk a little bit about how a child's learning capabilities are affected by how recently they have eaten, and how malnutrition in early life can potentially limit long-term intellectual development.

● (0945)

Mr. Bill Jeffery: I'm not an expert in pediatric nutrition—I will say that from the outset—but I've read enough of the high-level studies to know that the health benefits and the academic achievement benefits are pretty much beyond question. It's just a matter of mobilizing the political will to better fund these programs. In the United States decades ago, shortly after the Second World War, they determined that it was worthwhile to subsidize these programs. For several years they had weak nutrition standards. The big transition they've made there recently is to set high nutrition standards so you're not feeding kids a bunch of high-fat milk and white bread and that sort of thing, which are going to exacerbate a lot of the public health problems. But the case...I think the jury is out on that.

Ms. Kirsty Duncan: Thank you.

As you said, our own chief public health officer, Dr. Butler-Jones, said one of the best ways to improve health is to feed our children so they don't go to school hungry.

Can you talk a bit about what impact inadequate childhood diet has on the risk of adult chronic disease?

Mr. Bill Jeffery: There's a lot of evidence to demonstrate that poor dietary practices that start in childhood persist into adulthood. One of the things we've noticed in recent years is early-onset diabetes. It used to be called adult-onset diabetes, but it happens so early now that they had to rename it. We've heard reports of physicians detecting plaque build-up in children's arteries even at a young age. This committee has reported before on the problems with childhood obesity, and of course that's a prelude to problems with adult obesity. It's not an isolated problem any more. Almost two-thirds of Canadians are overweight or obese, and 90% of Canadians will at some point in their life have high blood pressure. Fruit and vegetable intake is very low. These are problems that are affecting everybody. It's not just a kind of isolated community that we can provide special programs to. We have to think of broad measures to make our society healthier and to compress the period of illness at the end of life. This could be very expensive for medicare.

Ms. Kirsty Duncan: Thank you, Dr. Jeffery.

I think it's really important for people to understand that Canada is one of the few industrialized countries in the world without a national food program for children. In my riding, we have the highest rates of type 2 diabetes in the province, and they are linked to poverty. If the choice is between a \$5 litre of orange juice or a \$2

double litre of orange pop, the choice is clear when you're trying to stretch that dollar.

Could you explain how feeding hungry kids, so they go to school, so they can learn, makes good economic sense, and how it will reduce health costs down the line?

Mr. Bill Jeffery: I'm not sure how strenuously the case for feeding children has to be made from an economic perspective. The children have to eat one way or the other, so it's really just a matter of whether we can organize ourselves as a society to have everybody contribute a little bit so children eat while they are in school, and improve their health outcomes in the long run, and of course improve their school performance.

I think I'll just leave it at that.

The Chair: Thank you.

You have about a minute left.

● (0950)

Ms. Kirsty Duncan: Thank you.

There's new data out from the Toronto Foundation for Student Success showing that making it to grade 10 is a good predictor of whether or not someone will graduate. They have new data showing that if children are given breakfast in the morning, their chance of graduating increases. So there's an economic case that increasing graduation rates can have an impact on our economy.

The Chair: Thank you very much.

Now we'll go to Mr. Gill.

Mr. Parm Gill (Brampton—Springdale, CPC): Thank you, Madam Chair.

I also want to thank the witnesses for being with us and for the wonderful presentations.

My first question is for Phyllis. Could you tell us a bit about the nutrition facts education campaign that was launched in 2010?

Ms. Phyllis Tanaka: Yes. It was, as I note in my presentation, launched in 2010. It is a collaborative effort among Health Canada, food manufacturing companies who are members of FCPC, and McDonald's, who is not a member of FCPC.

It is basically designed to help consumers look at the nutrition facts table on food products and start to understand it better, because, as Bill Jeffery has pointed out, it has not always been easy to look at the label and decipher everything. The percentage of daily value was the one thing that caused confusion for consumers, and before we initiated the program it was the one identified by consumer outreach as an area where they wanted to have better understanding. It's focused on the percentage of daily value, and it's going into its second year.

By reaching out to consumers through TV and through in-store advertisement, the reach is fairly extensive, and we think it is a very good contribution to helping consumers make informed decisions.

Mr. Parm Gill: Thank you.

Energy drinks have become increasingly popular over the last few years, especially with young people. Could you comment on the impact of energy drinks on health?

Ms. Phyllis Tanaka: I'm not sure how to answer that question. As everybody knows, energy drinks have been the subject of a consultation process with Health Canada. Industry has, through the Canadian Beverage Association, been very engaged in discussions on how to make sure that the product on the shelf has the complete information that somebody needs in order to make a decision on consumption of that product.

Because energy drinks currently fall under natural health products regulations and because they are presented in that format in the marketplace, the bottom-line concern that has been put forward is that some consumers—especially younger consumers—might not realize that they need to factor in how much caffeine they are consuming. Basically, that's where the discussion is right now: how to facilitate the consumer being informed in making that beverage choice.

Mr. Parm Gill: Thank you.

My next question is for either Donna or Nancy. What would you say are the key barriers to healthy eating and to a more active lifestyle for low-income women?

Ms. Donna Nelson: Access to food is a big barrier. Often women have more than one child, and although they live in the cities they don't have vehicles or access to grocery stores. I think fast food gets consumed often because they have far more access to fast-food outlets than to grocery stores. That is probably the biggest barrier to healthy eating.

Nutrition knowledge is a barrier as well. Sometimes I'm surprised by how appreciative of the information people are, because I sometimes take for granted that people know more than I think they do about nutrition.

• (0955)

Ms. Nancy Klebaum: To reiterate what Donna said, we know that in our community, in particular, the vulnerable women who are attending our program tend to live in what we refer to as grocery store deserts: they live many kilometres from a grocery store, but they live just a few metres away from a 7-Eleven store or another convenience store. Often there are really small food budgets for folks who are living in poverty, so when they have to spend seven dollars on four litres of milk and, as someone else pointed out, you can buy two litres of pop for \$1.99, it's sort of done out of necessity. They are often making choices that they may even realize are not the healthiest, but because of their access that's what they are forced to do. You cannot feed a family very well when all you can do is go to a convenience store or when you're buying a single apple at a time, whereas a grocery store is miles away and you don't have a vehicle to get there. I think that's a big part of it.

In terms of activity, what we see often with our participants is that poverty tends to really defeat people. When they are living constantly in a cycle of trying to make do with not quite enough, they seem to almost end up in a state of ennui, where they kind of continue to do what they are doing and they don't make those attempts to improve their health unless they're encouraged. That's why I think we see programs such as ours that are taking that

strength-based and non-judgmental approach to support people to make small changes—a little bit at a time with what families can manage—and then they build on those.

Mr. Parm Gill: What would you say are some of the key nutritional concepts that you try to convey in the Food for Thought program?

Ms. Donna Nelson: One of the biggest things we focus on is the importance of breastfeeding, because we are a prenatal program. The majority of the women we work with are pregnant and will need to make a decision on how to feed their infants. We recognize the importance of breastfeeding, so that would be a priority.

The next priority we would focus on is feeding your six-month-old baby food. Lots of times people think that baby food comes from jars, and I have to teach people that baby food comes from food, not jars, and that it's simple to make your own. We do baby-food-making workshops twice a year—it works out to six or seven a year—to teach the concepts of baby food.

The Chair: Thank you so much, Donna, and thank you, Mr. Gill.

We'll now go to our next round of questions, five-minute rounds. We will stay within that time parameter as tightly as we can to get as many people up for questions as we can.

We'll begin with Madam Quach.

[*Translation*]

Ms. Anne Minh-Thu Quach (Beauharnois—Salaberry, NDP): Thank you, Madam Chair. I will endeavour to be brief.

Thank you for all your testimony. It was as interesting as it was dynamic and varied.

I would first like to speak to the two ladies from Québec en Forme.

Your initiatives are extremely effective. I come from a teaching background, and as a teacher, I have seen many young people benefit from your actions.

You spoke about changes we can make to our environment and I would like to know if you can give us concrete examples of changes to natural environments, for example parks and gardens.

And as for economic environments, I would like to know the cost of your services, and what results you have achieved. Do you hope that the federal government will get involved in order to increase the impact of your initiatives?

Mrs. Manon Paquette: Thank you very much.

We do indeed document all activities in the field, at various levels. There are currently 140 communities involved, with plans to support healthy eating in Quebec.

For example, in the nutrition field, there are many programs that seek to improve the skills of youth and their families, including their parents. Mentioning parents reminds me of the program Food for Thought and of peer support groups who purchase food or cook together and whose clientele is young mothers or fathers who are single parents and wish to learn how to cook. The community sector is very active in this regard.

But there are also public markets which are gaining popularity in Quebec. For example, the seasonal markets in schoolyards that are unused during the summer. These initiatives are spearheaded by community organizations. And then there are farmers' markets which are springing up just about everywhere and make fresh food more easily accessible.

Then there are also new distribution networks, parallel, short-distance distribution networks. This is an emerging phenomenon in Quebec and is extremely popular. For example the initiative Bonne boîte, bonne bouffe. We are just bringing producers and city dwellers closer together and removing the middleman.

As for the economic aspect, which you referred to, there is the lending of spaces. This means sharing or promoting the use of school facilities with community organizations. For example, a community organization can be invited to cook in a school's kitchen. This type of initiative might interest you since you do come from a school background.

● (1000)

Mrs. Diane LeMay: Thanks to a national project we were able to put together some training for cooks. A survey of cooks in the daycare network highlighted the isolation that these cooks felt in their jobs. They did not know who to turn to to learn how to cook healthy food for the children who are in daycare.

This survey led to the implementation of a training course for daycare cooks. This initiative is spreading all over Quebec and is having an impact on the cooks all over the daycare network in the province.

Of course—

Ms. Anne Minh-Thu Quach: I'm afraid I have to interrupt you because I have another question that I would like to ask. I thank you for your answer.

We organized an agro-food roundtable in my riding to bring together the stakeholders in the agro-food sector and to discuss the locavore movement, and bring together farmers, restaurateurs, grocery store owners, and the entire industry. They all agreed that the federal government displayed an appalling lack of leadership.

[*English*]

The Chair: We have 25 seconds, Ms. Quach. Do you want an answer?

[*Translation*]

Ms. Anne Minh-Thu Quach: We see that people who face difficult economic circumstances have difficulty accessing healthy food.

I would like to know what the government can do to help deal with this issue. This question is open to all our witnesses.

Mrs. Manon Paquette: I am not sure I have fully understood your question, but very briefly, I can say that there is a complementary role between our work and government actions. This is especially true in poorly served areas or remote regions with all of this transportation support issue.

In fact, I think that the price of foods in these regions should be regulated, because we see that the price of food is astronomical there

and therefore unaffordable for most of these communities. I am thinking of all of northern Quebec, the North Shore, all of those poorly served regions but also all of those regions inhabited by natives. That is also a big problem.

We are very encouraged by the development of greenhouses in northern Quebec.

[*English*]

The Chair: I am so sorry. I've given you overtime. We'll have to go to the next question.

Thank you so much. You do such great work.

Mr. Strahl.

Mr. Mark Strahl (Chilliwack—Fraser Canyon, CPC): Thank you very much.

My question is for Phyllis. I note that you were a member of the subcommittee on the sodium working group, so you would have some expertise there.

Can you provide us with some information? Certainly the government can't change regulations in a vacuum. It's going to have an effect when that sort of thing happens. Could you outline what the process would be for food manufacturers to reduce sodium across the board? How long would that take in terms of product development? What would the cost be to the manufacturing sector? Can you expand that to labelling as well? What effect does that have on industry in Canada?

● (1005)

Ms. Phyllis Tanaka: Making the reductions in processed food with respect to sodium is a complicated process, as I outlined in my presentation.

Everybody agrees that food safety is paramount, so that has to be factored in, in particular with processed meat slices, as an example.

There are technical challenges associated with reducing sodium in particular bakery products. One of the members of the sodium working group who came from a bakery said you just don't have bread without the salt in the mix.

The third factor that gets downplayed but is important is consumer acceptance along the way. When you're changing the food supply that people go out for and are used to, you have to take them on the journey too and help them to understand why the changes are being made for them to accept the product.

The process for a very straightforward product reformulation is approximately 28 months. That's the average time it takes for a company to take a product concept through to product testing to make sure it's going to stay viable in the marketplace. For the most part, industry has been working on sodium reduction for a number of years, doing it in what they call "silent reductions", because they recognize it takes time to make acceptable changes to the food.

That 28-month period takes care of maybe a 5% reduction. The next iteration would be another 5% reduction, and that speaks to the nature of having a realistic timeline to accomplish this task. I'm sorry I don't have the actual numbers for the dollars, but any process of product reformulation or product development within a company obviously costs money.

The labels currently restrict labelling of salt reduction to anything that is 25% or more. A one-time 25% reduction is a huge reduction in a product, and doing that presents a challenge for the company. Consequently, you don't end up with anything on the label that says they're working on it and they have made a reduction at this time but it's not the 25%.

Mr. Mark Strahl: Right. Certainly—

The Chair: I think a comment is needed or wants to be made by our video-conference people.

Was it Mr. Jeffery? Sorry, Mr. Jeffery.

Mr. Bill Jeffery: I just wanted to make a contribution from a public health perspective on the cost and the burden of modifying products.

The burdens on industry must always be measured against the public health impact. This is the sole motivation for changing these foods—to reduce these 10,000 to 16,000 deaths a year. That's not inconsequential.

I would invite members of the committee to be at least as skeptical about what they hear from industry groups as what they hear from health groups. I will tell you that when I looked at the European platform for sodium reduction strategy, it sounded like big numbers—getting rid of 800 tonnes of salt over a certain period of time. But if you do the math, that works out to a 3,000- to 5,000-year trajectory for meeting public health goals.

The Chair: Thank you, Mr. Jeffery. I'm sorry we're out of time.

We'll now go to Dr. Sellah and Dr. Morin. They're going to be sharing their time.

We'll have Dr. Sellah first.

[*Translation*]

Mrs. Djaouida Sellah (Saint-Bruno—Saint-Hubert, NDP): Thank you, Madam Chair.

As my colleagues already know, I am a doctor by training, and therefore I am very concerned by the issue of sodium. We know that an adequate amount of sodium is 1,200 mg to 1,500 mg per day, or half a teaspoonful per day, and that the maximum allowable is about 2,300 mg per day, or about one teaspoonful. Furthermore, most of the sodium that Canadians consume, that is 77%, comes from prepackaged foods which are bought in grocery stores.

My question is about labelling. I know that we will have to do a lot of work on the labelling of foods sold in grocery stores. This question is open to all. Has any thought been given to labelling? When shoppers go to the grocery store, they buy all sorts of things. Unfortunately, the labelling applies to the item they buy as a whole, with no reference to human needs or healthy limits. Have consumers been educated, are they aware?

Labels invariably say that the percentage of sodium is low compared to the daily recommended allowance for our bodies. The question is whether anything has been done to educate consumers on sodium.

Thank you.

● (1010)

[*English*]

The Chair: Ms. Tanaka.

Ms. Phyllis Tanaka: I'll just make a couple of comments.

The sodium working group did recognize the need to educate the consumer, and in actual fact that's one of the prongs of the sodium reduction strategy. One of the recommendations was for the federal government to have a very broad social marketing campaign to help consumers understand what it's all about. So I concur that consumer education is important.

With the percentage daily value campaign that's going on, one of the plans under way is to look for a way to also introduce messaging around sodium.

The Chair: Thank you.

Dr. Jeffery.

Mr. Bill Jeffery: It's Mr. Jeffery, but thank you, Madam Chair.

One important goal to ensure that consumers understand what they're reading on the label is to make the meaning of the label as self-evident as possible. Current regulations permit manufacturers to play around with the serving size, so they can make a product seem like it's very low in sodium simply by using a smaller serving size. That is very problematic.

As you say, the dietary requirement—what the Institute of Medicine calls the adequate intake—is on average 1,500 milligrams, but the daily value is based on 2,400 milligrams. That's problematic and has to be changed. It persistently misleads every single person who reads a label.

The sodium working group also considered looking into front-of-pack nutritional labelling, so you could scan a supermarket shelf and be able to hone in on the lowest sodium one immediately, without have to pick up 40 cans of soup, turn them around, and look for the fine print.

There are many changes that can be made. It's not just about conducting expensive education campaigns.

The Chair: Thank you.

Dr. Morin, you've got one minute.

Mr. Dany Morin: Thank you.

I love doing my groceries. I love spending the time—

Some hon. members: Oh, oh!

Mr. Dany Morin: It's true. I spend the time to carefully read the labels, and I try to make healthy, conscious choices. However, when I take the same brand and want to choose the low-fat product, there is always more sodium in it.

My question is directed to Mr. Jeffery. Can we escape the spiral of bad choices? If we decrease the fat amount, to give it a good taste we have to increase the sodium. Once we reduce sodium, how are we going to put the flavour in it?

Mr. Bill Jeffery: That's not always the case. In fact, sometimes the reverse of that is true. It's really on a case-by-case basis.

One thing I can say is that the Finnish government did a study looking at sodium levels in food. They found that when a diet consisted mostly of fresh fruits and vegetables and homemade foods, in some cases it was difficult to get enough sodium in the diet to hit that kind of adequate intake—which a lot of scientists think is too high anyway.

It's really the processed food that presents the problem, and part of that problem is created by our palates adjusting to salty food. We like the taste of salty food because that's what we eat.

They are noticing in the United Kingdom that as the salt levels are coming down, when people taste salty food they don't like the taste of it; it is repulsive to them.

• (1015)

The Chair: Thank you, Mr. Jeffery, but you sound like Dr. Jeffery. Thank you so much. I want to say I'm very happy that we had you here at committee this morning. Your input has been very insightful.

We're now going to go in camera to a business meeting. I'm going to suspend for three minutes only. I would ask that everyone leave the room before this committee meeting starts. That's three minutes.

Thank you.

[Proceedings continue in camera]

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Published under the authority of the Speaker of
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