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Chair

Mrs. Joy Smith

Standing Committee on Health

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● (1530)

[*English*]

The Acting Chair (Mr. Tim Uppal (Edmonton—Sherwood Park, CPC)): Welcome, ladies and gentlemen, to the Standing Committee on Health, meeting number 51, pursuant to Standing Order 108(2), a study on healthy living.

Welcome, witnesses. Today we have with us the Canadian Cancer Society, Heather Chappell, director, cancer control policy; and Rob Cunningham, senior policy analyst.

We have the Canadian Chiropractic Association, Dr. Eleanor White, president, and Dr. John Tucker, director, government and interprofessional relations.

From the Canadian Restaurant and Foodservices Association, we have Garth Whyte, president and chief executive officer, and Joyce Reynolds, executive vice-president of government affairs.

We have NUTRIUM, Stéphanie Côté, dietitian, public nutrition and communication/media.

And by video conference from Vancouver, British Columbia, we have BC Healthy Living Alliance, Barbara Kaminsky, chair, and Mary Collins, director of the secretariat.

We will open with five-minute remarks from each organization. We will begin with the Canadian Cancer Society.

Ms. Heather Chappell (Director, Cancer Control Policy, Canadian Cancer Society): Thank you very much.

Good afternoon, Mr. Chair and committee members. On behalf of the Canadian Cancer Society, I would like to thank you for inviting us to share with you our perspective on healthy living.

The Canadian Cancer Society is a community-based organization with 1,200 staff and 170,000 volunteers. We work in and support communities across the country at the local, provincial, and federal levels. And we fight cancer by doing everything we can to prevent cancer; by funding research to outsmart cancer; by empowering, informing, and supporting Canadians living with cancer; by advocating for public policies to improve the health of Canadians; and by rallying Canadians to get involved in the fight against cancer. We have been a leader in fighting cancer for almost 75 years.

Healthy living is a broad issue that includes a number of lifestyle factors impacting overall well-being and disease development. I'm going to focus my comments specifically on healthy body weights and physical activity, and my colleague will focus his comments on tobacco.

Currently in Canada, we know that 61% of adults and 26% of children are overweight or obese. In looking at the physical activity numbers, most recently, just in the last month, we found that 15% of adults and 7% of children are meeting the physical activity guidelines. Even more startling is that half the children are not even reaching five minutes a week of vigorous activity.

With regard to this impact on cancer, we know that up to 35% of all cancers can be prevented by being active, eating well, and maintaining a healthy body weight. That means in the year 2010 there were an estimated 60,000 Canadians diagnosed with cancer as a result of these lifestyle factors. More specifically, looking at two more common cancers, 45% of colorectal cancers diagnosed and 26% of colorectal cancer deaths are linked to these risk factors, and 38% of breast cancers diagnosed and 19% of breast cancer deaths are linked to these risk factors. After smoking, unhealthy body weight is the next largest risk factor for cancer development.

Obesity is a complex issue that encompasses social, economic, physiological, environmental, and political factors. It's not equally distributed across communities in Canada. Rather, it's more concentrated in communities that are economically, politically, and socially disadvantaged.

A strategy is needed with sustained political commitment and multisectoral collaboration. This cannot be done by a single organization, sector, or government alone. Policy actions can impact obesity in a number of ways. The first is by shaping the environment so that healthy choices are easy choices for Canadians. This can include food access, security and labelling, built environments for supporting physical activity, as well as tackling some of the broader socio-economic disparities. Second, they can directly influence behaviour. This can include public awareness so that individuals and communities know the magnitude of the problem and the solutions that can help combat it. And third is by supporting health services and clinical interventions for those who are already overweight or obese.

Mr. Rob Cunningham (Senior Policy Analyst, Canadian Cancer Society): Regarding tobacco control, I'd like to begin by expressing support and congratulations for two very important measures that have been brought forward: Bill C-32 on flavoured tobacco and the new, enhanced picture warnings for cigarette packages. Both of these measures show world leadership. The Minister of Health, all political parties, and members of this committee deserve praise and thanks.

For this committee's current study on healthy living, and as part of achieving broader healthy living objectives, I simply want to underline the ongoing crucial importance of tobacco control.

Tobacco remains the leading preventable cause of disease and death in Canada.

● (1535)

Le tabac tue. Tobacco kills 37,000 each year.

We've made clear progress in reducing smoking, but an enormous amount of work remains to be done. Fully 18% of Canadians and 13% of youth aged 15 to 19 were current smokers in 2009.

The 10-year-old tobacco control strategy announced in 2001 expires very soon, March 31, 2011. It is essential that this strategy be continued. We need, as always, an approach to tobacco control that is comprehensive in nature. Within Health Canada's comprehensive strategy, the programming component is vital. The minister has referred to $15.7 million in funded cessation, youth prevention, and other initiatives. These should continue; we cannot let up. And new initiatives must be pursued, such as the very commendable social media campaign that will be linked to package warnings. Ensuring that the federal strategy is continued without any gap would ensure that the preparatory work for the social media campaign as well as many other initiatives would be carried out in full without interruption.

Given high aboriginal smoking rates, including 59% for first nations individuals on reserves, additional aboriginal initiatives of course are needed.

In closing, tobacco control remains pivotal for what we will achieve in the years ahead in terms of overall healthy living for Canadians.

[*Translation*]

Thank you for the opportunity to appear before you today.

[*English*]

The Acting Chair (Mr. Tim Uppal): Thank you very much.

We'll now hear from the Canadian Chiropractic Association.

Ms. Eleanor White (President, Canadian Chiropractic Association): Thank you.

The Canadian Chiropractic Association appreciates the opportunity to appear before the committee. Healthy living is fundamental to our profession.

The promotion of a healthy lifestyle is an important objective of chiropractic care. As primary contact health care providers, the chiropractic profession supports public health promotion and prevention strategies that encourage physical and mental health well-being, such as programs that address smoking cessation, obesity, physical activity, and nutrition.

Historically, at its core the chiropractic profession has embraced its role as health promoters and champions in healthy living. By engaging patients as active partners in managing their own health outcomes, chiropractors aim to improve overall function and well-being. Consequently, the adoption of healthy living approaches by patients helps them achieve greater capacity. The average chiropractor spends a considerable amount of time recognizing and managing capacity issues at their early stages. As chiropractors, we can assist our overworked fellow health care providers in acute care by providing health and prevention in the framework of our patient plan of management.

The CCA's initiatives are founded on chiropractic's strength to implement such strategies. Our recent programs have included Fit-in 15, which encourages Canadians of every age and fitness level to devote 15 minutes a day to a physical activity. Recognizing the aging population, the CCA has also developed Best Foot Forward, which is a program targeted for seniors to reduce falls and their associated negative outcomes. An initiative of the CCA and its provincial divisions in conjunction with *Chatelaine* magazine has produced the *Chatelaine* back health promotion, both in print and online. In addition, our provincial divisions have also developed a number of creative public health initiatives, including Alberta's bad back campaign, British Columbia's WorkSafe, Ontario's *Lift Light, Shovel Right*, Quebec's Santémania, Newfoundland's Straighten Up, and so forth.

Canadian chiropractors are involved on a daily basis in widespread activities to promote healthy living to our patients and Canadians in general.

Our efforts do not stand alone, but rather are implemented in a collaborative framework with other health care professions that encourages the creation of public policies that reflect our vision of health promotion in Canada. The CCA has partnered with the Canadian Coalition for Public Health in the 21st Century, ThinkFirst, Osteoporosis Canada, etc., on a number of innovative projects. Moreover, the chiropractic profession has fostered and supported team-based clinical affiliations, notably at the National Spine Care program in Calgary, St. Michael's Hospital in Toronto, Mount Carmel Clinic in Winnipeg, and the Rosedale Medical Clinic in Hamilton. Patients benefit when health care providers are grouped together to offer the best practices available. These examples have clearly demonstrated the increase in patient satisfaction and savings in care when providers collaborate synergistically.

Moreover, our commitment to health equality has inspired the CCA, in association with local governments and communities, to support the provision of chiropractic services to Nunavut residents in an effort to move their health status closer to that of the general Canadian population. The proposed project, entirely funded by the CCA, will benefit the residents of Nunavut by offering an alternative, hands-on form of health care and treatment for neuromusculoskeletal complaints. As an example of our potential community engagement in Nunavut, the CCA was recently approached by ThinkFirst, a non-profit organization dedicated to the prevention of brain and spinal cord injuries, to collaborate on the implementation of injury prevention strategies for elementary-aged children in the north. Planning is well under way on this initiative.

The CCA also supports such advances as HealthForceOntario, allocating funds for health promotion for physicians within a primary contact care setting. The Ontario Ministry of Health and Long-Term Care aims to support a model of care that encompasses health promotion and disease prevention as well as treatment and disease management. In addition, the system accommodates a wide range of practice models, specifically team-based and interdisciplinary practices. We commend the Public Health Agency of Canada's recent release of Canada's new physical activity guidelines and the revised Canada food guide.

Such a paradigm shift towards health promotion must stem from efforts from all sectors, including regional, provincial-territorial, and federal governments, complemented by public and non-profit sectors.

The CCA recognizes that good health requires more than good health care and supports national public policies and initiatives that address the socio-economic determinants of health, such as early childhood development, poverty, education, and safe and affordable communities.

● (1540)

As Canadians, we must unite to support projects and enterprises that encourage health and well-being. Such an agenda should not be limited to population-based public health programs but extend also to individualized rewards for good choices through an array of governmental incentives. Notwithstanding, the provincial-territorial and federal governments must put forth incentives that aim to address the needs of patients, practitioners, and health care collaborative teams. Direct reinforcement for positive behaviour, in the form, for example, of the proposed adult fitness tax credit, would encourage Canadians to increase their level of physical activity. The children's fitness tax credit has also demonstrated the economic sensitivity of Canadians toward financial incentives.

Economic Benefits of an Adult Fitness Tax Credit, a study conducted by the Centre for Spatial Economics on behalf of the Fitness Industry Council of Canada, concluded that it would only take three years for health care cost savings to be observed that were due to the increase in physical activity within the population. The amount of total savings resulting from improving a population's general health would far outweigh any loss in net personal tax incurred by the government.

Essentially, the CCA's mission is to help Canadians live healthier lives by informing the public about the benefits of chiropractic care, facilitating chiropractic research, and advocating for health care system reform, ensuring quality health care for all Canadians. Consequently, the CCA believes in a vision of every Canadian having full and equitable access to chiropractic care. Similarly, every Canadian should have access to the same opportunities to make positive behavioural choices that will allow them to be healthier individuals and in turn be exemplary role models for their families and communities.

Thank you.

The Acting Chair (Mr. Tim Uppal): Thank you very much, Dr. White.

We'll now hear from the Canadian Restaurant and Foodservices Association.

Mr. Garth Whyte (President and Chief Executive Officer, Canadian Restaurant and Foodservices Association): Thank you, Mr. Chair.

We want to thank the committee on health for inviting the Canadian Restaurant and Foodservices Association to speak on healthy living. We're a non-partisan national organization that has more than 30,000 members representing restaurants across the country.

You should have before you a package of information that Joyce and I will be presenting during our presentation.

There's a saying in our business: “If you're not at the table, you're on the menu.” With an important issue such as healthy living, it's essential that the restaurant sector be included at the healthy living policy table. Our key message is that we should be seen as an important part of the healthy living solution, not as part of the problem.

Healthy living is a major imperative for CRFA and its members. Last year, we developed a healthy living vision with 10 principles, which was endorsed by our board and our membership across the country. It is included in your package. Recently, we've been working with several provinces, including Ontario and B.C., in this area. We've also been involved in national strategy sessions with key senior representatives from the agriculture, health, and food sectors. And over the past several years we've worked closely with the federal government, and specifically Health Canada, on such key issues as sodium, trans fat, and nutritional information in our establishments.

In March, the Canadian Restaurant and Foodservices Association is participating in a nutrition disclosure think tank with Health Canada and other leaders in this area, and we want to bring some of that information to the table today.

I'm going to ask Joyce, my colleague, to speak specifically on those areas.

● (1545)

Ms. Joyce Reynolds (Executive Vice-President, Government Affairs, Canadian Restaurant and Foodservices Association): Thanks, Garth.

I'm going to focus on nutrition disclosure in restaurants, since it dominated one of your previous sessions. We do appreciate the opportunity to clarify the industry's position on this very important subject.

First, you should be aware that CRFA is in discussions with Health Canada and individual provinces about a national policy framework for nutrition disclosure. Included in your package are the guiding principles informing these discussions. One of the challenges for both government and industry is ensuring that this initiative will have the desired impact on the food choices and ultimately on the health of Canadians.

A recent witness acknowledged that “The evidence that menu labelling will influence people's eating habits is not conclusive”, but went on to say that “most recent studies have found significant, though modest, effects”. I haven't seen any studies that have found significant effects. I can cite many studies that have found weak, inconsistent, or no effects. Most recent studies, based on real-world experience, not hypothetical, show no impacts.

A study in the current issue of the *American Journal of Preventive Medicine* tracked purchasing behaviour at a fast food chain before and after calorie posting was regulated, comparing sales between a chain establishment within and adjacent to the regulated jurisdiction over a 13-month period. It found that the regulation had no impact. Trends in transactions and calories per transaction did not vary between the control and intervention locations after the law was enacted. A study released just this week in the *International Journal of Obesity* came to the same conclusions.

Because the evidence to date is inconclusive, Health Canada is planning a think tank on nutrition disclosure at the end of March that will bring together academics, NGOs, industry, and governments. One of the objectives is to identify research gaps, needs, and opportunities.

From the industry's perspective, the objectives of a nutrition disclosure policy framework are, first, to provide consumers with meaningful nutrition information so they are able to make informed choices that reflect their individual dietary and lifestyle needs; second, to help consumers make healthier food choices that will improve their health.

Building on CRFA's voluntary nutrition information program, a national nutrition disclosure framework would include the consistent, prominent, and visible display of nutrition information for standardized menu items in store, prior to point of sale. The manner in which this information is displayed may vary, depending on the individual restaurant's unique environment, but must meet the test of being visibly prominent and available at point of sale.

Some examples of how restaurants may prominently display nutrition information include: wall poster, menu insert, brochure stand, computer kiosk, etc. Technology is changing the face of society and the way we interact and consume information. Nutrition information is no exception. Many CRFA members are developing new electronic applications so that customers can view nutritionals simply by pointing their BlackBerry or their iPhone at the menu or menu board. This is already operational in some chain restaurants in Canada.

So CRFA is opposed to the oversimplified provision of single-nutrient information, such as the posting of calories, for several reasons.

The first reason is the difficulty of presenting the information in a way that is meaningful to consumers. Restaurants offer menu choices in multiple varieties, flavours, and options for customization. This makes it impossible to fit nutrition information on menus and menu boards in a way that is accurate, complete, legible, and enforceable. A sandwich, a pizza slice, a burger can vary in caloric content by a margin of 50%. Customers may have thousands of options that aren't listed on the menu, and this is the reason so many chain restaurants use nutrition calculators on their websites. Jurisdictions in the U.S. that have mandated calorie posting allow broad ranges of calories on their menus that aren't permitted in Canada.

Second is the singular focus on calories, rather than on nutrition and balance. This approach delivers a mixed message to consumers. For example, a small serving of milk will show more calories than a small soft drink; a yogurt with granola will show more calories than a bag of chips; a flax seed bagel will show more calories than a cookie. And it should be noted that Weight Watchers, which has helped millions of people throughout the world lose weight, uses a point system based on fat, carbohydrates, fibre, and protein—not calories.

● (1550)

Third is the shifting public policy concern about posting information on menus.

Over the years, the industry has been faced with public policy initiatives requiring posting on menus and menu boards of specific allergens, fat, trans fats, calories, and, most recently, sodium. Recognizing the normal shifts in public health concerns, we are amenable to a policy that highlights specific nutrient information on calories and sodium in our nutritional information in an effort to draw particular attention to them at this time. The industry is concerned about the precedent of requiring specific information per menu item on menus and menu boards.

To conclude, CRFA is interested in working with government on a made-for-Canada national policy framework that will ensure that Canadians have meaningful information for making healthy choices when they visit their favourite chain restaurants.

In the interests of time, I'm going to provide clarification on our positions on trans fats and sodium during the Q and A.

The Acting Chair (Mr. Tim Uppal): Very good. Thank you.

We'll go to NUTRIUM, please.

[*Translation*]

Ms. Stéphanie Côté (Dietitian, Public nutrition and communication/media, Nutrition reference centre of Université de Montréal, NUTRIUM): Good afternoon, my name is Stéphanie Côté, and I am from the nutrition reference centre at the Université de Montréal. Our mission is to educate and inform the public to help people make informed nutrition decisions. Ours is a positive approach that takes enjoyment into account.

I want to talk to you today about diet. And I want to speak to you as eaters, because we all eat, and so diet affects us all, to some degree or another. But we have a problem when consumers think they need a degree in nutrition in order to eat well. Sometimes it feels like you need a degree just to read a nutrition label, especially when faced with an enormous amount of nutrition information, which often does more to confuse than inform.

Nutrition-related communication is an essential tool for prevention. Appropriate and well-directed communication can build nutrition skills, food skills, cooking skills and even parenting skills. But that is not currently the case.

I want to share with you two key communication concerns when it comes to food choices and nutrition.

The first is confusion, due in part to the overabundance of nutrition-related information. There are numerous forums that deal with diet and nutrition, and much of the information and advice comes from unreliable sources and non-experts. Furthermore, the way that reporters and people in the media handle that information is also questionable. Many of the claims that appear on food products only add to the confusion, not to mention the private logos that companies put on many of their own products.

The second concern is the anxiety generated by some of the communications out there. The current approach to nutrition is likely to cause feelings of stress and guilt, especially since products are lumped into two very distinct categories: foods that are good for you and foods that are bad for you. What's more, the approach is often expressed in terms of right and wrong, which can backfire when you are trying to get people to eat healthily. For the past few years, we have been hearing about orthorexia, a fixation with healthy or righteous eating, a relatively new disorder.

I have three major recommendations to address these concerns.

The first has to do with segmentation. Segmenting messages is paramount in order to better engage with the various target groups. Canada's is a very diverse population, and communications need to reflect that. It would be worthwhile to focus efforts on enhancing our knowledge of the various segments of the population, so as to tailor not just the messages, but also the way they are communicated. Numerous factors affect people's needs, receptiveness and understanding with respect to the message being communicated, including literacy, education, ethnic background, language, socio-economic conditions and family. We should not limit our communication to groups who are already interested; it is equally important to target all groups.

My second recommendation is to create an accessible no-charge service, which could take the form of a call centre or an electronic service, where members of the public could, at their convenience, ask nutritionists questions about nutrition, diet or food preparation. This type of initiative would use oral communication and therefore help to target groups with lower levels of literacy. Furthermore, it would also serve as a reliable source of information. People would not have to wonder whether the information came from a credible source, given that they would be speaking with trained nutritionists. Both Ontario and British Columbia currently provide such a service.

And last but not least, my third recommendation has to do with educating children. Teaching children from an early age about foods, healthy eating principles and basic food preparation is key. And obviously, it is important to continue with that education as children get older, to instil in them the knowledge essential to developing healthy eating skills.

Taste-based education is another approach worth exploring. Experts in Europe are particularly interested in the effectiveness of that approach versus one based solely on nutrition. It involves developing a child's joy of eating, helping foster a stronger appreciation of food and possibly healthier eating habits and portion control, which would solve two problems at once.

In conclusion, I would remind you that eating is a natural act. Mealtime should be an enjoyable time. But unfortunately, for many Canadians, the simple act of eating involves constant calculations and stress.

Clearly, our current approach to communication is not working. Not only must we come up with better ways to communicate with a diverse population, but we must also measure the effectiveness of those communication methods.

● (1555)

I want to thank you for the opportunity to be here today. I also want to thank you for your consideration.

[*English*]

The Acting Chair (Mr. Tim Uppal): Thank you.

We will now hear, by video conference, from the BC Healthy Living Alliance.

Ms. Barbara Kaminsky (Chair, BC Healthy Living Alliance): Good afternoon, Mr. Chair and committee members.

On behalf of the BC Healthy Living Alliance, we would like to thank you for the opportunity to share our experience and views on what can be done to promote healthy living in Canada.

By way of information, BCHLA is an alliance of nine provincial organizations that have been working together since 2003 to address the common risk factors and health inequities that contribute significantly to chronic disease.

While our work has focused specifically on British Columbia, our experience in overseeing $25 million worth of initiatives to address these risk factors and our involvement in policies to reduce health inequities have provided us with a wealth of knowledge that we believe has applicability to Canada as a whole. We have provided copies of a number of our reports to the committee. We hope you'll have an opportunity to peruse them in more detail.

In the limited time available today, we would like to highlight three main areas.

First, to effectively change social norms related to healthy living, we need a holistic and comprehensive approach. We call it a “whole of society” approach. No one sector can do it alone. To see real results, we need to align our priorities and work on a common agenda.

Within governments at all levels there also needs to be a "whole of government" approach. Whether to redress the underlying social and economic determinants of health or to enact specific policies or actions, the health ministry alone cannot do it all. We need accountability requirements for all departments to address the health and health equity impacts of their policies and programs. We also need a commitment from the Prime Minister, premiers, and mayors to put this issue at the top of their agendas. Only in this way will we move towards a healthier Canada, which will also be a wealthier and more productive Canada.

Second, as you well know, whether you will be healthy or not, in many cases, depends less on the health care system and more on your economic and social circumstances. Without focusing on these determinants of health, including income security, food security, housing, early childhood development, and a healthy built environment, among others, we will never really redress the health inequities that continue to plague us or the ever-increasing levels of chronic disease, with the attendant costs for the health care system, currently estimated at $93 billion a year.

Finally, we need to focus on specific policies and actions that can assist Canadians in changing behaviours and in engaging in healthier lifestyles. We would like to share with you some specific examples of where we believe the federal government can play an important role in making this shift.

Hon. Mary Collins (Director of the Secretariat, BC Healthy Living Alliance): We'd like to focus our suggestions on the issue that is of growing concern in Canada and elsewhere and that you've been hearing about at the committee, the increasing levels of unhealthy weights among both adults and children.

As you've heard from others, currently a quarter of 2- to 17-year-olds in Canada are overweight or obese, and it is estimated that 70% of 35- to 44-year-olds will be in this category in 20 years if nothing changes.

Although the problem is complex, there is a fairly broad consensus on some of the actions necessary to curb it. To make progress on this issue, we need to start shifting the physical and socio-cultural environments that shape our consumption and activity patterns. In our experience, this requires a combination of carrots and sticks—regulation and taxation as well as health-promoting actions that focus on access, education, and skills development required for Canadians to engage in healthy living.

A priority is to ensure Canadians have nutritious food and the ability to make good choices about what we eat. Children in particular need healthy food in order to achieve optimal development, to succeed in school, and to develop lifelong healthy habits.

The federal government can play an important role by restricting the marketing to children of unhealthy foods and beverages. We would suggest to include banning television advertising of unhealthy foods and beverages during programs viewed by children age 12 and under; banning or restricting unhealthy food at grocery store checkouts; banning the use of celebrities or cartoon characters to promote products to children; and banning sponsorship or marketing of unhealthy foods and beverages within school settings. If this can be achieved in cooperation with industry, that would be great. But if not, we would recommend a strong regulatory regime be introduced at the federal level, much as was done for tobacco.

Information is key to decision-making, and in order to make healthy choices, consumers need to have clear information about what they are purchasing. We recommend strengthening the requirements for clear and consistent front-of-package labelling of the contents of packaged foods, providing appropriate information on sugar, fat, and sodium, and clearly relating these to servings. As well, we need to gradually reduce the acceptable levels of sodium and sugars in many of our foods.

While we are pleased that some industry groups have made a start in this direction, there is still much work to be done.

We have been particularly concerned with the overconsumption of sugar-sweetened beverages among young people. One of BCHLA's initiatives, Sip Smart! BC, enabled more than 6,000 school children in British Columbia to learn about the sugar content of what they were drinking and encouraged them and their families to make more appropriate choices. This program is now being expanded to other jurisdictions across Canada with the support of the Childhood Obesity Foundation, CDPAC, and a CLASP grant.

Education is important, but in this case easy access is also a concern. When sugary drinks are often the cheapest and most convenient option, it is no wonder they have been consistently linked with overweight children. Taxation is never a popular choice, but with respect to the challenges we are facing with childhood obesity, we believe an increased tax applied to non-nutrient foods and beverages could limit overconsumption in the same way that tobacco taxes have reduced smoking rates.

Of course, physical activity must play a larger part in the lives of our children and adults. Through the tax system and in other ways, governments can play an important role in supporting measures to promote and facilitate families of all income levels to be able to engage in physical activity. In particular, we suggest the federal government should support other levels of government in ensuring that there is the appropriate physical recreational infrastructure to meet the physical activity needs into the next generation.

Finally, we would like to congratulate Health Canada on its recent health promotion campaign to raise awareness of the links between sugar-sweetened beverages and childhood obesity. But much more needs to be done. We urge the federal government to take a leadership role in working with the provinces and territories, the private sector, and the not-for-profit sector in a joined-up approach to promote, support, and inspire the next generation of Canadians to live not only long lives but healthy ones as well.

● (1600)

Ms. Barbara Kaminsky: In conclusion, while we know that tobacco is not the main focus of the work of the committee at this point, like many of the other groups that have presented to you, we would like to urge you to support the continuation of the federal tobacco control strategy, which is scheduled to end at the end of this fiscal year. While we have made great progress in reducing smoking, there is still much to be done, particularly with specific target groups such as youth, which we have worked with in our BCHLA initiatives. We would be pleased to share the results of our work, which may help to guide future activities in tobacco reduction.

Thank you all very much, and we look forward to being part of the question and answer period.

The Acting Chair (Mr. Tim Uppal): Very good. Thank you very much.

I will mention that the documents you had provided are being translated and will be distributed to members once they are translated. So thank you.

We now give the members an opportunity to ask questions. We will start with Mr. Dosanjh.

● (1605)

Hon. Ujjal Dosanjh (Vancouver South, Lib.): Thank you very much.

All of you, thank you for being here, particularly the British Columbian friends by video conference. It's good to see you, Mary. It's good to see you, Barbara.

Hon. Mary Collins: Great to see you.

Hon. Ujjal Dosanjh: Yes. I'm going to ask you a question first. You've made some good suggestions—obviously more government involvement—and I agree with many of them. I want to ask you a question about menu labelling. You may have a view. What is your view on menu labelling?

Hon. Mary Collins: We have, in fact, in our proposals to the provincial government, recommended that this is something that should be considered. Certainly, hearing what we did today from the restaurant association, we know it's not easy, and I think we need to look at it somewhat differently, perhaps, than how some of the other jurisdictions have in the U.S. Let's make sure that whatever we do actually will have an impact on consumers.

While much of this is under provincial jurisdiction, we certainly would agree that it would be better for everyone if there were a national approach, so no matter where you are in Canada, you would have a similar opportunity to become more aware of the nutrient values of foods you're going to consume in restaurants.

Ms. Barbara Kaminsky: Just to further that point, the example that one of the other speakers raised earlier this afternoon is that in some menus there is a huge range of calories that are cited for particular items. That's not very useful information to the consumer, so that would be, I would say, not a best practice and not one worth emulating.

But no doubt it started with the right spirit in mind.

Hon. Ujjal Dosanjh: Okay. Thank you.

You mention the tobacco control strategy, and that's the question I want to ask. I'll go to Mr. Cunningham.

Can you tell me what you're hearing with respect to whether or not that strategy is going to continue? You tell me that it's going to expire very soon.

Mr. Rob Cunningham: Yes. I mean, it's scheduled to expire. The government has engaged in consultations. I think the government is conscious of the deadline. You've heard from the minister her perspective on the importance of tobacco control. Of course, we are getting close to a deadline, and we just want to ensure that everything continues successfully.

Hon. Ujjal Dosanjh: But in terms of any specific decisions, you don't know whether a decision has been made or not, do you?

Mr. Rob Cunningham: We are not aware.

Hon. Ujjal Dosanjh: By the way, I share your congratulations to the minister. We extend our congratulations from the committee as well for actually coming forward and doing the labelling as it was supposed to be done—in a non-partisan way.

I have a question with respect to the adult fitness tax credit. I think it was raised by the chiropractic association. How do you see that functioning? Who measures whether or not you're actually legitimately claiming the tax credit? How does it function? Have you thought about that?

Ms. Eleanor White: Quite honestly, I'm unaware of a study that has done that. Indirectly, I would imagine that the proof would be in the pudding, so to speak. If the individuals adopted a healthier lifestyle, one would hope to see a drop in expense of health care. But how you would measure the outcome and police it, I'm not really sure.

Dr. Tucker, do you know anything about that?

Mr. John Tucker (Director, Government and Interprofessional Relations, Canadian Chiropractic Association): Such a program would obviously be an incentive program. It would probably be modelled after the child tax credit, which is a modest improvement in public policy, which allows a very small amount of money a family can claim if their child is involved in a healthy activity. It may take that form in its first stage, and as it evolves and establishes itself, it can be expanded.

Hon. Ujjal Dosanjh: Thank you.

To the restaurant association, I have a very brief question. This is not being asked in a partisan spirit, but I don't understand fully what the government has or hasn't done with respect to the salt issue by disbanding the group or bringing some other group in. Can you tell me, in a very constructive way, what you think the impact would be? It's voluntary now; it's not mandatory. First of all, do you support voluntary, or are you also open to mandatory? Because that is going to impact you as well.

Secondly, what is your constructive assessment of the current approach?

Ms. Joyce Reynolds: Thank you.

CRFA was represented on the sodium working group. A lot of work went into the strategy report, which we support. The support includes three prongs: sodium reduction targets; an education awareness campaign; and research. All three prongs have to be integrated. I can assure you that there's a huge amount of work going on right now on identifying sodium in products and on reformulating products, not only in the food services industry but in the complete food supply.

I can also say that there is some angst that there is too much focus on that aspect and not on the other two prongs. There needs to be a huge education campaign so that consumers understand why the taste profile of their food is changing. I don't think government can ask industry to spend hundreds of millions of dollars reformulating their products and transforming the food supply fundamentally in this country and not participate in education and awareness. All three prongs of the strategy report must be implemented in tandem.

● (1610)

Hon. Ujjal Dosanjh: I want to go back to my compatriots from British Columbia.

Mary, I have a question for you. You obviously have an understanding of how the federal government works, or doesn't work, perhaps. You argued, I thought somewhat persuasively, with respect to regulations for non-nutritious foods, for taxing them. Taxing is unpopular, at best, as you know. And you know that there's going to be huge resistance from the various soft drink manufacturers and the like. Are you advocating that vociferously? How much support do you have in British Columbia for that?

The Acting Chair (Mr. Tim Uppal): Give a quick answer, please.

Hon. Mary Collins: Yes, it's certainly very much part of our policy work. We've been talking, obviously, with the provincial government about that, because there was a provincial jurisdiction issue there.

A lot of studies have been done on jurisdictions that have introduced such a tax. One of the things we know is that the tax has to be substantial to really make a difference, and ideally, it's included in the price. It's not added on at the cash register. It does appear to make a difference in the choices people make. It is controversial. We think there would be a big requirement to do a lot of education around it and to seek a time that might work. But we certainly think it is something that should be considered.

The Acting Chair (Mr. Tim Uppal): Thank you.

Before I go on to Mr. Malo for the next question, there was a question about a study on the child fitness tax credit. Analysts have found a study. They're getting it translated, and members will be provided with that study.

Go ahead, Monsieur Malo.

[*Translation*]

Mr. Luc Malo (Verchères—Les Patriotes, BQ): Thank you very much, Mr. Chair. I hope you will be as generous with me as you were with Mr. Dosanjh.

My first question is for Ms. Côté. You talked about the level of confusion in terms of the nutrition labels, information and private logos that appear on various food products. Could you give us some real examples of false or confusing messages from the consumer's perspective?

Ms. Stéphanie Côté: Absolutely. There are numerous claims and logos that companies put on their own products including “low in fat” and “reduced sugar”. Obviously, some claims are governed by the Food and Drug Regulations to attest to their truthfulness. But too many claims and logos cause people to lose sight of the product as a whole. As a result, they tend to focus on one specific feature, often disregarding the disadvantages of certain foods. Because of such claims, people often eat more than they would have had the product not carried the claim, or they may even make different choices because manufacturers emphasize the product's positive features. So from the consumer's standpoint, you have this environment where all these products are competing for your attention and the one with the most eye-catching logo or most convincing claim wins out. And that is where things can really get confusing.

● (1615)

Mr. Luc Malo: Do you think the main purpose of these logos is to divert consumers' attention?

Ms. Stéphanie Côté: Yes, you can call it a diversion tactic because it causes the consumer to lose sight of the product as a whole.

Take a sugarless soft drink, for example. Consumers might want products that do not contain sugar, but if they looked at this product as a whole, they would see that it had no nutritious value—no vitamins, no minerals. That is not necessarily a good food choice, but because it has no sugar, the consumer may see it as a healthy alternative.

Mr. Luc Malo: What should we do about food claims?

Ms. Stéphanie Côté: There is a difference between claims and logos. One on hand, you have logos, which should be regulated, in my opinion. For example, the “Health Check” logo is currently overseen by the Heart and Stroke Foundation of Canada, an independent organization that authorizes companies to put the logo on their products. I think when you have a situation like this, with an independent body authorizing the use of the logo, that is the way to go. Where problems arise is when companies are the ones putting the logo on their products, because each of them can establish an arbitrary set of criteria for using that logo. We should do more to control the use of logos and favour those issued by independent companies and organizations.

On the other hand, you have claims, which should be made based on the composition of the product as a whole, as is the case when something is labelled as “trans fat free”, a declaration requiring manufacturers to take into account the saturated fat content, as well. So a number of factors related to the composition of the food product need to be taken into account before any claim can be made about the product.

Mr. Luc Malo: Ms. Reynolds, your information kit included a number of guides, including one entitled "How to Reduce Sodium in Menu Items: A User's Guide for Foodservice Operators".

How many of your members use that guide, and how do you determine whether operators are using it?

[*English*]

Ms. Joyce Reynolds: One of the things we do is we have that guide on our website, and we encourage our members through our e-news and our CRFN magazine to use our documents that we make available to them. We have over 30,000 members across the country.

We also know there's an awful lot of work going on among the chains in particular to reformulate their products. We're looking forward to seeing what the sodium reduction targets are for food service. They've been drafted for packaged goods, but we haven't seen those for food service. Everybody's waiting anxiously—

[*Translation*]

Mr. Luc Malo: I will rephrase my question. Did you come up with that guide to look like you are doing something, to show that your association has developed a guide on the topic? Or were you really trying to create something that your members could use as a meaningful reference? How did you really determine that the guide was being used?

[*English*]

Ms. Joyce Reynolds: We provide a lot of educational information to our members. I don't know that we have a way of assessing how many read it and how many use it, but we know we get positive feedback from our members because they're calling us; they're asking us. We're developing these guidance documents in response to industry questions and industry demands.

I don't know what else to say.

Do you want to say something, Garth?

Mr. Garth Whyte: This is precisely the point I think all of us are making. It's a very complex issue, and we're just talking about sodium. If you look at this document, I think as you read it, and I hope you will take the time to read it, you'll see it's a very serious document. You'll see that there's a lot there. It's very difficult for an independent entrepreneur to figure all this out. It's very confusing. It's not just confusing for the customer; it's confusing for the person who's in that restaurant. It's very complex. Depending on the item you're serving, it will have different amounts in it.

Also, right now sodium is one of the top criminals, but sodium is also necessary for us, so what levels do we need?

● (1620)

[*Translation*]

Mr. Luc Malo: But 1,500 mg a day is not the same as 3,400 mg a day.

Mr. Garth Whyte: I realize that.

[*English*]

But this is the thing. It's very difficult. It's very difficult to measure. What we're doing is putting it out there as a document, which is, by the way, endorsed by government, to help educate people.

It leads to the fourth plank of what we're trying to do with sodium: evaluating and monitoring take-up and doing proper research on how much has been done to lower sodium levels.

The Acting Chair (Mr. Tim Uppal): Thank you.

We'll now have Ms. Hughes.

Mrs. Carol Hughes (Algoma—Manitoulin—Kapuskasing, NDP): Thank you.

I'd like to pose questions to Ms. Chappell and Mr. Cunningham.

You mentioned tobacco. We know how important the education part of it is. We know how important it is to have the packaging actually changed. We had to fight with the government to change that packaging. I'm just wondering, for you, how important it was to change the packaging.

Mr. Rob Cunningham: I think what's been announced by the minister is very significant. It's a public health gain, and it's going to reduce smoking. It will be the best, or among the best, overall package warning systems in the world. Increasing the size increases the impact. A picture says a thousand words. It's going to reduce smoking. We're very pleased with the announcement.

Mrs. Carol Hughes: We know you want the strategy itself to be continued. It's about to expire in March, right? You talked about the importance of a social media campaign and of continuing it. Maybe you could expand on your vision and whether what's there currently is working very well or whether it needs to be expanded.

You also touched on aboriginals and additional initiatives needed. I'm wondering if you could elaborate on the additional initiatives needed.

I can tell you that over a year ago I went to Nunavut, and I was extremely alarmed to see a basketball team outside smoking. Every one of those kids was smoking, and they didn't look like they were older than 13.

Mr. Rob Cunningham: We're very concerned about the high youth rates for smoking in the aboriginal population, whether it's first nations or Inuit. I think in terms of both policy and programming, there is potential. First nations governments have jurisdiction to enact laws, which is not being used. I think there should be some awareness and assistance and technical support, whether it's for smoke-free territories, for controlling retail displays, which are often not applied in terms of provincial legislation, or for contraband issues. Aboriginal kids are becoming addicted.

In terms of the overall strategy, continued education and legislation for Canada as a whole would help it make progress.

Mrs. Carol Hughes: On that note, I don't know if you'd have "smoke-free" in the territories themselves or on the first nations reserves, because that would single them out.

Often you drive by and see “Cheap smokes” or.... I'm wondering if you are actually in conversation with the first nations at this point about....

Mr. Rob Cunningham: We have been engaged in consultations on solutions as recently as a few weeks ago, because it's very much an aboriginal health issue. It's a health issue for Canada as a whole. It's a revenue issue for governments. We need to find solutions.

Mrs. Carol Hughes: I have another question. We were extremely disturbed to hear that the sodium working group was actually disbanded. I'm wondering if you could advise me, Mrs. Reynolds and Mr. Whyte, as to whether you had anything to do with lobbying the government and saying that we've done all we can, that's it, we don't really need this group.

Ms. Joyce Reynolds: Sure, I'd be happy to answer that question.

We were represented on the group. We understood when we joined the group that the mandate was to develop a sodium reduction strategy, which is what the group did. It was a huge undertaking. It took up a huge amount of the time of the representative from our association. We weren't expecting.... We thought that after the report was delivered, that was going to be it.

I was very concerned. In fact, I wrote a letter to the editor about the Carly Weeks' article in the *Globe and Mail* that insinuated that the brakes have been put on the sodium reduction strategy with the dissolution of the task force.

I had all kinds of calls from my members asking what was going on, and I said that nothing had changed. We're still implementing the strategy. Nothing has changed in terms of the implementation of the strategy. The FRAC committee is now the advisory body.

There were also suggestions in the paper that it was dominated by industry. Two out of the nineteen members of the FRAC are from industry.

I think members of this committee need to be reassured that the sodium working group strategy is moving ahead. There is a huge amount of effort going into implementing that strategy.

● (1625)

Mrs. Carol Hughes: I appreciate the fact it's moving ahead. I think there's more than just the strategy here. The issue is to find out whether or not the strategy is working. That's why I think it would have been interesting to ensure that group remained in place.

Ms. Collins and Ms. Kaminsky, you talked about taxation. I have some thoughts on that. By taxing these products, where would you see this taxation money go? Would it be targeted to a specific area, like education or prevention?

Ms. Barbara Kaminsky: We understand that most governments are not in favour of targeted taxation, whereby the revenues are targeted to specific programs. We understand that point of view, but ideally you would be able to use those dollars for education programs, because this is something people will need to be able to better accept the tax increase. So the education, the information you would have available to the public, would be a huge benefit. But as I say, we do understand that it's difficult for governments to accept that sort of targeting.

Mrs. Carol Hughes: Today, a few people mentioned restricting the marketing. We know that has been successful in Quebec. I'm just wondering if you could give us some more guidance with respect to where we should be improving. I know you talked about the TV ads and the custom labels. There are the schools, the grocery stores, and you talked about having the labelling on the front of the product as well. I just want to know what you have done in B.C. on this—

The Acting Chair (Mr. Tim Uppal): I'll ask you to wrap it up, Ms. Hughes, so a quick answer.

Mrs. Carol Hughes: —and has it worked so far?

Hon. Mary Collins: Right.

There hasn't been progress yet on this issue in B.C. That's something we would like to see. And we know a number of jurisdictions are involved.

You need to start with the television advertising, and also social media. We are concerned with the growth of social media. The advertising around that also needs to be addressed, which is a very new area. That's probably number one.

Another one would be looking at labelling of products to attract children—the cartoon characters. That would probably come more under federal jurisdiction because it relates to labelling. The actions with respect to schools...obviously provinces and municipalities need to be involved in taking action in that area, ensuring there isn't advertising of non-nutritious food within a school or within the jurisdiction of that school area.

The Acting Chair (Mr. Tim Uppal): Sorry, I'm going to have to cut you off. We're going to have to move on to Dr. Carrie.

Mr. Colin Carrie (Oshawa, CPC): Thank you very much, Mr. Chair.

I must say, I'm really pleased to see members from my own profession here today.

I'd like to start off with a question to the Chiropractic Association.

One of the things I really enjoy about this study is I'm hearing words that 25 years ago you didn't hear that often unless you were a chiropractor, words like wellness, prevention, holistic, comprehensive approaches focusing on lifestyle, and health promotion. It seems these are the catchwords and phrases that we hear all around this table, especially during this study.

There are a lot of changes, a lot of different demands, a lot of financial challenges to our health system in general. How does the profession see its involvement evolving as changes forced by the public occur in health care? How do you see the profession working with the overall health system?

● (1630)

Ms. Eleanor White: Thank you for the question.

You're absolutely right, chiropractors historically have spoken to wellness. It was not always initially well received, and they moved towards more specific roles as a “back doc”. However, now we're hearing our own words echoed back to us and are being asked what we know about it.

I think the role chiropractors initially and historically have played partially depends on the fact of where we enter a treatment regime. If you consider a patient's actions, when they have any particular failing that leads to a loss of capacity or function, they will make a decision about how they want to deal with it. Typically, a patient who is used to chiropractic care will come to a chiropractor before they go to their medical doctor. If the problem is not severe, this will be a very normal response. Then the chiropractor quite often may say this is not doing well; we need further diagnostic testing. It might progress to something for which you involve other practitioners.

Chiropractors are very often and for some segments of the population the only first contact. We all have patients who don't go to medical doctors—not that we advocate that; it's their choice. So we see patients at the initial stages of many problems.

We also see them in chronic situations. The area in which we see this role expanding is really all to do with access, and as the chiropractic profession expands its scope, access is dependent upon access to educational opportunities and to clinical opportunities. Chiropractors at the moment are still somewhat outside the tent. You don't see a chiropractor when you're in the hospital; you see a chiropractor independently. It's private funding in most of the provinces—in all but one. So there are problems of access.

There are educational opportunities that need to be capitalized on. We have chiropractors all across the country who are involved in very specialized projects, who pre-screen for orthopedic situations, who are doing marvellous research. We have 10 and almost now 12 research chairs across the country dealing in various aspects of health and wellness. These need to be developed and expanded. We might look across the pond to Denmark, Norway, and Sweden, where chiropractors and medical doctors go to school together until their fourth year, when they split up. They work together in hospitals and state clinics. They're reimbursed by the state, fully or partially, and very often moneys go directly to research.

Right now, in Denmark, there is a 9% clawback from the pay of the chiropractor; if they're employed in a state clinic, 9% of the payment from the state goes to a research fund for each profession. At the moment, that's generating $3 million Canadian in Denmark for chiropractic research. They're in the boat of looking for researchers. We in Canada fund our chiropractic research from the chiropractors' pockets alone, and we are looking for money—and we have piles of researchers.

So I think there are benefits in those examples to the whole field.

British Columbia's contingent made a very good point regarding collaborative care. It was also voiced by the cancer society. The chiropractic contingent, dealing primarily with neuromusculoskeletal, is a very important part of caloric consumption. Whereas you're looking after what's going in, we're hoping to help with what's going out. The utilization of our foodstuffs and how we act in our fun, in our leisure, in our jobs is very important, and chiropractors improve the capacity of an individual to function more fully.

Mr. Colin Carrie: Okay. Well, thank you very much for that.

For my second question I'd like to go to the restaurant association. I took some of the previous testimony we've had here as your being slammed a little bit.

Given my profession, I actually have to go to a number of different restaurants. I always look around and look at different menus, and some of them have caloric counts on them or have various little “heart healthy” emblems.

In some of the things that have been brought forward—you mention things such as calories versus nutritional content—I can see that your association.... And I want to thank you for contributing to everything the government is doing—you mentioned the sodium group. But when I go to restaurants, quite often I see salt and pepper shakers right there. If their food doesn't taste good or isn't flavoured well, what do people typically do, if they have salt and pepper on the table?

● (1635)

Mr. Garth Whyte: Personally, I don't use salt from the table, but people do, so what do you suggest?

Mr. Colin Carrie: What do I suggest?

Mr. Garth Whyte: Do you suggest we take away the salt and pepper?

Mr. Colin Carrie: I'm just saying that the reality is that people in a free country, in their homes, have salt and pepper, and it's all about flavour and choice. So I can see some of the challenges because of its use for flavour, preservation, and things along those lines. There have been people who say that you have to be very strict on these regs.

You mentioned calories. I was wondering whether you could let us know how expensive it would be for the industry to check all these different meals, especially for mom-and-pop restaurants. Those are the ones I like to go to. I like to go across all kinds of different ethnic groups as well. Have you ever looked at how much that would cost? I know Ontario put something in for home bakeries and stuff like that, whereby people had to mail in recipes and so on. Have you ever looked at how much it would cost to do calorie counts on all this stuff?

Ms. Joyce Reynolds: You mean the nutritionals?

Mr. Colin Carrie: I mean calories.

Ms. Joyce Reynolds: One of the things that we have focused on is providing complete nutrition information. Canada is a leader in the world in terms of the nutritional information we provide. On packaged goods, we were the first in the world. We pattern our voluntary nutrition information program after the packaged good label. We provide the operators who have signed on to our program, and it's the majority.... They provide the same nutrient values as you find on packaged food.

In terms of being able to provide it consistently, it really isn't possible for a mom-and-pop operation to do it unless they have a very standardized menu, standardized suppliers—

The Acting Chair (Mr. Tim Uppal): Thank you, Ms. Reynolds. I'll have to cut you off there.

Mr. Dosanjh, you'll be sharing your time with Dr. Duncan?

Hon. Ujjal Dosanjh: Yes.

I just have one question of Ms. Reynolds or Mr. Whyte, and it's a question about menu labelling—or even trans fats or even salt.

No industry ever voluntarily agrees to tough standards. The tobacco industry is still fighting—and fighting mad, sometimes. Why would you not agree to mandatory salt standards or mandatory trans fat standards? Why is there this resistance, other than the cost? I understand the cost. Ultimately, without tough standards, voluntariness doesn't usually work. It's human nature.

Ms. Joyce Reynolds: I appreciate the question, because one of the reasons we on occasion do endorse regulations is to avoid a patchwork approach to requirements across the country.

CRFA was part of the trans fat task force. We supported the recommendation in that task force report that called for a national regulatory framework to regulate trans fat on the basis of input, not output. What has happened in the absence of federal policy is that we're getting regulations, such as the regulations we have in B.C., under which restaurants are subject to a pretty big administrative burden to prove that the products they're serving and the ingredients they buy and the food products they buy don't have trans fat in them.

We would actually prefer that trans fat be regulated at the supplier level on the basis of input and not on the basis of output. As a matter of fact, we are in favour of the recommendation in the trans fat task force report.

Hon. Ujjal Dosanjh: What about the salt?

Ms. Joyce Reynolds: Sodium is a much different....

I forgot to say that in terms of trans fat, we are extremely proud of how quickly our members responded to the trans fat imperative—very efficiently and very effectively.

In terms of sodium, we're getting the same type of response. It's a much more complex ingredient to change. It's required, as well as for the taste, for functionality; it's a lot more challenging. All I can say is that we are committed, in terms of the sodium reduction strategy.

● (1640)

Mr. Garth Whyte: And we're 10% of the source of meals—

The Acting Chair (Mr. Tim Uppal): Mr. Whyte, I'm sorry.

Ms. Duncan.

Ms. Kirsty Duncan (Etobicoke North, Lib.): I'm splitting the time, if I may.

Thank you.

I'm really struggling with this. Salt is an urgent public health issue. Canadians consume 3,400 milligrams—more than double the recommended, at 1,500. I'm going to come back at this by asking, why aren't we going after a mandatory reduction?

Ms. Joyce Reynolds: Right now, all I can say is we have extremely aggressive targets to meet by 2016 to bring down our sodium from the current level of 3,400 to 2,300, and we are—

Ms. Kirsty Duncan: Which is still well above 1,500.

Ms. Joyce Reynolds: —committed as an industry to do the product reformulation in order to meet those targets.

Ms. Kirsty Duncan: Are you aware of who is on the membership of FRAC?

Ms. Joyce Reynolds: Yes.

Ms. Kirsty Duncan: Is it possible to table with this committee who the members are?

Ms. Joyce Reynolds: You can pull it right off the Internet. In fact, there are short bios on all 19 members of the FRAC.

Ms. Kirsty Duncan: I'm really struggling with voluntary versus mandatory. So even if we come down to the 2,300 level, it's still going to be voluntary.

Ms. Joyce Reynolds: I think what we have—

Ms. Kirsty Duncan: And what is our success rate? Have we measured what the success rate is when it has been voluntary targets, how well we've done in meeting those across the industry?

Ms. Joyce Reynolds: Trans fats are an example where the industry was extremely responsive. Again, as I say, sodium is more —

Ms. Kirsty Duncan: Was that information ever tracked? Do we actually have data on...?

Ms. Joyce Reynolds: Yes, there was monitoring that was done, and Health Canada is committed to doing the same monitoring in terms of sodium.

Ms. Kirsty Duncan: Could that be tabled with the committee, what monitoring was done and what the success rate is? And how will monitoring take place with the new targets?

Ms. Joyce Reynolds: That is something that Health Canada is working towards right now. They're in the process of—

The Acting Chair (Mr. Tim Uppal): Thank you, Dr. Duncan.

We will move on to Ms. Davidson.

Mrs. Patricia Davidson (Sarnia—Lambton, CPC): Thanks very much, Mr. Chair.

And thanks very much to each of our presenters here today. I certainly have enjoyed hearing what you've had to say, and it's been a good addition to the study we're doing, so we appreciate that.

Just carrying on a little bit further with the sodium issue, I'll ask the Restaurant and Foodservices Association a question on your booklet “How to Reduce Sodium in Menu Items”. On page 18, at the bottom, you have the chart, which says “Frequency of Adding Salt at the Table”. Where it says “Never”, then 2,927 milligrams per day would be the average intake. If you do add it at the table “Very Often”, it's only 3,396. And I'm saying “only” to express a difference between them; I'm not saying that to mean it's not very much.

So most of our sodium intake, then, is coming from other things occurring, either when it's cooked or in the food, not when we put it on freely at the table. Is that correct?

Ms. Joyce Reynolds: According to population health surveying that Health Canada has done, that's right.

Mrs. Patricia Davidson: All right. Thank you.

Now I'd like to ask a question—

Mr. Garth Whyte: May I quickly comment? I've been dying to comment on something here.

Mrs. Patricia Davidson: Sure. Yes, please do.

Mr. Garth Whyte: In your package is “Where Canadians Source Their Meals”. There you see 10% of the meals are purchased at restaurants. If this committee thinks they're going to solve the sodium problem through restaurants only, you have a big challenge, number one. The salt shaker example is talking about how do we educate Canadians, period. And I totally agree with the Healthy Living Alliance from B.C. We need a comprehensive look at all these things, from the manufacturing of food to all the different...the whole level, the whole food chain. I think we really have to look at this.

Secondly, about taxing of food, we already do. Whenever you do it, you have to be careful what you do. You should ask why is milk consumption flat and declining? Why is that happening? The committee should look into that, because we certainly talk a lot about it in the agriculture committee, because of supply management and what the cost of milk is and dairy products. Look into that.

We certainly talk about, when we go to Finance, taxing the food... on HST and food exemption in stores versus in our establishments. That's another taxing policy that's currently in place that has shifted eating habits. There are all sorts of things. So please be careful when you pick one over another. Look at it from a holistic point of view. Just look at commercials, like delivery. Look at those things and the different policies that have been put in place that have changed consumption patterns.

● (1645)

Mrs. Patricia Davidson: Thanks very much.

I'd like to ask the chiropractic association.... We're hearing more about teams being set up to supply medical services to communities—health teams. Are you included in these health teams? Are you part of them in most areas or in any areas?

Ms. Eleanor White: I can speak best to Ontario because that's where I'm from, and before being with the Canadian Chiropractic Association, I was with the Ontario one, so I was involved with it somewhat.

At the moment, in Ontario, musculoskeletal is not represented on family health teams. You don't have physios or chiros being included in the set-up. You have podiatrists, midwives, naturopaths, you name it, but not MSK. It's interesting that the World Health Organization will be launching it's non-communicable diseases initiative in the coming year, where they have found that, lo and behold, a large part of disability is not coming from infectious disease, but it's coming from chronic MSK disability.

There needs to be a greater inference and a greater importance put on the treatment of MSK, and it should be included in the teams as a whole. At the moment, it is still separate. We are involved in some pockets, and we have had to pay our way in and pay our own staff. We put people in. We do it as a research project. We're in St. Michael's. There's going to be a second, larger, institute in St. Michael's.

Mrs. Patricia Davidson: Are you, in any province, included in the family health teams?

Ms. Eleanor White: Not directly. There are pockets, again, in B. C., Alberta, Quebec, and Ontario. There are some in the east as well. But, again, they're pockets. They're subsidized. I think the first one that has been covered—

The Acting Chair (Mr. Tim Uppal): Thank you, Ms. Davidson.

Madame Beaudin.

[*Translation*]

Mrs. Josée Beaudin (Saint-Lambert, BQ): Thank you very much, Mr. Chair.

Welcome everyone.

First, I have a question for you, Ms. Côté, since you are an expert in nutrition as well as communication. What I find disturbing is the realization that, in the immediate term, we may have actually had very little impact when it comes to changing our environment and the foods we consume.

One of your three recommendations deals with prevention measures for children. And that is certainly important in changing our eating habits. Something else that concerns me are low-income families and families with low-level reading skills. You also mentioned that earlier. There is, of course, a tendency to buy products whose prices are significantly reduced, and these families will often opt for a litre of Coke over a litre of milk, because the pop costs them a bit less to put on the table.

Do you think we should focus more on prevention strategies for children by teaching them about foods that are good for them? You mentioned enjoyment. Would reintroducing the joy of eating also have a positive impact on them?

Ms. Stéphanie Côté: Yes, we really need to start with children and, preferably, as early as possible. We should start food education when they are preschoolers, familiarizing them with foods and getting them involved in food preparation, with a focus on the joy that goes along with that. We should be careful not to emphasize the dichotomy between good and bad foods. That is key.

We need to keep up that kind of education as children get older, from preschool through elementary school and then into high school, so that they build food skills throughout their development. Clearly, educating children is key in order to have the biggest impact we can on the younger generation. That said, parents obviously have a role to play in that education. And ideally, there would be a continuity between what is being taught in child care facilities, whether it be at school or at day care, and what is being taught at home, because parents are crucial in terms of leading by example. They pass their eating habits and attitudes towards food on to their children. The approach really needs to be holistic. We need to work with children, yes, but we also need to work with the adults in their lives, and that includes parents.

Mrs. Josée Beaudin: Today, there is talk of putting a surtax on certain products, and some witnesses have also been in favour of that. As someone who is involved in diet-related communication, do you believe we should also favour healthy products? We don't want people to smoke, we focus on products that are bad for you and we want to stop those kinds of behaviours by focusing on the negative aspects, but if we favoured good food choices by putting the right products at the right height on supermarket shelves, would it make a difference?

● (1650)

Ms. Stéphanie Côté: Yes, we need to make more nutritious products more accessible, not just in terms of their shelf space in supermarkets, but also in terms of advertising. Many of the ads out there today promote foods with low nutritious content, to the detriment of those that are more nutritious. So we certainly have a lot of work to do in that respect. Not only do we need to present more nutritious food choices in a more appealing manner, but we also need to make them more available. There was a discussion earlier about unhealthy foods at checkout counters. That could be a good spot to promote healthier food choices.

Mrs. Josée Beaudin: Wonderful. Thank you.

I have no more questions, Mr. Chair.

[*English*]

The Acting Chair (Mr. Tim Uppal): Thank you.

Mr. Norlock.

Mr. Rick Norlock (Northumberland—Quinte West, CPC): Thank you very much.

I'm about to suggest something that may give you some ideas. I'm going to ask you all a question, and I hope you keep the answer short.

We tax the bejabbers out of tobacco and what do we get? We get a huge black market so that kids can buy cigarettes almost in the schoolyard for less than 5¢ a piece. I'm all for taxation of tobacco, but we have to get the right level.

Most of the first nations territories, and in the territories I worked in along James Bay and Hudson Bay, don't permit alcohol. What do they do? They sniff gas and stuff. I'm not against taxing all those other things, but I am about trying to find solutions.

We can tax the bejabbers out of salt and sugar and all those other things, and we talk about taxes, but I don't care what government or where, if they put too much tax on, they're out and somebody else comes in.

I have a novel idea to help raise money for the Cancer Society and to help promote good ideas, and the Canadian Chiropractic Association might have the answer for me. When I go shopping for a mattress, I see on the mattress that it might be approved by the Canadian Chiropractic Association. Am I right that you wouldn't permit that logo to go on there unless you stood behind the product?

Ms. Eleanor White: Correct. We only have one.

Mr. Rick Norlock: Do you get any money from that?

Ms. Eleanor White: They contribute to the research foundation.

Mr. Rick Norlock: That's good. Yes, you do, right?

Okay. I also see that the Dental Association raises money, I suspect in the same way, by putting their label on toothpaste. The Canadian Chiropractic, the Heart and Stroke Foundation—I believe Madame Côté, in response to Mr. Malo or somebody, mentioned that the Heart and Stroke Foundation allows their labels to go on some of them.

Ms. Heather Chappell: Yes, the health check logo.

● (1655)

Mr. Rick Norlock: Yes, they do, but I don't know if they get any money from it.

I know my wife looks for certain products that are approved by the Canadian Dermatology Association. Here's a novel idea for the Canadian Cancer Society to raise money for the thing they do best.

I get involved in the Relay for Life, and I'm sure many other MPs here do because we've all been touched by the scourge of that dastardly disease, cancer.

Here's how you can raise some money. I'm sure the restaurant people and the folks who make the other products.... Instead of big government forcing themselves into the lives of people, maybe the Canadian Cancer Society can look at the vast array of food products, and perhaps someone who owns a very profitable restaurant would invite you to come in and take a look at their menu, or ask you for a menu that the Canadian Cancer Society believes is a healthy way to eat that doesn't contain within that product something that is, in your view, carcinogenic.

Do you think that's a good idea, Ms. Chappell?

Ms. Heather Chappell: That's a very interesting idea. It's certainly one that has been in discussion over the years—whether or not we would go down the road of what the Heart and Stroke Foundation does.

Currently we just don't have the resources or the expertise to be able to do that. Part of the challenge, and I think some of us touched on it, is that you don't want to get into identifying products as yes or no, good or bad. It's all about the balance, physical activity and a healthy diet.

Mr. Rick Norlock: But you want somebody else to do it for you, I gather? No?

Ms. Heather Chappell: It's all about a person's healthy lifestyle balance and having the ability to do that.

Mr. Rick Norlock: My time is short. How many minutes do I have left?

The Acting Chair (Mr. Tim Uppal): You have fewer than two minutes.

Mr. Rick Norlock: I have less than two minutes.

I think the Canadian Cancer Society and the organizations around cancer have a pantheon of medical doctors and research scientists. It probably wouldn't need a lot of work to find a few. You just need to start with a few, and the money you would get would help you do more research into more products so you could put your logo on them, like the Dental Association and the Chiropractic Association and the dermatologists.

If I remember Madame Côté's response to one of the questions, she talked about logos on products. When I go into a grocery store, especially if my wife is with me, and I reach for a can of soup, my hand gets pushed over to the lower-sodium soup. Heart Healthy means different things to different people, but if I were to go into a restaurant that had a little logo from the Canadian Cancer Society, you can believe I would choose that, and I would bet if you asked every MP around here, he or she would probably choose a product that had a Canadian Cancer Society logo. When you say something is good, it's good. Nobody's going to argue with you.

The Acting Chair (Mr. Tim Uppal): There we go. Thank you, Mr. Norlock.

We are going to go on to Mr. Rathgeber.

Mr. Brent Rathgeber (Edmonton—St. Albert, CPC): Thank you, Mr. Chair.

Thank you to all the witnesses for your attendance here today.

I have a couple of questions for the Canadian Cancer Society regarding the warnings and some of the changes to advertising on cigarette packages.

First, I want to congratulate you on your dedicated effort to increase the size of the warning labels on cigarette packages.

I come from Alberta. I don't smoke, but I understand that cigarette packages are not on display. They are behind the counter.

I have two questions. Number one, how many provinces have rules in place for keeping cigarette packages actually out of view? Number two, for provinces like mine that do have those rules and regulations in place, what effect do you think these increased warning labels will have, since the cigarette packages are actually out of the view of potential customers?

Mr. Rob Cunningham: All 13 provinces and territories now have legislation banning visible displays. We support that legislation, because it is promotion. It encourages impulse purchases and so on.

The warnings will be seen 20 times a day by an individual smoker. Every time the person takes the pack out to have a cigarette, those warnings will be there. They will be seen by friends and by their kids if they are left on kitchen tables, in restaurants, or other places. They will have an important impact, and that is why the tobacco industry is opposed to them. It is because of the impact they will have on sales.

Mr. Brent Rathgeber: Those are my only questions, Mr. Chair.

The Acting Chair (Mr. Tim Uppal): Thank you very much.

We'll go to Ms. Hughes.

Mrs. Carol Hughes: I am very pleased with that.

Ms. White, you talked about promotion a while ago, and I'm just wondering if the promotional aspect of it would be much easier for chiropractors if they were actually part of the multidisciplinary health care team we talked about when we did the study on HHR.

Ms. Eleanor White: I'm sorry, I don't understand your question.

Mrs. Carol Hughes: I am just wondering if it would be much easier to do the promotional aspect of healthy living and a healthy body if you were actually part of those health care teams.

Ms. Eleanor White: Everyone here has voiced that this will only work if it is collaborative. Particularly on any public health issue, which this is, you must be able to discuss it with the health care provider of your choice. We have to all work from the same page and the same information or else you just have a confusion of information for the patient. It must be consistent. All material, ideally, should be provided to each type of provider. Again, you have consistent messaging among the professions.

Mrs. Carol Hughes: I want to go back to sodium. It is my understanding that the mandate of the working group was to put the strategy in place as well as to follow it through and make sure it was working. I think there was some concern.

I don't think I actually got the answer when I asked whether there was a lobby by your organization to dismantle this program.

● (1700)

Ms. Joyce Reynolds: No. We found out at the same time as all the other members of the working group that it was going to be FRAC that was going to be—

Mrs. Carol Hughes: I wasn't quite sure whether the answer you gave me was yes or no.

There is some concern. Mr. Carrie, I believe, brought up the issue of salt being on the table. Yes, the salt is on the table, but not all of us salt the same way. Unfortunately, when the food comes to my table, if it is overly salted, I can't take the salt out. That is why we had hoped, and we are hoping, that there will be a reduction. I can tell you that even here on Parliament Hill, if you ever order the pho, it is so salty you can hardly eat it. We have some concerns and some things we need to do on the Hill here.

Ms. Joyce Reynolds: One of our challenges in the food industry —and we recognize that we have a lot of work to do to reduce the sodium in our products—is that if people's palates don't have an opportunity to adjust, they are going to be using that salt shaker more.

Mrs. Carol Hughes: I don't know. You talk about the adjustment, but the industry has already made the adjustments in the United States. Yet that same cereal here has more sodium in it. I don't think my taste buds are different from an American's. If you give me the box of cereal that comes from the United States, I won't notice the difference.

Ms. Joyce Reynolds: I think you'll find that where there are anomalies, in terms of products that have high sodium levels, those are going to be brought in line.

These targets are very aggressive. And the taste profiles are going to change, there's no question about it, to me, in order to meet those targets. Canadians have to understand why they have to adjust. That's critical.

Mrs. Carol Hughes: Well, I think if that's all that's there, they'll adjust.

I want to do a very quick follow-up, because Mr. Norlock actually mentioned something a while ago about the sodium-free soup that his wife would bring his hand down to. I'm just trying to get some sense, because if you—

A voice: [*Inaudible—Editor*].

Mrs. Carol Hughes: Well, that's a decision you need to make.

However, first nations people and people in poverty can't go and buy that can of soup because it's too damn expensive. It's much more expensive than the regular can of soup.

I'm just wondering, because this is a big issue. And we hear this over and over again, that the choice is out there. For some people it's not a choice because they just don't have the money to pay that extra dollar.

Ms. Joyce Reynolds: I can't speak on behalf of packaged goods, but I can say that the reformulation is going to result in the use of ingredients that are going to be more expensive. There's no question that this is going to have an inflationary effect on the cost of food once the transformation of the food supply happens as a result of the sodium reduction targets.

The Acting Chair (Mr. Tim Uppal): Thank you, Ms. Reynolds.

Ms. O'Neill-Gordon.

Mrs. Tilly O'Neill-Gordon (Miramichi, CPC): Again, I want to welcome all the witnesses, and thank you for your great presentation.

My question is this. As we all know, we are constantly raising awareness of the bad effects from sweet sugar drinks. As a teacher who has been in the cafeteria, one day you'd see people were still going to these sweet drinks, but then on another day you'd say, “Oh, well, maybe we're winning the battle”.

I'm just wondering if any of you have any idea, are we winning the battle with kids drinking fewer and fewer sweet drinks, or are we staying at the same standstill?

Ms. Joyce Reynolds: One of our challenges, as an industry, is we'd like to do more milk promotion; we would like to put more dairy products on our menu. But quite frankly, because the cost of milk is rising far faster than the cost of production, the Canadian Dairy Commission is pricing milk right off our menus. If there's something the government can do to address that issue, we'd be thrilled.

Mrs. Tilly O'Neill-Gordon: Thank you.

Garth.

Mr. Garth Whyte: Well, I was going to say that I agree with Madame Beaudin's point, in that we should talk about the good things as well as the bad things. Our industry is the R and D for healthy food. Sushi wasn't developed in a grocery store. We come out with a chef's survey of hot trends, what up-and-coming chefs are using: locally sourced foods, sustainability, organics, gluten-free food. There's a ton of things that our industry brings first, before the consumer even thinks of it. We're doing that.

We've also done public opinion surveying of why the consumer goes to our restaurants. One is that they see it as an indulgence. This is the challenge we all have. It's not because you're going out. The biggest issue is it's an indulgence—I want to go with my family, I want to go with my friends, I'm going to a restaurant to celebrate. So that's part of our challenge.

But if you can make it interesting and exciting and fun, you can get people to eat. Come to our trade show that's happening March 5, 6, and 7. Come and see all the young chefs, and just the activity that's there, the healthy food that's being provided and all the different things that are there. How do we leverage that?

I'm on the board of the Association of Canadian Community Colleges. One of their fastest-growing areas—and in Quebec, in the CEGEP, pick every one of your provinces—are the culinary schools. I hope you report on that, because a lot of the R and D and exciting stuff that is happening is coming from our industry.

Mrs. Tilly O'Neill-Gordon: Thank you.

● (1705)

Mr. Colin Carrie: Do we have time for a little one?

Thanks, Tilly.

Garth, I was wondering if you could comment, because I'm really concerned about the mom-and-pop restaurants. You mentioned being very careful before you put taxes up, because quite often governments do that, and they have a certain intent, but there may be some unforeseen consequences to that. I also have a concern. I think it was said as well that when you start labelling foods as good and bad, you're kind of moralizing.

Traditionally, there's been a large group of new Canadians who start off their career in Canada as restauranteurs, and they introduce us to new and wonderful foods that when I was a kid I never had the opportunity to try. I like them, and I go out of my way to go to these small restaurants. I was wondering if you could give us an idea of what unforeseen consequences might occur if government throws this policy in without even thinking about it.

Mr. Garth Whyte: You could talk about basic entrepreneurs. They're as confused right now as the customer is about all the different requirements and things that are out there. It's difficult. They're also dictated to by the manufacturers who provide the food they use, so there are a bunch of things.

As Joyce said on trans fats, if you want to deal with trans fats, you have to go right down to who's providing and delivering those foods.

I also think we have conflicting regulations. An example is gluten. Some restaurants want to say they're gluten free in certain foods. We were told by another entity—the CFIA or others—that we have to be 100% sure this food isn't beside this other food; if it is, then you can never say it's gluten free. Then we talk to Health, and we talk to the people who want gluten-free food, and they say, no, that was nice of you to try, but you put us in an impossible position; we can't ever say that.

The Acting Chair (Mr. Tim Uppal): Thank you.

I'm going to allow Madame Beaudin a short question.

[*Translation*]

Mrs. Josée Beaudin: Thank you very much, Mr. Chair.

Ms. Reynolds, you just said that there are costs associated with transforming the food supply. You just identified the problem for low-income families, and that is especially troubling because these are the families where food choices and obesity are very much an issue. Of course, everything will cost money, but why is that so bad if it results in better food choices and healthier eating habits? It is disappointing to see that the situation is worse today than it was in my parents' day. Our kids are more overweight than ever. I am glad that we have taken some action in Quebec at least and that we are now seeing the benefits of that on our children, in terms of obesity rates.

As far as salt shakers go, the solution is simple: why not just take them off restaurant tables? In France, you have to ask for butter because they do not put it on the table as we do here. That would be a very easy and, I would imagine, a fairly inexpensive fix. Why not just take salt shakers off restaurant tables? If people want salt, they can ask for it.

[*English*]

Ms. Joyce Reynolds: We're in the business of meeting customer demand, and that's why we believe it's really important that there be a very strong educational campaign, so that people understand they shouldn't be putting extra salt on their food. If a customer in a restaurant is asking for salt, it's pretty hard for the restaurant to say, no, I'm sorry, I'm going to be your conscience and I'm not going to give you that salt shaker.

● (1710)

[*Translation*]

Mrs. Josée Beaudin: You can provide the salt shaker, at the customer's request. Right there, that would be a first step, one possible and accessible measure. It's true that we learn by example. I have never drunk pop in my life, but we never had any pop around when I was growing up either. My parents never bought any, and I never drank any. I don't even want to, I never missed it. I agree with you about the importance of raising awareness, educating the public and so forth, but I think people really model their behaviour on what they learned from those closest to them, and that is how we will be able to teach our children about healthy food choices.

[*English*]

The Acting Chair (Mr. Tim Uppal): If you can answer quickly... but I think you made your point.

Mr. Garth Whyte: We talked about obesity and we talked about how 20 years ago you had to take gym class. You don't now. I have three children. You have to look at the other equation. One of the reasons is not just your intake; it's your output and the activity you have to do. We have to look at this on a holistic level. To think it's just the food that's causing the obesity issue, boy, you're off the mark.

The Acting Chair (Mr. Tim Uppal): Thank you very much.

I want to thank our witnesses today for their contribution to our study on healthy living. The committee does have a couple of minutes of in camera business to handle, so I will thank you and I will also have to ask you to leave as soon as possible while we're suspended so we can get into our in camera business.

We'll suspend for a couple of minutes.

[*Proceedings continue in camera*]

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