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Chair

Mr. Rob Merrifield

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● (1535)

[*English*]

The Chair (Mr. Rob Merrifield (Yellowhead, CPC)): I'll call the meeting to order and ask that members take their seats. Let's start our meeting.

This is 17th meeting of the Standing Committee on Health. I believe it is our third meeting on the study of childhood obesity. We're looking forward to a full panel before us.

The testimony so far has been excellent, and the questions equally interesting. We want to start very quickly and get into this.

We have some technology as well. We have with us Ms. Linda Gillis, registered dietitian, by video conference.

We're going to start with Ms. Gillis and her presentation to the committee, and then we will introduce the rest as we give them the floor. Would that be a fair way to proceed?

Thank you very much for your time, Ms. Gillis. The floor is yours.

Ms. Linda Gillis (Registered Dietitian, Children's Exercise and Nutrition Centre, Hamilton Health Sciences, McMaster Children's Hospital): Hi. I am a researcher and dietician at the Children's Exercise and Nutrition Centre at Hamilton Health Sciences. The clinic has been running since 1983, and I've been with the clinic for ten years. I want to present today some of the research I've done with pediatric obesity and nutrition.

The first study I want to highlight is one in which I had the question: is it dietary energy or fat that contributes most to juvenile obesity? This study was published in the *International Journal of Obesity* in 2002. I had 181 children in the study; half were obese and half were not obese. The methods I used were a dietary history, an activity interview, and I measured body fat with bioelectrical impedance.

The result I found was that it was not fat, protein, or carbohydrate that contributed most to obesity; it was actually the calories in the diet—the calories they were consuming and then the calories they were expending in energy out.

My recommendation is that we should shift our focus right away from fat and carbohydrate to focus on total calories.

In the next study I wanted to know what foods or food groups contribute most to obesity. This was published in the *Journal of the American College of Nutrition* in 2003. The method I used here was the food frequency questionnaire. I was looking at what foods they consume—looking more at junk foods such as cookies, granola bars, cakes, chips, and those kind of foods.

I found interesting results. I actually didn't find that junk food was different between the obese and the non-obese groups, except that chips were consumed more by obese children. But each of the foods individually and as a whole were not different.

What I found to be the biggest difference was eating out: the obese families were consuming more foods outside the home than the non-obese. The second biggest contributor was sweet drinks. This is what I call pop, iced tea, Kool-aids, Poweraids, Utopias—all those kinds of drinks. The obese had a higher sugar intake.

My recommendation from this study was that we really need to stress the harm of eating out and of sweet drinks.

In the next part of the study I wanted to look at the actual food groups. I had some surprising results here. I found that fruit and vegetables were not different between the groups. They were low in both groups, but they were consuming equal quantities of fruits and vegetables. It was the same for milk and milk products.

What I did find with the obese was that the grains and meat group were significantly greater in the obese, and interestingly this was correlated with eating out. That would be your hamburgers, your fried chicken.

My recommendation is that when eating out and shopping we need to target healthier foods. We need to target foods that are actually healthier. To give some examples, if we're going to provide apple slices but are going to put a caramel dip with it, then we're not decreasing the sugar intake. Or if we're going to recommend submarines, which are high in grain products, that's not going to help in reducing obesity.

The next question I wanted to look at was nutrient inadequacies. If the children are consuming very high-calorie and high-fat diets, are they meeting all their nutrient needs? This was published in the *Canadian Journal of Dietetic Practice and Research* in 2005. I had 256 children in the study, of whom 156 were obese, and I used a dietary history method to analyze their diets. What I found was that on average the children were meeting their nutrient needs, but if I looked at the percentage of children meeting their needs, I found some problems.

I found that 81% were not meeting their vitamin E needs—vitamin E is rich in healthy oils and nuts—55% were not meeting their calcium need, and 46% were not meeting the requirement for vitamin D, which is found in milk products.

My recommendation is that we have to focus on increasing healthy fats in the diet and milk and milk products. We're doing a good job with peanut allergies, but we're not stressing the value of peanuts in terms of healthy oils. Another example is, if we're removing trans fat from the diet but are replacing it with another saturated fat like palm and palm kernel oil, again we're not increasing the healthy fat.

In the next study I looked at, which was published in *Eating Behaviours* in 2005, I wanted to know whether obese children gain weight at different times throughout the year. I had 73 obese youth in the study, and I was looking at the changes in percent of ideal body weight over one year at two-month intervals. I found some surprising results that are quite opposite to what we see in adults. We tend to gain weight in winter, but children lost weight throughout the year, but in July and August they gained the most weight. In November and December they lost weight, but not as much, probably because of Hallowe'en and Christmastime.

My recommendation from this study is that we have to target our education prior to holiday times such as the summer and we have to promote healthy alternatives. If they're barbecuing, what are they barbecuing? What are they doing with popsicles , freezies, sweet drinks, ice cream, and those kinds of foods?

● (1540)

A final study I wanted to highlight was one that I haven't published yet, but this was done looking at the consequences of obesity. I was wondering if obese youth have some bloodwork abnormalities.

I had 73 obese youth in the study and I found some surprising results. I looked at their cholesterol, triglycerides, good and bad cholesterol, sugar, insulin, blood pressure, and what I found is that 76% had one cardiovascular risk factor, so these are children who are already moving on to heart disease. And 25% had impaired glucose tolerance, so they are heading to diabetes. This was also seen in a study by Sinha in 2002, and I just quote that because mine is not published yet, but it's also showing that 25% of 4-year-olds to 11-year-olds have impaired glucose tolerance.

Although I said to focus on total calories for obesity, my recommendation is that we also need to focus on the diseases associated with obesity and target fat and sugar.

In summary, my recommendations are that we educate about and provide products that are lower in calories, sugar and saturated fat, that are nutrient-dense, and that contain a healthy fat. As well, we need to look at targeting our education at certain times of the year.

Thank you.

The Chair: Thank you very much for your presentation.

We will now move on to the Canadian Restaurants and Foodservices Association. Ms. Joyce Reynolds is with us, senior vice-president of government affairs, as well as Ms. Jill Holroyd, vice-president, research and communications. It's good to have you with us.

The floor is yours.

Ms. Joyce Reynolds (Senior Vice-President, Government Affairs, Canadian Restaurant and Foodservices Association): Thank you, Mr. Chairman.

We appreciate the opportunity to give you a perspective this afternoon on initiatives by Canada's food service industry to promote healthy, active living.

The second slide provides a little bit of background about the CRFA, the Canadian Restaurant and Foodservices Association.

We recognize that obesity is a serious and complex societal problem and that we own part of the solution. We commend you for undertaking an in-depth study of the issue of childhood obesity and look forward to working with you and other stakeholders on effective and workable solutions.

CRFA created the nutrition and fitness round table in January 2003, and I will give you a quick overview of some of the round table initiatives.

The round table recognized that restaurant customers have a growing interest in obtaining nutrition information about the food and beverages they buy. However, given the made-to-order nature of our industry, supplier substitutions, daily and seasonal specials, as well as the wide range of dietary concerns among Canadian consumers, it can be a challenge for restaurants to provide nutrition information in an accurate, thorough, and legible way.

The nutrition information program was developed to standardize the nutrition information available to consumers and to increase consumer access to the information and awareness of its availability. The program requires participating companies to provide consumer information on the same 13 nutrient values provided on the food facts panel of packaged foods, in brochure form, at point of sale, and to let customers know that the information is available on the premises. In addition, restaurant operators are encouraged to identify ingredients that are common causes of allergies.

The program was launched in February 2005 and continues to grow. Twenty-seven companies have now signed on to this voluntary program, representing almost 41% of chain establishments in Canada.

Food service companies also spend millions of dollars a year on activities, base sponsorships, and promotions, both nationally and in virtually every community in Canada. Food service operators are involved in fundraising for children's programs, from summer camps to school playgrounds, and support a variety of organizations and programs promoting healthy living.

CRFA is co-chairing Health Canada's social marketing working group to develop and deliver messages to consumers about how to achieve a healthy, active lifestyle. Food service operators are also focused on reformulating their menu items to reduce and eliminate trans fat. CRFA participated on a trans fat task force and supported the report's recent recommendations. CRFA has also developed seminars and website information to help smaller food service operators respond to growing customer concern about nutrition and fitness.

Before I address other ideas that have been proposed to address the issue of obesity, I'd like my colleague Jill Holroyd to provide some perspective on the restaurant industry in Canada.

● (1545)

Mrs. Jill Holroyd (Vice-President, Research and Communications, Canadian Restaurant and Foodservices Association): Thank you, Joyce, and thank you, members of the committee, for the opportunity to speak with you today.

In my work with CRFA, and as a parent striving to raise two healthy, active daughters, I follow the obesity issue with great interest. As legislators, you need to think deeply about the issue and make decisions based on facts, not opinions or guesswork. That's the only way to arrive at solutions that will truly make a difference for Canadians. As part of that process, I' d like to challenge some misperceptions about the restaurant industry, which I call the five myths about eating out in Canada.

The first myth is that Canadians are eating more and more meals from restaurants. In fact, the restaurant share of the household food dollar has remained relatively flat over the past 20 years. Adjusting for inflation, it has increased by just $3 a week since 1982, according to Statistics Canada data. Numerous independent consumer studies confirm that Canadians still very much lean toward preparing their meals at home, and 76% of our meals and 81% of our snacks are prepared at home.

The second myth is that quick-service restaurants are overtaking the food landscape. In fact, on a per capita basis the number of quick-service restaurants is just about the same as it was in 1983. Again, this is Statistics Canada data.

The third myth is that it's cheaper to buy a meal from a quick-service restaurant than to prepare a meal at home. Due to the relatively higher cost of eating out compared to buying food at grocery stores, spending in our industry is very much tied to disposable discretionary income. Low-income Canadians spend less of their food dollars at restaurants, including quick service, than high-income Canadians. Statistics Canada reports that low-income households in Canada, on average, spent just $3.99 per week at quick-service restaurants. It's not surprising when you see that in the past 20 years the cost of eating out has risen far more rapidly than the cost of buying food from grocery stores.

The fourth myth is that it's difficult to make healthy choices when eating out. Our industry responds quickly to consumer trends, and interest in health and nutrition has been one of the big ones in recent years. Just take a look at some of the fastest growing menu items within the past two years. Consumers are choosing sushi, salads, water, veggie burgers, and other healthier options more often. Traditional favourites such as french fries and sandwiches are losing ground. We're seeing similar trends in restaurant unit growth.

When we look at overall calorie consumption in Canada over the past 30 years, as gathered in the recent Canadian Community Health Survey, it would appear that the obesity issue is more complex that just energy intake.

The fifth myth is that people who eat at or live near quick-service restaurants are at increased risk of overweight obesity. Many studies have attempted to link quick-service restaurants with obesity, but they tend to find either no correlation or an inverse correlation, or they or fail to control for other lifestyle factors.

When Statistics Canada recently released new data on regional obesity rates, I was struck by the inverse correlation with household spending at restaurants. The provinces with higher average spending at restaurants report lower overall rates of overweight and obesity, a finding that holds true for both the adult and child populations.

Joyce.

Ms. Joyce Reynolds: In the short time left, I would like to focus on two proposals that we would discourage the committee from pursuing.

The first is mandatory menu and menu board labelling. I'm sure committee members are familiar with Bill C-283. The stated purpose of this private member's bill is to address obesity. This is a very resource-heavy approach for both government and industry that we believe would ultimately be unworkable and ineffective. Governments have studied menu and menu board labelling many times and rejected it for practical and well-thought-out reasons, most notably in the context of allergens. Governments recognize that a manufacturing environment cannot be equated to a food service environment, and mandated labelling would only give allergy sufferers a false sense of security.

Similarly, it would be almost impossible, even for branded chains with a high degree of standardization, to provide menu board and menu labelling that would be complete, accurate, legible, reliable, and enforceable. This is because of the frequency of menu changes and supplier substitutions, the prevalence of customized meal choices, the range of flavour and size options for menu items, and the critical role of menus and menu boards in the ordering process and speed of service.

The following slides explain the realities of the restaurant environment and the challenges involved in providing accurate and complete nutrition information that meets the needs of customers. In the interest of time, I won't go through each one, but I would be pleased to address the factors in the Q and A session.

For now, let me jump to slide 39 and draw your attention to the dangers of taking an overly simplistic approach to nutrition information. The sponsor of this bill would say, “It's not that complicated. I just want you to give the customer an idea of the calorie count.” But is it really empowering consumers to make healthy choices if the calorie count is off by more than 50%, depending on the dressing or topping or beverage or side dish the consumer chooses?

A labelling requirement focused on calories over other nutritional considerations can be misleading and may not result in the most nutritious choices. For example, if a teenager were to buy a beverage based on calorie count, she would choose several types of soft drinks and an iced tea over a glass of 1% milk or a chocolate milk. Focusing on calories could also lead a consumer to choose a small doughnut over a multi-grain bagel.

The focus on calories could have other unintended negative effects on children, including conflicts between parents and children centring on food.

Most importantly, there is no evidence that calorie labels would have any effect on people's eating habits or on obesity levels. Dietitians of Canada reference a European heart network study to highlight some key gaps in using nutritional labelling as a population health strategy for improving the eating habits of Canadians.

The resources required to try to implement menu and menu board labelling would be huge and ongoing for both industry and government. The committee must think carefully about the cost and undetermined benefits when considering such a solution.

The other proposal that I will touch on briefly is the recommendation to remove sales tax from restaurant or retail foods that are deemed to be healthy, and perhaps add some taxes to foods that are less healthy. You might think that food service operators would jump at the chance of getting a tax break on the fastest growing component of their menus. As Jill mentioned earlier, developing and promoting healthy menu items is a growing trend, and CRFA has been complaining for years about the unfair application of sales tax to food in Canada.

Meals purchased in restaurants are subject to the GST as well as provincial sales tax in most jurisdictions, while food purchased in grocery stores is tax exempt. However, using the tax system as a tool to modify consumer behaviour on the basis of nutrition would be a logistical nightmare for restaurant operators. For example, an item high in fat may contribute essential fibres and nutrients, while an item low in fat may provide few nutritional benefits. What would a counter person charge a customer who ordered the whole wheat thin-crust vegetarian pizza and then asked for double cheese and bacon? Singling out any food item in a restaurant for special tax treatment ignores the human reality that foods are eaten in combination, and health and nutrition depends upon balance as well as moderation.

To conclude, Mr. Chairman, the food service industry recognizes the seriousness of the obesity problem and the need for multi-faceted solutions that include food service. The CRFA supports greater government intervention and involvement in nutrition and active lifestyle awareness and education programs. Restaurants provide a great distribution point for consumer information, and our members have a sincere desire to be part of such a program.

Please work with us to develop and test effective, workable approaches to encourage Canadians to adopt healthy, active lifestyles.

Thank you.

● (1550)

The Chair: Thank you very much.

Now we are going on to the Centre for Indigenous Peoples' Nutrition and Environment, and we have with us Dr. Harriet Kuhnlein, the founding director.

The floor is yours.

Dr. Harriet Kuhnlein (Founding Director, Centre for Indigenous Peoples' Nutrition and Environment): Thank you very much. I'm very pleased to be here and to be able to present to you some of the work we have done at our centre over the years.

The first point I want to call to your attention is something that I tell my students every year in a nutrition and society course. We are really very successful in the human race. All of us have the taste receptors, the chemical receptors, that drive us for sugar, salt, and fat, and we get too much of it. We have to figure out how to adapt and manage our environment to keep ourselves healthy.

The second point is that food security and the human right to adequate food are now part of our international definitions through the United Nations Food and Agriculture Organization, and the Human Rights Commission. We recognize that food for everyone needs to be available, acceptable, and accessible, as well as sustainable.

Indigenous peoples have probably a disproportionate amount of ill health related to obesity and especially to diabetes. My specialty is looking at traditional food systems of indigenous peoples and trying to understand the evolution of food systems from some hunting and gathering traditions and other food system traditions in the world.

Our indigenous peoples in Canada consume a wide variety of market foods, as well as traditional foods from their culture. The market foods, of course, they buy from the store. Each of the cultures that we have in Canada has a wide spectrum of species of traditional food. There are up to 200 different species that they know about: highly nutritious meats, fish, and wild plants. Within the plants, we mean especially berries. The major grains are wild rice and maize. We have the research to show that children are eating less of this high-quality traditional food than their parents do. Our research at the centre has actually been primarily with adults. The maximum daily average of energy consumption from traditional foods by community children is somewhere around 10%. So only about 10% of their calorie budget is coming from their traditional food. In contrast to this, 40% of their calorie budget is coming from sugar and fat and highly refined grains, what everyone refers to as junk food.

The factors that influence how indigenous peoples purchase their food and make decisions about what to feed their families are just like those for everyone else. They think about cost, and they think about how healthy things are, how much traditional food they have available, what market food is there, their children's preferences, and so forth. There is also some concern about contaminants in indigenous people's food systems at this point in time, but it's a minor issue for people who depend on land-based food systems for their traditional food.

So the patterns of daily energy intake vary. There are rural-to-urban differences. For example, there is less junk food being consumed in urban diets of indigenous peoples. This seems counter-intuitive, given that only a maximum of 10% of their food energy is coming from traditional food. They can have more traditional food in rural areas, but the junk food is less pressing in the urban diets because in the rural areas, especially in the remote communities, the amount and extent of poor-quality food is just overwhelming. There are also the north-south differences, with more people in the south using less and less of their traditional food. The most traditional food we have consumed is in the Arctic.

We have the research to show that there is better daily dietary nutrient adequacy when at least one daily serving of traditional food is contained in the diet. When people consume that, they are consuming less sucrose and fat. This is from a *Journal of Nutrition* paper that's been highly quoted.

We also know that more education and income result in better diets; and also, more breastfeeding and less junk food result in less childhood obesity.

● (1555)

So by way of solutions, we need to have more understanding of food patterns of indigenous peoples and how to improve them in our communities throughout the country. And this takes some intervention research and dissemination of findings. The research capacity of the CIHR can look into this. But we know that food security is important to indigenous peoples to prevent obesity as well as diabetes. So the general feeling of the researchers in this field is that people should be consuming more of their traditional food. It's the best food they have at this time. We should ensure breastfeeding, and improve the quality of market food that is available, accessible, and acceptable in communities. And this may take education on how to prepare some of these foods. It's quite an issue there.

It's important to reduce sugars and replace refined white carbohydrate with whole grains, reduce fats and trans fats—we've made some real advances there—and increase the omega fats that are found in fish as well as oils, and have more fruits and vegetables. It's an important point that when indigenous peoples were consuming all of the animal—all of the organs, and the brains, and the eyes, and all of those things that they have of the animal—they had all of the nutrients that we now are consuming from fruits and vegetables. And now since they're getting away from that, we have to encourage them to eat fruits and vegetables with which they are not totally familiar.

So community education is the way to go, from pregnancy through early childhood to schools and parents. We can use traditional food knowledge as a platform upon which to build education on contemporary food. And I think it's important to reduce the marketing strategies and access to junk food and beverages for children in these communities. Shelf exposure, TV commercials, and availability of junk foods in schools and public places all play a role. We know that there are—it's published now—20,000 to 40,000 TV commercials for food available to children in our Canadian environment.

Thank you.

● (1600)

The Chair: Thank you very much for your presentation.

Now we have Refreshments Canada. Ms. Calla Farn, the floor is yours. You're the director of public affairs.

Ms. Calla Farn (Director of Public Affairs, Refreshments Canada): Thank you very much for the opportunity to be here today.

In the next 10 minutes I'm going to share with you some industry information and some information about what the industry is doing to promote healthy, active lifestyles, particularly among children and youth. But the main message I want to leave with you today is that we want to be part of the solution. We want to work with all stakeholders, including government, on meaningful solutions to really address this problem.

Let me start by introducing Refreshments Canada. We're an industry association representing more than 40 brands of the types of beverages that we all drink every day: bottled water, juices, juice drinks, sports drinks, soft drinks, and so on. We represent the industry in regulatory public policy and commercial issues with all levels of government. We're also linked with other stakeholders on issues relating to the refreshment beverage industry.

Our key objectives include promoting beverages as an important part of a healthy, balanced lifestyle; promoting innovation and availability to meet consumer demands; and developing industry initiatives to support healthy, active lifestyles, particularly among youth.

To give you a quick snapshot of the industry itself, our members alone represent a $5-billion-a-year industry in Canada, with 12,000 direct and 20,000 indirect jobs in every region of the country. We have more than 100 facilities across the country and an annual payroll of about $500 million.

We're here today to talk about childhood obesity. You've heard before, and I'm sure you'll hear again, that obesity is a serious and complex issue. No single food or single ingredient is to blame. As a result, unfortunately, there is no easy solution. We believe that demonizing foods, pointing fingers, blaming, and banning foods will not help. In fact, many experts say that bans can actually have a negative impact by making the food more attractive, increasing the likelihood that it will be over-consumed. We believe that if we really want to have an impact on this issue, we need a comprehensive approach, focusing not only on healthy food choices but also on physical activity and nutrition education.

We have to teach children the importance of moderation and balance, and I'm going to tell you a little bit about what our industry is doing in that area. But again, I can't stress enough that we want to work with government on solutions.

In terms of beverages, it's important to understand that they're vital to a healthy, balanced diet. They provide hydration, nutrition, energy, and refreshment. All beverages can contribute to hydration, which is especially important for children. In a document called “Step Right Up to Healthy Eating: Fueling the Young Athlete”, Dietitians of Canada notes that children have a poor sense of thirst and need to be reminded to drink during sports, and that while water is a good thirst-quencher, many children will drink more when their beverages are flavoured.

While all beverages can be part of a healthy, balanced diet, the key, as in everything we eat and drink, is moderation and balance. The beverage industry offers a wide range of products choices and packaging sizes to meet the needs of all consumers.

We know that obesity is a result of calories in, calories out. In other words, if we consume more calories than we expend, we're likely going to gain weight. But the survey that Jill mentioned earlier, the Statistics Canada Canadian Community Health Survey, shows that caloric intake for both boys and girls between the ages of 5 and 19 actually declined between 1972 and 2004. In fact, it declined for most other groups as well. I'm not pointing this out to say, hey, therefore food is not the problem, so let's focus on physical activity. But what this does show is that if caloric intake among children has declined over that time, then their level of physical activity has declined even more, to create the balance.

So again, to solve this problem, children have to consume fewer calories but increase their exercise. We have to focus on both parts of the equation: healthy eating and physical activity.

It's not just overall caloric intake that's declining. Calories from soft drinks have also fallen. Soft drinks, as you know, have been targeted as one of the main culprits in the obesity crisis, but data from Statistics Canada shows that the amount of soft drinks available for consumption has dropped by 9% since 1998. Our own industry data confirms that there's a definite shift from regular soft drinks to bottled water, juices, and other non-carbonated beverages, and our industry is trying to accelerate that shift. That's what our voluntary school guidelines are all about. We recognize that schools are a unique environment.

Our guidelines address both the product mix and the package sizes available to students at school. They're designed to be age-appropriate, recognizing that the school environment of an elementary school is very different from that of a high school. There's a huge difference in ages, maturity levels, body sizes, activity levels, nutrition requirements, and so on.

● (1605)

There is one thing we are focusing on at all grade levels. What we're trying to do is reduce the number of calories and increase the nutritious beverage choices for all students while they're at school. By doing this, we hope to help children develop healthy habits that will benefit them for the rest of their lives. Here's how the guidelines work.

In elementary and middle schools, only 100% sweetened juices, bottled waters, and low-fat milk will be sold. In addition, the package sizes will be capped at 250 millilitres in elementary schools and 300 millilitres in middle schools. A number of dieticians we consulted supported the graduated package size, based on the increasing ages of the students.

In high schools we will offer a wider range of beverages, but we will still maintain the focus on low-calorie and no-calorie beverage options: high school students will have access to the juices, waters, and low-fat milk, but in addition they will have available a wider variety of low-calorie and no-calorie options, such as diet beverages. As well, they may have juice drinks and sports drinks, provided they don't exceed 100 calories per container, and the size of the containers at high school levels for the juices, waters, sports drinks, and juice drinks will be capped at 355 millilitres, again recognizing the older students.

Finally, at least 50% of the beverage options offered in the high schools must be water, low-calorie, and no-calorie beverage options.

These guidelines are already in effect for new and renewing school contracts, and it is our hope that they will be fully implemented by the 2009-10 school year. The phase-in time is needed for a number of reasons: first, it recognizes our existing contractual obligations; and second, it gives industry the time it needs to develop new products, redesign packaging, and enhance vending capabilities in order to meet the spirit and letter of our guidelines.

As I mentioned earlier, students are already shifting toward juices and waters; our guidelines will simply reinforce and accelerate that shift. We believe our guidelines are a solid step in the right direction, and we hope they show a positive commitment on behalf of our industry to being part of the solution.

We also hope that the information presented, including contradictory findings on the slide on page 11, clearly show there is no black and white solution. For example, a study in 2006 showed a direct association between soft drink consumption and weight gain in adolescent girls; however, another study showed no relationship between consumption of sweetened beverages and fat mass in healthy males and females aged 8 to 19. In 2003 a study showed time spent watching television and the number of soft drinks consumed were significantly associated with obesity in 11- to 13-year-olds; however, another showed no linear relationship between sweetened beverage consumption, BMI, and total energy intake in 10-year-old children.

So again, this shows there is no conclusive evidence pointing toward any one target or one solution. We hope this committee will consider and discuss all of the available information.

The bottom line here is that whether or not there's a cause-and-effect relationship, a focus only on the caloric intake will only address one part of the problem. The evidence tells us obesity is caused by a number of factors, including a decline in physical activity; an increase in sedentary activity; lack of awareness, knowledge, or education; cost and availability of food; safety concerns; and on and on. Clearly, the solutions have to be multi-sectoral and multi-level. It's truly time for all stakeholders to come to the table.

We're here today to tell you that we want to do our part to work together to really start to make a difference. I thank you for your attention, and again, we thank you for the opportunity of being here today.

● (1610)

The Chair: Thank you very much.

Now, from the Bariatric Medical Institute, we have medical director, Dr. Yoni Freedhoff. It's good to have you with us. The floor is yours.

Dr. Yoni Freedhoff (Medical Director, Bariatric Medical Institute): Good afternoon. I want to thank the committee for inviting me here to speak today.

I'm a practising physician. I'm one of only three Canadian physicians certified by the American Board of Bariatric Medicine, the only medical body in North America currently offering certification in medical weight management.

Since April 2004, I've dedicated my practice exclusively to the treatment of obesity, opening the Bariatric Medical Institute, where I work daily alongside a registered dietician and a certified personal trainer. Using an evidence-based approach, we do not require specific diet plans, products, injections, or supplementation. Instead, we utilize education, motivation, and support in helping our patients achieve sustainable weight loss.

We've enrolled over 700 patients, with 80% of those completing our five-and-a-half-month program achieving medically significant weight losses, as have 100% of those completing our subsequent year of lifestyle maintenance.

Perhaps the first thing our registered dietician teaches our patients is not to follow Canada's Food Guide, as it simply does not reflect medicine's understanding of the role of chronic disease, and recommends far too many calories.

I've been asked to talk to you about the impact of the food guide on childhood obesity; however, it is impossible to restrict the focus solely to children, as study after study report that the family food environment and parental dietary behaviours have a very dramatic impact upon the development of childhood obesity. Therefore, my focus will be on the food guide and its contribution to obesity in Canada.

When Canada's Food Guide was last revised in 1992, the number of recommended servings for all food groups were increased significantly, as shown in the attached chart. Health Canada explained the increase as a shift between the foundation diet approach and a total diet approach. Semantics aside, according to Statistics Canada, since the release of the 1992 food guide, the average daily consumption of calories by Canadians has increased by over 18%, and that's reflected in figure one.

I'm going to diverge from my prepared statement. I know that Calla and Joyce have both referred to a study that was published by Statistics Canada. What neither mentioned to the committee is the fact that the note on that actual table states that comparisons cannot be made due to the difference in methodologies in collection. The diagram I've included with my documents is actually based on 40 years of annually collected plate waste adjusted food disappearance tables, a far more robust data set.

Over the same time period, from 1992 until now, obesity rates in children aged six to 17 have doubled, and in adults they have increased by 65%. These increases are in stark contrast to obesity rates between 1977 and 1991, where, according to Statistics Canada, the prevalence of obesity among adults was virtually unchanged. It would certainly follow that if we ate more servings, we would consume more calories.

So what are these servings that Canada's Food Guide refers to? That's a question that most Canadians can't answer. In fact, Health Canada's own research revealed that Canadians had a very poor understanding of what constituted a serving, perhaps due in part to the fact that the servings recommended by Canada's Food Guide do not correspond with those found on nutrition facts labels. Despite this, the revised guide retains them and actually expands upon them.

The confusion will likely worsen with the proposed guide's suggestion to use half the size of our palms to help us with meat serving sizes. Believe it or not, research has been done on palm volumes, and they have been found to vary by as much as threefold due to natural normal variation in the population. If you don't believe me, look at the palm of the person sitting beside you.

The weight of half the size of my palm in ground beef is 91 grams; my wife's is 56 grams—dramatically different—and both weigh more than the guide's recommended 50 gram serving size.

Health Canada's calorie models and serving sizes rely on the information found in the 1997 Canadian Nutrient File. Unfortunately, Canadians' serving sizes rely on what they can buy in their supermarkets, and to the best of my knowledge there are no 1997 nutrient file superstores in Canada. This discrepancy between Health Canada's definition and the average Canadian's application of serving size helps to explain what I feel is a dramatic underestimation by Health Canada of the number of calories their food guide leads Canadians to consume.

To give you an example, this past weekend I went to my local supermarket and looked at their bread section. While the 1997 nutrient file, and consequently the food guide, conclude that a slice of bread weighs 28 grams, that was true with only two of the 31 loaves of bread I saw. Of the remaining loaves, over two-thirds weighed 60% more than expected by Canada's Food Guide.

● (1615)

Remember, if there is more of a specific food there are more calories, and obesity's currency is calories. If, for one year, the only thing I did differently was eat one slice of the 45-gram bread in place of the 28-gram bread, I would gain as much as 5.2 pounds. Why? Calories.

In her 2004 report, *Healthy Weights, Healthy Lives,* Ontario's Chief Medical Officer of Health, Sheela Basrur, stated, that "body weight is the relationship between 'energy in' and 'energy out'" . The energy in of course is measured in calories, not foods, yet the food guide and Health Canada have a habit of explicitly stating, and I quote, "Follow the food guide to make healthy food choices and maintain a healthy weight".

Unfortunately, choosing healthy foods does not necessarily mean choosing an appropriate number of calories. Healthy eating has to do with the foods you choose, whereas weight management has to do with the calories you choose. You can gain weight eating only salad if you eat enough salad, and you can lose weight eating only ice cream if you choose not to eat too much.

In what I see as a mind-boggling omission given a rapidly worsening epidemic of obesity, conservatively costing us $6.6 billion annually, resulting in 57,000 premature deaths between 1985 and 2000, the proposed revision to *Canada's Food Guide to Healthy Eating* provides zero guidance on calories, aside from vague, utterly useless statements like "Try not to eat too much more or too much less", "Be aware of your portion sizes", and "Choose foods that are lower in Calories". The fact is, by failing to provide guidance on calories, Health Canada puts Canadians at a dramatic disadvantage at managing their weights.

The easiest analogy for calories is money. Before you buy anything, you need to know how much money you make, and how much whatever you want to purchase costs. It's the same with calories. How can you make an informed decision on what to eat if you don't know how many calories you burn? I wonder how many people here know how many calories they burn in a daytime? If you knew the sandwich you were considering had more than half the calories you burn in a day, would you still buy or eat that sandwich? Why did Health Canada spend so much time and effort on new labeling requirements if they refuse to teach Canadians how to interpret and apply the first and most important value on the label—calories?

Health Canada's lack of guidance to Canadians on the treatment and prevention of obesity is not restricted solely to the food guide. Despite being labelled an epidemic by the World Health Organization, the Centre for Disease Control, the Canadian Institute for Health Information, the Canadian Medical Association, and virtually every major medical and public health organization in the world, it may interest committee members to know that on Health Canada's own website, obesity is not listed in the section on diseases or conditions or in its section on food and nutrition or in its section on healthy living. In fact, the only place where you can find obesity mentioned on Health Canada's website is in an A-to-Z index, where there are two links—the first to an information sheet on cardiovascular disease, and the second to Canada's Food Guide.

In my view of the role of Health Canada, I would have thought Canada's Food Guide would be reflective of the best available evidence for the role of diet in the prevention of chronic disease, as well as serving to help stem the rising tide of obesity in our nation. Unfortunately, in its current state, it does neither. My understanding is that Health Canada feels that the revised food guide, in its current form, is ready for release.

Today, I urge the committee to request that the Minister of Health not release the revised Canada's Food Guide until the concerns of this committee are taken into consideration. Furthermore, I recommend that calories be explicitly discussed in Canada's Food Guide, with guidance more useful than simply telling Canadians to eat less of them. Given the tremendous selection available to consumers, Health Canada's reliance on out-of-touch, unrealistic, and already-outdated 1997 nutrient file data as the basis for the revised guide's calorie models means that the vast majority of Canadians of all ages following the food guide will in fact continue to gain weight, eating far more calories than Health Canada's models predict.

I would recommend Health Canada revisit food labelling so as to ensure that the servings listed on Canadian food labels actually correspond with Canadian food guide recommended serving sizes. Currently they do not, increasing confusion.

Lastly, I recommend that the processes by which decisions are made in the recommendations for Canada's Food Guide be reviewed. Frankly, the dietary recommendations stray so far from mainstream scientific and medical understanding of the role of diet in the prevention of chronic disease that I am at a loss to explain this discrepancy. I hope this committee can shed some light on what influences may be at play here, before the food guide is finalized and released.

● (1620)

Thank you very much for your time and attention.

The Chair: Thank you very much for that testimony.

We've all had a little jolt of reality, and we're feeling bad about the cookies and calories we just had at the start of the meeting. Nonetheless, let's hear from our last individual, from Food and Consumer Products of Canada, Ms. Phyllis Tanaka.

We'll hear from you, and then we'll start our questioning.

Ms. Phyllis Tanaka (Director, Food and Nutrition Policy, Food and Consumer Products of Canada): I am here on behalf of Food and Consumer Products of Canada. FCPC represents companies that make and market the majority of the prepared foods and household commodities that Canadians use every day. In fact, over 70% of the food and beverages on grocery shelves in Canada today are manufactured by FCPC members.

The food and beverage industry recognizes that childhood obesity is a significant health issue. We realize that turning the tide on the rising rates of childhood obesity and the chronic diseases that go hand in hand with obesity will take time and will require the efforts of all sectors of society.

In that context, I thank the committee for this opportunity to speak to you as you gather information from all sectors of society on this very important matter. I realize we have very limited time, so I have provided you all with a copy of our report. I hope everybody has a copy at hand.

The Canadian food and beverage industry's report on diet, physical activity, and health is based on the results of a survey conducted by our member companies in 2005. It captures benchmark data on the food and beverage industry's activities in support of healthy, active living. We assessed the survey results data against the World Health Organization recommendations on what the food and beverage industry should do in support of childhood obesity. Their recommendations can be found in their 2004 report, *Global Strategy On Diet, Physical Activity and Health*.

We used the World Health Organization recommendations as a benchmark to measure our progress—a report card, if you will. I am very happy to say that the results of our benchmark study demonstrate industry's strong commitment to promoting healthy, active living. And I know that in 2007, when we conduct our next survey, we will find that the food and beverage industry has built on what is already in place.

Our report gives focus to four key areas: product development and reformulation; providing consumers with information; responsible advertising and marketing practices; and promoting healthy, active living. With time limits in mind, my comments are specific to what industry is doing with their products and how industry plays a role in making sure the Canadian consumer is an informed consumer.

Canadian food and beverage companies have invested significantly in both product reformulation and new product development. They have given particular focus to products in the “healthier for you” category. In fact, in 2004, 62% of the companies introduced new products designed to be healthier choices, and 62% reformulated products to make them healthier.

In the report, you will find data on changes made to products specific to fats, sugar, sodium, fibre, omega 3s, and vitamin fortification. I will give mention to the results as they relate to fat, sugar, and sodium—nutrients that were given special mention in the World Health Organization report.

Our survey data show that half the companies reformulated their products to reduce trans fats, and one in five introduced new products with no trans fats. Further, 41% introduced new products with less fat, and 13% introduced products with absolutely no fat.

On the sugar front, 13% introduced new products with no sugar at all, while 22% introduced new products with reduced sugar, and 13% reformulated products to reduce the sugar content.

With respect to sodium, new products with reduced salt content were introduced by 13% of the companies; reformulations to reduce sodium content were completed by 25% of the companies.

● (1625)

Industry has also focused on portion size and packaging matters. In 2004, 23% of the companies made packaging changes to address concerns about portion sizes being too large. Half of those companies introduced smaller packages, and 42% introduced smaller portions.

I realize that rattling off percentages is not very exciting. The message I want to convey is that industry is giving focus to "healthier for you" product development. When looking over our report, please note that there are some great examples of these products on pages 8 through 11.

I will spend the balance of my time speaking to the food and beverage industry's contributions to empowering consumers. Consumers need information to make informed choices in support of a healthy lifestyle.

You already know, through Janet Beauvais from Health Canada, of Canada's state-of-the-art mandatory nutrition labelling program. Food and beverage manufacturers provide consumers with standardized nutrition facts and information on their product labels. The nutrition facts table spells out the calorie count and the nutrient content with respect to 13 core nutrients. It is a powerful tool in the hands of consumers. It facilitates product comparison and assessment at point of purchase.

You may not be aware of the other ways in which the food and beverage industry facilitates consumers being able to make informed decisions. Individual corporations and industry as a whole support initiatives to ensure that consumers are informed. Individual corporate initiatives include websites and call-in centres. Consumers can tap into these resources for product-specific information and for information on healthy eating and healthy lifestyles. Individual corporations and FCPC also work with third party organizations such as Dieticians of Canada, the Heart and Stroke Foundation, and the Canadian Diabetes Association towards helping the consumer to be well informed.

For example, through FCPC, industry supports a great program called Healthy Eating is in Store for You. This education program of the Canadian Diabetes Association and Dieticians of Canada is web-based. It features a virtual grocery store tour and educational materials that help consumers understand how to utilize the nutrition facts table in making food selections.

Again, more great examples are contained in our report. These can be found under "Customer Information" and "Promotion of Healthy Lifestyles".

While these partnership examples speak of what industry is already doing, I would like to end by speaking of an opportunity that FCPC has explored with Health Canada. In a report by the Institute of Medicine of the National Academies, entitled *Food Marketing to Children and Youth: Threat or Opportunity?*, the food and beverage industry is called on to use its advertising and marketing expertise in support of promoting messages on healthy living.

In keeping with the IOM recommendations, FCPC approached Health Canada with an offer from food and beverage companies to provide $5 million of in-kind advertising and marketing support to match the government's investment in their healthy, active living program, Take the First Step.

We believe the government's social marketing message, combined with our industry's ability to reach millions of consumers, could make for a very powerful partnership. We certainly encourage government to consider resuming discussions with industry through FCPC.

I sincerely hope I've given you a sense of the food and beverage industry's commitment to healthy, active living in support of addressing the serious issue of childhood obesity. I too ask that this committee and the government work with the food and beverage industry in addressing this issue.

● (1630)

I thank the committee for its attention.

The Chair: Thank you very much for all of your presentations. They're very good.

I will open the floor up to questions, but before go to those, I just want to ask Ms. Gillis whether she is still with us, hanging in there. All is well?

Ms. Linda Gillis: Yes, I'm fine.

The Chair: Okay. I'll just remind the committee that she is there, and you can address questions to her as well.

We'll open it up. Ms. Dhalla, you have five minutes, and then we'll share your five minutes with Mr. Thibault.

Ms. Ruby Dhalla (Brampton—Springdale, Lib.): Thank you very much, Mr. Chair.

I want to take the opportunity to thank everyone for their presentations. They were quite informative and helpful.

I have a question regarding what was mentioned by Dr. Freedhoff from the Bariatric Medical Institute in regard to your comments about Canada's Food Guide and perhaps the lack of consultation by Health Canada. First of all, could you perhaps tell me a little bit about your institute, and who funds the institute, and how your program works for medical weight loss?

Dr. Yoni Freedhoff: Sure. We are co-funded, I suppose, by OHIP. OHIP covers my services as a physician, and the patients who come to see us will pay privately to see the dietician, participate in our on-site fitness facilities, and receive one-on-one personal training as well.

In terms of the food guide and the consultation process, I'm not sure—which is why I think it would be terrific for the committee to investigate exactly how this works. I do know that industry is certainly there every step of the way. By no means am I suggesting necessarily that industry has influenced change to the recommendations, but what I am saying quite clearly is that the recommendations made by Canada's Food Guide simply don't reflect the best available evidence as to what would be the diet most likely to help prevent and minimize chronic disease in Canada.

It's something that boggles my mind—I used that word earlier. I really don't understand how there could be any recommendations being made other than those that would protect and promote the health of Canadians. I don't understand how that process has gone on. I know that the consultation process parts that I attended were restricted primarily to marketing, with questions as to which diagram I liked best and which colour I liked best, and certainly not substantive discussions.

Ms. Ruby Dhalla: Were you involved in the process of discussions to ensure that the food guide reflects the cultural diversity of Canada's ethnocultural groups and also the first nations community, and includes the foods that are perhaps special to those communities?

Dr. Yoni Freedhoff: Certainly one of the things that have been promoted is the fact that in the pictorial representations of foods, there are pictures of more ethnic foods. As far as my involvement goes, I had none.

Ms. Ruby Dhalla: What about anyone else on the panel in terms of their consultations with Health Canada, if they had any, to ensure that the food guide was reflective?

Dr. Harriet Kuhnlein: There is going to be a separate food guide for first nations, Inuit, and Métis, and that is now under development.

● (1635)

The Chair: Mr. Thibault.

Hon. Robert Thibault (West Nova, Lib.): Thank you very much, Mr. Chair.

Thank you to Ms. Gillis for her presentation. I thought it was quite factual, and it came to conclusions that I can understand. It seemed to me to be quite realistic, based on the data that she studied.

I find it to be in contrast with the food services presentation, which drew conclusions from a lot of the same data but quibbled with words and drew conclusions that were—I'll let you prove me wrong—self-serving.

It may be true that if you do a statistical analysis, Canadians eat as many meals at home as they would have 50, 40, or 30 years ago, but those meals have changed considerably. A lot of it is fast food. You call it quick service, but it's fast food that you don't buy at the drive-through necessarily, but at the grocery store, and stick in the oven or the microwave for a few minutes. Whether it be Pizza Pops, TV dinners, or pizzas themselves, and all that type of food, it's industrially produced, having very low health quality in what's in them.

The same could be said of restaurant services. When you spoke of the percentage of money being spent in restaurants, whether it's a high-income family or not, and the high amount being spent in restaurants doesn't necessarily translate to obesity or food quality than lower amounts, I don't think you're taking into consideration the evolution of the restaurant. Fast foods have gone up the slide. It used to be A&W and McDonald's, but we're into the Pizza Delights, the Boston Pizzas, and all sorts of fast foods that are out there that are perhaps a little bit more upscale but are serving industrially processed foods, that have no chef in the kitchen, that don't buy vegetables and fruit and eggs, and their inputs are basically thirteen ingredients that come pre-packaged in plastic in the back of a tractor-trailer, are dumped in the back of the restaurant or food service place, and are mixed together, or are sent out, put through the warmer, and presented to people as very low-quality food. I think there would be a difference with the homestyle restaurant that we might know, a large differentiation.

We have started to see the fast food group advising people and having some quality food, and I think that is a good move, but that was a volunteer effort, and we read of pullbacks, drawing back out of that area. I have reservations when we look at bills that are going to impose regulations on how we present our products in restaurants, or fast-service food stores, or in grocery stores themselves, but my reservations become hard to argue when I don't see advancement of that. I hear the recognition at this table, but it doesn't translate.

I hear the soft drink industry saying it wants to promote those things, but I watch TV and I understand, like any 13-year-old, that if I drink enough Coca-Cola, or Pepsi, or 7UP, number one, I'm going to own the swimming pool, and number two, it's going to be surrounded by beautiful, nubile bodies, scantily clad 12 months a year. It's only $2.25 a can; it's not a bad deal. But in reality it doesn't work like that. And I see the same type of advertising or promotion of a juice, whether it be reconstituted juice or whether it be fruit flavour added to a bit of liquid and a lot of sugar. I don't see that differentiation.

So I worry a bit about the message we're hearing today and whether we're getting real advancement from the food service industry in healthy living and promoting true choices for consumers.

The Chair: Who would like to answer that?

Mrs. Jill Holroyd: I can start. There is a lot of information in your comments and questions, but I'll do my best.

In terms of the data we've presented today, the goal is really to say that this is a complex issue. I think everybody can appreciate that around the table. It would be a disservice to Canadians to villainize one factor, one industry, or to try to come up with a magic bullet solution based on general opinion and informal observation, as opposed to what the facts are really telling us about Canadian eating habits.

While I'm on the issue of the data, I want to come back to the StatsCan study on caloric intake that my fellow witness took issue with. Yes, the study does point out differences between the two surveys in 1972 and 2004, but if I may quote from it, it says:

> While the 2004 data cannot be strictly compared with those for 1970-1972 (National Health and Welfare 1997), an examination of results from the two surveys suggests that Canadians' calorie consumption has not increased. On the contrary, initial findings suggest that the trend is down among males aged 12 to 64, and essentially stable among women and older men (Table 1). This is counter to the situation in the United States, where calorie intake rose between 1971-1974 and 1995-2000.

I don't want to get into a he-said-she-said, but it's to the point that it's a complex issue, and there's a lot of information out there that the committee needs to consider.

In terms of advances being made in the food service industry, again we can look at the growth in the healthier menu items that are out there now, the investments that restaurants have made to respond to consumer demand for healthier, lighter, leaner, menu options. We are seeing change in menu patterns, in what consumers are ordering at restaurants.

● (1640)

The Chair: Our time is gone.

Madame Demers is next.

[*Translation*]

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

Thank you for coming and telling us about your efforts, both on the food services and the non-alcoholic beverages side. What you are doing in our schools is important. I should tell you that I, for one, really like the food served in restaurants, for example. And we all know that the best comfort food to eat at home when you are depressed is cheese macaroni, and it must be from Kraft.

However, when I was 12, 13 or 14 years old, I was running around all day. The number of calories I ingest today is roughly the same as 30 or 40 years ago, but I am sitting down all day. Therefore, one should not only look at calories but also physical activity, as Dr. Freedhoff mentioned, as well as the ratio between the energy a person spends during a day and the number of calories that the person ingests.

My question is for Dr. Freedhoff. There has been a very interesting presentation given earlier by Dr. Jean-Pierre Després, a specialist in waist obesity. He talked about the very easy method he developed to determine the risks associated with fat around the waist.

Do you know Dr. Després?

[*English*]

Dr. Yoni Freedhoff: What we're talking about is the waist circumference and waist-to-hip ratio as a better means of deciding the risk of weight, and absolutely—it's been known for a very long time, actually, that it is a better measure of the risk of weight, because body mass index forgets things. It forgets about muscle mass, it forgets about bone density, it forgets about racial differences; as a consequence, it's a less reliable measure. Of course, that reliability is really only in question in the lighter range of body mass index. Once you exceed a certain level, it becomes fairly incontrovertible.

You mentioned activity and its role. I wouldn't mind commenting briefly on activity and the role. People consistently talk about how important activity is in burning calories, and it is absolutely true that without physical fitness, people are far more likely to regain weight they have lost. However, the actual calories burned through exercise is fairly minimal compared to the number of calories one could restrict from the diet through knowledge and teaching.

For instance, should a person want to lose a pound in one week through exercise alone, they would need to exercise an hour a day, very vigorously, seven days a week, and not one time that week have anything to eat as a reward for their exercise—so while it is certainly a player, I think it is the minor player in terms of weight management.

[*Translation*]

Ms. Nicole Demers: I have another question for you, Dr. Freedhoff.

I understand that you offer a weight-loss program for better health in a private clinic setting. Is it very expensive? Is it accessible to the people most vulnerable or those who do not necessarily have the money to pay for such a program?

You also say that education is very important. In your view, it is therefore very important to promote these notions, to educate people on health, on problems associated with obesity, on the errors in the Canadian Food Guide so that people do not make the mistake to believe what it says and end up with problems.

Is that correct?

● (1645)

[*English*]

Dr. Yoni Freedhoff: Our program is five and a half months long. In our program a person will receive unlimited access to a dietician, with a minimum of five hours of one-on-one consultation time. They'll receive over 24 hours of group fitness within the confines of our fitness facility, as well as see our personal trainer for three hours, one-on-one. I see people every two weeks for the first half of the program, and every three weeks for the second half, but quite frankly, I'll see people weekly if need be.

The cost of our program is $1,450. It is far less expensive than the weight management program being run at the hospital, and we also have an affiliation with a company called Medicard, which provides medical loans to Canadians and would allow people to spread the cost of the program over four years, to the point where it would cost $30 or $40 a month if they wanted to enrol.

There are insurers who are paying for portions of the program and there are also some insurers who are now potentially considering paying for the complete program.

[*Translation*]

Ms. Nicole Demers: Thank you.

[*English*]

The Chair: Thank you very much.

Mr. Fletcher, you have five minutes.

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

I'll start by making a comment on Canada's Food Guide. It may be helpful to the committee, after hearing what we've heard today, to hear from the people who are responsible for putting that together and ensure that there is integrity in the food guide.

Having said that, I have two questions. I'll simply ask the questions and let the answers come as they may. On Bill C-283, Ms. Reynolds, you made a lot of excellent points. However, we still have Bill C-283 being brought forward and there must be a reason why that is occurring—even though I tend to agree with you that it is completely unmanageable, and how would you do it? Nevertheless, we have it, and I think it's fair to say it has a considerable degree of support in the House of Commons. So I'd like to give you an opportunity to address the critics of your position.

In regard to Ms. Gillis' and Ms. Farn's position on liquids, it seemed to me that you were taking opposite points of view on liquids, particularly on flavoured drinks. Is that perception correct? Having heard each other's presentation, I wonder if you could each discuss why your position is correct and the other person's is wrong. A nice little debate would be fun.

That's it.

The Chair: Ms. Reynolds, would you like to start?

Ms. Joyce Reynolds: I wouldn't mind starting.

Thank you for the question. I think a lot of people would say they would love to see more labelling in restaurants, without fully understanding what the practical realities are. It's the same as if you were to say, wouldn't it be great to have a minimum of five dieticians in every school across the country doing one-on-one training with students? That sounds great. There's no evidence that it would be effective, but it certainly sounds like it might be a good idea. How practical is that? How realistic is this?

We know that government doesn't have unlimited resources, and the idea of trying to do the analysis and the measurement...we know how hard it is to implement. We know the realities for the industry. Does government really understand the realities of trying to implement and enforce such a regulation? And is government really prepared to reallocate the amount of resources that would be required? There wouldn't be money left to take any other initiatives in terms of addressing this very complex issue.

● (1650)

Mr. Steven Fletcher: The government understands that we're in a minority situation. I think we'll potentially be outvoted on this.

Ms. Joyce Reynolds: To try to respond to your question, I think it's a good idea in theory, but in terms of reality and practicality I think it would be almost impossible.

I have to give you an example. For instance, if you have a situation where you've implemented Bill C-283, somebody could complain and say the calorie count for a date square in a coffee shop is not accurate or is missing. You'd then need to have CFIA officials check out that date square. They would then have to check out how many of those coffee shops actually have date squares on the menu. If they found that 60% of them have date squares on the menu, they'd have to figure out how many dollars that date square generated at all of those different coffee shops across the country. Let's say it is over the $50,000 threshold. Once they figured that out, they could find that the date squares are provided by regional suppliers throughout the country and every single date square is different.

This could be the case for a Caesar salad, a club sandwich, a hamburger, or an ice cream cone. It would become a ridiculous exercise to try to implement such legislation or to measure it or analyze it, when restaurant operators are saying they can't provide accurate and reliable information in that format.

The Chair: Okay. We probably ran out of time on that subject. That's Bill C-283. We haven't seen it, and we may not see it, so we'll leave that debate for a little further on.

I will leave an opportunity for the other question, if the witnesses wish to address it.

Ms. Gillis.

Ms. Linda Gillis: Yes, I would like to discuss that.

In terms of looking at the data on sweet drink consumption, I think you have to look at how the studies were analyzed. Some of the studies didn't have parental involvement. It's important for children to have parents involved, in terms of food frequency, because children are not at a developmental age in order to determine the food frequency of a soft drink.

You also have to look at what they determined to be a sweet drink. A lot of those studies were not inclusive, and they didn't include Poweraid, Fruitopia, and fruit punches. They only looked at pop, or they did not define sweet drinks in a complete way.

In my research, I did a dietary history with the parent involved, plus I looked at all the sweet drinks individually, and then I had a tally for it.

The Chair: Ms. Farn.

Ms. Calla Farn: I hate to disappoint you, but there's not going to be a debate between Ms. Gillis and me. In fact, her study shows there's a link between sweetened beverages and obesity. As I pointed out during my presentation, a number of other studies have shown similar linkages. But the fact remains that an equal number of studies show absolutely no relationship between the two.

Targeting any one food and one solution is not the answer to the obesity issue. The answer is something much more comprehensive. Yes, look at caloric intake, but you should also look at nutritional education and physical activity.

The Chair: Dr. Freedhoff, a very short comment.

Dr. Yoni Freedhoff: In order for the committee to have more information, in 2001 the American Academy of Pediatrics committee on nutrition published a policy piece on juice in children. They recommend that children between the ages of one to six years old limit fruit juice intake to between 125 and 180 millilitres less than the amounts in the serving sizes being provided in the voluntary program in schools, and that kids between the ages of seven and 18 years old limit intake to between 180 millilitres and 250 millilitres.

It may also interest the committee to know that there were representatives from the Canadian Paediatric Society on that expert panel.

The Chair: Thank you very much.

Ms. Priddy, you have five minutes.

Ms. Penny Priddy (Surrey North, NDP): Thank you.

I am aware of the debate around Canada's Food Guide. My own family physician suggested that if I were to follow it, I could go up two clothing sizes and provide myself with a whole new wardrobe. Not that it would not be fun, but it's not something I'm interested in doing.

I have two questions for you. You said that when you came for consultation, it was about whether you liked the colour or you liked the design. My two questions to you are as follows.

One, have you shared your concerns about Canada's Food Guide with the appropriate people at Health Canada?

My second question is this. Is there another food guide that you like more and are more comfortable with?

● (1655)

Dr. Yoni Freedhoff: The answer to the first question is yes, I actually did meet with Health Canada on two occasions. The first occasion was informal at a think tank on obesity in Toronto, and my views were dismissed completely out of hand.

The only other time I was given the opportunity to speak directly with Health Canada was after my views were published in the *Canadian Medical Association Journal*, at which time the meeting was conducted. It also became fairly apparent that while my views were being heard, there was a bit of reluctance to accept another person's views on the calories and the models.

In terms of food guides, a very well-researched food guide was created by Walter Willett, chair of the department of nutrition at the Harvard School of Public Health. Walt Willett produced something called the healthy eating pyramid. He did it the right way; he used evidence-based medicine. He took 40 years of dietary research and summarized it into a pyramid form that is very easy to understand, with non-ambiguous messages.

Then he went further and proved in a study he published in *The American Journal of Clinical Nutrition* that people following his food guide were more likely to be free of chronic disease than people following the American food pyramid, which for all intents and purposes is comparable enough to Canada's Food Guide that we can talk about it. His food pyramid used the Physicians' Health Study and the Nurses' Health Study—very robust data sets and unequivocal results.

Indeed, the American Heart Association released new dietary guidelines this year as a healthy eating pyramid. The guidelines explicitly talk about calories and provide resources on their websites, including charts to help people determine how many calories their age, sex, etc., would require for daily weight maintenance.

Ms. Penny Priddy: My other question would be, is there anyone else you think we should hear from, or anything else you think we should see in terms of material, that would further expand our knowledge about the relationship between food, as you talk about it, and chronic disease patterns?

Dr. Yoni Freedhoff: Absolutely. Unfortunately, I did not have enough time in 10 minutes to talk about the actual poor recommendations with regard to health. I talked solely about calories.

I would recommend the committee call upon the Centre for Science in the Public Interest, a non-profit group. The centre's mandate is to advocate for the nutritional health of North Americans. The person who I would recommend to speak on this topic would be Bill Jeffrey.

The Chair: For the committee's information, they are on our witness list, and he is going to be the presenter.

Thank you very much.

Ms. Davidson.

Mrs. Patricia Davidson (Sarnia—Lambton, CPC): Thank you, Mr. Chairman, and thank you to each presenter. It has certainly been an interesting afternoon.

The one thing that has come across loud and clear is the fact that we don't have very reliable data. We're hearing different things from everybody. We've had different reports referred to, giving us different outcomes. I think that's a huge concern for this committee, as we try to find a solution, since we don't have any reliable data to build that solution on. That's a comment, not a question.

I do have a question for Mrs. Reynolds. We talk about the voluntary guidelines. I think you said that 41% were participating in these voluntary guidelines. Did I hear that correctly?

Ms. Joyce Reynolds: There are now 27 companies, and 41% of chain restaurant establishments are represented in those 27 companies.

Mrs. Patricia Davidson: What was the timeframe in which we got up to 41% being represented? Is it increasing in the last...or when did this start?

Ms. Joyce Reynolds: The program was officially launched in February 2005, so it's a relatively new program, and it is growing. I have to be honest and say we had one small regional chain sign up for the program, but then it found that the program was beyond its ability and dropped out. Even with that, we're still growing.

● (1700)

Mrs. Patricia Davidson: So you're still seeing interest from the industry to continue?

Ms. Joyce Reynolds: We have to be clear. It can only be companies that have a very high degree of standardization in terms of concepts, menu items, suppliers, and portion controllers. You have to have all of those things before the program can work.

Mrs. Patricia Davidson: Thank you.

To Ms. Farn, you talk about your voluntary school guidelines—I think I have the right presentation here—and we talked about lower-calorie beverage choices. The one question I was going to ask was about the calorie content of juices, and I think Dr. Freedhoff referred to that briefly in his comments later. Who is setting the guidelines for these voluntary guidelines? Is it your group, or who's doing that?

Ms. Calla Farn: Yes, these guidelines were developed by Refreshments Canada for our own member companies, and that includes Coke and Pepsi, who are our major beverage suppliers to schools.

Mrs. Patricia Davidson: Has there been any consultation with Health Canada or any of these other groups, as far as setting the guideline goes? How would the Refreshments Canada Group come up with health guidelines?

Ms. Calla Farn: In fact, they were a response to what we were hearing from stakeholders. Educators, parents, governments have all told us that they wanted changes in the beverage selections offered to schools, so it really was—

Mrs. Patricia Davidson: It was input from different areas.

Ms. Calla Farn: They were a direct response to what we've been hearing from our stakeholders. And we did work with dietitians, and we got input from dietitians in terms of portion sizes and product mixes and making them age-appropriate, and so on.

Mrs. Patricia Davidson: Thank you.

Dr. Yoni Freedhoff: Very briefly, for the committee's information, drop for drop, orange juice has more calories than Coca-Cola. Simply because it's a juice doesn't necessarily make it lower in calories. Since today's topic is on childhood obesity, I thought it would be important to mention that to the committee.

Ms. Calla Farn: That's why our beverage guidelines are designed to do two things: reduce the number of calories available to students and increase the nutritious beverage choices. Clearly, there's nutritional value in 100% unsweetened juices.

Dr. Yoni Freedhoff: Though the American Academy of Pediatrics and the Canadian Paediatric Society both recommend that the serving sizes provided to these children be smaller than those in the voluntary program.

The Chair: Thank you.

Mrs. Patricia Davidson: I wondered, Dr. Kuhnlein, if you would please explain a little bit more about this idea of less junk food in the urban diets and more in the rural.

Dr. Harriet Kuhnlein: This information is coming from a Quebec first nations health survey that was recently released. The issue is that when indigenous peoples move into the urban area, they stop eating their traditional food, and the market food they have available to them is much more diverse. In the rural area, especially as you get into remote communities, the diversity of market food available to them is very limited and is of very poor quality. I invite any of you to go to one of the remote indigenous communities in Ontario or Quebec and see what's actually on the shelves.

Mrs. Patricia Davidson: Thank you.

The Chair: Monsieur St-Cyr, you have five minutes.

[*Translation*]

Mr. Thierry St-Cyr (Jeanne-Le Ber, BQ): Thank you to all of you for taking the time to appear before us.

My question is directed to Ms. Farn, from Refreshments Canada. I would like to talk about the serving size of beverages. I have been drinking soft drinks for a long time and for a few years my parents even operated a convenience store. So I have been able to follow the evolution in this area. When I was younger, one could find soft drinks in small serving sizes, individual bottles of 300 ml. At meal time, one would put a large bottle on the table, the 750 ml glass bottle which was the family size.

Over time, portions have kept increasing. There are now 500 ml cans and 2 litre bottles for the family-size portion. Recently, driving towards Ottawa, I stopped at a convenience store to buy a soft drink —I wanted something sweet and the smallest serving size available was 710 ml, which is roughly the same amount as the family size from my youth. These individual bottles are elongated and refined and they often have stoppers that allow you to drink straight from the bottle. What is going on? Is this normal?

We can see in your guide that you acted on the recommendations about sizing, but I do not know where one could find 250 ml containers because there are almost none on the market. For example, in the schools in my riding, students shop at the convenience stores around the school. If they are only offered 500, 600 or 700 ml portions, they will run into problems.

What does the industry do concretely to ensure that there is a real choice of reasonable individual portion sizes, as far as possible?

● (1705)

[*English*]

Ms. Calla Farn: Thank you very much.

We've heard a lot of concern about portion sizes, to do with not just soft drinks but everything we eat and drink these days, that's for sure. Our industry has responded. You will find some smaller soft drink containers around. I think they're called “chubbies” in some areas. We in fact offer a wide range of package choices.

While you're right that there aren't many 250-millilitre serving sizes today, we've made a commitment to provide them. That just underlines, I think, our commitment to the issue. In order to develop that size, there's going to be extensive investment in redesigning packaging, in manufacturing packaging, and what not. But it is a response to what we're hearing. We understand that there is a concern about portion sizes, particularly for children.

I'm sorry that at that one convenience store they didn't offer a broader choice, but the fact is that choices are available.

[*Translation*]

Mr. Thierry St-Cyr: What can the industry do to encourage the consumption of more reasonable portions? I believe that the distribution is somewhat problematic.

I know very well that the problem is not due only to the wholesalers; there is obviously a problem at the retail level. I do not know if profit margins with larger sizes are better, but surely I am not the only consumer who wants to buy a small sized soft drink whenever I allow myself to have a sweet beverage. They are very difficult to find in a service station; it is very rare.

Do you plan to work with retailers and to try to adjust profit margins, or pricing, in order for them to make a profit selling smaller sizes?

[*English*]

Ms. Calla Farn: First of all, as an industry association we do not deal with the profit levels and revenue side of the products. We can't do that; individual companies may choose to work with their individual customers on that. As an industry, we do provide the customers, the retailers, with what they want.

I will take this back to see if there is anything the member companies can do with their individual retailers. I hear your concern, that package sizes have grown too large in some cases. We give the retailers what they want. If the consumers, the people who actually buy it, don't have a choice in the size, they do have a choice in how much of it they want to drink.

The Chair: Your time has gone, Mr. St-Cyr, but I'll allow Mr. Freedhoff a quick response.

Dr. Yoni Freedhoff: I'm going to say something surprising: in this particular issue, I actually think the role is in education. Consumers drive industry, and I don't think industry would have any hesitation making smaller-sized portions if consumers demanded them.

One of the ways that consumers may start to demand those types of things is if they are given clear guidance and understanding on calories. If they know the calories involved in all of the 750-millilitre containers, and the percentage of their day that they're drinking in two to three minutes, they may demand more smaller-sized portions, like the chubbies that Calla was talking about. I would imagine that's been a consumer-driven thing, and I'm thrilled to see it happening.

● (1710)

Ms. Linda Gillis: May I add a comment?

The Chair: Go ahead, Ms. Gillis.

Ms. Linda Gillis: The other concern is that if we're going to have bottles of pop that have 591 millilitres in them, then why is the nutrition information reporting on 250 millilitres? I think children especially will be misled by that.

The Chair: Yes, good point.

Before we move on, Monsieur St-Cyr, I have one question for you: did you buy the large pop?

Some hon. members: Oh, oh!

Mr. Thierry St-Cyr: No, I bought water. You're safe with water.

The Chair: You're at a committee; you must tell the truth here.

Mr. Thierry St-Cyr: Yes, yes, it's true.

Some hon. members: Oh, oh!

The Chair: Mr. Dykstra, you have five minutes.

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

I was flipping through the FCPC book. It's pretty good in terms of providing at least overall information about the type of food you should be eating. One of the things I've been doing, at least on the weekends whenever I'm at home, is just reading labels. I obviously didn't pay a whole lot of attention prior to maybe a couple of years ago; you're careful about what you eat based on what you hear from folks and what you read about, versus reading what's actually in there.

I know the chair may not consider me one of the brightest people in caucus, but I certainly don't think I'm at the other end either. One of the difficulties I had, really and truly, is understanding what is in anything I eat. Aside from how many calories are in it and the trans fat issue, there is really no descriptor to me, and this is what I find so ironic. You say on page 13 to look at the label. Basically, when you look at the label you have to get a magnifying class to actually see what you're taking in.

The frustrating part for me is that I don't know what three-quarters of the things are that are actually on the label itself, and then I need to get a magnifying glass to read what I don't know. There's all of this talk about the direction we need to take, and I'm not sure how much it has to do, at the end of the day, with restaurants as with having a pretty clear understanding of what I'm consuming and putting into my body.

Ms. Linda Gillis: May I comment on that?

The Chair: Absolutely. Go ahead, Ms. Gillis.

Ms. Linda Gillis: I think that highlights the point that we don't have enough education about childhood obesity. The program I am in is one of the only ones in all of Canada. There are other programs starting, but they're not there yet. I think that really highlights that we need more education on label reading and food.

The Chair: Ms. Tanaka.

Ms. Phyllis Tanaka: With respect to our program, one of the things I wanted to point out in the short time we had to present today is that one of the things the food and beverage industry does is support the education component. It's true that unless you come with some education concerning what that label and those 13 core nutrients are about, it's pretty hard to just do it cold.

I come from a science background—I'm a dietician by training—so I can't be objective when I look at it with the eyes of the average consumer. That's one of the reasons I'm personally quite happy that we support the Healthy Eating is in Store for You program I mentioned. It's because, for the average consumer to really utilize the label, there is an element that's called education that a person has to take themselves through. There isn't a simple answer to it, except—

Mr. Rick Dykstra: I guess I would disagree; I think there is. I think you need a new approach to labelling.

I know that Yoni wants to make a point.

The frustrating part for me is that we talk a lot about.... For example, the newspaper industry is right at a grade 7, grade 8, or grade 9 level; it's a general version of what everyone can understand. You've all described here the varying degree of importance that needs to be placed on a number of different segments and areas in our society. If you're saying this is what has to be on the label, and therefore the only people who can understand it are professionals like you, then we have a long way to go.

● (1715)

The Chair: Mr. Freedhoff.

Dr. Yoni Freedhoff: I agree with you 100% in terms of the food label. It is confusing. It deals with micronutrients—the vitamins, minerals, etc.

What we know now about diet and its relationship with chronic disease is that what matters more than concerning ourselves entirely with ensuring that we get enough of our micronutrients is the fact that there are some foods that are healthier to eat than others—whole grains versus refined grains, fish versus meat. The World Health Organization put forth a technical report on this. I believe it's technical report 619, but I might be wrong with the number. I could certainly get it for you.

That report states that we need to be focusing on simpler messages that say such things as minimize red meat; minimize white flour, white rice, sugar, soft drinks, sweets, etc. That's exactly what is done in the healthy eating pyramid. That way you don't need a degree in dietetics to go to the supermarket. You don't need to memorize what is going to be become, if it's released, an eight-page food guide.

When my dietician and I met with Health Canada, we were told by Health Canada that the foods we chose in creating our test diets were wrong. It was a dietician who was choosing these foods. It was apparently wrong to choose ancient grains. That wasn't supposed to happen. We chose things like quinoa. We were told that it was wrong to choose avocados. We were told that it was wrong to choose walnuts. These were not what was expected to be part of this food guide. It needs to be simpler. It needs to be something people can remember and not just relegate to something they remember seeing. It needs to have 10 to 15 distinct, unambiguous messages that will help protect their health and minimize the risk of chronic disease.

The Chair: Our time is tight, but we'll allow a little more.

Ms. Phyllis Tanaka: Thank you.

I don't think my message was understood clearly. I was giving you a reference point by saying that I can't be objective because I have the training I have. I think the nutrition facts table is a valuable tool for the average Canadian to have to go to the grocery store and to use for product comparison. I agree that you have to be informed, and you have to know how to read it. There are education programs and materials available for a person to learn to use that nutrition fact table effectively.

The second point I want to make is that it is but one tool. It's only one tool. There is no single tool out there that's going to make a person fully informed. It's one in a contingent of tools that we need to use.

Thanks.

The Chair: Thank you very much.

To comment on Mr. Dykstra's comment from the chair, I would never question an honourable colleague's intelligence, but it's obvious his eyesight is challenged.

Nancy, you have five minutes.

Ms. Nancy Karetak-Lindell (Nunavut, Lib.): Thank you very much.

I'm not a regular member of this committee, but I represent a riding that I think is very different from those I'm hearing about around the table. I represent Nunavut, and it is an area that....I think Harriet mentioned a bit about that.

I listen to all this and try to understand and place it in the context of the people I represent. It's more a matter of economics for a lot of the people in my riding. You talk about choices in the supermarket. Well, that's not a reality for us. You did talk a little bit about the cost of food and what is on the shelf. But I really think I have to add what is *not* on the shelf. There aren't a lot of choices for some people in the stores we have. We can't even call some of them grocery stores; they're more like general stores that supply everything, because there's only one store in some of these communities that I represent.

Trying to take in the contents of food labelling and trying to look at Canada's Food Guide is not a reality for a lot of people in my community, language being one of the difficulties. But mainly, it comes down to poverty. When you're buying a jug of milk for $13, that's a reality for people. Sometimes it's simply not economically possible for people living in poverty to provide a healthy diet for their children.

That's why—again, this is more a comment than a question—food subsidies is a reality for the people in my riding and maybe in some other northern ridings in Canada, where the cost of food is such that you have to subsidize the healthy foods that people need to have to feed their children. That is a reality, and that is trying to put into some context what you're discussing today, that there are other realities in this country that we live in, and trying to feed a family healthy foods goes beyond all the topics you are discussing.

I know what you're saying to us is very important, but sometimes it's simply the basics of trying to find the money to feed a family. That has to be taken into context, and also the reality of the changing dynamics of communities. Even going into traditional foods is expensive now because of the cost of energy, the cost of buying all the things that you need to go hunting. Those are the different dynamics that we have to deal with also.

This is simply to put in my two cents worth of reality for my riding in the context of your topics today.

● (1720)

The Chair: Does anyone want to address that?

Ms. Kuhnlein.

Dr. Harriet Kuhnlein: Yes, I would simply like to add a word about some of the marketing policies of the food stores that supply these communities in Nunavut and across the north. I've seen the shelves, I've seen the lower shelves where children come in with their $2.50 for lunch and walk out with chips and pop and a candy bar for their lunch, because that's what they see in front of them.

I think some attention could reasonably be given to shelving policies, maybe in all of Canada, but especially in these communities.

The Chair: All right, thank you very much.

Mr. Batters, you have five minutes.

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

I also want to thank all the witnesses for coming and appearing before this committee today. I apologize; I was tied up in the House and I didn't get to see your presentations, but I've reviewed some of your literature and listened to some of the questions with interest.

We're addressing a critical issue, one that's very deserving of the committee's time, and when the results of this study come out, I'm hoping it isn't another study that just sits on the shelf, but really will be taken to heart and result in some actions being taken by Canadians.

I have just a few comments to make, and then I'm going to leave you with three different questions. I have five minutes—right, Mr. Chair?—and they're rapidly disappearing; I can tell by that look.

Mr. Dykstra, my colleague, commented, and I couldn't believe I heard him correctly. He said he's been sitting around at home on weekends and just started to flip through the labels on the food. The number of Canadians who read the labels and the labelling system that we currently have on food would, I think, be just a very small percentage. I never read the labelling. I don't know what that stuff means. I have no clue.

After one of these meetings we had with witnesses, we talked about it afterwards. I mean this with sincerity. One of the witnesses said to me that it's almost like we need to have a nutrition for dummies book. We'll approach those people who do those books. They have “Taxation for Dummies”, etc.; we need “Nutrition for Dummies”. I'd be the first lining up to buy that book. We need greater education in terms of meal preparation.

I'm hearing that Canada's Food Guide to Healthy Eating may be eight pages long, and if that's the case, it would be a crying shame. It should be simple messages—maybe a page, laminated, double-sided, with simple labelling and maybe some examples. If you wanted further examples, those would be available, but the basic messages should able to be delivered in a laminated double-sided card. I think this is about education, and if I'm this ignorant about these subjects, I guarantee you there are a lot of Canadians out there who are equally uneducated. I think the labelling tool we currently have is almost useless.

We were talking about you while you were gone, Mr. Dykstra, about how you just decided to curl up on the couch and watch football and look at some labels on some food. You're definitely in the minority, sir; that probably puts you among the top students of the colleagues.

I have three questions now. I'm going to open this up to whoever wants to comment, but specifically to Ms. Gillis, what do you see as the greatest challenge in encouraging healthy eating among children? Second, to all of you, if you haven't got these thoughts on the record, what can the federal government do to help Canadians achieve and maintain a healthy weight? What's the single thing, or what are a couple of different things, we can do in the role as a federal government?

My last point is about schools that have snack programs. Are there guidelines provided to schools that have these programs, to ensure that healthy snacks are delivered to our students?

There's a question for Ms. Gillis and a question for all of you. Thanks.

● (1725)

The Chair: We'll ask Ms. Gillis to start, and then we'll open it up to any others.

Ms. Linda Gillis: I think one of the biggest challenges I face is in terms of family change. It's not just the child who has to change, but the whole family, and then the challenge comes with that child's friends. It's a bigger society problem; it's not just what the child needs to change, but everyone around that child and what they need to change.

The Chair: Mr. Freedhoff is next.

Dr. Yoni Freedhoff: Dave, I agree with you 100%. I'm going to read you every single recommendation from the healthy eating pyramid, and I'm going to do it in less than a minute.

On a foundation of daily exercise and weight control, eat whole grain foods at most meals; plant oils at most meals; vegetables in abundance; fruit two to three times a day; nuts and legumes one to three times a day; fish, poultry, and eggs zero to two times a day; and dairy or a calcium supplement one to two times a day. Use sparingly red meat, butter, white rice, white bread, white pasta, potatoes, soda, and sweets. Multiple vitamins are appropriate for most people.

This has been validated in a very robust study as a better means of following nutrition recommendations. That's it.

Is that the kind of thing you're looking for?

Mr. Dave Batters: I'd like to go even one step further, though, and perhaps have little examples of meals for people. At Health Canada we spend a tremendous amount of resources as a government—as did the former government, I'm sure—in terms of developing these guides. Let's have some examples for people, so that people can flip through the book and say that yes, this looks good today.

Dr. Yoni Freedhoff: Absolutely. And you asked what is the single most important thing we could do as a federal government in terms of helping with the problem of obesity in Canada. I would restrict all of the recommendations to purely evidence-based recommendations, and I would include the industry only in the consultation process as people to comment on the recommendations that have already been made through absolute scientific evidence.

I don't blame anybody from industry for trying to go to bat for their various industries; that's their job. But I don't think it's possible to have industry representatives sitting on the 12-member advisory board of the food guide and not have an influence on the recommendations of the food guide. When we sat at a table and there was a fight over what angle a certain picture should be put at because it would impact upon the sales of that item, it became very clear that their help in the consultation process may not be based on evidence-based medicine and the best interests for the health of Canadians.

The Chair: Does anyone else want to comment?

Ms. Reynolds.

Ms. Joyce Reynolds: You asked what the federal government could do. I'll make two very quick points.

I do think education and awareness are critical, and you have touched on that. The other thing is better surveillance. There are all kinds of interventions being discussed. There's so little evidence as to what really is effective, and I think there needs to be better tracking, better surveillance. We need to look at all the different projects that are going on at the community level. Let's really figure out what works and what doesn't work.

I think that's one thing that's lacking—solid research.

The Chair: Ms. Kuhnlein, very quickly.

Dr. Harriet Kuhnlein: I'll just reinforce that we need better research, and research that's done well. For indigenous people, we need more information about how to get them to use more of their traditional food, and how to have better food for them to buy. They have to have access to it.

The Chair: Thank you.

Ms. Tanaka.

Ms. Phyllis Tanaka: I would go back to a remark that Ms. Davidson made earlier, that from your position this is very confusing because of the conflicting information. I would say the starting point for what you can do is to make sure you have in-depth conversations with experts in the area of childhood obesity. I know you had Diane Finegood here, and she is somebody who has the expertise and the solid footing in the science, the evidence-based literature that's out there on this complex issue.

From my perspective, that's the starting point. Speak to the people who have the expertise. Get a better understanding of what the real issues are and what some of the potential solutions are.

● (1730)

The Chair: Thank you very much to the panel, and thank you very much, Ms. Gillis, for joining us through video conferencing.

Thank you very much to the committee for the great questions.

The meeting is adjourned.

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