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Chair

Mrs. Joy Smith

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• (1535)

[English]

The Chair (Mrs. Joy Smith (Kildonan—St. Paul, CPC)): Good afternoon, everyone. I'm Joy Smith, your chair, and I welcome you today. We're going to be examining, pursuant to Standing Order 108 (2), the study on healthy living.

Some familiar faces are in front of us today. It's really good to see you.

We have, from the Public Health Agency, Kim Elmslie, director general, Centre for Chronic Disease Prevention and Control, Health Promotion and Chronic Disease Prevention Branch. We have Nabanita Giri, the executive director, joining her as well. Welcome.

From the Department of Health we have Dr. Samuel Godefroy, director general, from the Food Directorate, Health Products and Food Branch. Welcome back, Mr. Godfrey. We also have Dr. Hasan Hutchinson, director general, Office of Nutrition Policy and Promotion. Welcome as well. Joining them is Dr. William Yan, acting director, Bureau of Nutritional Sciences, Food Directorate.

I am going to begin with the Public Health Agency of Canada, with Kim Elmslie. You have a ten-minute presentation, Ms. Elmslie.

[Translation]

Ms. Kim Elmslie (Director General, Centre for Chronic Disease Prevention and Control, Health Promotion and Chronic Disease Prevention Branch, Public Health Agency of Canada): Madam Chair, honourable members, thank you for the opportunity to frame today's discussion on healthy eating and next week's discussion on physical activity.

I am going to provide you with an overview of the Government of Canada's healthy living agenda. My colleagues from Health Canada, Dr. Hasan Hutchinson and Dr. Samuel Godefroy, will then speak about their important work that contributes to the healthy eating component of this agenda.

[English]

I don't have to tell anyone in this room that the burden of chronic disease is significant and growing. Chronic diseases and injuries are the main causes of death and ill health in Canada. However, we also know that a large proportion of these chronic diseases can be prevented or delayed.

The Public Health Agency of Canada works in very close collaboration with our health portfolio partners to support healthy living and to deliver on specific actions that promote healthy eating and physical activity.

The commitment to helping Canadians lead healthier lives is illustrated through the federal-provincial-territorial endorsement of the declaration on prevention and promotion in September 2010. At that time, federal, provincial, and territorial governments also launched a framework for action to promote healthy weights. This particular framework is focused on concrete action by governments in partnership with other sectors to address the childhood obesity epidemic.

The declaration outlines principles to guide efforts to ensure Canadians have access to health promotion and disease prevention services. Among these principles, the recognition of prevention as the hallmark of a quality health system along with the importance of implementing various approaches to address public health issues and work across sectors are prominent.

The integrated pan-Canadian healthy living strategy is a mechanism by which federal, provincial, and territorial governments work together on these priorities.

You will hear today a consistent theme as we describe the work that's under way, and that's the theme of partnership. I'm talking about partnership with our federal, provincial, and territorial partners through the declaration and through the framework to combat childhood obesity as well as partnerships with other sectors, including the business community, including the education sector, and including communities, all of which have fundamental roles to play, enabled by governments, to provide Canadians with the opportunity for healthy living.

Rates of unhealthy weights among children have risen steadily in recent decades. Today more than one in four children in Canada are overweight or obese.

Reducing obesity levels and promoting healthy weights is critical to the prevention of ill health and to helping Canadians lead healthier lives.

We all know that obesity is a complex issue that requires innovative solutions from government, from industry, and from non-governmental organizations. We, like countries around the world, know that this will not be a quick fix. It will require a sustained effort.

Through the federal-provincial-territorial framework, we are working together in three specific areas: creating supportive environments for children for physical activity and healthy eating; identifying and intervening early for children who are at higher risk; and increasing the availability and accessibility of nutritious foods and decreasing the marketing to children of foods and beverages that are high in fat, sugar, and/or sodium.

These are all very large and complex areas of work, and we know that they require many sectors to come together, working together collaboratively and in a sustained way. That's why we're working with our provincial and territorial colleagues on a strategy that will engage youth, non-government partners, and business partners to identify solutions and joint actions.

We will be able to provide more details on this engagement strategy very soon, as the plan is to have it roll out in mid-February.

While we're moving ahead on a new approach to childhood obesity, we're building on a strong foundation. Let me just summarize for you the key pieces of that foundation.

There's *Canada's Food Guide*, well recognized as a trusted resource used by many Canadians. And we've just supported the development of new physical activity guidelines, which provide advice and recommendations to increase physical activity levels among Canadians.

We make significant investments in federal research that provides the evidence base for future programs and policies and helps us evaluate ones that are currently in play.

Our focus is on effective interventions to better support Canadians to make healthy choices that promote healthy weights. That's a very important point for us.

● (1540)

We're focused on ensuring that the things that are being done in the country to help Canadians eat healthy and to remain physically active are supported by evidence, so that we're investing in things that are effective for Canadians.

We support community-based action by funding programs that promote healthy lifestyles and include opportunities for parents, caregivers, and children to learn and practise healthy living skills.

As well, we're investing in important partnerships such as the Canadian Partnership Against Cancer, which links organizations and communities across Canada working on cancer prevention, including childhood obesity.

The initiatives that we are partnering with the Canadian Partnership Against Cancer on are allowing us to advance shared priorities in areas that are innovative and tangible—for example, improving active transportation to schools to get our children physically active, improving access to nutritious foods in northern communities in a way that's sustainable and affordable, and providing opportunities for learning from each other, sharing knowledge for improved youth health.

We are gaining momentum in this effort to reduce and prevent childhood obesity. We know that reversing the obesity trend will take time, but it can be done. That has been shown by our success in

tobacco control. We know that it took 40 years of concerted efforts to get us to a place where Canada has one of the lowest smoking rates in the world.

Making healthy choices easier requires a comprehensive set of actions that address both the social and physical environments, provide consistent information, increase awareness of Canadians, as well as develop new knowledge and surveillance to underpin our work.

Madam Chair, with that introduction, I'm now going to turn to my colleagues from Health Canada, who will describe in more specific detail the work they are doing to advance healthy eating.

The Chair: Thank you, Ms. Elmslie.

We'll now go to Dr. Hutchinson.

[*Translation*]

Dr. Hasan Hutchinson (Director General, Office of Nutrition Policy and Promotion, Department of Health): Thank you, Madam Chair.

I am pleased to be here today with my colleagues. Both the Food Directorate and the Office of Nutrition Policy and Promotion are situated within the Health Products and Food Branch of Health Canada, and we work closely to support and promote the nutritional health and well-being of Canadians.

[*English*]

The office of nutrition policy and promotion is the focal point and the authoritative source for nutrition and healthy eating policy and promotion in Canada. We support the nutritional health and well-being of Canadians by collectively defining, promoting, and implementing evidence-based nutrition policies.

We know that healthy eating is a crucial contributor to overall health at every stage of development, and is equally important in reducing the risk of many chronic diseases. Food choices are complex decisions, influenced by the relation between individual and collective factors, including social and physical environments.

A population health approach, which we use as the base of everything we do, uses evidence to assess health, identify priorities, and develop strategies to improve health. For example, *Canada's Food Guide* was developed using the best evidence to translate the science of nutrition and health into a healthy eating pattern for Canadians. Health Canada currently distributes approximately 3.5 million printed food guides in both English and French each year. I think more than 20 million in total have been distributed since we released it in 2007.

In 2010, the food guide home page was the second-most-viewed page on the Health Canada website. It's the most popular document downloaded from the website. I think it's second only to the tax forms, I guess, in terms of what gets downloaded by Canadians. So I guess you could say we're probably the most popular, if you think of it that way.

Voices: Oh, oh!

Dr. Hasan Hutchinson: The work currently under way in our office to provide health professionals both with the latest nutrition advice related to prenatal nutrition and infant-feeding guidelines are examples of how our office uses best practices to support and promote healthy eating through the lifespan of Canadians.

We have recently revised our gestational weight gain guidelines for health professionals, and will soon be launching consumer materials to help both health professionals and expectant mothers manage weight gain during pregnancy. Reaching out to other groups, such as health professionals, researchers, policy-makers, and academics, is a way by which we aim to increase our efforts and to maximize their potential. Action to improve nutrition is a shared responsibility—picking up on what my colleague Kim Elmslie was saying—and working collaboratively with a broad range of partners and stakeholders is key to our efforts to improve the nutritional health of Canadians.

The office of nutrition policy and promotion provides leadership and coordination to the federal-provincial-territorial group on nutrition, which brings together professionals working in nutrition policy and program development in federal, provincial, and territorial governments to advance national healthy eating efforts. Through our network on healthy eating, which includes consumer groups, voluntary health organizations, industry representatives, and other non-governmental organizations, we aim to enhance collaboration, cooperation, and alignment of efforts to support healthy eating in Canada.

The office of nutrition policy and promotion has initiated and led the development of many policies and initiatives that focus on improving the nutritional health of the population. The best-known of these, of course, is *Eating Well with Canada's Food Guide*, which was released in 2008. It really serves as a policy document and underpins nutrition and health policies, standards, education programs, and meal planning initiatives across the country.

Other major Health Canada endeavours include the analysis and sharing of nutrition data from the Canadian community health survey; our nutrition labelling education initiatives, such as the nutrition facts education campaign; the promotion of healthy eating through, for example, the “Eat Well and Be Active” educational tool kit; and policy-related work to support broader Government of Canada initiatives, such as the healthy living strategy.

Population health interventions call for collaboration across all sectors and levels. Our most recent public education initiative, the nutrition facts education campaign, is an example of how stakeholders who share responsibility for healthy eating promotion—the food industry, health professional associations, and non-governmental organizations—can work together. This campaign is being done in collaboration with Food and Consumer Products of

Canada, which is the largest industry association in Canada representing the food and consumer products industry.

The campaign aims to increase Canadians' understanding and use of the nutrition facts table to help them make informed food choices. It's a multi-faceted education campaign that uses various means to provide messages to consumers, including food packages in the retail setting, national television and print advertising, the Health Canada website, and social media.

You may have seen some of the TV commercials that are running right now, and that will be running for the next couple of months. The print ads have been going for a couple of months now.

Switching over to the provinces and territories, we are talking with the provinces and territories about the possibility of creating consistent school food guidelines across Canada. Working with our provincial-territorial colleagues and the Public Health Agency of Canada, we've released a literature review that outlines the current state of cooking and food preparation skills and the implications on nutrition health.

● (1545)

This release was also accompanied by a case study that profiles 13 Canadian and two international programs aimed at improving cooking and food preparation skills among children and families. It's a guide for individuals and organizations to develop cooking and food-skill programs in their own communities.

The Eat Well and Be Active educational toolkit developed with our colleagues at the Public Health Agency of Canada is another example of our collaborative efforts. The toolkit includes the “Eat Well and Be Active Every Day” education poster, resources, and downloadable activity plans, and it's intended for use by health educators to increase Canadians' knowledge about healthy eating and physical activity and encourage them to take actions to maintain and improve their health.

As Kim Elmslie has already talked about, in September the FPT Ministers of Health endorsed the framework document entitled “Curbing Childhood Obesity: A Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights”. One of the key policy priorities of this framework is increasing the availability and accessibility of nutritious foods.

I'm chairing right now an FPT task team that has been created to recommend concrete actions to increase access and availability of nutritious foods—

The Chair: You don't have to rush so much, Dr. Hutchinson. If you want to take a breath here and there, I promise I won't cut you off.

•(1550)

Dr. Hasan Hutchinson: Okay, you're not going to cut me off. I thought the last time we got cut off, didn't we?

The Chair: That was last time.

Voices: Oh, oh!

Dr. Hasan Hutchinson: Here I thought I was getting a little long, but I can go on for quite a bit longer if you'd like.

The Chair: You can go on for three minutes.

Dr. Hasan Hutchinson: Okay. So there are parameters around this so you won't get cut off.

I am chairing, as I mentioned, the FPT task group that's been created to recommend concrete actions to increase access and availability of nutritious foods, with the focus on remote and northern areas of Canada.

[*Translation*]

Another key policy priority that is contained in the *Curbing Childhood Obesity* framework is focused on decreasing children's exposure to the marketing of food and beverages high in fat, sugar and sodium.

A task team has also been created for this policy priority, and Health Canada is working in close collaboration with the Public Health Agency of Canada to develop concrete actions that can be taken to address this issue.

[*English*]

All the projects that I've mentioned today have identified outcomes that we believe have and will have an impact on the health of Canadians.

Let me conclude by stating that healthy eating not only plays a role in the prevention and control of chronic diseases, but it is also a key determinant of human health and development throughout life.

The Chair: Thank you, Dr. Hutchinson.

We'll now go to Dr. Samuel Godefroy. You have ten minutes.

Dr. Samuel Godefroy (Director General, Food Directorate, Health Products and Food Branch, Department of Health): Thank you, Madam Chair.

Bonjour, mesdames et messieurs.

Honourable members, I'd like to thank you for allowing us the opportunity to appear before you today and to speak with you about some of the activities that Health Canada has undertaken to help Canadians make healthier food choices and therefore also have a healthier lifestyle.

As my colleagues Drs. Hutchinson and Elmslie have indicated, we work very closely together to support the nutritional health and well-being of Canadians. Specifically, the food directorate in Health Canada sets the standards for the safety and nutritional quality of all foods available for sale in Canada. Therefore, when it is determined that there is any hazard or risk associated with our food supply, it is our responsibility as regulators to determine how best to eliminate, reduce, or manage that risk.

For instance, there has been a growing recognition that Canadians are consuming more sodium than they need to maintain good health. As a result, our directorate in Health Canada is currently implementing the recommendations of the sodium reduction strategy that are specific to its mandate as a food regulator. We are already pursuing a number of regulatory approaches that support some of the sodium reduction initiatives outlined in the strategy, including the necessary updates to the nutrition labelling regulations and the streamlining of approvals for food additives that can successfully replace sodium in food products, specifically in processed foods.

[*Translation*]

With regard to enabling new food products and innovative healthy food alternatives, Health Canada's Food Directorate is also responsible for the assessment and authorization of new and novel products, which, in some cases, can provide additional nutritional benefits for consumers.

For example, our experts and scientists have assessed foods with improved properties, such as the enhancement of lutein in egg products, and have allowed the marketing of those foods. Lutein, by the way, is an antioxidant that helps to prevent macular degeneration.

•(1555)

[*English*]

As a food safety and nutrition regulator, our role is to assess and where possible enable safe and nutritious novel products such as these, which can further assist Canadians by providing them with more healthful food choices.

Another area of our work is to ensure that the information related to foods, either on the label or used for advertising purposes, is scientifically substantiated and provides consumers with the knowledge base needed to make informed decisions and choices.

Canada was in fact the first country in the world to have mandatory requirements of nutrition labelling on our food products. These regulations came into full effect in December 2007, and require that calories and the content of 13 core nutrients be listed on most pre-packed foods in a standardized format.

It is this type of information, combined with education programs such as the recently launched campaign mentioned by Dr. Hutchinson, that offers an opportunity to improve the nutritional health and well-being of Canadians by providing them the information they need to make those food choices.

Health Canada continues to monitor the effectiveness of these labelling requirements, particularly those that pertain to health and safety, and which are under the department oversight to ensure that they are achieving their objectives, and particularly their public health objectives.

As mentioned earlier, Health Canada is currently evaluating the nutrition labelling regulations as well as its regulatory oversight of health claims.

[Translation]

Following public consultation in early 2008, a five-year action plan was developed to modernize how health claims on foods are managed. The objectives of the plan are to allow greater flexibility for highlighting the health benefits of food products, and to improve the efficiency and transparency of premarket review and regulatory processes for health claims.

Another objective of the plan is to increase industry's capacity to make function claims, with the most important and ultimate goal being to enhance consumer confidence in how health claims are used and regulated.

[English]

A modernized process to manage the approval of disease risk reduction and therapeutic health claims is also being explored. The process emphasizes the need to have a thorough safety assessment and confirmation of the scientific underpinning and substantiation of the claim before enabling its use.

We have also updated guidance that is to be provided to industry as to the types of studies that will be required and the quality of the data that will need to be achieved before making a submission to Health Canada for our scientists to evaluate these submissions.

I do hope that I have highlighted some of the initiatives that Health Canada is pursuing to support Canadians in making their food choices in a way that will contribute to the overall healthier lifestyle.

We are all committed to continuing our work to enhance not only the safety of our food supply but also consumers' understanding of how the choices they make can actually positively impact their health and well-being.

Thank you for allowing us the opportunity to appear before you.

The Chair: Thank you so much for the very helpful and insightful comments.

We'll now go to our seven-minute questions and answers, and we'll start with Dr. Duncan.

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

Thank you to the officials, and happy new year, everybody.

Thank you for the information. You said your focus is on the nutritional health and well-being of Canadians, so I'm going to talk about an issue that's near and dear to me, and that's breakfast programs.

If we look at the research, we know that school breakfast programs are highly effective in providing children with more nutritious diets and better cognitive abilities. They're more alert, they pay attention, they do better on standardized tests. They have a stronger basis to learn in school, with better cooperation, discipline, and interpersonal behaviours. You also see an improvement in emotional and physical health, and less sick days.

Dr. Butler-Jones, in his 2008 report, observed the following:

When children go to school hungry or poorly nourished, their energy levels, memory, problem-solving skills, creativity, concentration and behaviour are all

negatively impacted. Studies have shown that 31% of elementary students and 62% of secondary school students do not eat a nutritious breakfast before school.... As a result of being hungry at school, these children may not reach their full developmental potential—an outcome that can have a health impact throughout their entire lives.

I'm a former vice-chair of the breakfast programs in Toronto. We fed 110,000 children every morning.

One in four go to school hungry, and hungry children cannot learn. Is there a plan to develop a national breakfast program? We're one of the only industrialized countries without them.

• (1600)

Ms. Kim Elmslie: Perhaps I can start.

Thank you very much for the question. It's a really important issue that you've highlighted.

I'd like to start by indicating that under the community action program for children that the Public Health Agency of Canada administers, there are currently over 440 organizations across Canada receiving funding. That funding is provided to support food security for vulnerable populations, to help people develop the tools they need to eat healthy, and to teach them and train them on how to cook nutritious foods. So there are programs like that in place.

As we move forward, I'd like to bring us back to the work that was initiated last fall under the auspices of the federal-provincial-territorial declaration on prevention and promotion, and specifically the work to combat childhood obesity. In that context, one of the priorities is looking at the ways that we as a country can move forward to provide access to healthy and nutritious foods for Canadians.

That of course includes looking at the settings in which those foods can be provided, and the ways that we as a federal government can enable those working in provinces and territories—

Ms. Kirsty Duncan: Sorry, Dr. Elmslie, can I interrupt?

Ms. Kim Elmslie: Go right ahead.

Ms. Kirsty Duncan: I appreciate this, but I think you're talking about community programs. I'm asking very specifically about breakfast programs. Education is key, and if children are hungry they cannot learn.

Very specifically, will the government be looking at rolling out a national breakfast program? We have numerous programs across the country that we could be building on.

Ms. Kim Elmslie: Right. In that context, we're in the early stages of working with our provincial and territorial counterparts around what we need to do in order to be providing access to nutritious and healthy foods. Given the provincial-territorial jurisdiction in this area, we're coming together as a collaboration that includes working with the joint consortium on school health, which you may know about. It's a really important piece of this question of how to get food—

Ms. Kirsty Duncan: So we're starting to work on it? We're starting to work on developing a national breakfast program?

Ms. Kim Elmslie: We're not starting to work specifically on developing a specific national breakfast program at this stage. What we're doing under our new federal-provincial-territorial program to advance prevention of childhood obesity is we're considering the whole area of food security. That's what we're doing at this point in our development.

Ms. Kirsty Duncan: Thank you.

What does the Canadian government currently fund for breakfast programs?

Ms. Kim Elmslie: I'm not aware of the answer to that question. I'd have to look at that; I don't know.

Ms. Kirsty Duncan: Is there any funding for breakfast programs? And how does that compare with what the United States has?

Ms. Kim Elmslie: I'm not aware that there is funding specifically for breakfast programs.

Ms. Kirsty Duncan: I don't think there's any funding in this country for breakfast programs, but I would ask that you table that and with a comparison with the United States.

If you decide to go this way, what would you see as the fundamental steps to creating a national breakfast program? I will come back to the point that we are one of the only industrialized countries without one.

Ms. Kim Elmslie: I'd go back to the fact that at this point our work is with our provincial and territorial colleagues to look at the broader policy question of nutritious food. So in the context of providing nutritious food, we are in the process now of working with experts to lay out what things need to be done.

The issue of a national breakfast program specifically has not come on the table in those discussions to date.

The Chair: You have about 40 seconds.

Dr. Hasan Hutchinson: Of course there is the aboriginal head start program, which is particular to first nations and Inuit health, and that is administered by a different part of Health Canada. It's not my area of responsibility, nor Dr. Godefroy's.

Ms. Kirsty Duncan: In Toronto alone one out of four is going to school hungry. It's a national problem, and it's in every city.

• (1605)

The Chair: I'm sorry, the time is up. My apologies.

Now we'll go to Monsieur Malo.

[*Translation*]

Mr. Luc Malo (Verchères—Les Patriotes, BQ): Thank you very much, Madam Chair. I am glad you are all here today.

Good afternoon and welcome. Dr. Godefroy, if I may, I will direct my first question to you, as it picks up on a discussion we had with you back in May regarding trans fat. You said that the amount of trans fat being consumed still exceeded the amount recommended by the WHO and that the voluntary approach endorsed by government and industry had failed in a number of ways. So I would just like an update on where things stand now and what will be done to really and truly ensure that the foods consumers are eating do not contain excessive amounts of trans fat.

Dr. Samuel Godefroy: Thank you, Madam Chair.

I will try to give you an update on what was presented in May 2010.

First, I would like to make one thing clear. I would not say that the program to reduce trans fat failed. In fact, the monitoring program has proven to be very successful in reducing Canadians' daily dietary intake of trans fat. Canada had the highest trans fat intake of any country in the world. Our dietary intake of trans fat used to be 5 grams per day. Right now, we are at about 3.4 grams per day, which represents about 1.4% of energy intake. It is important to look at where we started.

The program requiring mandatory nutrition labelling on all prepackaged foods has prompted companies to reformulate their products. As a result of this program, more than 80% of the food products monitored by Health Canada now contain acceptable levels of trans fat from a health standpoint. So the program has been successful.

Mr. Luc Malo: It was not a total success.

Dr. Samuel Godefroy: You are right.

As a regulatory agency, indeed a public health agency, our goal is not to be happy with what we have accomplished and call it a day. We know we need to do more. We need to consider every possible way of doing more. And that involves a number of steps. We need to begin by consolidating successful initiatives for prepackaged foods, and making sure that no ground has been lost and that solutions are available to food processors. They need oilseed plants and oils that can replace trans fats.

We also need to do more when it comes to the food service sector. That is one of the findings that has emerged from the monitoring program. The food service sector has not been as successful in this area, and we are in the process of examining why that is. One of the reasons that is coming to light is, once again, the content in oilseed plants. We need to look at trans fat replacement solutions.

We are already seeing positive results in this sector. Some solid progress is being made, but it is not consistent across the board. As we speak, the department is completing its analysis of the monitoring program results. We are at the risk analysis phase, and scientific peer reviewers are in the process of validating the information. We will then look at all the necessary options that will enable us to further reduce every Canadian's trans fat intake.

Mr. Luc Malo: The three of you talked about nutrition facts and different aspects of nutrition labelling. But, from what I understood, we need to make the information that is there more visible or more broadly available.

Ms. Elmslie, you even said the information needed to be consistent. I would like to hear your thoughts on what I see as lingering inconsistencies in terms of nutrition facts. How can the nutrition facts for two comparable products show different portions? Consumers have a very tough time comparing two products in a grocery store because each one lists a different portion and therefore different quantities. And I would also like to hear your thoughts on the fact that the portion is quite often smaller than what an individual would normally consume. That makes things even more difficult for consumers.

I would just like to know whether these kinds of changes to the nutrition facts are necessary, in your opinion.

•(1610)

[English]

Dr. Samuel Godefroy: I can try to answer that, Madam Chair. Thank you.

[Translation]

You raise a very important point. I would like to give you some background on nutrition labelling, if I may.

It did not come into full effect until 2007. Canada was the first country in the world to make nutrition labelling mandatory. You mentioned an extremely important issue, portion size. It is actually not mandatory to indicate a given portion on the label. When these regulations were being developed, Health Canada suggested standard portions for a certain number of prepackaged products. Those portions appear in one of the schedules of the Regulations Respecting Food and Drugs. So there are guidelines provided to help food processors determine portion size and, specifically, create corresponding nutrition labels.

We are starting to see disparities in the use of these portions on a number of levels. In some cases, it has to do with product diversity. In other cases, the disparity, as you said, is due to the fact that the portion does not represent the quantity likely to be consumed by the average Canadian, if I can use that term.

[English]

The Chair: Thank you, Mr. Godefroy.

[Translation]

Dr. Samuel Godefroy: But we are working on it. That is one of the elements we are trying to improve.

[English]

The Chair: Thank you very much. I think we could talk all day about portions, couldn't we? Yes.

We'll now go to Ms. Leslie and Ms. Hughes, who I understand are going to share their time. Would you like to begin, Ms. Leslie?

Ms. Megan Leslie (Halifax, NDP): Thanks, Madam Chair. With the indulgence or with the permission of the committee, I would like to share my time.

I just have a couple of quick questions. Thank you all for being here. It's nice to see some of you again and some of you for the first time.

Concerning labelling but a different aspect of labelling, in 2008 we heard that the government was working on regulations about allergen labelling, in particular when it comes to anaphylaxis or people with celiac. We heard recently that those labels won't be ready for the 2011 date that they were predicted to be ready. I'm wondering if you can give us an update on where those labels are—not the labels, the regulations.

Dr. Samuel Godefroy: Indeed, enhanced allergen labelling requirements continue to be a priority for the Government of Canada and for Health Canada specifically. This is an initiative that was announced as part of the food and consumer safety action plan in 2007.

The regulations were published in the *Canada Gazette* part I in July 2008. A very thorough consultation process followed that publication. There is a commitment to complete these allergen labelling regulations throughout the course of the year of 2011, and essentially address those issues related to areas where allergenic ingredients, gluten sources, and sulphites are not necessarily well labelled on a number of pre-packaged foods.

The commitment is there, and the department—

Ms. Megan Leslie: Is there an idea of timelines?

Dr. Samuel Godefroy: Again, regulatory processes are complex processes. In this particular case, it's a Governor in Council process, so it's a Government of Canada initiative. I cannot commit on behalf of the department with regard to timelines, but the commitment is there.

•(1615)

Ms. Megan Leslie: Thanks for that update.

The other update—and if it's not your department, then don't worry—concerns natural health products, which we know are used by millions of Canadians. We're hearing about all kinds of things where there's a backlog to actually register them, that people are very worried. Something like seven out of ten Canadians use natural health products. They want to make sure that their natural health products stay safe but also stay on the shelves.

Can you give us an update with regard to natural health products?

Dr. Samuel Godefroy: Unfortunately, as you have indicated, that's beyond the mandate of our directorate. We'll be happy to take that question and bring an update back to the committee.

Ms. Megan Leslie: What directorate is it?

Dr. Samuel Godefroy: It's the natural health products directorate.

Ms. Megan Leslie: Of course, I should have known that.

I'll pass it over to Ms. Hughes. Thanks.

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

I want to touch base on the information that Mr. Hutchinson actually presented. He talked about increasing the availability and accessibility of nutritional foods.

We know that there's a barrier to eating healthily in the cost of food, particularly in northern communities, which are often first nations and aboriginal and have high rates of obesity. I'm just wondering what specific policies are in place to ensure that nutritious food is affordable for these northern communities.

The other thing is, where is the best way for these communities or organizations in these communities or individuals...? Is there a specific website as to where they could actually go? I don't know about you, but I know when I go to a website, often everything is scattered. Even government websites, where you're trying to get some information on a specific program or programs that could be out there that would link accessibility for funding or for resources, are scattered. I'm just wondering if you could assist us with that. The first nations communities, of course, are the big issue right now.

Dr. Hasan Hutchinson: First, with respect to the first nations and Inuit health branch, that's a different part of Health Canada. It's not my responsibility, or Sammy's responsibility, so we will have to take that question back for a bit more detail. As Sammy mentioned earlier, we will come back with those sorts of things.

That said, certainly the first nations and Inuit health branch is part of Nutrition North Canada, and that program will be starting May 1, I believe. It's sort of the reformulation of the food mail program, with Indian and Northern Affairs as well. That is certainly a main component that will be going forward in the north.

The other side, of course, is what Kim Elmslie was talking about earlier. As part of the curbing childhood obesity program, we do have a task group on food availability and access. There is a particular focus there on northern and remote regions as well. It's a group that I'm chairing. We're actually looking at programs that are in place in the different provinces and territories, and run by the feds as well, to look at where there are possibilities for collaboration and sharing of best practices as well.

Again, we're early days in that. We just had our second meeting this week, actually, but we will be having recommendations for movement on accessibility in the north.

Mrs. Carol Hughes: I just want to touch base on something that Kirsty mentioned with regard to the breakfast programs. I think it's extremely important to recognize how imperative it is for us to have those in place.

I know you talked about Aboriginal Headstart, but I was in Nunavut last year, and it was very concerning to me what the contacts I made there said to me when I asked what I could bring next time. They said, "Even if you could bring us some dry cereal for the kids to actually have a head start, that would be good." So it's crucial that we actually get the breakfast programs going.

My other question is about social assistance rates. They're often insufficient for individuals and families to pay for their daily living expenses, including the purchase of healthy foods, of course. I'm wondering if there's collaboration between PHAC, or the federal government, with provinces and territories to ensure that social assistance is sufficient to support a healthy diet. And I'm just wondering if you're planning to raise that issue at your meeting.

Dr. Hasan Hutchinson: One aspect, of course, with respect to the cost of food is that we do have a nutritious food basket that we have

developed. It's basically a costing tool that's available for different jurisdictions, be it the provinces, territories, or Toronto Public Health, for instance, who use it to keep track of the cost of what we have constituted as a nutritious food basket. One can see what's happening with trends that way.

Certainly, though, I would imagine that those sorts of questions will come up in the context of the FPT task group on access and availability in terms of nutritious foods.

Mrs. Carol Hughes: So—

• (1620)

The Chair: That's it, Ms. Hughes, I'm sorry.

Mrs. Carol Hughes: It goes by so fast.

The Chair: I know. Time passes when we're having fun, doesn't it.

Mrs. Carol Hughes: Thank you.

The Chair: Dr. Carrie.

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

I want to thank the witnesses for being here. I've been finding the comments quite interesting.

First, to Dr. Hutchinson, we know here in committee about the sodium working group, and about the work you've done. The sodium working group has been around for some time. You published your sodium reduction strategy in July of 2010. We were very pleased to see that.

I was wondering if you could tell us about the goal of the strategy and what more this government is doing to reduce sodium in the diets of Canadians.

Dr. Hasan Hutchinson: It's kind of interesting, actually, because that's a responsibility that's shared between ourselves and the food directorate, and of course we have the Public Health Agency.

I will start, I guess, in the role that I have as chair of the sodium working group. As I'm sure most of the members here are aware, we had quite a detailed process where we worked out a multi-stakeholder, multi-stage strategy, which was looking at three prongs: one looking at the food supply, one looking at awareness education, and one looking at research. The strategy really came out with a large number of different recommendations specific to those three prongs, as well as some recommendations with respect to monitoring evaluation.

Since July there has been a fair amount of work done on all of those areas. I'm sort of trying to figure out where to start here. If we want to have a quick start with respect to perhaps the food supply...

Did you want to say a few words on that?

Dr. Samuel Godefroy: Sure.

The strategy, as it was published, recommended the reduction of sodium intake for Canadians and has set a milestone for that reduction. It is an ambitious milestone to get Canadians' intake of sodium to less than 2,300 milligrams per day by 2016. The strategy essentially made recommendations on a number of initiatives to get us there.

One of the recommendations that is under federal oversight is to support our food supply in moving toward sodium reduction—essentially enabling the availability of products with lower sodium levels. Health Canada has invested a lot of effort in doing that by developing very aggressive targets for the reduction of sodium that will have to be achieved for the food supply.

While we are taking on that objective, we have to be very cognizant of the role of sodium in processed foods. We have to make sure we do not compromise food safety in the context of sodium reduction. But we still must make sure we achieve that objective.

One of the milestones I'm happy to report to the committee is that Health Canada published the proposed sodium reduction targets on January 7 for another period of consultation with industry, with the hope that these final targets will be considered as the 2011 targets in March 2011. So there is quite a bit of work under way in that regard.

Dr. Hasan Hutchinson: The nutrition facts education campaign I talked about earlier specifically addresses recommendation 2.6 of the sodium working group. It is about ensuring that Canadians are able to understand the nutrition facts table so they can make better choices about the sodium in those foods.

The Public Health Agency and ourselves are putting together a fairly comprehensive plan on awareness and education to attack those recommendations.

On the research side, CIHR, working with NSERC, has already made some initial steps with respect to making moneys available to have progress with respect to the research so they can really work on the gaps of knowledge we need, in terms of understanding how we as individuals process the taste so we can more quickly reformulate the foods.

On the monitoring and evaluation side, we have been hosting, with the World Health Organization, work to put together a framework for monitoring and evaluation. We had a WHO meeting in October that was hosted by Canada. There is work ongoing there at that level on monitoring and evaluation.

As well as the federal work that's going on, we have an FPT task group on sodium that is being led by both Health Canada and B.C. out of the Public Health Network. So we have a more coordinated approach across all the different levels of government in Canada to have work plans that take in not just the feds but the responsibilities of the provinces and territories on how we're going to work cooperatively to get toward the goal of 2,300 milligrams per day, on average, by 2016.

• (1625)

Mr. Colin Carrie: That sounds excellent. It is quite the goal, and it seems that things are being coordinated quite well.

My NDP colleague talked about allergen labelling. I know the regulations are ongoing and are being formulated. As we speak,

they're unfolding, but can you explain how changing those regulations will improve the health and safety of Canadians?

Dr. Samuel Godefroy: Thank you for the question.

These regulations are clearly intended to make sure that Canadians with food allergies or gluten intolerances can limit the risk of inadvertently consuming a food product—particularly a pre-packaged food—with the culprit ingredient to which they are allergic or intolerant not being declared.

We currently have mandatory requirements for ingredient labelling, but there are some areas where these requirements may lead to omitting the declaration of an allergen or a gluten source. So those regulations are clearly meant to stop those instances from happening.

For example, when you have a spice mixture there is no requirement right now to have the composition of the spices declared. While we're not changing that, the requirement will make sure that if there is an allergenic substance in that mixture, only that substance will have to be declared. It cannot be omitted.

There is another objective being pursued. Food-allergic consumers, their caregivers, and their families do not shop with a dictionary. So we're trying to make sure the information is easily accessible to consumers and there are simple words that have to be recognized in considering whether or not to buy or consume that product. So terminology like “beta-lactoglobulin” for milk will have to be accompanied in a mandatory fashion with the word “milk”.

So those are some of the elements being pursued through these allergen labelling regulations.

The Chair: Thank you, Dr. Godefroy. I appreciate your enthusiasm. My goodness, you could talk all day on this, and you're so insightful. We appreciate it very much.

Now we'll go to the five-minute rounds. We'll begin with Dr. Dhalla.

Ms. Ruby Dhalla (Brampton—Springdale, Lib.): Thank you very much to all of you.

I know that Mr. Godefroy loves to talk about this, but just very quickly, because we only have five minutes, I have a constituent who actually wrote regarding food labelling regulations. She wrote that her husband is celiac, and that it's very difficult to shop for gluten-free products. She said to please ensure that the regulations that have been put forward for two and a half years are quickly enacted.

Why has there been a delay in the implementation and passing of these regulations?

Dr. Samuel Godefroy: Thank you for the question.

I wouldn't actually qualify it as a delay. These regulations are very complex regulations. I don't know if any of you have had a chance to look at division I of part B of the food and drug regulations. It is one of the most complex, I would say, and probably one of the oldest, pieces of regulation we have. Our regulations date back to the 1960s.

Needless to say, those amendments have a number of implications that needed to be addressed. As I mentioned, we went through a very thorough consultation process, and we have accounted for the comments we have received. We had to. In fact, that clearly added to the timelines between publication in the *Canada Gazette* part I to publication in *Canada Gazette* part II.

The commitment, however, is actually there. It has been reiterated in a number of instances by Health Canada, by our minister. And as I mentioned, it is a Government of Canada commitment as part of the food and consumer safety action plan. These regulations will be finalized and will be published in their final form.

I would like to mention that for celiac disease, specifically, and gluten sources, the Canadian allergen labelling regulations are actually unique. We are, in fact, the first jurisdiction in the world to mandate the declaration of sources of gluten for pre-packaged foods in order to enable celiac individuals and wheat-allergic consumers to not only protect themselves but to increase their choices. This is another element we are pursuing through these regulations.

● (1630)

Ms. Ruby Dhalla: Is there anything we can do, as parliamentarians and in this particular committee that is studying the issue of healthy living, to help move these forward?

Dr. Samuel Godefroy: I would say that your interest, by itself, will be an additional support for us, as a department, in completing this endeavour. There is the commitment there to complete these regulations.

Ms. Ruby Dhalla: I think there have been a number of questions from the MPs themselves. It's something that needs to get done. It's great to have it on paper, but it needs to get done immediately. The closing line of my constituent's e-mail was "Please help us". So on their behalf, I think it needs to get done immediately.

I have another question. In 2007 there was the appointment of an individual who was the adviser on healthy children and youth. There was a report done. In particular, one of the recommendations in the report was due to the alarming statistic that Canada was 27th out of 29 OECD countries in regard to the rising rate of obesity. There was a recommendation in regard to establishing a centre of excellence on childhood obesity.

I go into schools in my particular constituency on a weekly basis, and I see some of the foods these kids are eating and bringing in for breakfast or lunch. It is quite disheartening, because they're filling up on chocolate bars and stuff that is not very nutritious. The rate of obesity is definitely rising.

Has that particular recommendation with regard to the establishment of a centre been implemented? Are there any discussions around that? Second, has any money been put into helping to reduce the childhood obesity rates that are growing in Canada?

Dr. Samuel Godefroy: My colleagues from the Public Health Agency of Canada, with the permission of the chair, will answer.

Ms. Kim Elmslie: Thank you very much.

Thank you for that question.

As we all know, Dr. Leitch's report was a really important contribution to our understanding of childhood obesity. It's been a

foundation for us in moving forward in the context of the work we've started with provincial and territorial governments under the framework for curbing childhood obesity.

Yes, we're looking at that report. We're looking at childhood obesity rates and how we, as FPT governments, can work together under the framework for action to do some tangible things to reduce those rates.

Ms. Ruby Dhalla: But has anybody invested in reducing childhood obesity in Canada right now?

Ms. Kim Elmslie: The funding for reducing childhood obesity is part of our existing program. So it's one of those things where it crosscuts the programs that we're responsible for implementing under the healthy living programs, as well as in our disease-specific strategy.

For example, even under our cancer strategy, we're looking at ways in which we can put a priority on childhood obesity. It crosscuts diabetes; it crosscuts all those strategies.

The Chair: Thank you, Ms. Elmslie.

We'll now go to Ms. Davidson.

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

Thank you for appearing before us again. It's great to see everyone once again.

I want to come back to the labelling issue. It's the one thing that I hear consistently from constituents, the misunderstanding of labelling or the inability to understand the labelling. I know that we were the first country to have the mandatory requirements, and it was only in the end of 2007.

But one of the biggest problems that is relayed to me is the fact that there is no standardization of the serving size. I'm always asked who determines what the serving size should be. I had somebody come to me the other day who had two packages of cookies. They were reading them and they were saying, "Oh, this one is better than this one." Once you read the labels closely, one was for seven cookies and one was for three. So it totally reversed the expectation of which one was better and which one was worse.

Who determines the serving size? And if Health Canada did some standardized ones, why are they being changed so drastically? These were not drastically different cookies; they were all supposed to be low-sugar cookies. They were supposed to be what the constituent determined to be a healthier choice.

So that's one question. What do you have in the works to further improve the food labelling process, if anything?

● (1635)

Dr. Samuel Godefroy: Thank you for the question.

You're definitely raising an issue that we have with our nutrition labelling regulations. As you've mentioned, we're the first country in the world to have these regulations on a mandatory basis, to have a nutrition facts table. Therefore I would say that we don't have many other countries to learn from. Essentially we are learning, of course, from some of the issues pertaining to the implementation of these regulations.

We do have guidance. In fact there is a schedule in the food and drug regulations called schedule M, where guidance on the use of serving sizes is provided. Now, we realize that this guidance is not necessarily followed by everyone.

Initially the intent was really to leave some flexibility in that regard for different reasons, first of all because there wasn't necessarily a clear understanding of what the consumer might think or might seek in terms of the portion size. Should it be on the basis—I'm going to take the example of the cookie that you've highlighted—of 100 grams, because essentially you may have a light cookie and a heavier cookie? So should it be standardized as an amount, so that people can compare on the basis of 100 grams? Should it be on the basis of a cookie?

So essentially it's the unit of consumption, knowing that in some instances some consumers actually do not stop at one cookie. What is the actual portion of cookie consumption for Canadians? It was one of the reasons this area was left...supported by guidance but not necessarily made in a mandatory fashion.

We have acknowledged in the context of the life of the regulation that this area needs to be addressed. In fact, it's one of the first priorities for updates of the nutrition facts table, to look at ways in which we could further standardize that serving size specifically. We consider that actually it's a critical piece right now, particularly to make comparisons.

We would like to avoid situations where you have one food processor that made the effort to reduce sodium, for example, and we would be able to read the sodium content on the basis of a particular serving size. Then you have another instance when the other processor has simply changed the portion size and it would appear that the level of sodium is actually lower.

We have already identified that as an issue, and we have already started with some, I would say, voluntary measures. I have written a number of letters to the food processing industry advising them of this issue and asking them for their collaboration in that regard.

But we're not stopping there. We are actually undertaking a number of initiatives, consumer research being one of them. We are also consulting with the food industry and the processing industry, specifically to look at ways in which we can address this issue of serving size.

Mrs. Patricia Davidson: What are you doing with consumer education? How is the public supposed to learn how to understand this labelling process?

Dr. Hasan Hutchinson: That flips over to my area of responsibility. We're responsible for the facts table as it relates to awareness and education.

When you're talking about serving sizes, this is an area that has come up in the research that we've done and that other groups have done over the past several years since the nutrition facts table has been fully implemented. What has come out of that research is that the most difficult concepts to understand have to do with the percentage daily value and the specific amount of food or serving size. That is what's at the core of our nutrition facts education campaign.

During the first phase of this campaign, we're concentrating on the percentage daily value, so as to get that concept across to Canadians. As part of the materials and resources that we've developed, we now have some interactive tools on our website that we introduced about four months ago. They take people through, looking at the amounts of food, so that you can start to understand the comparisons and then go from there.

The Chair: Thank you, Dr. Hutchinson. I think you're getting the feeling now.

Monsieur Malo.

[*Translation*]

Mr. Luc Malo: Thank you very much, Madam Chair.

I will ask you my two questions, and then you can have the remaining time to answer.

Dr. Godefroy, in your opening remarks, you said that "Health Canada is already pursuing regulatory approaches that support some of the sodium reduction initiatives outlined in the strategy, including the necessary updates to the nutrition labelling regulations [...]".

I would like to know what those approaches are and whether they are based on the interim goal of 2,300 milligrams or the ultimate goal of 1,500 milligrams per day.

My second question is about energy drinks. I know that, a few months ago, Health Canada indicated that a series of analyses were under way, with a possible view to tightening up the regulatory framework for these types of drinks, which would allow for better oversight. There was even talk of specific legislation. I am wondering whether we will be seeing anything tangible in the near future.

● (1640)

Dr. Samuel Godefroy: Thank you.

In response to your first question, there are indeed a certain number of tangible steps aimed at updating the nutrition facts table. They will be carried out in conjunction with the sodium reduction strategy. First of all, when you look at the table, you probably notice the percentage of the daily value information. For sodium, that value is currently based on a required daily intake of 2,400 milligrams. We are going to revise that value. Of course, we will start by reviewing the scientific basis for that revision and ensure that the calculation is based on an updated value. That is a first and very tangible step.

The second and equally tangible measure affecting the nutrition facts table has to do with portions. The department is not ruling out the possibility of using a regulatory instrument to better control the use of portions, especially as it relates to sodium content indications. There will be a certain number of options. We will undertake serious discussions with food processing stakeholders. Some consultations have already been scheduled for this spring. They will actually be a continuation of previous discussions.

We will also pursue other regulatory measures in connection with the sodium reduction strategy. They will involve the approval of food additives. When you reduce the sodium content in certain processed products, you need to use an additive to ensure those products remain safe and do not pose a public health risk. Sorbic acid is one such food additive. We will need to determine whether we are going to broaden the use of sorbic acid or increase approved quantities, obviously while maintaining food safety. That will help to bring about reduced sodium levels in a number of processed foods.

As far as energy drinks go, they are currently subject to the Natural Health Products Regulations. So they are not within my area of responsibility. I will make a note of the question and ask the committee whether an update can be provided at a later date.

Mr. Luc Malo: Madam Chair, that means I still have time for another question. I was not expecting that at all.

[English]

The Chair: No, Monsieur Malo, hold on here. You're so happy about this, but there are only 20 seconds left.

[Translation]

Mr. Luc Malo: I will give the rest of my time to Ms. Beaudin, who had a very specific question.

[English]

The Chair: Madame Beaudin, there are now eight seconds left, so you can blame it on Monsieur Malo, and perhaps next time he would be so generous as to give you his full time.

Would you do that, Monsieur Malo? That would be nice.

All right, I will now go on to Ms. O'Neill-Gordon.

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

First of all, I want to take this opportunity to thank you all for being here and for presenting on such a very important topic.

As a former teacher, I want to congratulate you on the fact that you have focused on the three main frameworks. I also want to say how important it really is and how you can't have one without the other. This is very important. It is important to all of us. Our government has done great things, and I'm just wondering if you have any short-term plans for what is coming up or how to even make better changes for making healthy food choices even better.

Dr. Hasan Hutchinson: Sure. I guess I'm not—

Mrs. Tilly O'Neill-Gordon: I'm looking into the future. What do you foresee happening that's going to make things even better for our children?

• (1645)

Dr. Hasan Hutchinson: I see. There are certainly some applications that we've done.

We've taken basically the guidance from the food guide and the guidance from the physical activity guides. We have the program "Eat well and be active".

Basically, it's a way to get across messages, and educators can use this. As I mentioned earlier, part of it is just a poster type of thing,

but we also have a number of images that can be used in the classroom. They can be used by dietitians with their groups as well.

We are trying to take the messages from these guides and then actually make them teachable moments. We are also preparing activity plans, so it makes it a lot easier for intermediaries to get across the messages that are there.

Mrs. Tilly O'Neill-Gordon: I just want to comment on the recent ads. They certainly add a lot to anybody watching that and give a good message that will be easily comprehended by children, families, as well as parents.

Dr. Samuel Godefroy: If I may expand, there are a number of initiatives within the area of labelling and nutrition information disclosure specifically. There are a number of initiatives under way.

I have mentioned that we are working on updating the nutrition labelling requirements, even though these regulations are considered in the regulatory world as young regulations. Nonetheless, they can definitely be improved.

Another area is looking at the nutrition information disclosure in restaurants and the food service establishments. There is actually a very important initiative under way, mostly in collaboration with our provincial and territorial counterparts, but also in collaboration with the food service sector, to look at the best ways to standardize the information.

It is what we call manual labelling—we prefer to say "nutrition information disclosure"—for Canadians. Again, what we have achieved in terms of bettering the understanding of information for Canadians with regard to the pre-packaged food sector could also be built upon for the food service sector. That's one example of an initiative currently under way.

Dr. Hasan Hutchinson: Could I continue on that as well? Is there a little bit of time left?

The Chair: You certainly may. You have two minutes.

Dr. Hasan Hutchinson: As well, we've just entered into consultation with respect to guidelines for healthy term infants. We just released those consultations at the beginning of last month. We are looking here at guidance for health professionals with respect to feeding healthy term infants. We are about to enter into the age category of six months up to 24 months as well. That is work that we currently have under way.

We have been doing work on prenatal nutrition guidelines as well. I did mention the work we've been doing on gestation weight gain, but also we have updated our guidelines on folate, fish, and omega-3 fatty acids. There is certainly a fair amount of work going on in that area.

With respect to the nutrition facts education campaign, I had mentioned we are working on a database. We are doing the planning now for the next phases. The aspects we have been looking at have to do with the amount of food. We're trying to figure out at what time to actually go into a full-blown awareness education campaign on amount of food, especially if we're doing a bit of regulatory review, so we might be putting off the education side of that until the regulatory review has gone forward

And of course we're working on social marketing awareness campaigns with respect to sodium. Those are currently under way. We're just going into public opinion research with respect to messages that we can be taking to Canadians with respect to sodium.

• (1650)

The Chair: Thank you so much, Dr. Hutchinson.

We'll now go to Dr. Fry.

Hon. Hedy Fry (Vancouver Centre, Lib.): Thank you very much, Madam Chair.

I want to say that you've been doing good work, and I'm very excited by what's been going on so far, but there are a couple of things I want to ask.

You've talked in your report about decreasing children's exposure to the marketing of food and beverages that are high in fat, sugar, and sodium. I know that educational programs can do that, and labelling can, and so on. But what about advertising on Saturday mornings, when kids are watching TV, and they're watching cartoons and there's all this food advertised that's bad for them? Are you doing anything about the advertising? That's been a major issue. That's the first question.

Second, you've talked about increasing the availability and accessibility of nutritious foods. Increasing availability and accessibility is great, but under accessibility, we know that the most obese kids come from low-income families. What are we doing about helping to make nutritious foods more available to poor families in terms of cost? We saw what Obama's wife did when she was working with Walmart to talk about how they were going to make good food cheaper than bad food. That's one question I wondered if you'd consider.

Finally, I wanted to ask you a question about additives. You talked about adding good things. But take, for instance, vitamin D. Everyone knows that it's the magic vitamin, and everyone's busy eating tons of vitamin D, but we also have vitamin D added to various foodstuffs. Has any consideration been given to asking if we're going to be overdosing a bunch of people on stuff? Because everyone is trying to take the good stuff, and it's added to so many products. Who is checklisting that? How is someone going to be able to tell somebody to remember that they're getting it in additives in food? That, to me, is an important thing.

I had another question to ask, but I'll stick to those three at the moment.

The Chair: You have only three, Dr. Fry?

Okay, who would like to start?

Ms. Kim Elmslie: I'll start, Madam Chair, with your permission.

Let's start with the question on marketing and advertising to children. Dr. Fry, we are seized with this question as well. Health ministers, last fall, in their endorsement and launching of the framework for action to combat childhood obesity, have put a priority on investigating measures we can use as federal, provincial, and territorial governments, working with the business sector and working with the NGO sector, to find ways to reduce the impact of marketing on children.

You may also know that in May 2010, Canada was one of the member states that endorsed the WHO recommendations on the marketing of food and beverages to children. So we are aligned with and working with our international colleagues, as well.

This is a very important issue, and we are committed, as the health ministers across the country are, to looking at ways we can effectively deal with that issue.

So thank you for that. That was a really important question.

Hon. Hedy Fry: What about the cost of food for low-income families, and what about additives? Those are the other two questions.

Dr. Hasan Hutchinson: I was going to go a little bit further with respect to nutrition profiling.

Hon. Hedy Fry: Well, I want to get to those other two questions, and being a chair myself, I'm always aware of the tick-tock time. So I just want to get to those two. Then, if you've answered them, we might be able to go to the....

Dr. Hasan Hutchinson: I think we've already talked a little about the vulnerable populations in the north and CAPC and the aboriginal head start program. Certainly those are programs that are under way through the federal government.

As well, again, through the FPT access and availability to nutritious foods, we are working with the different levels of government, the different provinces and territories. And of course, from the federal perspective, we are looking at the lessons that can be learned from these different programs.

Because it's not only Nutrition North that's under way and those other two programs. Newfoundland and Labrador have particular programs that contribute to some breakfast programs. It's happening as well in Ontario, in Manitoba, and in B.C. The group I'm chairing is actually looking at the different programs that are in place to figure out whether there are ways we can actually take the best lessons from those and extend them further.

Hon. Hedy Fry: While you're on that thought, I wanted the answer on the additives, I guess, if somebody can quickly answer.

I wanted to ask if you're considering looking at taxing high-fat, high-sodium foods so that they aren't so available off the shelves to people. It's a big-issue question.

Dr. Hasan Hutchinson: We're in this evidence-gathering stage, so we're looking at all different initiatives that have been done around the world. We have funded an international scan to look at what other countries are doing on this. We're also looking at what we're doing in Canada on that.

So with about five seconds, I'll pass it over to....

•(1655)

Dr. Samuel Godefroy: On the addition of vitamin D, in fact it's actually the addition of nutrients.

Hon. Hedy Fry: That's my example, but there are so many other things.

Dr. Samuel Godefroy: Yes, it's essentially the addition of nutrients. In fact, this is an area that is closely scrutinized under our regulations, so essentially before having the approval for the addition of a vitamin such as vitamin D to a number of foods, it has to be evaluated by our scientists. The issue of exceeding the upper limit in a zone that may be dangerous to consumers is accounted for in that approval. It is actually looked at in that regard.

The Chair: Thank you so much.

We will now go to Mr. Uppal.

Mr. Tim Uppal (Edmonton—Sherwood Park, CPC): Thank you, Madam Chair.

Thank you, witnesses, for coming.

It's interesting, it almost sounded like Ms. Fry was proposing another tax on food over there for a minute.

Ms. Elmslie, you had mentioned childhood obesity, and you described the collaborative commitment of curbing childhood obesity as a federal-provincial-territorial framework for action to promote healthy weights. Could you please tell us more about what the federal government is doing in support of the framework to help children and youth achieve healthy weights?

Could you also touch on video games? It's our understanding that video games are affecting childhood obesity. It obviously affects childhood fitness levels or activity levels. Has Health Canada looked at that as part of childhood obesity?

Ms. Kim Elmslie: Thank you very much for the question.

Certainly as we're moving forward and have put a priority on childhood obesity, we're looking at all measures, screen time being one of them—the time kids are spending in front of computers, in front of the television, playing video games. Those are a concern for all of us. We are looking carefully, both internationally and within Canada, at what are the best practices, at what are the ways we can support parents, support kids in schools, support communities in finding ways to get kids moving.

Also, it's from the perspective of avoiding the impacts of marketing and advertising to kids. If they're not watching so much TV, they're not getting bombarded with those advertisements either.

So there are lot of benefits to that approach, going forward.

I will come back to the question of the federal-provincial-territorial work around childhood obesity. This is, from our perspective, very groundbreaking and very exciting. We have all the health ministers across the country lined up together. They've recognized the problem of childhood obesity and they've said they're going to work together. But not only that, they're going to champion this, because they're going to reach out to other sectors, as health ministers, and ask, how can you be a part of the solution?

This is not about saying government is going to do everything. This is about government being the enabler. Through the process of engagement that will be launched in the next few weeks, we're specifically going to go to youth, who have the best ideas about what can be done to help them be champions within their own schools, within their own communities, and within their own families for moving forward on childhood obesity.

This is about starting a national dialogue with Canadians, and it's about having Canadians be the innovators, as we know we can be, and the finders of those solutions. We're in a really exciting time in this country around the prevention of chronic disease, and clearly childhood obesity is where we need to start. We want those early behaviours to be the best behaviours. We don't want to have to change behaviours when they're teenagers; we want them to carry those behaviours through their teens and into adulthood.

The framework I talked about in my introduction and the work of FPT governments is the way the federal government is exercising its leadership role in its jurisdictional mandate.

Mr. Tim Uppal: There's something you mentioned about communicating with young people. What tools do you expect to be using to communicate with them? What do you figure is the best way to actually get to them and to get that feedback?

Ms. Kim Elmslie: It's through social media, the things that some of us are still afraid of, Twitter and Facebook and all of those things that our children are using all the time. We'll be using those mechanisms to talk to them, to hear their input, and most importantly, to engage them in the solutions so that they become the owners of those solutions. Social marketing will be a major feature of our work going forward, and our engagement strategy will make use of technology, to the extent possible, so that we are reaching kids.

•(1700)

The Chair: Thank you.

You have about another minute, Mr. Uppal.

Mr. Tim Uppal: Dr. Hutchinson, do you have something to add to that?

Dr. Hasan Hutchinson: Really what I'm thinking of is when I talked about the eat well and be active tool kit, so that we are working together to make sure we have ways we can get those key messages out to children as well. This makes it easier for the educators to really have everything they need to be able to move forward with activity plans.

The Chair: Thank you.

With the committee's permission, can I ask a question? Is that okay? I try not to do that.

In the schools it's amazing that we're in a day and age right now when we're actually looking at all these obese young people, and there are reasons for it. The social networking, the computers, that's a lot of it. You were talking about having the kids make some of these decisions and interact, but I'm wondering—and I know schools are provincial jurisdiction—if at the federal level you have ever gone to our provincial partners and talked about making physical education.... I know that's provincial jurisdiction. I was a teacher. I'm very aware of that. But along with this packaging, I'm wondering, would it be good to have recommendations in terms of action?

Some schools I know now do not have physical education. They don't. It has been taken out of the curriculum because of the cutbacks. And I know at the federal level we hit the post-secondary education piece, but we do have the Canada food guide and we do have guidance that can be there for possible action that might be a catalyst, not to infringe on other jurisdictions but to outline the importance of this happening.

When you talk about breakfast programs, I know what that means, because I had one in one of my schools. Kids came to school hungry. So that is provincial jurisdiction, but there's still that umbrella.

I'm wondering, have we looked at something like that? I know you've done a lot of great work, and I wonder if that has been an aspect.

Dr. Hasan Hutchinson: Perhaps I'll start, not on physical activity, but with respect to school food guidelines.

The Chair: But I want you to talk about physical activity.

Dr. Hasan Hutchinson: Pardon me?

The Chair: Physical activity too, Dr. Hutchinson.

Dr. Hasan Hutchinson: That would be someone else's mandate right here.

As you have said, schools are a very key setting to promote and support healthy eating and physical activity. That is certainly clear. And again, as you said, the responsibility for school health is really with the provinces, but that shouldn't be seen as an impediment to actually working with the provinces and territories to really move forward on this.

So what we have done certainly with respect to the school nutrition guidelines is that we've been in a process now for about a year and a half where I suppose one could say that we hold space and that sort of quiet leadership with respect to bringing together the provinces and territories to talk about school nutrition guidelines and to look for developing consistency in those guidelines from province to province. Those are, again, meetings that we have hosted, bringing together the provinces and territories, and we're working in a very collaborative way. So what we're trying to do is to improve the consistency of school food guidelines from province to province, which then makes it easier to make sure that you've got the food supply that can be used in schools and as well to enhance implementation efforts so that if there are lessons to be learned from one province to the next province, we can take those forward.

So our federal role there is really, I suppose, one could say, more of holding space, but actually to bring together the analysis of the guidelines that have been there.

The other thing that we've done with respect to school guidelines is to work with the World Health Organization, and we directly supported the development of the framework for school health. The aspect on school nutrition we supported from out of our office. The aspect on physical activity was supported from the Public Health Agency. So in some ways we were going straight up to WHO but we were reflecting the learnings and what the provinces had to offer. We worked with our federal-provincial-territorial group on nutrition to get the right types of recommendations that go into the World Health Organization.

So there are ways that we as federal government do have a responsibility in this as well. It's not that direct one; it's more through indirect means.

• (1705)

The Chair: Thank you so much for your answer.

Now we'll go to Ms. Leslie.

Ms. Megan Leslie: Thanks, Madam Chair.

Ms. Elmslie, in your opening remarks you talked about decreasing marketing to children of foods and beverages high in fat and sodium, etc., and you mentioned it in the answer to your last question.

Last year I met with groups such as the Canadian Diabetes Association, the Heart and Stroke Foundation, and they brought in great documentation showing that in Quebec French-speaking kids have lower obesity rates than kids in English Canada, but French-speaking kids in Quebec also have lower obesity rates than English-speaking kids in Quebec, and the links are directly about marketing to kids.

So there actually are rules in place with French media. You can't market to kids, and voila, the kids are healthier. So I'm wondering if the Public Health Agency is considering any regulations like those in Quebec, because they seem to work.

Ms. Kim Elmslie: At this point, we're looking at the Quebec experience. Those regulations were put in place in the early eighties in a broader context of reducing marketing to kids overall.

So we're aware of the evidence that's out there. Actually, there is more evaluation of the evidence going on as we speak. Studies have been commissioned to look at what's really happening and to analyze the contexts in which we're seeing positive changes. From that perspective, the Quebec model is front and centre in the work we're now engaged in with our provincial and territorial colleagues. We are looking at what we can do to make a difference in marketing and advertising to kids.

So, yes, it's definitely front and centre as we consider this matter.

Ms. Megan Leslie: Can I ask a technical question about how Health Canada is considering this? Are you considering it as a body that gathers information nationally, looks at best practices, and disseminates the information? Or is Health Canada looking at playing a central role in federal regulations?

Ms. Kim Elmslie: It's too early to tell. We're at the stage where we're looking at the evidence with our provincial and territorial counterparts. So we don't know yet where we will go with this. We are front and centre with them, though, in looking at Quebec and asking what has worked there.

In fact, on an expert task team that we have assembled to look at the policy approach to reducing marketing and advertising to kids, we have a representative from the Quebec government who's helping us understand how that works, what they've learned from their evaluations. The analysis is going to be completed fairly quickly: we're looking at about a six-month period of time. Then we want to go back to ministers, FPT ministers, and say, "Taken together, here's what we've learned from this".

We know it isn't one thing. We know it's going to be a variety of things working together that will help us make that dent in childhood obesity and start the reduction.

But the Quebec legislation, and the experience in Quebec, is certainly one of the things we're looking at carefully.

Ms. Megan Leslie: What's the name of the task force?

Ms. Kim Elmslie: It's under the Public Health Network Council. It's an expert task team established to look at marketing and advertising to kids. So under Public Health Network Council is the easiest way I can describe it. There's a bunch of other titles underneath, but if you're looking for how this is progressing, look under the Public Health Network Council.

Ms. Megan Leslie: And you think the timeline is six months, around that.

Ms. Kim Elmslie: That's for the analysis.

Ms. Megan Leslie: Okay.

Mr. Hutchinson, you seemed to want to jump in.

Dr. Hasan Hutchinson: This is part of the curbing childhood obesity initiative that we talked about earlier. I believe we have to go back to ministers in November with the proposals coming from the task group I'm in charge of, with respect to access and availability of nutritious foods, together with the proposals from the task group Kim Elmslie is leading, which has to do with advertising to kids.

So we're on a tight timeframe on both of those task groups. We need to come up with recommendations from across the provinces, territories, and the feds with respect to how we could move forward on our policy initiatives. But we're looking at all possible solutions.

• (1710)

Ms. Megan Leslie: That's heartening to hear.

I'm wondering if there are any—

The Chair: As much as I'd love for you to keep on with this, your time is up.

Mr. Brown.

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

I know we've covered a lot of this already today. I just wanted to go back a little more to some of the physical fitness aspects of healthy living. What interactions do we have between the Minister of

Sport and the Minister of Health? What types of collaborations are occurring between those ministries?

I realize that there have been some successful initiatives. I love the fact that we had that physical fitness tax credit. What other physical fitness initiatives do we see coming from the collaboration of those two ministries?

Ms. Kim Elmslie: I believe at your meeting next week you'll hear more detail on physical activity and what we're doing in that regard. For now, suffice it to say that the ministers of health at the federal-provincial-territorial level work with their counterparts in sport, physical activity, and recreation.

They are working together and discussing how the health and recreation agendas come together. The mechanism that is advancing this is the joint consortium on school health. We have, I would say, a very powerful model in this country that's bringing together the health, sport, and physical activity dimensions and objectives we have, looking at and testing out what are the best ways that we can implement these things in schools, so that so they get incorporated into curricula in the right way, they're resourced in the right way, and we can measure and evaluate the impact they're having.

So ministers are working together on this, seized with the issue of physical activity as one of the elements of the childhood obesity agenda, but also, of course, as one of the elements of the overall healthy living agenda writ large.

Mr. Patrick Brown: I remember we used to have a "minister of fitness" in the eighties—

Ms. Kim Elmslie: Amateur sport.

Mr. Patrick Brown: —yes—and they had that ParticipAction program. How has that program evolved over the years?

Ms. Kim Elmslie: Currently we are providing an investment in ParticipAction to ensure that the program, which has been, I would say, re-energized in the last number of years, is doing its job to raise awareness among Canadians as to the importance of physical activity. We can see ads on TV that ParticipAction has developed around physical activity awareness. That's one of the things they are prominent in, certainly, in terms of the overall country's agenda in improving physical activity.

Mr. Patrick Brown: I realize that a lot of this—

The Chair: Mr. Brown, we will hear from ParticipAction next week, just for your information.

Mr. Patrick Brown: Okay, good. Good to know.

I realize that a lot of this isn't necessarily federal, when you think of recreation. I was on my city council for five years, and I remember looking at all the recreational opportunities. I realize that cities need to engage in that, but it's difficult given their constrained budgets.

I think it is a real challenge, though, with more and more people. I think of my younger cousins who love their video games; 15 years ago there didn't seem to be that same mentality. Take the price of sports equipment; 15 years ago, when you went and bought a hockey stick, it was \$10 and it was wooden. Now you look at a row of hockey sticks and you can see the sticks cost \$200 to \$300. I imagine in most sports you can see that equipment costs have really changed. So that's a prohibitive factor as well.

I guess I just have an open-ended question to close my time. What ideas do you think we could do as a federal government to encourage physical fitness that we're not already doing? Are there any other things that we should be considering?

Ms. Kim Elmslie: I could start out on that.

To review what we're already doing...I think we just need to stay the course and do more of what we're doing. We're doing good research. We're providing good guidance on physical activity targets and on the ways in which families can support their kids in being more physically active. And because we're doing that across the country, schools and communities are getting good information about what they can do in their own communities. It doesn't mean they always have the resources to do it, which is another challenge, but at the federal level we're providing consistent, scientifically sound evidence that can be used in those communities. So that has to keep on going.

Public awareness through ParticipAction, and through the programs that Hasan talked about that we're collaborating on—those also have to continue. We have to stay in the public's

consciousness around these as being priorities for individuals to make healthy choices. Even if it's just walking, that doesn't cost any money; we have to continue to put that in people's heads as a way that they can take control of their own health and live healthy lives.

The work that we do internationally is setting standards and is keeping healthy living on the international radar screen. Canada is seen as a world leader internationally in the work that we've done in health promotion. Over the years we've done a really good job in terms of not only the policy levers and policy approaches we've taken, but also in bringing to the international stage innovations.

So—

● (1715)

The Chair: Thank you so much, Ms. Elmslie. You've shown such enthusiasm.

This is great. You're like bookends there. You just spread the enthusiasm. That's quite wonderful.

I want to thank you for coming today. This is a very important topic, especially when we see what is going on in our nation with our youth. I'd like to offer all of you a special thank you.

Right now I'm going to suspend for a couple of minutes and then we're going into a very short business-oriented meeting. We're just talking about topics, not about the business itself.

I will suspend for two minutes.

[Proceedings continue in camera]

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