

Previous efforts to advance national student feeding programs

**Raising the Bar on Student Food Programs
in Montreal
November 26-27, 2013**

**Speaking notes of
Bill Jeffery, LLB, National Coordinator**



CENTRE FOR
Science IN THE
Public Interest

*The nonprofit publisher of
Nutrition Action Healthletter*

CENTRE POUR
la science DANS
l'intérêt public

*Éditeur sans but lucratif de
Nutrition Action Healthletter*


Our Motivation:

Diet-related disease causes real, avoidable deaths and economic losses, both on a grand scale.

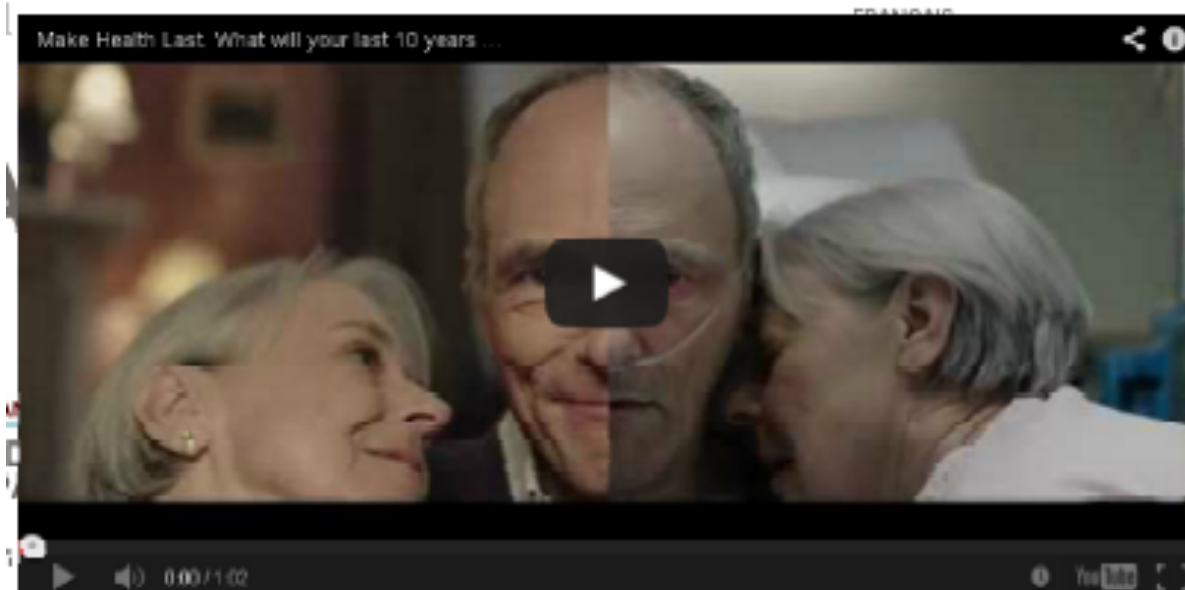
For example, in Canada...

- **An average of nearly 5 years of healthy life expectancy is lost due to six diet-related risk factors.** (See: World Health Organization, *The World Health Report 2002*, (Geneva: WHO, 2002). Esp. see Table 4 in the annex which shows that loss of healthy life expectancy due to all risk factors is 9.4 disability-adjusted-life-years averaged for Canadian men and women at http://www.who.int/whr/2002/en/whr2002_annex4.pdf) and Table 10 which shows that, in developed countries, 50% of all-risk-attributable Disability-Adjusted Life Years (DALYs) were lost due to blood pressure, cholesterol, overweight, low fruit and vegetable intake, and certain rare types of childhood and maternal undernutrition at http://www.who.int/whr/2002/en/whr2002_annex9_10.pdf). So, 50% of 9.4 years is 4.7 years.)
- **And estimated 48,000 premature deaths annually are caused by diet-related disease due mainly to cardiovascular disease, diabetes, and certain cancers caused by excess sodium intake, risky blood cholesterol and glucose levels, inadequate fruit and vegetable intake, and excess abdominal body fat.** World Health Organization. *Global Health Risks: Mortality and burden of disease attributable to selected major risks*. 2009. W.H.O. Geneva. See, esp. p. 17. Available at: http://www.who.int/healthinfo/global_burden_disease/GlobalHealthRisks_report_full.pdf Statistics Canada. *Mortality, Summary List of Causes*. 2008. Ottawa. Catalogue no. 84F0209X which indicates the total number of deaths in 2008 was 238,617, 20% of which is: 47,723. Available at: <http://www.statcan.gc.ca/pub/84f0209x/84f0209x2008000-eng.pdf> See, for example, the extrapolation from published figures in endnote 11 at: http://cspinet.org/canada/pdf/Eng_CSPI_Finance.pdf which, through crude, is also consistent on a per capita basis with the 365,000 annual US deaths attributed to poor diet and physical inactivity. (cf. Mokdad AH, et al, "Actual Causes of Death in the United States, 2000" 291(10) *Journal of the American Medical Association* 1238-1245, and 293(3) pp. 293-4, 298. See also, the Drummond Commission Report (2012), recommendation #5-85 at <http://www.fin.gov.on.ca/en/reformcommission/chapters/ch5.html#ch5-o>
- **A total of \$5-30 billion per year is lost from the Canadian economy as a whole (avoidable health care costs and lost productivity)** Public Health Agency of Canada. *Obesity in Canada*. 2010. Ottawa at 28-29. Available at: <http://www.phac-aspc.gc.ca/hp-ps/hl-mvs/oic-oac/assets/pdf/oic-oac-eng.pdf>; Anis AH, Zhang W, et al. Obesity and overweight in Canada: An updated cost-of-illness study. *Obesity Reviews*. 2009;11(1):31-40; Behan DF, Cox SH, et al. *Obesity and its Relation to Mortality and Morbidity Cost*. December 2010. Committee on Life Insurance Research. Society of Actuaries. University of Manitoba. Winnipeg.

Overarching Disease Reduction Goal:

- WHA: NCD deaths  25% by 2025 or 48,000 fewer deaths annually
 - approx. 190,000 Canadian deaths annually due to NCDs;
 - approx. 100,000 due to alcohol+tobacco+diet;
 - Approx. 48,000 deaths due to poor nutrition.
- Probably requires taking all the measures CSPI advocates (plus stronger action on tobacco, alcohol control), e.g.
 - halve sodium levels in food supply,
 - eliminate synthetic trans fats,
 - ban commercial ads targeting children,
 - improve nutrition labelling on the front of food packages,
 - mandate calories, high-sodium notices on restaurant menus,
 - reform food taxes to promote, not discourage healthy eating,
 - make *Canada's Food Guide* more persuasive and more consistent with science; spur other changes in procurement, school food standards;
 - **Mandate sensible nutrition standards for school foods and subsidize school meals to a level more in keeping with other OECD countries**

Heart and Stroke Foundation's **Make the Last 10 Years Count**



Example Campaign #1:

70 community leaders (w/ 8 millions Canadian members)

Bill C-460, Sodium Reduction Strategy for Canada Act failed 147-122 vote May 8, 2013; the end of the beginning...incl. a role for provinces

Salty to a Fault

Varied Sodium Levels Show Lowering Salt in Processed Foods IS Feasible



Centre for Science in the Public Interest
Ottawa

Embargoed until Thursday July 29 2010, 11 AM EST



Recommendations of the
Sodium Working Group
July 2010

C-460	C-460
First Session, Forty-first Parliament, 60-61 Elizabeth II, 2011-2012	Première session, quarante et unième législature, 60-61 Elizabeth II, 2011-2012
HOUSE OF COMMONS OF CANADA	CHAMBRE DES COMMUNES DU CANADA
BILL C-460	PROJET DE LOI C-460
An Act respecting the implementation of the Sodium Reduction Strategy for Canada	Loi portant mise en oeuvre de la stratégie nationale de réduction du sodium
FIRST READING, NOVEMBER 5, 2012	PREMIÈRE LECTURE LE 5 NOVEMBRE 2012
MS. DAVIES	M ^{ME} DAVIES
411644	

Salty to a Fault: A four-year follow-up report



Centre for Science in the Public Interest
Ottawa

Mobilize Supporters:

Sodium Reduction Bill

60+ NGO and expert supporters (w/ links to at least 2/3 of households)

Joint statement of Canadian Health and Citizens' Groups in support of Bill C-469, Sodium Reduction Strategy for Canada Act

The Perils of a High Sodium Diet: We, the undersigned, recognize that excess sodium in the Canadian diet—excess grams of which is added to foods by food manufacturers and restaurants—raises blood pressure and increases the risk of stroke, heart disease, kidney failure, and other illnesses causing 10,000 to 15,000 premature deaths annually.

Call for action since 2010: Shortly after the federal Minister of Health's 21-member *Sodium Working Group* published its unanimous *Sodium Reduction Strategy for Canada* in July 2010, its urgent goal to reduce average daily sodium intake from 3,600 mg to 2,300 mg by 2014 was endorsed by the Prime Minister (which the *Global and Adult Food and Nutrition Programs and International Relations* and *Provincial and Territorial Health Ministers* called for regulations to be developed in case timely voluntary sodium reductions were not demonstrated. The same year, a white ribbon panel of the 151 *Members of Parliament* (whose expertise is used as the basis for much Canadian national law and policy) chaired by a former leader of the 151 Food and Drug Administration called for regulations to be implemented in that country as soon as possible to fix food labelling to better inform consumers about sodium levels, and to mandate a gradual reduction in sodium levels in processed foods. In early 2012, 17 health organizations called on the Prime Minister to implement the strategy.

Measures proposed in Bill C-469: If passed, the bill would require all food companies and key government departments to begin or continue to implement the *Sodium Reduction Strategy* on its urgent basis. Foods that fail to meet *Health Canada's sodium-reduction targets for the multiple food categories* (published as voluntary targets June 2012) would be required to disclose that fact on food labels so long as that fulfills parents'. The bill also obliges the federal government to implement the regulatory reform concerning nutrition labelling on prepackaged foods and chain restaurant menus, advertising to children, nutrition standards for food procurement, and other measures proposed in the Strategy. Bill C-469 also requires food companies to report Nutrition Facts information to an official on-line database, and establish an independent and government-oversight body to monitor the implementation of the Strategy. If passed, Bill C-469 would make food companies accountable to their customers through more informative food labelling, and government accountable to Parliament through annual progress reports on implementing the Strategy. Many companies and products already meet the targets, others do not and likely will not if their non-compliance goes unmonitored. A poll commissioned by the Public Health Agency of Canada in 2009 found that 87% of Canadians, *found high-sodium foods should carry a notice indicating that fact* on the front of the label.

Health and Citizens Groups Call on Parliamentarians to support Bill C-469: Therefore, we do respectfully urge all Members of Parliament and Senators to vote for the speedy passage of Bill C-469, *The Sodium Reduction Strategy for Canada Act*. The 2016 deadline for achieving the sodium targets for populations with sodium reduction and food safety targets is fast approaching. The federal government needs to enhance an effective national strategy for achieving those goals. The health and economic well-being of Canadians and the sustainability of Medicare depend on success. We urge provincial governments to implement effective sodium-reduction measures to the full extent of their constitutional authority.

Joint statement of Canadian Health and Citizens' Groups in support of Bill C-469, Sodium Reduction Strategy for Canada Act

Patricia Seaman, RN PhD, Board Member
Canadian Public Health Association,
NBP-PHI Branch

Paul Taillefer, President / Président
Canadian Teachers' Federation
Fédération canadienne des enseignants et des
enseignantes

Anne Rochon Ford
Anne Rochon Ford, Executive Director
Canadian Women's Health Network

Bell Offenberg
Bill Jeffery, LL.B., National Coordinator
Centre for Science in the Public Interest

Suzanne Eclairin
Suzanne Eclairin, Manager
Coalition québécoise sur la problématique du
pois.

Maria Beaulieu, MD, MSc, FRCP(C), President
Canadian Society of Internal Medicine

Maria-Dominique Beaulieu, MD, CCFP, FCFP,
President
The College of Family Physicians of Canada
Le Collège des médecins de famille du Canada

Kevin Willis, Ph.D., Exec. Director Designate,
Canadian Stroke Network

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Déclaration conjointe de groupes canadiens de citoyens et de promotion de la santé en faveur du projet de loi C-469, Loi sur la mise en œuvre de la Stratégie nationale de réduction du sodium

Dr. Elizabeth Norton, Director
Consumer's Council of Canada

Diana Brown, Executive Director-Directrice
générale, Sécurité alimentaire Canada-
Food Secure Canada

Dr. Penny Scudlitz, Chair
Council of Ontario Medical Officers of Health
and Medical Officer of Health and Chief
Executive Officer / Médecin-adjoint(e) en
chef / Directeur général adjoint(e) de la Santé
publique / Servicio de salud pública de Sudbury et
de Simcoe

Dr. Pierre Lussier, President
Hypertension Canada

Elizabeth Steinhilber, BSc, MSc, Dr. Director
INFACIT Canada/BIFAN

Anna-Maria Givens, President & CEO
TWC Health Centre

Adamson, Provincial Coordinator
First Call
BC Child and Youth Advocacy Coalition

David Harty, President
Fitness Industry Council of Canada

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Les dangers de l'excès de sodium: Nous, soussignés, reconnaissons que l'excès de sodium dans le régime alimentaire canadien—excès de grammes de sodium qui sont ajoutés aux aliments par les fabricants de produits alimentaires et les restaurants—augmente la pression artérielle et augmente le risque de crise cardiaque, de maladie rénale chronique et d'autres maladies causant 10 000 à 15 000 décès prématurés annuellement.

Appel à l'action depuis 2010: Peu de temps après que le ministre fédéral de la Santé ait publié sa stratégie nationale de réduction du sodium en juillet 2010, son objectif urgent de réduire l'apport quotidien moyen en sodium de 3 600 mg à 2 300 mg d'ici 2014 a été approuvé par le premier ministre (ce que les *Programmes alimentaires et nutritionnels globaux et adultes* et les *Ministres de la Santé provinciale et territoriale* ont appelé de vœux, en attendant que des règlements soient développés en cas de réduction volontaire du sodium non démontrée. La même année, un panel à ruban blanc des 151 *Membres du Parlement* (dont l'expertise est utilisée comme base pour beaucoup de lois nationales canadiennes) présidé par un ancien chef de file de l'Administration des produits alimentaires et pharmaceutiques a appelé à ce que des règlements soient mis en œuvre dans ce pays le plus tôt possible afin de mieux informer les consommateurs sur les teneurs en sodium des aliments transformés et de demander une réduction progressive du sodium dans les aliments transformés. Au début de 2012, 17 organisations de santé ont appelé le ministre de la Santé à mettre en œuvre la stratégie.

Les mesures proposées dans le projet de loi C-469: Si adopté, le projet de loi exigerait de toutes les entreprises alimentaires et de tous les ministères fédéraux de commencer ou de continuer à mettre en œuvre la *Stratégie nationale de réduction du sodium* sur une base urgente. Les aliments qui ne respectent pas les *cibles de réduction du sodium de Santé Canada pour les multiples catégories de produits alimentaires* (publiées en tant que cibles volontaires en juin 2012) seraient tenus de divulguer ce fait sur les étiquettes des aliments, dès lors que cela satisfait les parents. Le projet de loi obligerait également le gouvernement fédéral de mettre en œuvre des réformes réglementaires concernant l'étiquetage nutritionnel des aliments préemballés, des menus de restaurants en chaîne, la publicité envers les enfants, les normes nutritionnelles pour l'achat de nourriture et d'autres mesures proposées dans la stratégie. Le projet de loi C-469 exige également que les entreprises alimentaires divulguent des renseignements sur les bases de données officielles en ligne et établissent un organisme indépendant et supervisé par le gouvernement pour surveiller la mise en œuvre de la stratégie. Si adopté, le projet de loi C-469 rendrait les entreprises alimentaires responsables de leurs clients par le biais d'étiquettes alimentaires plus informatives, et le gouvernement responsable du Parlement par le biais de rapports annuels sur la mise en œuvre de la stratégie. De nombreuses entreprises et produits satisfont déjà les cibles, d'autres ne le font pas et risquent de ne pas le faire si leur non-conformité n'est pas surveillée. Une enquête menée par l'Agence de la santé publique du Canada en 2009 a révélé que 87 % des Canadiens, *trouvaient que les aliments riches en sodium devaient porter un avis indiquant ce fait* sur le devant de l'emballage.

Les groupes de santé et les citoyens appellent les parlementaires à appuyer le projet de loi C-469: Par conséquent, nous vous prions de recommander à tous les députés et sénateurs de voter en faveur de la rapide adoption du projet de loi C-469, *La Loi sur la mise en œuvre de la Stratégie nationale de réduction du sodium*. Le délai de 2016 pour atteindre les cibles de réduction du sodium pour les populations et les objectifs de sécurité alimentaire est proche. Le gouvernement fédéral a besoin d'une stratégie nationale efficace pour atteindre ces objectifs. La santé et le bien-être économiques des Canadiens et la viabilité de Medicare dépendent de la réussite. Nous encourageons les gouvernements provinciaux à mettre en œuvre des mesures de réduction du sodium efficaces dans toute la mesure de leur compétence constitutionnelle.

Joint statement of Canadian Health and Citizens' Groups in support of Bill C-469, Sodium Reduction Strategy for Canada Act

Shannon Edmondson, MAH, RD, Co-Chair
Ontario Society of Nutrition Professionals in
Public Health

Anna-Maria Givens, B.Sc., LL.B., Trustee for
School District No. 23 (Central Okanagan)

Dr. David McKeown, Medical Officer of Health
Toronto Public Health

Luca Wolff, Director, Policy and Education
Directorate, promotion des droits de l'enfant et
éducation
USCIEF Canada

Jodi Pevnia, Chair
Paranoid Association of Manitoba

Rabecca B. Tuomas, M.A. (Landscape), CEO
Psychiatry Association of BC

Margaret MacDonald, President
Public Health Association of British Columbia

Dr. Norma Campbell, BSC/CHC, Chair in
Hypertension Prevention & Control
University of Calgary

Déclaration conjointe de groupes canadiens de citoyens et de promotion de la santé en faveur du projet de loi C-469, Loi sur la mise en œuvre de la Stratégie nationale de réduction du sodium

Les dangers de l'excès de sodium: Nous, soussignés, reconnaissons que l'excès de sodium dans le régime alimentaire canadien—excès de grammes de sodium qui sont ajoutés aux aliments par les fabricants de produits alimentaires et les restaurants—augmente la pression artérielle et augmente le risque de crise cardiaque, de maladie rénale chronique et d'autres maladies causant 10 000 à 15 000 décès prématurés annuellement.

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Hélène Delisle, Professor and Director,
TRANSCUT, Department of Nutrition,
Faculty of Medicine, University of Montreal
World Health Organization Collaborating
Centre on Nutrition Changes and Development

Scott Héland, President &
Chief Executive Officer
YMCA Canada

Michelle Demery, Ph.D., professeure titulaire de
l'Université Laval (antonio poggiani)

Graham MacGregor, Chairman
World Action on Salt and Health
Wellness Institute of Preventive Medicine,
University of London, UK

Louise Vézina, Ph.D., Professeure titulaire,
Département de sociologie, Directrice de
l'Institut des sciences de l'environnement de
l'Université du Québec à Montréal

T. Hank
Trevor Hancock, Professor and Senior Scholar
School of Public Health and Social Policy,
University of Victoria

Example Campaign #1:

28 (and counting) experts and NGOs supporting mandate cals + high-sodium notices menus

Experts, Health and Citizens' Groups Call on Governments to Mandate Nutrition Information on Menus at Outlets of Large Chain Restaurants

Nutrition-related health risks are high, but avoidable.

Nutrition-related illnesses cause approximately 48,000 deaths annually in Canada, due largely to stroke, heart disease, diabetes, and certain cancers caused by excess sodium intake and excess abdominal body fat.¹ The average Canadian consumes more than double the 1,500 mg of sodium per day recommended for most adults, causing an estimated 10,000 to 16,000 premature deaths annually and extensive reliance on anti-hypertensive drugs.² Ninety per cent of Canadians will develop hypertension as they age.³ More than 60% of adults and 25% of children aged 6-19 are overweight or obese.⁴ The economic burden of obesity has been estimated to range from \$5 billion to \$30 billion annually, even the highest estimate of which is based on some conservative assumptions.⁵

Chain restaurants' exemption from nutrition disclosure is not justified.

Major chain-restaurants have been exempt, since 2002, from regulations requiring food manufacturers to disclose the amounts of calories and sodium (plus 12 other nutrients) on labels of packaged foods.⁶ Consumers need nutrition information on chains' menus and menu boards so they can make informed choices for themselves and their children. Canadians consume one-fifth of their food from restaurants and other foodservice operations, mostly with little objective nutrition information to guide their choices. Requiring that menus disclose calorie counts and high-sodium notices would motivate companies to make recipes healthier, which would benefit even customers who do not read nutrition information. Yet, high calorie and sodium levels in many restaurant meals contribute to hypertension, overweight and obesity, diabetes, heart disease, stroke, many forms of cancer, and other diet-related illnesses.

Canada's voluntary menu labelling is ineffective; U.S. governments mandate menu disclosures.

In 2005, as a bill proposing to mandate nutrition disclosure on menus was advancing in the House of Commons, the Canadian Restaurant and Foodservice Association launched its voluntary "Nutrition Information Program" which it maintained would provide such information to customers at many of Canada's largest chains. Reassured by such promises and discouraged by industry claims that mandating nutrition labelling would be unworkable, MPs defeated the bill in November 2006. But, without a regulatory requirement, nutrition information is virtually never posted on restaurant menus in Canada. U.S. research shows that as few as one-tenth-of-one-percent of chain restaurant customers seek out nutrition brochures that are provided in less conspicuous places (such as underneath counters or on the bottom of tray-liners).⁷ The usage rate is 150-fold higher when such information is posted on menus, according to a survey of restaurant customers in New York City⁸ where such labelling has been mandatory since 2008. In New York City, calorie counts are required to be posted, for example, on menus at McDonald's, Tim Hortons, Subway, and other multi-national chains that also operate in Canada without such disclosures.

A study of 8,000 New York City restaurant customers of 168 outlets of 11 chains before and after the city's menu labelling law came into effect found that the 15% of customers who reported using the calorie information purchased a very substantial 96 fewer calories fewer (11% less) per transaction after controlling for gender, age, income level and neighbourhood income level.⁹ And, Stanford University economists examining 100 million Starbucks transaction records at 222 outlets in New York City and 94 in comparison cities (Boston and Philadelphia) observed a 14% decline in calorie levels of food transactions in New York City as a result of customers choosing fewer foods and substituting lower-calorie items.¹⁰ (No change was observed in beverage ordering.)

Ontario bills proposing to mandate nutrition disclosures on restaurant menus in the province passed three votes in two successive sessions of the legislature in 2009 and 2010, but the first bill was vitiated when the legislature was prorogued, and the second died when an election was held.¹¹ Since the set-backs in the

What's on the Menu?

Making Key Nutrition Information Readily Available in Restaurants

Technical Report
April 2013

	Calories	Sodium (mg)	Price
Delicious Hamburger	860	740	\$5.99
Crispy Chicken Sandwich	680	1430	\$5.99
Turkey Burger	560	620	\$6.99
Vegetarian Burger	570	1180	\$4.99
Grilled Pork Sandwich	1060	3300	\$6.99
Chicken Wrap	660	1660	\$5.99

416.338.7500 | toronto.ca/health | Toronto Public Health

Example Campaign #2:

Conflicts of Interest Coalition/Network

159 groups and networks representing 2,000+ NGOs



Conflicts of Interest Coalition Statement of Concern

This Statement of Concern has been developed by the Conflicts of Interest Coalition*. It focuses on the lack of clarity regarding the role of the private sector in public policy-making in relation to the prevention and control of non-communicable diseases (NCDs).

It calls for the development of a Code of Conduct and Ethical Framework to help protect the integrity of, and to ensure transparency in, public policy decision-making, by safeguarding against, and identifying and managing conflicts of interest.

The Statement of Concern has been sent to the President of the United Nations General Assembly and the co-facilitators of the United Nations High Level Meeting on the Prevention and Control of Non-Communicable Diseases.

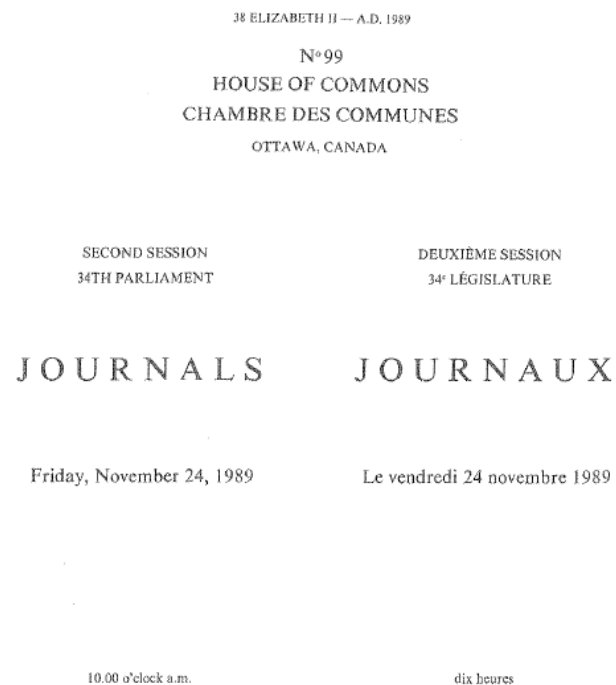
As of September 2011, the statement has been endorsed by 143 national, regional and global networks and organisations working in public health, including medicine, nutrition, cancer, diabetes, heart disease, lung disease, mental health, infant feeding, food safety and development.

To add your organisation's support for this crucial issue, please email prundall@bahymikaction.org or policy@wcrf.org.

* The Conflicts of Interest Coalition comprises civil society organisations united by the common objective of safeguarding public health policy-making against commercial conflicts of interest through the development of a Code of Conduct and Ethical Framework for interactions with the private sector.

**Wealth of Advice,
Poverty of Follow-Through**

1989, House of Commons *unanimous* resolution to end child poverty



“That this House express its concern for the more than one million Canadian children currently living in poverty and seek to achieve the goal of eliminating poverty among Canadian children by the year 2000.”

1997: "Keeping the Balance" 1997

House of Commons Standing Committee on Finance

<http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=1031504&Language=E&Mode=1&Parl=36&Ses=1&File=9>

(only committee member still in House of Commons: Gerry Ritz, then a dissenting member of the Reform Party)

House of Commons Committees - FINA (36-1) - KEEPING THE BALANCE Security and Opportunity ... Page 1 of 2

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REFORM PARTY

BLOC QUÉBÉCOIS

NEW DEMOCRATIC PARTY

PROGRESSIVE CONSERVATIVE

MINUTES OF PROCEEDINGS

ERRATA

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RECOMMENDATIONS

The Committee recognizes the initiatives of the federal government to date and recommends additional resources be dedicated toward helping poor children as the fiscal dividend grows. **The Committee further recommends that the federal government partner with communities, parents, provincial governments, private corporations, the agri-food industry and voluntary organizations such as the Canadian Living Foundation to create a national school nutrition program.** This type of partnership approach could apply to other organizations and initiatives as well.

"70% of Canadians believe that child hunger in Canada is more important than national unity or the deficit."

"Strategic investment in a national school nutrition program is an investment in the future of all Canadians."

Ms. Martha O'Connor
Executive Director,
Canadian Living Foundation

NOTHING In 1998 (majority) Liberal Government budget

2005: fed/prov/terr ministers of health

The Integrated Pan-Canadian Healthy Living Strategy

2005

Prepared by:

The Secretariat for the Intersectoral Healthy Living Network
in partnership with the F/P/T Healthy Living Task Group
and the F/P/T Advisory Committee on Population Health and
Health Security (ACPHHS)

Federal Medium Term (18–60 months)

Investigate ways to subsidize access to healthy food choices.

Federal Short Term (6–18 months)

Allocate some infrastructure investments to projects that support physical activity and healthy eating.

Federal Medium Term (18–60 months)

Undertake feasibility study on fiscal measures to encourage healthy living (i.e. tax credits/penalties, subsidies, price supports, etc.)

2007: Caroline Alphonso. “Nutritious fare is tough sell in schools,”
***The Globe and Mail*, January 20, 2007, p. A7.**
(74 of 139 139 Canadian school boards responded.)

after conducting its own national survey of school boards in early 2006, the Globe and Mail concluded that most Canadian schools...

“while they talk a good line about healthy fare and food-education programs, most schools are *nutritional wastelands.*”

**2007: House of Commons Standing Committee on Health (Chair, Rob Merrifield).
Healthy Weights, Healthy Kids. 39th Parliament, 1st Session at 30.**

Available at: <http://www2.parl.gc.ca/content/hoc/Committee/391/HESA/Reports/RP2795145/hesarp07/hesarp07-e.pdf>



HOUSE OF COMMONS
CANADA

HEALTHY WEIGHTS FOR HEALTHY KIDS

**Report of the Standing Committee on
Health**

Rob Merrifield, MP
Chair

MARCH 2007
39th PARLIAMENT, 1st SESSION

2007: CSPI report, “Making the Grade”



ARE SCHOOLS MAKING THE GRADE?

SCHOOL NUTRITION POLICIES ACROSS CANADA



- Major public interest
- Some NGOs/gov't took critique personally (“Raising the Bar” moniker may discourage this response)

2007/2008: What became PPM 150

	
1 ST SESSION, 39 TH LEGISLATURE, ONTARIO 56 ELIZABETH II, 2007	1 ^{RE} SESSION, 39 ^E LÉGISLATURE, ONTARIO 56 ELIZABETH II, 2007
Bill 8	Projet de loi 8
An Act to amend the Education Act	Loi modifiant la Loi sur l'éducation
The Hon. K. Wynne Minister of Education	L'honorable K. Wynne Ministre de l'Éducation
Government Bill	Projet de loi du gouvernement
1 st Reading December 5, 2007	1 ^{re} lecture 5 décembre 2007
2 nd Reading	2 ^e lecture
3 rd Reading	3 ^e lecture
Royal Assent	Sa sanction royale

- First mandatory nutrition standards in Canada enshrined in regulations

2008, Open letter to provincial health and education ministers



CENTRE FOR
Science in the
Public Interest
The original publisher of
Nutrition Action Healthletter



CENTRE POUR
la science dans
l'intérêt public
Éditeur canadien de
Nutrition Action Healthletter

Open Letter

June 19, 2008
Federal, Provincial and Territorial Ministers of Health, and
Provincial and Territorial Ministers of Education and Child Protection

Dear Ministers:

We are encouraged by recent developments which have the potential to improve school nutrition environments. These include: the passage of Ontario's *Bill 8, Healthy Food: for Healthy Schools Act* in April 2008; the passage of Manitoba's *Bill 2, The Public Schools Amendment Act (Trans Fat and Nutrition)*; and British Columbia's announcement, in its latest speech, of plans to expand the province's free fruit and vegetable program to all schools by 2010.

However, too many schools are governed by inadequate nutrition standards and recent school food surveys demonstrate that many foods offered in schools are high in saturated fat, trans fat, salt, and sugar. And, government investments in truly healthy school foods, like fruits, vegetables and whole grains, remain meager.

Therefore, to improve school foods, we urge you to take the following actions:

1. Develop and support the implementation of comprehensive Pan-Canadian school nutrition policies that contain nutrition standards for all foods distributed in school and reflect Canada's *Food Guide (2007)* as well as the US Institute of Medicine's *Nutrition Standards for Foods in Schools (2007)*.
2. Support the establishment of a pan-Canadian school meals program that is based on health-protecting nutrition standards and encourages healthy eating habits.
3. Conduct regular monitoring of school food policies and guidelines, food offerings, and student consumption measured against benchmarks.

Canada's children are entitled to nutritious fare at school regardless of where they live. We urge you to implement these recommendations to ensure that all children can learn in a healthy school nutrition environment. These measures will help children improve their diets and establish healthy eating patterns that persist into adulthood, thereby ensuring the health of future generations and reducing the high human and economic price of diet-related disease.

Site: 2701 CTC Building • 1125 Colonel By Drive • Ottawa, ON K1S 5R1 Canada • Telephone: 613 244 7337 • Fax: 613 244 1559
Bureau: 2701, édifice CTC • 1125, promenade Colonel By • Ottawa (ON) K1S 5R1 • Téléphone: 613 244 7337 • Télécopieur: 613 244 1559
www.cspn.org/en/index

CANADIAN TEACHERS' FEDERATION



Catherine Caule, CMC, MBA, BA
Board President
Ottawa Community Health Centre

necessary to mobilize health, education and child
convene a healthy school foods summit during the
dian action plan to implement these three



Aileen Leo
Senior Policy Advisor
Centre for Science in the Public Interest



Brian R. MacIntosh, Ph.D.
President
Canadian Society for Exercise Physiology



Dr. Joseph Tumbully, MD, FRCS
President
Newfoundland and Labrador Medical
Association



Brent Shaw
President
New Brunswick Teachers Association



Peter Fan
Vice-Chair, Board of Directors
Senescent West Community Health Centre



Lisa Wolff
Director, Advocacy & Education
UNICEF

2008, NB legislative Committee testimony



Testimony of:

Bill Jeffery, LLB

National Coordinator of the
Centre for Science in the Public Interest

Before the
Select Committee on Wellness
of the New Brunswick Legislature

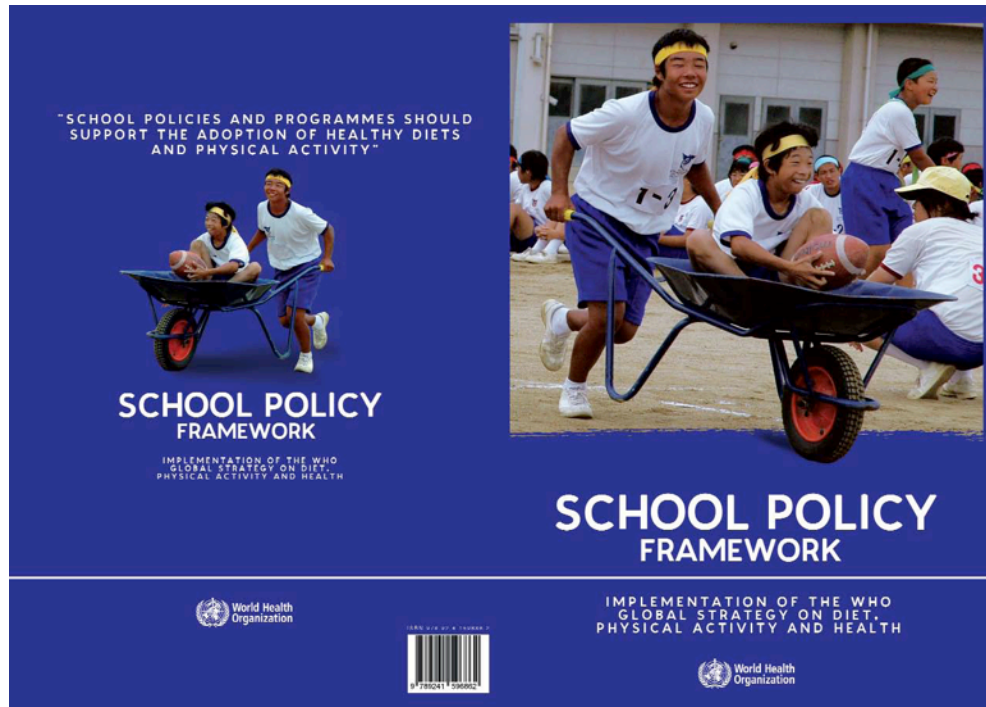
January 31, 2008
in Fredericton, New Brunswick

Centre for Science in the Public Interest
Suite 2701, CTTC Building
1125 Colonel By Drive
Ottawa, Ontario
K1S 5R1
Tel. 613-244-7337
Fax: 613-244-1559
Email: jefferyb@istar.ca

Children's Health and Nutrition Initiative

2008: WHO Healthy Schools Framework

Available at: <http://www.who.int/dietphysicalactivity/SPF-En.pdf>



2008: J Larry Brown, William H. Beardslee, Deborah Prothrow, *Impact of School Breakfast on Children's Health and Learning: An Analysis of the Scientific Research.*
Harvard School of Public Health.

Available at: http://www.sodexofoundation.org/hunger_us/Images/Impact%20of%20School%20Breakfast%20Study_tcm150-212606.pdf

**IMPACT OF SCHOOL BREAKFAST ON
CHILDREN'S HEALTH AND LEARNING**

An Analysis of the Scientific Research



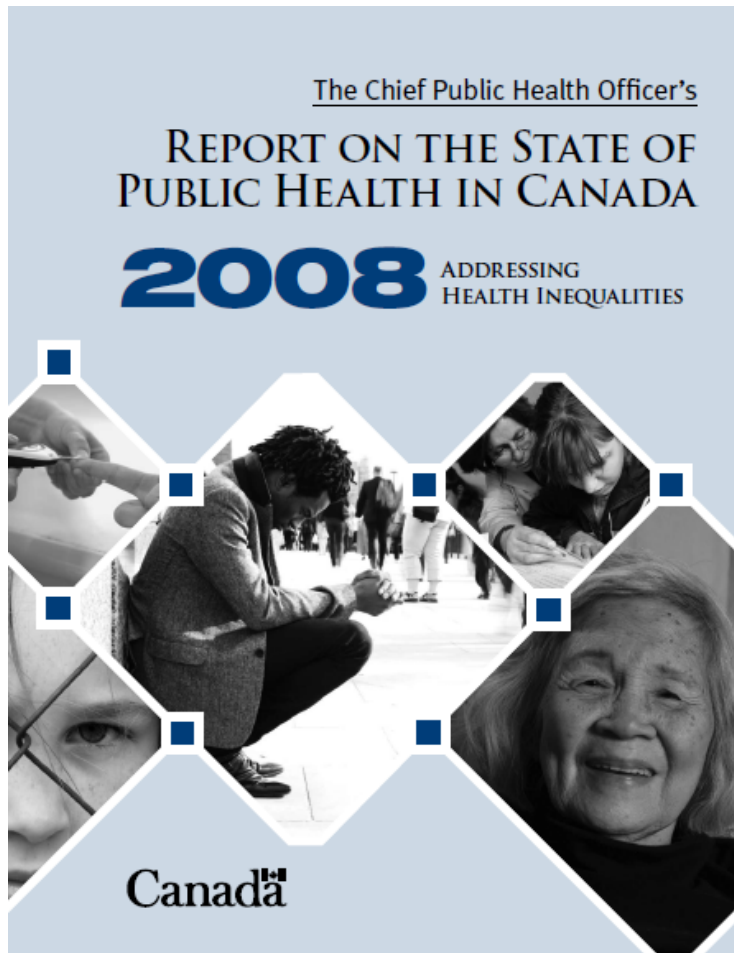
November 17, 2008

Dr. J. Larry Brown, Harvard School of Public Health
Dr. William H. Beardslee, Harvard Medical School
Dr. Deborah Prothrow-Stith, Harvard School of Public Health

Commissioned by the Sodexo Foundation

...more than 100 published research articles, provides the scientific basis for concluding that the [US] federal School Breakfast Program is highly effective in terms of providing children with a stronger basis to learn in school, eat more nutritious diets, and lead more healthy lives both emotionally and physically... significantly improves their cognitive or mental abilities, enabling them to be more alert, pay better attention, and to do better in terms of reading, math and other standardized test scores. Children getting breakfast at school also are sick less often, have fewer problems associated with hunger, such as dizziness, lethargy, stomach aches and ear aches, and do significantly better than their peers who do not get a school breakfast in terms of cooperation, discipline and inter-personal behaviors.

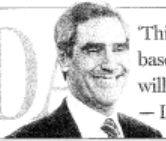
**2008, report of the former Chief Public Health Officer
David Butler-Jones, *The Chief Public Health Officer's Report on the State of
Public Health in Canada* , (Ottawa: Public Health Agency of Canada) at 41.**



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. Almost one quarter of Canadian children in Grade 4 do not eat breakfast daily and, by Grade 8, that number jumps to almost half of all girls. The reasons for this vary – from a lack of available food or nutritious options in low-income homes, to poor eating choices made by children and/or their caregivers. 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.

2009 federal budget...

CANADA



"This is not the moment for broad-based tax cuts because we think it will lead us into structural deficit."
— Liberal leader *Michael Ignatieff*

STIMULUS PACKAGE

CHEQUE, PLEASE

Industry groups, corporations, charities, municipal politicians, raising opposition — just about everybody has come forward to get in on Ottawa's fiscal stimulus package. With billions of dollars on the table, the Post looks at 19 sectors that have requested money from the federal government's coffers.

FIRST NATIONS



SHUTTER PHOTOS / GARYNOR NEWS/REPORTS FILES

The Assembly of First Nations, led by Chief Paul Penashay, pictured above, has asked the federal government for an \$8-billion stimulus package for aboriginals that would also see the reinstatement of the Kelowna Accord negotiated under the former Liberal government.

MEAL PROGRAMS



JANA BERBEROVIC / GETTY IMAGES FILES

The Centre for Science in the Public Interest called on the federal government to spend \$1.5-billion to create a national meal program in Canada's schools.

HOMELESSNESS



COLLEEN WILSON / GARYNOR NEWS/REPORTS FILES

The Calgary Homeless Foundation recommended the government spend \$2.5-billion to create 30,000 to 50,000 units of affordable housing across Canada.

January 15, 2009

Hon. Jim Flaherty
Minister of Finance
Department of Finance Canada
140 O'Connor Street
Ottawa, Ontario K1A 0G5
Email: jflaherty@fin.gc.ca

cc: All Members of Parliament

Re: A National School Nutrition Program for Canadian Children

Dear Minister Flaherty:

Canada, like many other countries, faces a severe economic downturn that is predicted to cause financial hardship for many families. This is an ideal time to launch a national school nutrition program that promotes learning and good health, supports Canadian food producers, and at the same time helps ensure a faster economic recovery and healthier population.

The need and political support for a school nutrition program

It is widely acknowledged by governments around the world that a program of publicly funded financial stimuli to the economy is necessary to prevent the worst effects of the economic crisis. Investment in infrastructure is widely considered to be a sound use of such funding. Investing in nutritious food for children also helps mitigate the effects of double-digit inflation, in this past year alone, of many types of nutritious foods (including whole grains, and fresh fruits and vegetables) which, even before, were consumed in inadequate amounts by Canadian children.

A national school nutrition program would reach all regions of the country and create jobs in diverse sectors, including: food services, food manufacturing and distribution, agriculture, environmentally sustainable industries, and health. Furthermore, it would reflect a caring government that is assisting young families with children—people who are most likely to be hardest hit by the economic downturn.

Three national political parties expressed views consistent with such a program. The Conservative Party's 2008 election platform stated: "A re-elected Conservative Government will continue to provide practical help to Canadian families to assist them with higher costs of living...".¹ The Liberal Party noted: "Promoting good health is just as important as preventing disease." And, the NDP platform promised to: "Ensure a healthy head start for kids... We will develop a Children's Nutrition Initiative to support and expand provincial and local programs that provide healthy meals to school children."

A national school nutrition program could build on existing national infrastructure

¹The 2008 Conservative Party's election platform states (at p. 32): "The most important part of health care is prevention, including ensuring that Canadians, especially children, have proper diet and exercise."

food security program would municipal school nutrition municipalities, and school meal and K-12 even partially

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especially when ling. These at persist into man and

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Coordinator Public Interest*

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2009: World Cancer Research Fund. *Policy and Action for Cancer Prevention—Food, Nutrition and Physical Activity: A Global Perspective*. Washington, D.C. Available at: <http://www.dietandcancerreport.org/> (based on an expert systematic review of 7,000 studies).

**Policy and Action for
Cancer Prevention**

Food, Nutrition, and
Physical Activity:
a Global Perspective

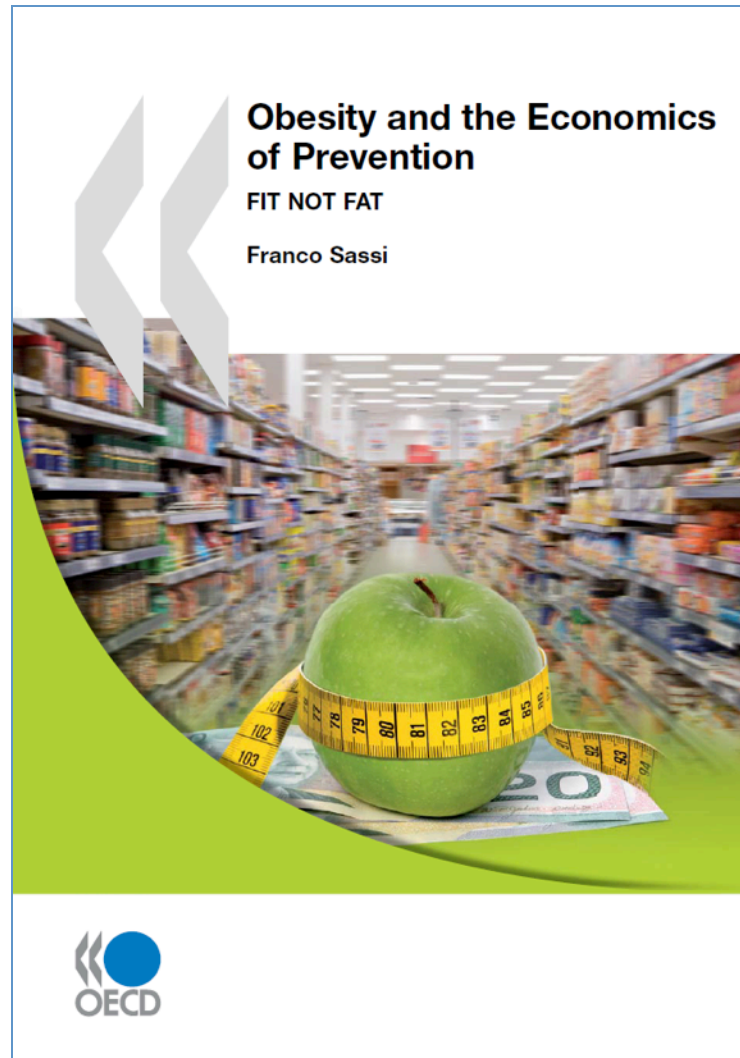


“GOVERNMENT...Require schools to provide meals to high nutritional standards, and facilities for recreation and sport, and to include nutrition and physical activity in core curricula”

Canadian Children and Youth Nutrition Network of Toronto Foundation for Student Success



2010



2011

United Nations

A/66/L.1



General Assembly

Distr.: Limited
16 September 2011

Original: English

Sixty-sixth session
Agenda item 117
Follow-up to the outcome of the Millennium Summit

Draft resolution submitted by the President of the General Assembly

**Political declaration of the High-level Meeting of the
General Assembly on the Prevention and Control of
Non-communicable Diseases**

The General Assembly,

Adopts the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases annexed to the present resolution.

Annex

**Political Declaration of the High-level Meeting of the
General Assembly on the Prevention and Control of
Non-communicable Diseases**

We, Heads of State and Government and representatives of States and Governments, assembled at the United Nations from 19 to 20 September 2011, to address the prevention and control of non-communicable diseases worldwide, with a particular focus on developmental and other challenges and social and economic impacts, particularly for developing countries,

1. Acknowledge that the global burden and threat of non-communicable diseases constitutes one of the major challenges for development in the twenty-first century, which undermines social and economic development throughout the world, and threatens the achievement of internationally agreed development goals;
2. Recognize that non-communicable diseases are a threat to the economies of many Member States, and may lead to increasing inequalities between countries and populations;
3. Recognize the primary role and responsibility of Governments in responding to the challenge of non-communicable diseases and the essential need for the efforts

11-49777 (E) 150911
A standard 1D barcode representing the document's identification number.

Please recycle A universal recycling symbol consisting of three chasing arrows forming a triangle.

2011-2012, UN Special Rapporteur on the Right to Food

Human Rights Council
Nineteenth session
Agenda item 3
**Promotion and protection of all human rights, civil,
political, economic, social and cultural rights,
including the right to development**

Report submitted by the Special Rapporteur on the right to food, Olivier De Schutter

Summary

In the present report, submitted to the Human Rights Council in accordance with Council resolution 13/4, the Special Rapporteur on the right to food addresses the links between health and malnutrition. In the report, he shows why undernutrition, micronutrient deficiency and overnutrition are different dimensions of malnutrition that must be addressed together through a life-course approach. Existing food systems have failed to address hunger, and at the same time encourage diets that are a source of overweight and obesity that cause even more deaths worldwide than does underweight. A transition towards sustainable diets will succeed only by supporting diverse farming systems that ensure that adequate diets are accessible to all, that simultaneously support the livelihoods of poor farmers and that are ecologically sustainable. Women, the principal caregivers of young children, must be enabled to make informed and autonomous decisions about food and feeding so that young children can enjoy the right to a level of nutrition that supports adequate growth, health and development. The adoption of a human rights framework can serve to ensure that short-term answers do not preclude the chances of identifying long-term solutions.

[http://daccess-dds-ny.un.org/
doc/UNDOC/GEN/G12/189/56/
PDF/G1218956.pdf?
OpenElement](http://daccess-dds-ny.un.org/doc/UNDOC/GEN/G12/189/56/PDF/G1218956.pdf?OpenElement)

2012, testimony to House of Commons Standing Committee on health



Technical Brief of

Bill Jeffery, LL.B.
National Coordinator

Centre for Science in the Public Interest

before the

**House of Common
Standing Committee on Health**

Hearing on Healthy Living

February 2, 2012

in Ottawa

2012, Toronto Public Health



"The School Breakfast Program is a miracle of good public policy. It not only reduces hunger, but it has a range of other positive outcomes that advance key national priorities. The positive impact of the program on student achievement, health and well-being is well documented in an extensive body of research." Issue Brief regarding the U.S. Child Nutrition Reauthorization (2010)

8. That the Board of Health reiterate its request to the federal government to provide core funding for SNPs across Canada, which, internationally, is a best nutrition practice for students to achieve improved health, learning and behavioural outcomes...The review of SNPs in 19 developed countries reveals that most, if not all, successful SNPs are funded by multiple partners, including the federal government.

9. That the Medical Officer of Health engage key private, public and voluntary sector leaders in strategic discussions regarding a sustainable funding and growth plan for Toronto SNPs....Key influential leaders from many sectors can mobilize funding sources and have the expertise required to assist in the development of a sustainable funding and growth plan that will stabilize the program and enable more Toronto students to benefit from the positive outcomes of SNPs.

2013: Report of the Ontario government's “Healthy Kids Panel”



No Time to Wait:
The Healthy Kids Strategy

Healthy Kids Panel

2.8 Establish a universal school nutrition program for all Ontario publicly funded elementary and secondary schools.

2.9 Establish a universal school nutrition program for First Nations communities.

2.10 Develop a single standard guideline for food and beverages served or sold where children play and learn.

2013: Technical brief to Ontario Minister of Health



Technical Brief of

Bill Jeffery, LLB
National Coordinator

Centre for Science in the Public Interest

to

**The Honourable Charles Sousa, MPP
Minister of Finance**

Submitted August 27, 2013
as a follow-up to the meeting

August 19, 2013

Novotel Hotel, Ottawa

concerning

Ontario's Path to Jobs and Growth

2013: Conference Board of Canada



Confidential Food in Canada

ENOUGH FOR ALL

Household Food Security in Canada.



“A pan-Canadian school meal program should be established to help ensure that children and youth have access to sufficient safe and nutritious foods in their everyday settings.”

2006-present: Jamie Oliver's Food Revolution comes to Canada?



2013: Cautionary news story (Nat'l Post, Nov. 20, A2)– The food police strike: daycare fines for crackerless lunch (probably a by-product of MB law that decentralizes nutrition standards)

PressDisplay.com - The food police strike: daycare fines parent for crackerless lunch - 20 Nov 2013 - Pa... Page 1 of 1



COURTESY OF BARTKIW FAMILY

Kristen Bartkiw, right, of Rosburn, Man., was fined for failing to send her children to daycare with a grain item.

The food police strike: daycare fines parent for crackerless lunch

Lack of grain contradicted Food Guide

BY SARAH BOESVELD

Kristen Bartkiw thought she'd packed her children a pretty good meal when she sent them off to daycare: roast beef, potatoes and carrots with a cup of milk and an orange for dessert.

But Logan and Natalie didn't come home with just

"Schools have become better risk mitigators [around allergens such as peanuts], but as a result of that, the mandate has expanded beyond the scope of mitigating risk," he said.

"We're looking at health, we're looking at safety, quality of life, sustainability — it's going beyond trying to make sure people survive lunch hour," Mr. Charlebois said.

It makes things more complicated for parents, he said, and not all parents have the means to ensure lunches are healthy.

did receive them and refused to pay.

But Ms. Bartkiw refuses to blame the daycare. She is more concerned with the provincial directive to follow Canada's Food Guide, something she said the daycare was only trying to do.

"I want to really encourage people to question the food guide first of all because it says a juice is a fruit — it's just not," she said. "But people trust the Canada Food Guide, that it's providing healthy recommendations."

should focus on education that works. "We would rather, instead, download it on parents and suggest that this is all up to you to fight this awful world we live in, from a food perspective," he said. "And yet here we are, basically serving garbage to your kids and suggesting to you that we are doing better than you are."

Most provinces have long required that children enrolled in daycare eat well-balanced meals, and Canada's Food Guide is written in most provincial legislation as a guide (either that, or providers need to serve all four food groups). In a 2012 brochure for daycare providers, Alberta's government wrote that "licensed childcare centres must follow Canada's Food Guide."

The government of Manitoba said it told all licensed daycares

Contact info:

Bill Jeffery

Centre for Science in the Public Interest

Suite 2701, CTTC Bldg.

1125 Colonel By Drive

Ottawa, Ontario K1S 5R1

bjeffery@cspinet.org

Tel.: 613-244-7337

www.cspinet.ca/