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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)): I call the meeting to order.

Welcome, everybody, to the Standing Committee on Health. This is meeting number 53; pursuant to Standing Order 108(2), we are doing a study on healthy living.

Our witnesses today are, from Dairy Farmers of Canada, Nathalie Savoie; from the Canadian Medical Association, Jeffrey Turnbull, president, and Maura Ricketts, director; from Option consommateurs, François Décary-Gilardau, agrifood analyst, and Anu Bose; from NUTRIUM, Nathalie Jobin, dietitian; and from Food and Consumer Products of Canada, Derek Nighbor.

You will have about five minutes for your opening statements.

We will begin with the Dairy Farmers of Canada.

[Translation]

Ms. Nathalie Savoie (Assistant Director, Nutrition, National Programs, Dairy Farmers of Canada): Mr. Chair, on behalf of Dairy Farmers of Canada, I want to thank the committee for having invited us to speak today.

[English]

Dairy Farmers of Canada is the national organization representing Canadian dairy farmers who produce the basic ingredient that is used in the manufacturing of dairy products. Dairy Farmers of Canada does not sell milk products.

The goal of our nutrition department, which I represent today, is to increase the understanding of the nutritional and health benefits of milk products as part of a healthy diet and to encourage Canadians to eat well and consume the number of servings of milk and alternatives recommended by Health Canada.

Milk products provide 16 essential nutrients. Studies show that when the intake of milk products is not adequate, people's diet usually falls short of several of these key nutrients. In addition to the well-established role milk products play in healthy bones, studies show the benefits of them in weight management and in the prevention of hypertension, type 2 diabetes, and colon cancer, and despite their saturated fat content, a growing body of evidence suggests that milk products may be associated with a lower risk of cardiovascular disease.

Unfortunately, most Canadians are not meeting their minimum recommended intake.

In public health messages and government initiatives, an important focus is put on fruits, vegetables, and whole grains, and with good reason. However, the widespread underconsumption of milk products needs to be equally recognized in government efforts in future actions guided by the framework for action to promote healthy weights in children.

As different sectors will be engaged in developing a shared approach to increase the consumption of nutritious foods, we believe that our participation in the discussions is highly relevant, given our expertise in childhood nutrition and education.

My remarks will now address food labelling.

Dairy Farmers of Canada agrees that it's important to guide consumers toward nutritious food choices and more healthful patterns of eating. However, nutrition information on labels needs to be meaningful in order to truly help consumers make informed choices that reflect their individual needs. When strategies to improve eating habits are developed, initiatives need to be effective and not lead to unintended consequences.

It is with this in mind that we would like to raise some concerns regarding the recommendation to develop a nutrient profiling system for defining healthy foods, developing a standardized front-of-pack logo, focusing on nutrients to limit, and highlighting calories on packaged foods and on menus.

The United Kingdom traffic-light system is a good example of the potential pitfalls of such systems. You have an example in your technical brief on page 6 in English and page 7 in French. Foods get a green, yellow, or red light for fat, saturated fat, sugar, and salt, without any consideration of the beneficial nutrients. Therefore, diet soft drinks and unsweetened Jell-O each get four green lights, while nutritious foods, such as 2% milk, salmon, almonds, and olive oil, could all get red or yellow lights for fat, saturated fat, or sugar.

Such systems risk qualifying nutrient-rich foods as unhealthy if they contain disqualifying nutrients. On the other hand, nutrient-poor foods will be perceived as healthy if they are devoid of such negative nutrients.

If we consider only the calories, we face a similar situation. A serving of milk would show more calories than the same serving of a soft drink, and a small serving of almonds would show more than three Oreo cookies.

We also question the feasibility of developing a nutrient profiling system for defining healthy foods because of the complexity of establishing criteria that would be appropriate for all foods and would take into account the requirements of all individuals of various ages and life stages. For example, requirements for fat for young children are very different than they are for adults.

Health Canada has initiated work in this area and published two reports on the subject. They highlight the complexity and controversial nature of nutrient profiling and reveal that there is very little evidence on whether or not these systems have a beneficial impact on health outcomes. Instead of defining healthy foods, they propose to focus on ways of presenting and providing those foods that are more likely to lead to healthy or unhealthy diets. They also highlight the lack of research on how consumers perceive front-of-pack labelling. More work is definitely needed before any conclusions can be made about the best course of action and before effective measures can be developed.

In conclusion, we support evidence-based policies and programs that will help people to select healthier eating patterns, reduce chronic diseases, and promote healthy weights, and we certainly welcome the opportunity to be with you today and to work with the government on effective strategies to accomplish that.

Merci beaucoup.

● (1535)

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

Now we have the Canadian Medical Association. You have about five minutes for your opening statements.

Dr. Jeffrey Turnbull (President, Canadian Medical Association): Thank you, Mr. Chair.

[Translation]

Thank you for the invitation.

Studies dealing with healthy living habits are very important.

[English]

A few weeks ago my colleague Dr. Doig was here to talk about the health consequences of poor nutrition and lack of physical activity and the policies CMA has adopted to promote healthy living. Today I would like to expand on nutritional labelling and health claims on food and on the labelling of food regulated as natural health products.

Nutrition facts tables can be an important source of information, but many Canadians have difficulty interpreting them. A 2009 Health Canada review of research on nutrition labelling indicated that those with little nutritional knowledge had difficulty using the tables and were unable to relate the information they contain to their own dietary needs.

There has been an increase in the use of health claims on the front of packaging, expressed as slogans or logos such as Healthy Choice, as well as in disease reduction and nutrient content claims.

These studies have shown that foods carrying health-related claims are seen by consumers as healthier choices, but the myriad of different claims can be confusing and may draw attention away from

less healthy characteristics of food or oversimplify nutritional messages.

Recognizing the concerns that were clearly raised by our colleagues from the dairy farmers, we believe that a standard, consistent, at-a-glance approach to front-of-package food labelling could reduce confusion and help consumers make informed dietary choices. The traffic-light front-of-package label currently in voluntary use in the U.K. is an example. The front-of-package labels on composite processed food use green, amber, and red to indicate low, medium, or high levels of nutrients most strongly associated with diet-related health risks: fat, saturated fat, sugars, and salt. Also included is a calorie count per serving and percentage daily amount information.

Research in the U.K. has shown that consumers generally understand these labels. Shoppers are most likely to use them when buying the product for the first time, to compare different products when shopping for children, when trying to control intake of certain ingredients such as salt or fat for health reasons, or when trying to lose weight. Not surprisingly, research in the U.K. and Canada also shows that those most likely to read nutrition labels are those who are already interested in healthy eating.

For this reason, labelling policy must be embedded in a broader nutritional policy that uses multiple instruments to foster education and interest in healthy eating and helps to ensure that Canadians have healthy food choices by, for example, regulating amounts of salt in processed foods.

In addition, physicians have become quite concerned about the recent tendency toward regulating fortified foods as natural health products.

The Food and Drugs Act effectively prevents products classified as food from being marketed as having medicinal benefits unless there is compelling scientific evidence that the claims are true and the products are safe. The same strong legislation does not apply to natural health products, which are regulated under a different act.

This is a concern, because a trend is emerging whereby manufacturers of products normally sold as food fortify their products with approved natural health products such as vitamins and minerals. Examples of these are energy drinks, vitamin-enhanced juice, power bars, gums, and candies. The manufacturer can then request federal approval to market the product as a health product in food format.

If such requests are approved, food labelling requirements no longer apply and health claims that would not be allowed under the Food and Drugs Act can be made. Without proper nutritional labelling it is difficult, if not impossible, for consumers to make informed food choices. This can be particularly troubling for those with special diets or health concerns. Furthermore, those misled by dubious health claims might be consuming empty calories or high amounts of fat or sodium with no corresponding benefit. The result is that the health of Canadians may then be compromised.

The CMA has called on Health Canada to require compelling evidence for health benefits before changing a product's regulatory status from food to natural health food, and for nutrition labelling for all foods regulated as a natural health product. Faced with an array of products and health claims and a barrage of advertising extolling their benefits, Canadians can find it very challenging to make healthier food choices.

To find our way through to the right choice, we need good nutritional information and the ability to access and understand this information.

● (1540)

Governments and health care providers share a responsibility to help Canadians make choices that will help them achieve and maintain good health.

[Translation]

The physicians of Canada want to work with government and with all Canadians to make a healthier Canada.

[English]

I welcome your questions.

Thank you.

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

We'll now move on to Option consommateurs.

Dr. Anu Bose (Head, Ottawa Office, Option consommateurs): Mr. Chairman, members of the Standing Committee on Health, Madam Clerk, and colleagues, *bonjour* and good afternoon. I want to thank you for giving us the opportunity to appear before you once again.

My name is Anu Bose. I am the head of the Ottawa office of Option consommateurs. With me is François Décary-Gilardau, the food and agribusiness analyst at our Montreal office.

We are no strangers to this committee. We were here late last year, speaking to you very strongly on Bill C-36—now, thanks be to God, the Consumer Product Safety Act.

We are a moderate outfit. We are 30 persons—lawyers, economists, and energy and agricultural scientists—but we have locked horns with the likes of Maple Leaf Foods and lived to tell about it. We also sit on several government committees and working groups, such as the advisory committee on food regulation for Health Canada and the consumer associations round table for CFIA.

Healthy living is a very vast and very complex subject. We've chosen to restrict ourselves to the labelling of food, not only because we are what we eat but because we have seen one too many claims

that are economical with the truth about the products they are pushing.

We do realize that it is not very easy to eat healthily in today's world because of the siren song of fast foods and convenience foods. We also believe that the tide must turn, and that given the appropriate incentives, Canadian consumers could make healthier choices for themselves and their families.

We base our remarks on the UN guidelines on consumer protection, which state that consumers should be protected against risks to their health and safety and that consumers have the right to have access to adequate information to make an informed choice. It reinforces the concept of the duty of care that every government, including our own, owes its citizens.

Option consommateurs maintains that all information provided to consumers by manufacturers should be credible, should be verifiable, and, above all, should be appropriate. Information must also be easily understood—that is, be jargon-free—since not everyone in Canada has full command of one or the other of the official languages.

Mr. Chair, with your permission, I'll ask my colleague, the real expert on labelling and health claims, to continue.

Thank you.

● (1545)

[Translation]

Mr. François Décary-Gilardau (Agrifood Analyst, Representation and Research Department, Option consommateurs): Thank you, Dr. Bose.

Good afternoon, Mr. Chair, ladies and gentlemen.

Canadians are concerned about their health and that of their families. They know that healthy lifestyle and eating habits are key to good physical and mental health.

To help Canadians eat well and make the best choices possible, whether at a grocery store or in a restaurant, several strategies can be put in place. We will address two consumption issues: health claims and logos, and access to healthy foods.

We will start with health claims and logos. In recent years, we have witnessed a host of new health logos and claims appearing on the front of food packaging. While the nutrition facts table and list of ingredients enable a large segment of the population to be better informed of the nutritional content, logos also satisfy another need: having quick access to easily understood information.

Regardless of their income, Canadians have difficulty reading labels. In fact, only 45% of adult Canadians have sufficient numeracy skills to understand the nutrition fact table, and just 52% of Canadians are literate enough to understand complex wording, such as the list of ingredients. For these consumers, health claims and logos can play a significant role in their food choices. To achieve that, logos must meet certain criteria: for example they must be credible enough to communicate relevant information. Putting a healthy choice logo on Oreo cookies on the basis that they contain no trans fat, as Kraft did, is not appropriate, because Oreo cookies are very high in fat and sugar.

Health information and claims must also be truthful and not misleading for consumers. For example, indicating that a bag of chips is "cholesterol free" is accurate, but it may lead consumers to believe that that brand of chips is better for their health than a competitor's brand is, which is not necessarily the case.

Last year, we criticized a series of logos placed on products that contained very little nutritional value. I have brought some examples.

The second issue we want to address is access to healthy foods. It is inconceivable that, in Canada today, people are going hungry. Did you know that 48% of school children in Montreal are from underprivileged families? "A hungry stomach has no ears", as Jean de La Fontaine said. The situation is worrisome. Today, because of the price of food and the low income levels of many consumers, we are starting to see a two-tier system: food for the rich and food for the poor. All too often, making healthy choices is costly.

While we applaud the industry's efforts to reduce the amount of trans fat, salt and sugar that is added to certain products, we believe there is a need for a comprehensive approach that applies to all products, not just niche products. We deplore the fact that, in 2011, efforts to provide people with quality foods are benefiting a minority only. We must not forget that household income is the most significant determinant of health. With the rising cost of living and food prices, this trend may become more widespread. That is why we have some recommendations for you.

First, Option consommateurs recommends that the Government of Canada tighten up the use of health claims and logos on processed food packages. That would help consumers make more informed choices. I think that the UK's traffic light labelling system was mentioned in a previous brief, but Doctor Katz and the NuVal system are other examples that we are following closely.

Option consommateurs also recommends that the government fast track the implementation of recommendations from the trans fat and sodium working groups, specifically the goals of reducing these products.

Finally, Option consommateurs recommends that the government encourage companies to further reduce quantities of trans fat, salt and sugar in all of their processed foods and not only in their niche products.

Thank you very much.

•(1550)

[English]

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

We'll now hear from NUTRIUM.

[Translation]

Ms. Nathalie Jobin (Dietitian, Extenso, Nutrition reference centre of Université de Montréal, NUTRIUM): Thank you, Mr. Chair, for allowing me to speak at this hearing.

As a nutrition professional, I am very aware that it is not easy to encourage people to eat well. Food choices are influenced by a series of complex interactions between individual factors and social, cultural, economic and environmental determinants.

Early intervention, which targets everyone and is designed to help people maintain or improve their health before it is compromised, has a great deal of positive influence over health. In fact, the earlier the intervention, the better the potential gains. Nutrition labelling and claims are part of the environmental strategies designed to improve public health. However, at present, nutritional labelling is lacking in a number of areas. The current system must be improved if we are to get consumers used to reading, interpreting and using nutritional information effectively in order to make healthy food choices.

I want to address five aspects of labelling: the nutrition facts table, health claims, logos, food labelled as natural health food products, and restaurant menus.

We have three recommendations for you on the nutrition facts table in order to meet the nutrition labelling objectives that will truly assist consumers to make informed choices. Firstly, serving sizes of similar foods must be standardized as much as possible. Requirements for the nutrition facts table were established as a labelling tool to enable consumers to easily compare food value and to make informed purchases. However, when the serving sizes of similar products are not exactly or approximately the same, it becomes difficult for consumers to compare products and make good choices.

We also recommend updating the basis for establishing the daily value (DV) on the nutrition facts table using DRIs for 2011. As a former member of the Sodium Working Group, I believe we should also replace the daily value of sodium on the nutrition facts table. Reducing it from 2,400 mg to 1,500 mg would reflect adequate amounts of sodium.

The third and final recommendation is to emphasize, on the nutrition facts table, certain less desirable nutrients present in large quantities in a food as a way of alerting consumers to that fact. Values on the nutrition facts table that exceed 15% of the daily value could be in red. Nutrients that should be emphasized, for example, are total amounts of fat, saturated fat, trans fat, sodium and sugar.

We also have several concerns about health and nutrition claims. Using health and nutrition claims on food packaging is often seen as a marketing tool that companies can use to attract consumers by highlighting certain nutritional aspects of a food. However, these claims are frequently used to showcase the positive aspects of a food, while sometimes ignoring the negative aspects. This approach can encourage consumers to use a food product because of one of its characteristics, without taking the others into account.

To prevent this from occurring, it may be necessary to incorporate ineligibility criteria for the use of all types of health and nutritional claims. That would ensure that consumers are not misled by positive claims on foods containing less desirable elements.

I will now move on to the presence of the many commercial logos on food products, which has already been raised today. In 2006, the Canadian Council of Food and Nutrition reported that 80% of Canadians wanted labels or packaging to clearly indicate the presence of healthy foods. The solution for determining whether or not a food is healthy is not just reading the label but also understanding it. The nutrition facts table is reliable, but it is not the first thing a consumer sees, as it is on the back of the package. Several symbols are now found on the front of the packaging. Of those Canadians who read labels, about half of them look for that type of symbol to guide them in their choices. However, the use of these commercial logos is open to criticism in a number of ways.

● (1555)

These numerous logos greatly confuse consumers because there is no standardization in the manufacturers' criteria. Manufacturers use these logos mainly for marketing purposes. It raises the question of how compatible these logos are with the overall approach to nutrition. Finally, we find it unfortunate that there is no independent authority to evaluate these criteria. As my colleague François Décarry-Gilardeau said, it should also be mentioned that a product with a logo may not necessarily be the best choice in its category, and that is confusing to consumers.

In closing, the fact that there are so many commercial logos and the lack of standardized criteria lead to confusion among consumers when they are buying food. To remedy this situation, we need a third-party agency that would clarify nutritional criteria that allow a logo to be used on a given food. This third party would be entirely at arm's length and would be the only agency authorizing the use of a logo on food.

Finally, we note that there is also some concern as to a differentiation between foods and natural health products. An increasing number of food products, most of which are enriched, make it to grocery store shelves as natural health products rather than under the Food and Drugs Act. There needs to be a clear differentiation between natural health products and foods in order to protect the health of Canadians.

In closing, with respect to restaurant menus, we should if possible demand that...

[English]

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

I'm sorry; I did allow you some extra time because our clock actually stopped, but thank you. You may have some more time when questions are asked.

Next we have the Food and Consumer Products of Canada, please.

Mr. Derek Nighbor (Senior Vice-President, Public and Regulatory Affairs, Public Policy, Food and Consumer Products of Canada): Thank you, Mr. Chair, clerk, and committee members.

It is my pleasure to be here on behalf of Food and Consumer Products of Canada. We are the largest national industry association representing companies that manufacture and distribute food and consumer products in this country.

To capture a little bit about who we are, the members we represent today are companies that manufacture, I would imagine, about 75% to 80% of what you see in your neighbourhood grocery store. It is important to know that we are now the largest employer in the manufacturing sector in Canada as well, with some 300,000 jobs in both rural and urban Canada. I look around the table. There are probably about 1,000 jobs in your ridings collectively that are fueled by this industry.

I want to be clear that our companies take nutrition and health and wellness issues very seriously. The kits that were provided to you today show that we just launched in the last few days our health and wellness report, which is a report that we haven't done for a few years. It captures all of the reformulation efforts and initiatives that are going on in our communities and in our workplaces in terms of contributing to healthier products and healthy living.

We support Canada's Food Guide, and we promote it. We've been active partners working with Health Canada. I'm proud of what we've done in the areas of trans fat elimination, the work we are doing with the sodium working group with NGOs and government on sodium reduction, and what we have done recently on allergen labelling. I'm proud to say that our industry did not come knocking on the doors of government for an exemption on allergen labelling. We took our responsibility very seriously, we understood it was the right thing to do, and we supported the recent regulation.

Most recently we've been involved with Health Canada in a program. You might have seen commercials on TV and other information around the nutrition facts education campaign, which is really a campaign focused on trying to help Canadians to better understand how to read per cent daily value and use the nutrition facts table to make informed food choices.

This is a regulated table. It's a trusted source of information for Canadians, but admittedly, as many of the speakers have said, there is confusion around how to use it. There is an opportunity for us to work together in educating Canadians on how to use this tool, which has been in the market in Canada for about 9 or 10 years.

This table is on every packaged food product. As my colleague from the Dairy Farmers of Canada said, it allows Canadians to make the right decisions for themselves and their families. My mother is looking for more calcium. My father is looking for less fat. That makes the cheese purchase challenging in my parents' home. When we are looking for different things, we need to be very careful about simplistic labelling and drawing general conclusions.

The campaign we launched was back in November, as I mentioned. We have 33 participating member companies on board. We have the support of the Heart and Stroke Foundation, Dietitians of Canada, the Canadian Diabetes Association, and the Canadian Obesity Network. They are helping us promote this campaign to Canadians through their networks.

We heard a bit of talk today and at previous committee sessions around traffic-light labelling. In the kit I provided there are a few examples, the cheese example being one of them, which make a very simplistic conclusion from a very complex set of information. As was said by the Canadian Medical Association, it displays the levels of sugar, fat, saturated fat, and sodium, ranging from red to amber to green. It is problematic. The European Parliament recently voted against it. Australia has had some very active discussions and has decided not to go that route. In a lot of cases they have seen a customer see a red light on the front of a package and the person will think that the product should be avoided, and that is not necessarily the case. If we look to that traffic-light model as the panacea, as the alternative, as the magic bullet, we are all sadly mistaken.

In closing, I wanted to put that on the table and to restate our organization's commitment for even more education. We made a financial and a time commitment on this education campaign around the nutrition facts table. I will tell you that the CEOs on my board have said they were only investing in this if it was the first phase of a multiple-phase campaign that we could continue to build on going forward. Our commitment from industry is to work together with our partners in all different segments to continue to ensure that Canadians are making the best choices they can when they're shopping for groceries.

I will leave it there, and I'm happy to take any questions when we get to that portion of the discussion.

Thank you.

• (1600)

The Acting Chair (Mr. Tim Uppal): Thank you very much. That is where we are. We'll open it to our members to have some time for questions.

We will start with Mr. Dosanjh from the Liberals. This is a seven-minute round, please.

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

If I stop short of using my time, my colleagues can take over.

I am somewhat confused. I want to thank you all for making excellent presentations, but I have a question about the FCPC presentation.

Sir, you don't support the light system and you are in a project with Health Canada and others that clearly implies that Health

Canada is on board for the nutritional fact charts. Then we heard from Ms. Savoie, and she said both of those can be problematic, both the red light and the yellow light and the other one. You have said that they could be confusing.

Am I correct in my interpretation of what you said?

Ms. Nathalie Savoie: They can be confusing.

Hon. Ujjal Dosanjh: You mean both of them.

Ms. Nathalie Savoie: Yes, both of them. While they're trying to—

Hon. Ujjal Dosanjh: I'm trying to get my head around it.

Dr. Turnbull, I think you opted to support the lighting system, if I got that correctly. You felt that the other was fine, but that it didn't go far enough. It wasn't easy enough for people to understand.

We have an obligation at the end of the day in this committee to come to a conclusion on these kinds of issues and make recommendations. If you were sitting in my place, all three of you, what would you recommend to the government? All three of you differ.

Mr. Derek Nighbor: I'm happy to start. Let's rally around two common points, confusion and the need for more education and awareness. It was Minister Anne McLellan who launched the nutrition facts table back around 2002. There was a bit of noise—

Hon. Ujjal Dosanjh: It was before my time.

Mr. Derek Nighbor: If it was before your time, we'll blame Anne for the problems.

Some hon. members: Oh, oh!

Mr. Derek Nighbor: It was launched in 2002. There was some education and some money spent by government in terms of developing some awareness around that. There was another attempt by Health Canada, not the most resourced campaign, around 2005 or 2006. We really haven't done a lot.

It's inherently a complex tool because nutrition and eating well are complex. There's a lot of information out there. I think there are about 13 to 16 nutrients highlighted on the nutrition facts table, and everybody's looking for different things. People with hypertension and people with diabetes are looking for different things on the label. That's the warehouse of all information that's needed.

The position that we've taken in supporting that table is to ask how we can work together to make sure people use the tool that we know Canadians know is on the package. Research that we did a couple of years ago, which pretty much mirrored the research Health Canada came out with, showed that 93% of Canadians actually know the table's there. About a third of them actually use it to influence their decisions. We might debate over five or ten points on either side of that, but it is something that Canadians defer to.

How do we empower them to use it better? In some jurisdictions you're seeing people go to front-of-pack labelling, and I know our colleagues in the U.S. are looking at doing that, but I say to them that they're putting on the front of the pack what's already on the back of the pack. You're really just transferring the information from one part of the product to another. Maybe the font's a bit bigger; is that going to empower people to better use that to make informed food choices?

•(1605)

Hon. Ujjal Dosanjh: A bigger font would help people my age.

Voices: Oh, oh!

Dr. Jeffrey Turnbull: Thank you very much.

I think there are some areas of commonality. First, what we're doing is confusing. I think those of us who have used and looked at these products recognize that we have a very short period of time to make a decision, and the variables that they've put there are confusing, even for us, even without taking into consideration other people who probably don't have the same educational background or literacy, so I think we can all agree that what we've got is not sufficient.

Second, I don't think there will be a perfect way, and we have to continue to work. Simplicity and education, I've heard around the table, are essential, so we supported a process—albeit not perfect—that is simple and quick. It recognizes the challenges that we all have when we go to a grocery store to choose something. Front-of-package labelling, simple standard labelling that everybody can get used to, is not perfect, and I do agree that we should include some of the nutritional value as well as the harmful effect of some of the medications, but I would say that at this moment, it's probably the best of a group of options.

Hon. Ujjal Dosanjh: Are you suggesting a combination of the two, a combination of the lighting and the facts?

Dr. Jeffrey Turnbull: I really took to heart that we should highlight some of the nutritional value of what's there and not just the bad things. We would all recognize that some of the foods that we might find in the grocery store might not have very much in the way of nutritional value, so I think I would highlight both, but I do believe that a simple standardized approach that can be easily seen and recognized—once we get used to that system—by all members of our community, once they're informed slightly, would be of benefit.

Ms. Nathalie Savoie: As a dietitian, I wish nutrition were simple, and I would be out of a job. That would be my goal, but that's not the reality.

The nutritional facts table is there. It's not perfect. I think it can be improved, but at least it doesn't risk telling people that diet soft drinks are healthy and milk is not. I can give you many examples of systems that try to oversimplify a complex thing. I truly understand that the complexity is a difficulty for people with low literacy, and I think we should improve the nutritional facts table, improve the education, and perhaps give back some of the credits to the wholesome, nutrient-rich foods.

Although I know that processed food is part of our diet, I don't think people are eating enough fruits, vegetables, whole grains, milk products, legumes, nuts, and so on. I could go on. Those are the foods that may be at risk with a system that oversimplifies nutrition.

Dr. Maura Ricketts (Director, Office of Public Health, Canadian Medical Association): Part of the issue that arises here, I think, has to do with the level of processing in food, which is an unspoken topic at this table. I think the products over to our right do a good job of illustrating it.

Milk and milk products such as cheese and yogourt are barely processed at all. It may be that it is unsuitable to use the same kinds of symbols on both barely processed foods and highly processed foods; in fact, the problems arise in highly processed foods. I'd like to draw the committee's attention to that aspect of things.

Indeed, you can take what was a good food, such as yogourt—and I hope I won't fall into contention with my neighbour here, since she is quite close to me and could be lethal with a pen—and convert it into something that perhaps isn't all that good if you add huge amounts of sugar to it.

•(1610)

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

I'm going to have to cut you off.

Monsieur Malo is next.

[Translation]

Mr. Luc Malo (Verchères—Les Patriotes, BQ): Thank you very much, Mr. Chair.

According to Ms. Jobin, one way to improve the nutrition facts on foods is to standardize serving sizes. Currently, in fact, consumers are unable to compare two products on the same shelf. So, when they are buying cereal, cookies or crackers, they cannot compare nutrition facts because the serving size is different.

Last Tuesday, we had Mr. Duhamel, from Dietitians of Canada, before us. He was saying that the issue was quite simple and we could address it rather quickly. Mr. Sherwood, from Refreshments Canada, also said that it could be done relatively easily by his industry.

Mr. Nighbor, can you tell us whether the members of your association intend to quickly adopt this solution? It is not a panacea, but it is relatively simple and gives users and consumers a tool so they may more easily compare products they are purchasing within a category of similar products.

[English]

Mr. Derek Nighbor: I'm happy to respond to that. As many of you will know, schedule M of the food and drug regulations does outline the criteria. I want to be clear that there are criteria in place in stores, restaurants, and so on across the country, and those criteria are enforced by CFIA.

One of the examples that came up—I think it was earlier this week, when a gentleman from the Dietitians of Canada was speaking—was about differences with respect to cereals. In fact, there are two different standards for cereal. If you have a flaked cereal or a puffed cereal, as opposed to a more dense oat-type cereal, those are going to measure differently in a bowl in the morning, so there are some categories....

We were engaged with Health Canada and a number of other stakeholders in the drafting of these regulations many years ago. We're always prepared to sit down and talk. We've told folks at Health Canada that if there is research that shows there are significant problems and that this table needs to be revisited as the food supply changes, we owe it to ourselves at some point probably to revisit this schedule.

I want to be very clear that there are rules that my member companies need to follow. They can't just make that up and put different serving sizes on there. I even think of bread versus a bagel. A bagel is about a 90-gram serving size, but you would compare that against two pieces of bread for a comparable meal, which is about 70 grams.

Once again, I don't want to dismiss the question, because it's one we hear often, but when you're comparing like products, there are inherent complexities because they're not exactly the same.

[Translation]

Mr. Luc Malo: Mr. Décary-Gilardeau, did you want to add anything?

Mr. François Décary-Gilardeau: I have an example before me. I have two bottles of Quick, one is chocolate flavoured. On the first bottle, which contains 14 ml, it says 33% less sugar. On the second bottle of Quick, the chocolate one, the serving is 20 ml. So you are comparing a 14 ml portion and a 20 ml portion. On the 14 ml portion, it says 33% less sugar, but that is because it is smaller by 6 ml.

Mr. Luc Malo: What do you have to say to that, Mr. Nighbor?

[English]

Mr. Derek Nighbor: I'd like to see the chocolate one, because I'm not going to make an assumption based on seeing one of two products.

I want to be clear that there are rules in place. Our members follow those rules. If there are compelling issues that any groups around the table or Health Canada want to raise, that's why I have a job. It's to work through those issues with our members and see where improvements need to be made if there are science-based problems in the marketplace. I'm not going to dismiss those concerns. We're happy to talk about that stuff.

[Translation]

Mr. Luc Malo: Do your members want to provide clear information to consumers? Was this clearly expressed by your members?

[English]

Mr. Derek Nighbor: Definitely. I look at the work we've done in reformulation. About 84% of the trans fats have been taken out of the food supply in just three years. The sodium work we're doing already speaks for itself. When you talk about labelling around sodium, there are strict requirements around when you can state on the label that you have reduced the sodium. There's about a 25% threshold, so if you reduce it by 10% or 15%, you're not allowed to put that on your packaging.

We need to be clear that there are very clear rules in place for having an excellent source of claim in those areas, rules that are enforced by the CFIA.

• (1615)

[Translation]

Mr. Luc Malo: Ms. Savoie, earlier on, we heard from Ms. Reynolds, from the Canadian Restaurant and Foodservices Association. I will quote her and ask you for your comments.

One of our challenges, as an industry, is that we would 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 is something the government can do to address that issue, we will be thrilled.

Ms. Nathalie Savoie: Mr. Malo, last year, the retail price for milk in Canada increased on average 0.5% whereas the consumer price index went up approximately 2% or 2.5%. It cannot be said that the price of milk for restaurants is increasing more quickly than production costs.

However, we can say that the farm-gate price is based on the cost of production. This farm-gate price is more or less set for all dairy farmers throughout Canada and it does not rise more quickly than the consumer price index.

Mr. Luc Malo: So do you think the price is a red herring?

Ms. Nathalie Savoie: I cannot answer for the restaurant industry. However, I can say that, as dietitians, we are quite concerned by the fact that Canadians are not consuming enough dairy. A great deal of research is being done to understand how we can help them change their behaviour. We do not find the price of dairy to be an obstacle for most Canadians. In fact, the greatest obstacle is the fact that they do not realize they do not consume enough dairy products. The second greatest obstacle is the fact that they are not all that concerned with the problem. A poll conducted by Ipsos and Dietitians of Canada showed that cost was only an obstacle for 6% of the Canadians surveyed.

Mr. Luc Malo: Mr. Décary-Gilardeau, in your presentation, you referred to a traffic light system. You said it was a quicker way to provide information on the front of a package. You also referred to another method we have heard very little about around this table. Could you tell us a little more about that?

Mr. François Décary-Gilardeau: We are doing a great deal of work with consumers on the traffic light system. As an aside, I should point out that consumers like to have a system in place that lets them see where a product fits on a scale without having to compare two products. In this respect, the traffic lights, the colours, are good things because that way consumers only have to pick up one product and can see right away where that product appears on a list of the 10 or 20 best products. The program is in development. Just this week, a food distributor in New York...

[English]

The Acting Chair (Mr. Tim Uppal): Thank you. I'm sorry, but I'm going to have to cut you off. I did give you some extra time because I also gave Mr. Dosanjh some extra time.

We'll go to Ms. Ashton.

Ms. Niki Ashton (Churchill, NDP): Thank you.

[Translation]

My question is for you, Mr. Décary-Gilardeau. It has to do with Quebec's position on nutrition ads for children.

I represent a constituency in northern Canada where the population is very young and often aboriginal. As you know, there are significant challenges in the area of nutrition. There are several serious problems, like diabetes. The situation is going to get worse in the future according to what medical experts have told me.

We are interested in the Quebec model and the results of the Quebec government's decision to ban advertising for children, particularly with regard to food.

• (1620)

Mr. François Décary-Gilardeau: Of course, we have always been in favour of this ban. Children are very vulnerable to advertisements. This is something we have known since Piaget, they are very vulnerable. In fact, children are unable to understand the fact that someone is trying to sell them something.

So it seems obvious to us that this measure would be rather easy to apply to the rest of Canada and would have very long-term consequences on eating behaviour. When you teach very young children certain food habits, they often last a lifetime. So, we are very much in favour of extending this ban on food advertising for kids.

However, I am sorry, but I am not sure I understood the first part of your question.

Ms. Niki Ashton: We do not have a ban like that at home. Aside from advertising, there are other issues, like cost. It is far more expensive for people to buy fruit and healthy food. It is far cheaper for families not to eat healthily. That said, it may be useful to have appropriate information and also to use other cost-related measures which would better serve families.

Do you have any ideas on that, perhaps?

Mr. François Décary-Gilardeau: There is something very interesting that has been proven in Europe, I am sure Nathalie could talk about this as well. We often talk about banning adds for unhealthy food. Well, I think one of the best options, and also one of the cheapest, is to provide quality food at no cost directly to children.

The school board in Montreal is asking for this. They say that hungry children do not learn as well. The cheapest thing, at the end of the day, is not to produce advertisements or educational programs, but to provide apples, milk and healthy products free of charge. That will benefit everyone.

The cost of basic goods is quite concerning in northern Canada and northern Quebec, an area I am somewhat more familiar with. I look at this issue once a year and I am quite troubled by it.

Ms. Niki Ashton: Could the experience in Europe teach us anything?

Ms. Nathalie Jobin: In Europe?

Ms. Niki Ashton: I thought you had referred to Europe.

Do you want to add anything else?

Ms. Nathalie Jobin: I think providing free food to children would be a panacea only on the surface. There needs to be a great deal of education around the issue as well. We should also try to reach parents and get them involved in this education. I think that is very important.

Moreover, it would be a bad idea to isolate children in need from others. Everyone must be treated equally to avoid discrimination.

Ms. Niki Ashton: Mr. Décary-Gilardeau, you also mentioned grade school children and the challenges they face in getting

appropriate nutrition. You addressed a number of aspects of this in your presentation.

Could you tell us a little more about what is happening with this student population?

Mr. François Décary-Gilardeau: Again, I think Ms. Jobin would certainly be better placed than I to discuss this matter.

These are our most vulnerable people. We must help children get a good start in life, regardless of family income. I really want to focus on this point. What worries me is that young people, starting in primary school, are disadvantaged because they are undernourished. This is a reality we often lose sight of because we operate in our own little areas. The reality is that some children do not eat before going to school. They are hungry and that will have an impact on everything they do. We should never forget that. It is part of the role of government to ensure that the most vulnerable in our society are our priority. I am thinking mainly of children. I do not think anyone could disagree with that.

Ms. Niki Ashton: The effect is on child development in general, not only the very young, but teenagers as well.

• (1625)

[English]

I'm also interested in the intersection between literacy and labelling and, given some of the challenges that many people face, ensuring that we have labelling that's accessible in terms of literacy.

Would anybody like to share some thoughts on where we are with that?

Dr. Jeffrey Turnbull: I'm happy to respond. I think literacy is an essential part of that. That's why we need a very simple and easily recognized approach that's standardized so that you can make comparisons. Literacy, cultural perspective, and all of those things are essential components of having an effective system.

As for which one we choose and which one helps us the most, I can tell you that if you happen to be a new immigrant or if you happen to be functionally illiterate, what you're seeing on the back of this product will not suffice. I can tell you that right now.

I would also add that as a physician who cares for a thousand of the homeless just within a mile of here, I can tell you that the biggest challenges these people face are such things as being a single mother unable to get to a grocery store, not being able to cook because they don't have a kitchen, or not having time because there's no money. These are huge impediments. Yes, labelling is an important issue and education is an important issue, but poverty, poverty, poverty—we've heard it all day long—is the greatest impediment.

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

Go ahead, Dr. Carrie.

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

Dr. Turnbull, I was wondering if you could comment on another thing for me. As a physician you treat a number of different patients, and there are a lot of individual differences. We're studying healthy living, and healthy eating is certainly part of that, but you're seeing different patients who maybe have different conditions. Maybe you see one patient with diabetes and then another one with high blood pressure. Well, maybe it's not such a good idea for the patient with high blood pressure to eat cheese, but for somebody else the nutrition in cheese is probably a good thing. Could you comment on the role of research in encouraging nutrition?

Dr. Jeffrey Turnbull: We need a strong research perspective and we need to have evidence informing the decisions we make. I recognize there's a commercial imperative, but at the same time, when we have a standardized and structured approach to reporting, that has to be based on evidence.

You're right that it's very difficult for people to navigate nutritional labelling when they have a unique problem, so if you are a diabetic, yes, you'll be drawn to the calorie count. Don't forget that diabetics have to watch their caloric intake as well as their fat intake. They have to balance these things, and we have to make that easy, as opposed to complex. These people are often elderly, and they're challenged in terms of their ability to move through the different information and make meaningful and informed comparisons.

Yes, we have to have evidence to guide this decision, and there is evidence; we have to then translate that evidence to meaningful packaging that can be interpreted.

Thank you for the question.

Mr. Colin Carrie: Anu, did you want to make a comment?

Dr. Anu Bose: Thank you, Mr. Chair.

I think research is a very good thing, but we must have empirical research. I don't think archival or theoretical research is what we need. We need evidence-based research, which has to be empirical.

People have to get out there. They have to run focus groups. They have to ask questions of the people we are trying to reach. Sitting in an office and crunching numbers isn't necessarily the best thing.

Thank you.

Mr. Colin Carrie: Madame Savoie, I had a question for you, because you raised something that I've put a lot of thinking into. You had this chart. At the last meeting, we had some conversation on what healthy is and on defining what healthy is. This chart really tells a bit of a story for me. You look at things like avocados, for example. I love guacamole, and there's very good fat in avocados, but I think a guacamole product would probably be labelled as poor. You have salmon down there. If you're looking at your omega fatty acids, I think that's a good choice. Almonds are a great snack we have around the house. There's olive oil. We like to cook with olive oil and put it in salads.

Can you tell me about the challenges? If government starts labelling things as healthy or unhealthy, what challenges can you see coming from taking that approach?

• (1630)

Ms. Nathalie Savoie: Well, if we take that to an extreme, someone could eat just green-light products and still have a very

unhealthy diet. On the other hand, all the foods that you mentioned are part of what's called a healthy diet.

In the end, what's important is not really, from our perspective, defining healthy or unhealthy foods; it's defining what a healthy diet is, or a healthier diet. I think focusing back on foods and whole foods and nutritious foods is part of where we should go. Focusing in or zeroing in on nutrients or bad nutrients brings all those unintended consequences.

[Translation]

Ms. Nathalie Jobin: To continue in the same vein as Ms. Savoie, I would like to get back to the use of traffic lights. In my opinion, they worsen the problem of this distinction between good and bad foods. I think this distinction makes people anxious. It becomes complicated and upsetting in the extreme for consumers to eat, especially when they see the food in a red package, as if to say no, no, no.

We need to look at nutrition in a global sense. There are no good or bad foods. Everything has to do with frequency and quantity. Perhaps we should try to speak to consumers in those terms to avoid creating more confusion. Nutrition is actually becoming a religion for many people. I think we are going to extremes at the moment. We need to find a middle ground.

[English]

Mr. Colin Carrie: I think, though, one of the things we look at as regulators in government is that it's very easy for us to label foods and things like that, but to promote a healthy diet is a much more complicated thing. I think one of the things we are all picking up from these discussions is that it's not an easy thing to do.

Last night I was out doing my shopping. I went to a Loblaws chain store, and they have that Blue Menu logo, so to save myself time, I picked up a bunch of those products. They looked pretty good when I read them.

I was just wondering, Mr. Nighbor, if industry is starting to do that. We have heard the complicated issue of these different logos, but here is one company, Loblaws, that has the regular products and the brand-name products, and now it has gone off and made these Blue Menu products. I spoke with Loblaws, and they said that overall, these products are much better in terms of the things that most Canadians are looking to lower.

Is industry taking a leadership role in that regard, and is the market driving that?

Mr. Derek Nighbor: Yes, the market is driving it. Canadians are more educated. There is a lot of confusion out there, but we are more educated and aware, given the Internet. People are more aware of what's out there and what they're eating. There's still a lot of confusion, but consumers are demanding healthier options. Industry is responding by providing those options and alternatives in the marketplace.

The challenge with sodium is a really good example. I've talked to a lot of my member companies who have been very quietly lowering sodium and hoping nobody notices, because there's a risk that people will move away from that product. You don't want to demonize a certain product. Take cereal, for example. If somebody doesn't like it because there's way too much sodium out of it now, then they're going to miss a lot of the positive nutrients by moving away from that product. It is really a delicate balance.

The other thing is the dynamic between the makers of the food and the sellers of the food. In Canada, we have three grocery chains that have 80% of the market, so if you're not in one of those stores or if your product is not selling in those stores and not moving off the shelf, you might not be there for long. You may have the best of intentions in developing healthier-for-you options, but if those products don't pop in the marketplace, there's a risk that the product will not be sold and will be off the shelf.

There's a real challenge, and there's a responsibility right along the chain for all of us to work together to make sure that these options are in the marketplace and that Canadians have some choice and make that choice based on what they need.

The Acting Chair (Mr. Tim Uppal): Go ahead, Mr. Murphy.

Hon. Shawn Murphy (Charlottetown, Lib.): Thank you very much, Mr. Chair.

I want to thank all the witnesses for their presentation.

It's obvious that the overarching objective here is to effect change. How we go about it is the answer, and it is certainly obvious that nutritional labelling is only one part of that equation. It's a very complex issue. I've never really understood totally what to look for, and these percentages sometimes confuse me. Then you get the volumes. I looked at chips the other night, and I think it said 75 calories, but that was for only six chips. Who eats six chips? It's very confusing.

We're all trying to effect change. Is there any example we can look to internationally of other developed countries that have actually done a better job than Canada has? I don't think the United States would be the first place I'd look. Is there any other country that has actually done a good job in effecting behaviours in its citizens, a country to which we can look for best practices?

• (1635)

Mr. François Décary-Gilardreau: I can start.

I think a champion in food and food safety today is the U.K. They were over-eating salt in the U.K., but in the last few years they have reduced the average consumption of salt by 30%, so it was not just a certain pocket of the population. They were eating more than we do, and now they're eating about what we do, so maybe it was low-hanging fruit.

What I think is interesting about England is that they have a food standards agency that is playing a leadership role, and it's really refreshing to have a federal agency that's just going out and trying some things. Sometimes things don't work as well as they thought they would, but they do some really great research and they have a great communication strategy, which is something I think we lack here in Canada. Industry is playing a big role in communication to

Canadians, but we don't have a champion on the federal side to tell us, "Cool down; even though many people are saying it's good, the science behind it might not be as strong".

Sso I think we need to look at the U.K.

The second place I'd like to look at is the United States. There is certainly lots of competition in the United States in the food market, especially in retail stores. Some retail stores are innovating and helping consumers to make better choices, a bit like the Blue Menu example, but they are turning around and using the NuVal system, which I was explaining. It is a grading system from 1 to 100.

I think there are some good examples there. The United States is probably not the best example as a whole country, but there are some small retailers that are trying and fighting back to help their consumers make the healthy choice the easy choice.

Mr. Derek Nighbor: I just want to correct the record on the sodium example in the U.K.

François is correct that the U.K. did embark on a program. They were the second country. It took Finland 23 years to reduce sodium by 30%, and they're still out of the stratosphere, given where they are in the world. In the U.K. they have launched a program to reduce sodium, but they've reduced it by just 10% in seven years.

I'd be happy after the meeting to share that information through the clerk. We've been watching the U.K. very closely because our sodium reduction strategy in Canada is really leading-edge stuff, so we want to learn from others where we can.

Thanks.

Hon. Shawn Murphy: This is perhaps outside the whole ambit of nutritional labelling we're talking about today, but does anyone advocate having negative ads like the ones on cigarette packages? We can go much more strongly in that direction. You can use tax incentives. You can use legislation. You can use public education. Should we as a country perhaps be looking much more closely at any of these areas than we are?

Mr. Derek Nighbor: I think the difference is that people need food, but they don't need tobacco. I think we need to make that first point of delineation there very clearly.

There's another thing I think we need to do. I don't know if the committee has followed some of the work Dr. Kellie Leitch has done with this through the Sandbox Project. I had a chance to be at the meeting with about 300 folks in Toronto a few weeks back, including NGOs, academics, and a whole host of multi-stakeholders. There was one speaker there who heads up the eating disorder section at SickKids in Toronto, and she was amazed at the number of eating disorders that they're seeing emerge among young people, often because of the demonization of "Don't eat that. Don't eat that. Don't eat that".

I'm not a medical expert, so I'm not going to pose as one—

• (1640)

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

Ms. Davidson is next.

Mrs. Patricia Davidson (Sarnia—Lambton, CPC): Thanks, Mr. Chair, and thanks very much to each of you for being here this afternoon.

I want to come back to the nutrition fact label and the confusion it generates. I don't think I've ever talked to anybody who understands it, regardless of who they are or what their walk in life is. It's confusing.

I look at the example on the handout you gave us. We've got cracker A and cracker B: one is nine crackers, 23 grams; one is four crackers, 20 grams. The handout says that because the weights are similar, you can compare these nutrition fact tables. I don't know anyone who walks into a grocery store and says, oh, this is 23 grams and this is 20. I know lots of people who walk in, though, and say that if this is nine crackers and this is four, I'd better multiply this one by two and then I can start comparing them. I don't know anybody who compares them by grams.

I think we need to have a standardization when it comes to serving size, but I don't know what you use. Do you use Canada's Food Guide as a basis for amounts? Would you comment on that?

Mr. Derek Nighbor: The cracker example is a good one because one of those examples, the four-cracker one, is a much thicker, denser cracker than the other one. The other one is more of a flaked, thin cracker. Just think of the cracker aisle at the store and the different options.

Mrs. Patricia Davidson: I know, but if I'm looking at a box of crackers to decide which one I want to buy, I want the one that I can eat the most.

Mr. Derek Nighbor: Based on the food guide, it goes back to recommended serving size. What are you going to eat in one sitting? Because of the size of the crackers—a thinner cracker versus a denser cracker—you would tend to eat nine of those and four of the other. That's the example.

I'm not going to dispute that it's confusing, but I'm saying there's a rationale as to why it's structured that way. You're dealing with different densities, sizes, and types of products.

Mrs. Patricia Davidson: Is there any intent to move to a standardized serving size that reflects the Canada Food Guide, or to something else that would be simpler for the general public to understand?

Mr. Derek Nighbor: This example does reflect the Canada Food Guide. Once again, for lack of a better comparison, you're dealing with nine smaller crackers and four bigger crackers.

Mrs. Patricia Davidson: What could we use that would be simpler, that people could understand?

Mr. Derek Nighbor: I think it's nine and four.

Once again, the premise of the table, the food guide, is that it's for the average person, but as Nathalie said, a child is going to be different from my grandfather, who is going to be different from my 35-year-old brother.

Mrs. Patricia Davidson: This example is done on weight. Something else is done on volume or something else. How does the public know?

Mr. Derek Nighbor: The comparison is there. I don't know what else to say, to be honest. It's based on comparable servings of food. You would eat a bowl of cereal versus a bowl of cereal. It might be denser, thicker oat granola type of cereal versus a flake cereal. It might be bigger crackers and smaller crackers.

The premise of the comparison at the top there is to compare two products in the same category. What would you eat of product A in a sitting, as opposed to what you would eat of product B in a sitting?

Mrs. Patricia Davidson: Why wouldn't you have a cereal box, for example—a dense one and a not-so-dense one—and with this one I can eat a half cup, and with this one I can eat a cup? Your serving size would be on the box.

Mr. Derek Nighbor: That is how it's structured. That's why there is the variability. It's so that it's not a cup and a cup, because you'd be like this.

Mrs. Patricia Davidson: Then where does the weight come in?

Mr. Derek Nighbor: They do it based on what a person would eat.

I wish Health Canada were here to talk about the actual structure; I can speak to the application and how we use it.

This is a guideline schedule of the Food and Drugs Act that we follow. It is based on all the scientific modelling and research that was done to determine a serving size. It is based on the texture or density of a product compared to another product that might be the same, yet different.

Mrs. Patricia Davidson: Last fall the government announced the education campaign in partnership with your organization, I believe. How is that going? What role is your organization and Health Canada playing in this? Is the population getting educated? I don't see that they are.

● (1645)

Mr. Derek Nighbor: We just started. We just launched it in October on TV. The television commercials are running through to the end of March. PSA rotation is continuing through to the end of the year.

We're doing ongoing media work. There's an in-store retail component. You'll see information on this soon in Walmart, Loblaws, Thrifty Foods, Sobeys West, Longo's—

The Acting Chair (Mr. Tim Uppal): Thank you. I'm going to have to cut you off there. Thank you very much.

We'll go to Monsieur Malo.

[Translation]

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

Mr. Décary-Gilard, I have had some homework for you. I know that you have identified a number of similar or comparable products for which the serving sizes shown on the nutrition fact sheet are completely different. So it is difficult for consumers to compare them. Could you provide us with a list of those products, if possible? I would also like to get a list of products for which the suggested serving size makes no sense. I am thinking, for instance, of a serving of "six chips". Who eats six chips after opening a bag? Personally, I do not know of anyone who does that.

Ms. Jobin, you did not have time to finish your presentation and I would like to hear everything you had to say. Could you please finish your presentation?

Ms. Nathalie Jobin: Of course. I had one other point to mention; it was about restaurants.

It should be possible to get nutrition information on standard items prepared and assembled on site and listed on the menus of restaurants and food services companies. It should be done consistently and be easily accessible. It should not be on a website, or on the back of the menu, or once a meal has been served because, at that point, it is difficult to send it back. So, it should be written in an easily accessible area, and be easy to read so that consumers know what they are eating when they go to a restaurant.

Mr. Luc Malo: You were telling us just now that there needs to be a level playing-field for some natural health products in the consumer products category. Could you tell us a little more about that?

Ms. Nathalie Jobin: Actually, it is about not giving them a level playing-field. I do not know if you have ever encountered the situation I am about to describe, but I personally had to pay close attention to realize it.

In the fruit juice section, for instance, some are governed by the Food and Drugs Act. The nutrition facts appear on the container and there are requirements related to that. Next to them, there are small individual juices which are considered natural health products because they have added vitamins, various antioxidants, and so on. So they did not take the same route as foods. However, they are placed next to food on grocery store shelves. Those juices are being bought specifically for children. I happen to believe it could be harmful for some children to consume a lot of them, because a lot of vitamins and minerals have been added. If children take supplements as well, it may turn out to be excessive.

In my opinion, natural health products have no place on grocery store shelves. They should be kept apart so people really know what to expect when they go to that section and do not confuse those products with foods governed by much stricter legislation.

Mr. Luc Malo: So we need to amend the Act on...

Ms. Nathalie Jobin: Currently we have a loophole. It allows some large manufacturers, who know full well that they would not be able to comply with the Food and Drugs Act, to offer their enriched products as natural health products without anyone noticing. We have to tighten this area a bit more because some manufacturers currently take advantage of this loophole.

Mr. Luc Malo: Thank you.

Mr. Décary-Gilardeau, you did not finish answering the question I had asked you earlier.

Mr. François Décary-Gilardeau: I brought a sheet on NuVal that I printed this morning. Price Chopper purchased this system in the United States. I would not go so far as to say that the NuVal system is perfect. NuVal contains 16 pages of calculations about a large number of nutrients and assigns a score. For example, broccoli would get a score of 100. This system enables you to compare similar products and to rate them. For instance, here we have three

types of chips with scores ranging from 18 to 38, depending on the type of oil used, the quantity of salt and other factors.

There are also simplified nutritional tables such as the traffic light labelling system. Those are two sources of information that we could include on the products.

So there are several tools available. I am not suggesting one in particular, but this one is really being increasingly used in United States now. I think that it would be worthwhile studying it. It is certainly not perfect either. Since nothing is standardized, there is a vacuum, which basically allows Kraft and Nestlé to come up with their own logos. That in turn results in endless confusion. So we need to fill the gap, otherwise, in my opinion, nothing will be done.

● (1650)

[English]

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

We'll move on to Ms. O'Neill-Gordon.

Mrs. Tilly O'Neill-Gordon (Miramichi, CPC): Thank you, Mr. Chair.

I want to thank all of you for your presence here today. I certainly enjoyed your presentation.

As we all know, one thing we can agree on is that it is more and more confusing to try to eat healthily every day. Sometimes we look at the calorie intake when we should be looking more at the nutritional value. At the same time, we see that more and more effort is being made to make sure that young families especially are eating better and getting the message to eat healthily and to think of healthy habits.

In my constituency just last week I visited a new school where I'd taught in the past. With this new school came a nice new cafeteria. I went to the cafeteria to speak to the kids, and while I was there I noticed the meal they were having. It was very healthy. There was nothing fried. There was pasta and whole wheat rolls. It was very encouraging. For dessert I think they had a bran bar or a bran muffin and milk. They seemed to be enjoying it and didn't seem to wish they had something else.

During my years there, they used to go across to the fast-food takeouts, so I thought, "Wow, what a big difference". As well, it's in a poor area, so I felt very good about that one change in the lifestyle.

As a result of the work you're doing and the work that schools are doing, are there any changes you see that make you proud, especially with young families?

Dr. Maura Ricketts: I wouldn't say this is something to be proud of, but when I was a child, we all knew that Coca-Cola was a treat. I think one topic that's missing from the table at this point is exactly what you're talking about: a lot of the processed food products we're talking about here are not food. They are not part of the Canada food guide. You can't have a healthy life out of chips. Those things are special, and they are highly processed items. It should be easier to recognize that you don't include them in your daily thinking.

Yes, it's confusing to have those labels, but so what? You really shouldn't be eating too many of them anyway.

I loved what you were saying about the school and I want to thank you for saying that.

Mrs. Tilly O'Neill-Gordon: I was very pleased.

[Translation]

Ms. Nathalie Jobin: I would like to support what you are saying. We can certainly get a bit lost in the complexity of all of these logos, but we must not forget to emphasize the staples, the fresh products, since these are primarily the ones required for healthy eating.

For today's families who no longer know how to cook, who no longer possess the culinary skills to cook using staples, the problem lies in the fact that they have to depend on these foods, and that is where things get complicated. Instead of regulating processed products, the solution may lie in putting families back in the kitchen and enjoying cooking, then teaching them how to eat in a more healthy fashion.

[English]

Mr. Derek Nighbor: I just want to highlight that New Brunswick and most of the provinces now have the nutrition school guidelines for vending machines, cafeterias, and those kinds of things. Ontario is rolling theirs out this fall. We're actively engaged in those discussions. B.C. is doing their review this spring. It's interesting that Quebec was one of the first provinces that really looked at this.

It's a great initiative, and it needs to be backed up with education and reinforcement as to why it's important. One of the things we saw in Quebec was that businesses on four wheels were showing up at the edges of school properties at lunch time. There's always a way. Anybody who has children knows that they can be very creative and be selling stuff out of their lockers in a lot of cases.

Those are very positive initiatives that we've been a part of and that we support across the country. It also goes back to the whole idea of education and positive reinforcement about why foods are good for you, as opposed to always focusing on the negative and what's bad.

• (1655)

Dr. Anu Bose: Ms. O'Neill-Gordon, you know that municipalities should be encouraged to look at healthy truck foods too. I saw one in New York called The Rolling Stove. It had very good ethnic foods. It had chapatis and chana, or chick peas. It had woks for stir-fried food. Why can't we have that? A truck does not need to have poutine and freedom fries—we won't call them french fries.

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

Mr. Lamoureux is next.

Mr. Kevin Lamoureux (Winnipeg North, Lib.): Thank you, Mr. Chair.

I want to go back to the nutrition facts that you see on the backs of all these different cans and labels. They're all over the place. I find it all exceptionally complicated. It's interesting that someone made reference to studies showing that 30% of people use the label. I'm one of those 30%, I suspect, but I use only a portion of it. I understand the concept of calories, and I know basically what it means when it says sodium and it reads something like 35 mgs. Still, I don't think there's much value for 90% of the consumers. We have to look at ways of changing it.

Mr. Murphy made reference to the potato chip. When a Froot Loops box says a "serving", it would make a lot more sense if it stated the 1,500 or whatever number of calories the box contains. If that box lasts a week, I'd have a better sense of what it is. If you're talking about sodium, maybe there could be brackets where you could indicate the daily recommended requirement.

All I know is that the nutritional facts are there, but from my perspective we aren't doing nearly as good a job as people think we are. It needs to be much more consumer-friendly. At the end of the day, I'm not sure if this green light-red light from Europe is the best answer. I think the nutrition facts have some potential, but there have to be people thinking outside the box or sitting down in focus groups. These should be people who do not necessarily understand what healthy eating is, but who are interested in trying to get a better understanding.

A year ago, my daughter said I should stop drinking Coke, because I drink a lot of it. She was concerned about the calories. She said I should try Diet Coke, because it has no calories. Well, it makes sense, so I started drinking Diet Coke. I don't like the taste all that much, but I do it because my daughter asked me to. Then someone told me the diet stuff has something else in it that is not healthy, and it's something regarding cancer, so now it's a 50:50 mix that I'll do if I'm at the Burger King or McDonald's.

Information comes at you in different ways. I think we need the professionals—the dieticians, the industry reps—to come forward to say, "Look, here is something we know will work better, because we've sat down with groups and it makes sense to the average consumer". We need consumer-friendly listings, nutrition facts, or the lights or something.

All I know is that the current system isn't working.

Ms. Nathalie Savoie: I would say, for Health Canada's benefit, that Canada was one of the first countries in the world to have mandatory nutrition labelling. Anything that you put together can be improved once it's there and people see how it goes, so I think improvement can be made, but as I mentioned before, I don't think we'll ever come to something simple. If we do, then all the other elements you've mentioned are going to be lost in translation. Nutrition is complex, and it's not becoming simpler. More and more research is being done on nutrition, and what we think is certain one day may not look so certain the next day.

I wish I had a simpler answer to tell you, but I must say that Health Canada is dedicated to making this consumer-friendly, and I think they're going to be working on that in the review they're doing.

• (1700)

Dr. Anu Bose: Mr. Lamoureux, you left out the consumer when you made your list of all those who should be thinking outside the box. If the consumers' rights associations, which are closest to the coal face, don't also get involved in the conversation, I'm afraid it's going to be very top-down and probably not applicable. I think behavioural economics teaches us that you can take a horse to water, but you cannot necessarily make it drink.

The Acting Chair (Mr. Tim Uppal): I'd like to thank Mr. Lamoureux for being brave enough around this table to admit that you go to McDonald's and Burger King. Nobody else has admitted it.

Go ahead, Mr. Stanton.

Mr. Bruce Stanton (Simcoe North, CPC): Thank you very much, Mr. Chair.

Good afternoon. I enjoyed your presentations this afternoon. As I listened to what you said here today, I'm becoming increasingly convinced....

We have spent a lot of time talking about the nutritional label that's on the food, even to the point that somehow the label, in and of itself, will compel more healthy eating. It seems to me we may be putting the cart before the horse.

As we've heard this afternoon, I'm sure we all agree that people have a whole range of preferences and choices. The idea is that we want to inform their choices, but the label itself is only there to serve that purpose. Wouldn't it be better to put more attention on how we inform their needs in the first place? We've given little attention to, for example, the food guide trying to inform consumers about what's good and what's not so good, so that when I go to the store, I will be able to determine that, based on.... I realize the nutritional label is confusing, because the range of possibilities out there is almost endless.

My wife, for example, is interested right now in trying to reduce the sodium in our diet at home. She's interested in sodium. She holds up a can of whole tomatoes and another one of diced tomatoes. They're the same size. One has 70% more sodium than the other, so she chooses the other one. Her interest is in low sodium. For another consumer, it might be something completely different.

Should we be putting more attention at the front end on the means to educate the consumer about those choices? The nutritional label is really the second part of that argument, is it not? Have we got that backwards? I leave it open to Mr. Turnbull and Ms. Jobin.

Dr. Jeffrey Turnbull: I think you're exactly right: we have to inform people.

I don't want to use the analogy, but 80% or 90% of this is educating consumers about what is right and what is wrong. The label is about 10%, 15%, or 20% of it; that's my sense. Yes, you can argue about three chips or seven chips and two crackers or four crackers, but you have to know, to begin with, what's good and what's bad. We have to inform all communities. Doctors have a responsibility to inform their patients when they have a specific illness. We have to do much better at informing them about what a healthy food choice for them is, in light of their new illness. Healthy people and patients need to be better informed.

[Translation]

Ms. Nathalie Jobin: I really think that we should make the general public more aware of the Canada Food Guide's recommendation to use staples. If the majority of the public were to consume staples primarily, the choice between the three bags of chips will be based on taste and pleasure, and not because one brand contains so many milligrams less sodium.

• (1705)

[English]

Mr. Bruce Stanton: That's all I had.

Thank you.

The Acting Chair (Mr. Tim Uppal): That's good. Thanks.

We will now move on to Ms. Ashton.

Ms. Niki Ashton: Thank you.

I live in what's largely known as northern rural Canada. It's quite clear that there are definitely some gaps—whether socio-economic, literacy, or accessibility—that obviously affect nutrition and health differences between rural Canadians and urban Canadians.

I know we're focusing more on labelling, but when you have one type of dairy product, or two types of crackers rather than 20 types, or chips that are infinitely more affordable than any fresh baking, for example, your choices are far more limited and obviously take on a different meaning when we're talking about healthy living.

I'm interested in your thoughts more generally. I'd like to know where you see government's role in terms of addressing the gap between rural and urban, and northern and rural in general, given that it obviously does exist.

Mr. François Décary-Gilardeau: That's a really tough one.

As was mentioned, education and labelling are a big part of the challenge, but I fear that even though we have the best education and we have the best labelling, there will be people who won't walk in because of economic reasons. Buying good food—whole milk, vegetables, fruit—is more expensive than buying Chef Boyardee. Pepsi is less expensive than milk.

I'm really worried about economic access to healthy food. I mean, food prices have been rising really quickly lately, and it's the same with other expenses such as housing. The space for food, healthy food, is getting smaller every day. How are we going to manage that?

In rural and northern populations, the prices have been increasing even more, but the wages haven't followed them. I'm really worried about how we're going to manage to feed these people and feed them well. You are asking a really good question.

I'm from the countryside myself—I'm really proud of it, too—but in rural communities the competition is really weak. I mean, you have the choice of one grocery store and that's it, or else the other one is 20 kilometres away, and you don't drive your car for.... Then you have the elderly, the people with lower mobility, in both rural and urban settings. There are food deserts in Montreal, in some settings.

These are extremely important challenges. We haven't addressed them too much today, but we need to face them today for the next 20 years, for sure.

These are really good questions. There's no easy fix, in my book.

Ms. Niki Ashton: In my last minute, I'd like to focus on one area that has been emerging in the last few years and has been targeted in many ways to young people: energy drinks. Not only on the marketing side but also on the scientific side, it's an area that I think leaves a lot to be desired.

I'm interested in some of your.... I know it came up briefly, but perhaps you could tell us where government's role ought to be, or to what extent we should be keeping a serious eye on where this area is going.

Dr. Jeffrey Turnbull: Perhaps I can start.

Because of the regulatory difference, energy drinks are sold as natural health products. That exempts them from some of the same standards that would otherwise be required through the Food and Drugs Act.

As a consequence, there are two issues: they are often mislabelled and can make claims that are not justified, and they're also not required to label some of the nutritional components that they would otherwise have to.

What I'm concerned about is that energy drinks, when abused or used with other medications or illicit drugs, lead to very serious medical complications. I think this should be regulated, as we would expect of any other product, through the Food and Drugs Act, and—

• (1710)

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

We'll move on to Mr. Brown.

Mr. Patrick Brown (Barrie, CPC): Thank you, Mr. Chairman.

I have a few points that we might not have covered, although I know that we've covered a lot of the issues relating to this. This health committee has a subcommittee on neurological disorders, and we've had hearings over the last year. One thing that's come up is that there are increasing rates of neurological disorders in different regions of the country. For example, I remember hearing that there's a greater percentage of MS patients in Saskatchewan.

Is there anything any of you have learned in regard to diet that would cause you to have concerns about why Canada is having a greater percentage of neurological disorders? Is there a certain diet that we can encourage to avoid illnesses like that?

[Translation]

Ms. Nathalie Jobin: Up until now, we certainly have not been able to identify foods related to those illnesses. There have been several hypotheses, but I could not list them all here. To my knowledge, the current literature does not establish any direct link between nutrition as such and those diseases.

[English]

Mr. Patrick Brown: That's one of the reasons we need more research in that area.

I heard you speak this morning, Mr. Turnbull, at the CMA breakfast. It's great to have you back at the health committee.

One thing that was mentioned by my colleague Mr. Lamoureux had to do with diet drinks. You see that it says "no calories" on the container, but then it says "aspartame".

Are there any comments from this distinguished panel on aspartame? Is that something that should be avoided in a healthy diet?

[Translation]

Ms. Nathalie Jobin: Given the scientific data on the subject, Health Canada is quite aware of the possible side effects of aspartame. If consumed in moderation, I do not believe that there is any reason to worry. However, more and more foods contain it. Consumers should perhaps be asking questions about the number of foods with aspartame that they consume rather than simply saying that there is no problem because they drink only one can of Coke per day and they would have to drink 10 cans in order to exceed the daily maximum of aspartame. The fact is that many other foods contain aspartame.

As for diet soft drinks, my concern is that they get people craving the taste of sugar. That is the problem we have to try to eliminate. Moreover, they cause a lot of cavities in children and do nothing to satisfy hunger. Diet drinks are often consumed with foods high in calories. These are the dietary habits that come from drinking diet Coke. You normally do not eat a fruit salad when you are drinking diet Coke. You usually have fries, chips, a hamburger, etc. Those are the harmful habits. By continuing to drink diet soft drinks, we are supporting those habits.

[English]

Mr. Patrick Brown: It's the overall context. It's everything you take in. That's more or less what we heard from Health Canada when we looked at this about a year ago—everything in moderation—and it would take great amounts of aspartame to actually cause concerns about health.

I think that is why labelling is so important. The diet industry has become such a massive industry in Canada, and you question what other consequences there are when you replace important ingredients.

Those are my only questions.

• (1715)

The Acting Chair (Mr. Tim Uppal): Thank you very much. That brings us to the close of our question round.

On behalf of the members, I'd like to thank you for coming and contributing to our study on healthy living.

The meeting is adjourned.

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