



CENTRE FOR
Science IN THE
Public Interest

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CENTRE POUR
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Testimony of:

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**Before the
Standing Committee on Social Policy
of the Legislative Assembly of Ontario**

Public hearing on a clause by clause analysis of

***Bill 8, An Act to Amend the Education Act
(Healthy Food for Healthy Schools)***

**April 8, 2008
in Toronto, Ontario**

Thank-you for the invitation to appear before the Committee.

I. About the Centre for Science in the Public Interest

The Centre for Science in the Public Interest (CSPI) is a non-profit health advocacy organization specializing in nutrition issues with offices in Ottawa and Washington, D.C. Our Ottawa health advocacy is funded by 135,000 subscribers (65,000 of which are Ontarians) to the Canadian edition of our monthly *Nutrition Action Healthletter*. CSPI does not accept funding from industry or government and *Nutrition Action* does not carry advertisements.

II. The Toll of Diet-Related Disease

Diet-related disease is a huge public health problem in Canada. Last year, the House of Commons Standing Committee on Health even lamented that rising childhood obesity rates may cause this generation of children to have shorter sicker lives than their parents.¹ The typical Canadian diet contains too many foods rich in calories, saturated fat, trans fat, salt, and added sugars and too low in fruits, vegetables, legumes and whole grains, as well as low-fat calcium-rich foods. Every year, diet-related cases of cardiovascular disease, diabetes and certain forms of cancer prematurely end the lives of tens of thousands of Canadians,² and rob the Canadian economy of \$6.6 billion due to health care costs and lost productivity.³ According to a 2002 report of the World Health Organization, in countries like Canada, an average of nearly 5 years of healthy life expectancy is lost due to five diet-related risk factors.⁴

Reducing sodium levels in processed and restaurant foods by half could save 15,000 Canadian lives per year.⁵ Furthermore, thousands of fatal and non-fatal heart attacks could be prevented each year in Canada if partially hydrogenated vegetable oil were replaced by other fatty acids⁶ and thousands more lives could be saved if people ate fewer foods rich in saturated fat and more fruits and vegetables.⁷ Rising rates of overweight and obesity also suggest the need for clearer calorie information on foods, as well as greater encouragement to eat more foods high in dietary fibre and micronutrients.

These numbers describe real, avoidable deaths and financial losses -- both on a grand scale. If unchecked, rising obesity rates and ageing baby boomers are likely to fetter access to health services, exacerbate waiting times, and strain our children's capacity to finance medicare.

III. Improving school nutrition environments

Parents trust governments to take good care of their children for some 200 days each year. But when it comes to getting junk food out of schools and getting healthy meals into students' stomachs, many Canadian governments are failing. Our report, *Are Schools Making the Grade? School Nutrition Policies Across Canada*, was released in October 2007. In it, we measured existing provincial school nutrition standards against benchmarks issued in April 2007, by the U.S. Institute of Medicine (IOM), in conjunction with Canadian experts, in its report *Nutrition Standards for Foods in Schools*. We concluded that many Canadian governments have weak nutrition standards, including Ontario's.

And Canada is one of the few OECD countries without a national publicly subsidized school meal program. In 2007, the US federal government spent about US\$11 billion subsidizing school meals⁸ while Canadian provincial governments spent less than C\$30 million. Put another way, Ontario's investment in school foods was approximately 2¢ per student, per school day—and was recently doubled in Ontario to \$20 million per year or 4¢ per student per day—compared to \$1 per student, per day in the United States.

Schools are ideal fora in which to encourage children to choose healthier foods, such as fruits, vegetables, and whole grains, as recommended in *Canada’s Food Guide* (2007). But, provincial surveys of school food offerings conducted across Canada from 2000 to 2006 reveal that a disturbing number of school food offerings were high in saturated and trans fat, salt, and sugar--perhaps because cafeterias focus more on optimizing product sales than students’ health. In 2005, under the *Integrated Pan-Canadian Healthy Living Strategy*, federal, provincial and territorial health ministers committed to develop school nutrition standards and healthy eating programs.

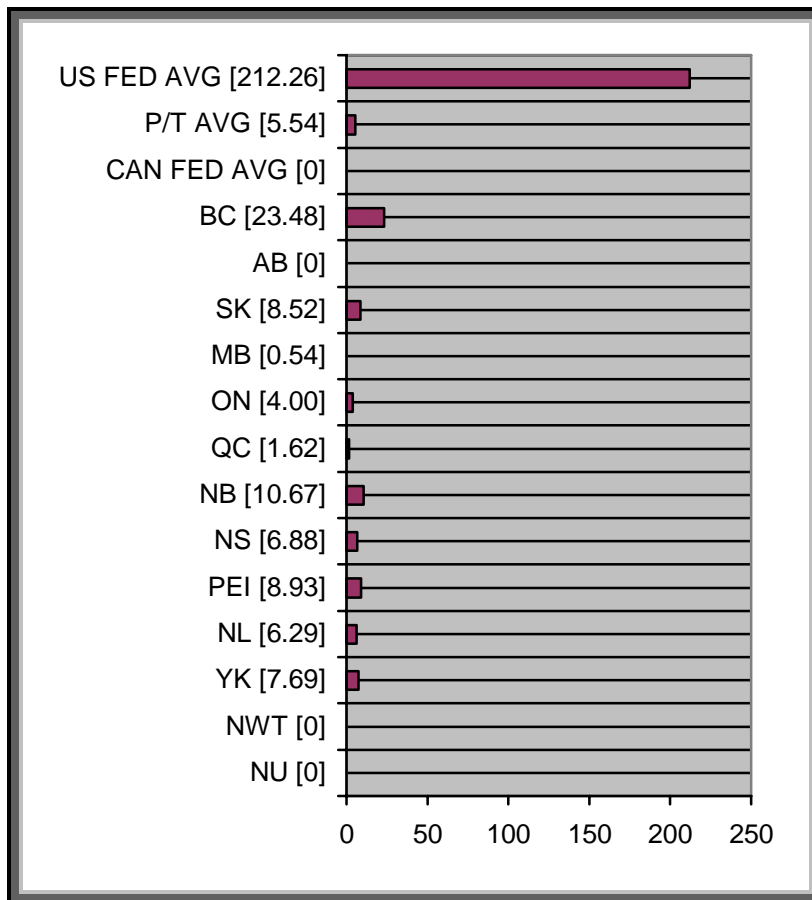
We don’t have solid, up-to-date evidence of what’s actually being sold in schools since most provinces established those school nutrition standards (and if provincial government know, they are telling), but, in 2006, *The Globe and Mail* conducted its own survey of 139 school boards across Canada. It concluded that most Canadian schools are still “nutritional wastelands.” In our assessment of provincial nutrition criteria, Ontario fared poorly, like most provinces. It was one of three provinces to which we assigned an “F” grade, largely for setting week limits for fats, sodium, calories and sugars, but also for applying only to foods sold through vending machines and meals provided by community volunteers.

So, Minister Wynne’s *Bill 8* is a very encouraging first Canadian effort to set the stage for truly binding school nutrition standards, provided the standards are strong and compliance is monitored.

SCHOOL NUTRITION POLICY REPORT CARD	
Province/Territory	Grade
British Columbia	D
Alberta (*draft guidelines)	*B
Saskatchewan	F
Manitoba	D
Ontario	F
Quebec	D
New Brunswick	D
Nova Scotia	C
Prince Edward Island	F
Newfoundland and Labrador	C
Nunavut	No Standards
Northwest Territories	No Standards
Yukon	No Standards

Sound nutrition standards are extremely important. But, for cash-strapped schools, selling junk food has an obvious appeal: low costs and a captive market of willing, undiscerning consumers. Presently, there is no pan-Canadian publicly subsidized school meal program and provincially-funded programs are small and piecemeal. All provincial governments, except Alberta, pony up *some* cash to support community-run school meal programs. The non-profit Breakfast for Learning also helps fund programs. But their combined annual financial investment was just \$5.95 per student in the 2005-06 school year. At over \$23 per student—with plans for a massive increase—British Columbia’s free fruit and vegetable program is a bright light in Canada. But, the federal government is still playing hooky when it comes to funding school foods, even in the northern territories where it has an important constitutional role. More federal and provincial public funding would allow schools to provide healthier fare like vegetables, fruits, and whole grains in their cafeterias. Most importantly, schools could price those foods cheaply enough for money-conscious kids.

US federal government and Canadian federal, provincial and territorial government financial investments in school meals, 2005-06 (Canadian \$ per student)



To improve Canadian standards for foods sold in schools, CSPI and others are urging federal, provincial and territorial governments to:

1. Develop and support the implementation of comprehensive school nutrition policies that include nutrition standards for all foods distributed in school and reflect *Canada's Food Guide (2007)* and 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.⁹
3. Conduct regular surveillance of school food policies and guidelines, food offerings, and student consumption and compare to benchmarks.

Canada's children are entitled to nutritious fare at school regardless of where they live. All levels of government could help protect our children's health by setting nationwide school nutrition standards. While the provinces have broad powers to manage the affairs of schools, the federal government has long had broad, undisputed authority to regulate the food supply throughout Canada. And responsibility for health protection, nutrition, food safety, child protection, and consumer protection has long been assumed by both levels of government. The federal government also has virtually unlimited legal authority to establish nutrition standards by exercising its spending power through conditional grants. Accordingly, assertions by the federal government that it has no authority to act should be regarded with skepticism.

IV. **Clause by Clause Recommendations on *Bill 8, An Act to Amend the Education Act (Healthy Foods for Healthy Schools Act)***

First of all, I should say that I read the transcripts of the debates on this Bill from December. I was generally encouraged that it seemed all parties were prepared to support this bill, but some members advocated doing more.

- a. **Trans Fat:** I was encouraged, in particular, to see what looked like a nascent accord, on December 11th, between MPP Rosario Marchese and Minister Wynne, to put an explicit ban on synthetic trans fat directly into *Bill 8*. I hope the parties are able to agree to such language and inserting a coming-into-force date directly into the text of *Bill 8*. A third subsection could single-out cooking oils to ensure that they are limited to products with less than 2% trans fat because that is a measure that can be taken quickly. I note that the province of Quebec decided to get rid of deep fryers completely. The Bill could set the trans fat limits in the legislation, then, if necessary, the Minister of Education could use powers conferred under subsection 320(b) to promulgate regulations exempting healthy products from this statutory trans fat ban (in very narrow, prescribed circumstances) on or before the bill's "coming into force" date. This would, send a quick, clear signal to edible oil venders, oilseed producers and processors that demand for partially hydrogenated oils will decline in Ontario and they should govern their planting and processing activities accordingly.

In that vein, I hope the same spirit of cooperation will stimulate efforts to take other important measures (in other bills or regulatory reforms) to improve the health of Ontarians, especially children, by:

- limiting the use of synthetic trans fats from restaurants as the Province of British Columbia and the Calgary Health Region recently promised to do, and as MPP John O'Toole mentioned with approval in the Legislature last December,
 - ensuring children enjoy legal protection designed to shield adults from misleading advertising protects impressionable children by banning all advertising to children under age 13 as Quebec did 28 years ago,
 - aligning federal and provincial sales tax rules for foods sold in restaurants and grocery stores with government nutrition advice (e.g., to consistently tax donuts instead of vegetables, and lard instead of club soda),
 - requiring basic nutrition information disclosures on large chain-restaurant menus as Seattle, and New York City now require, and
 - as I mentioned earlier, making a real financial investment in school foods closer to a dollar-a-day--and press the federal and local governments to pitch-in—to subsidize healthy food for students.
- b. **Scientific Basis for Nutrition Standards in Proposed paragraph 8(1)(29.3):** The Minister's nutrition standards should be founded on science-based standards specified by the Institute of Medicine's report. This highly respected body sets nutrition standards used as the basis of *Canada's Food Guide* and the federally-mandated Nutrition Facts labels for prepackaged foods. I hope that the Ministry of Education (perhaps in consultation with the Ministry of Health and Long-Term Care) will initiate the consultations in such a way as to ensure that they can hit the ground running in efforts to enshrine nutrition standards in regulations when *Bill 8* becomes law. Furthermore, we encourage the Minister of Education to consider leading, with the provinces and federal government, the development of national school

nutrition standards based on the Institute of Medicine report and on the revised *Canada's Food Guide* (to the extent that it is useful and in accord with contemporary nutrition science).^b

- c. **Situating Nutrition Standards in Regulations or Policies:** Note that subsection 318(1) contemplates nutrition standards being codified in “policies” and section 319 contemplates “regulations.” We believe that the standards should be promulgated in authoritative legally binding texts that are amendable to periodic updates commensurate with scientific and public health developments.
- d. **Limiting the Scope of “Special Event Days” in Proposed Subsection 318(1):** The scope and application of the yet-to-be defined notion of “special event days” could leave open an a loophole in nutrition standards that is vulnerable to abuse. The extent of this problem could be limited by taking one of the following three measures:
 - Leave clear directions in the report to the Legislative Assembly that the regulatory definition of “special event day” is to be carefully circumscribed (lest everyday be a “special event day”);
 - add the words “if prepared by parents without compensation” to the end of subsection 318(3); or
 - delete subsection 318(3) and leave the disposition of special event day foods to the regulatory nutrition standards.
- e. **Clarifying the supremacy of provincial nutrition standards in relation to catering contracts:** It is unclear whether proposed subsections 320(f) and (g) mean that the regulations would trump the terms of the catering contracts or vice-versa. We believe the regulatory nutrition standards should prevail, especially to ensure that vendors cannot escape the requirements of the regulation by providing schools incentives to sign long-term contracts.

V. Conclusion

In conclusion, I would like to underscore how very important this precedent-setting bill can be for protecting and advancing the nutritional well-being of Ontario children and for helping to foster healthy dietary patterns that will persist into adulthood. I urge the committee to ensure that the Minister’s nutrition standards are sound, that school food service practices are monitored, and that the Ontario and British Columbia governments continue to show leadership in expanding the pool of financial resources that can be devoted by all three levels of governments to subsidizing truly healthy fare. We all have a responsibility and, frankly, self-interest, in ensuring that future generations of children are at least as healthy as their parents, but we can and should set our sights even higher.

Thank-you.

^b I will only add that locally developed nutrition standards (as one Member suggested) are no substitute for standards developed with as much nutrition science expertise as the Minister of Education can muster; we don’t need another patchwork of inconsistent standards.

ENDNOTES

¹ Standing Committee on Health of the House of Commons, 39th Parliament, 1st Session. (2007). Healthy weights for healthy kids. Ottawa.

² The Centre for Science in the Public Interest estimated the death toll by extrapolating from estimates for annual deaths due to inactivity-related disease. Katzmarzyk, et al. “conservatively” estimated both the number of annual deaths and the health care costs attributable to physical inactivity: 21,340 deaths and \$2.1 billion annually. See: Katzmarzyk PT, et al. The Economic Burden of Physical Inactivity in Canada. *Canadian Medical Association Journal* 2000;163(11): 1435-40 at 1438. We are not aware of any published estimates of the annual number of deaths attributable to diet-related disease in Canada, however, based on Health Canada estimates of the economic burden of diet-related disease, we estimate it to be roughly 25,400 deaths per year. According to estimates published in the *Journal of the American Medical Association* in 2004 and 2005, diet- and inactivity-related diseases causes 365,000 deaths in the US in 2000. AH Mokdad, JS Marks, DF Stroup, JL Gerberding, Actual Causes of Death in the United States, *JAMA* 291;10:1238-45 and 293; and Correction: Actual Causes of Death in the United States, *JAMA* 3:293-4 and 198.

³ See: Diane Gorman, Assistant Deputy Minister of Health, Speech at the stakeholder meeting on the review of Canada’s Food Guide to Healthy Eating in Ottawa, (January 20, 2004), 3 at http://www.hc-sc.gc.ca/fn-an/alt_formats/hpfb-dgpsa/pdf/food-guide-aliment/pres_speech_adm-pres_contexte_sma_e.pdf estimating the annual cost of diet-related disease (health care costs plus productivity losses) to be approximately \$6.6 billion.

⁴ 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.

⁵ Based on 2004 estimates of the director of the US National Heart, Lung, and Blood Institute and two colleagues in Havas S, Roccella EJ, Lenfant C. Reducing the Public Health Burden From Elevated Blood Pressure Levels in the United States by Lowering Intake of Dietary Sodium. *Am J Pub Health*. 2004; 94:19-22.

⁶ This is what the Federal Trans Fat Task Force recommended to the Minister of Health in June 2006. D. Mozaffarian, M.B. Katan, A. Ascherio, et al., Trans Fatty Acids and Cardiovascular Disease, *N Engl J Med* (2006) 345:1601.

⁷ H.C. Hung, K.J. Joshipura, R. Jiang, et al., “Fruit and vegetable intake and risk of major chronic disease,” *J Natl Cancer Inst* (2004) 96:1577–84; S. Liu, I.M. Lee, U. Ajani, et al., “Intake of vegetables rich in carotenoids and risk of coronary heart disease in men: the Physicians’ Health Study,” *Int J Epidemiol* (2001) 30:130–35; and L.A. Bazzano, J. He, L.G. Ogden, et al., “Fruit and vegetable intake and risk of cardiovascular disease in US adults: the first National Health and Nutrition Examination Survey Epidemiologic Follow-up Study,” *Am J Clin Nutr* (2002) 76:93–99.

⁸ USDA. *Federal Costs of School Food Programs*. Accessed at <http://www.fns.usda.gov/pd/cncosts.htm> on January 30, 2008.

⁹ Ideally this program should also support local agriculture, and contribute to a sustainable environment, but those aspects of such a program were beyond the scope of this report.