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Chair

Mr. Bill Casey

Standing Committee on Health

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• (1530)

[English]

The Chair (Mr. Bill Casey (Cumberland—Colchester, Lib.)): I call the meeting to order.

Welcome to meeting number 83 of the Standing Committee on Health. We are starting our first meeting to study Canada's food guide.

We have some guests with us today to help us through this. From the Department of Health, we have Hasan Hutchinson, director general, office of nutrition policy and promotion, health products and food branch. We have, from Dietitians of Canada, Nathalie Savoie, chief executive officer. By video conference, we also have, from the Canadian Paediatric Society, Dr. Jeff Critch, chair, nutrition and gastroenterology committee.

I guess I just have to ask you: are you related to Mark Critch, Dr. Critch?

Dr. Jeff Critch (Chair, Nutrition and Gastroenterology Committee, Canadian Paediatric Society): No. I'm funnier.

The Chair: We're going to ask Mr. Hutchinson to start with a 10-minute opening statement. Then we'll go to Ms. Savoie and Dr. Critch.

[Translation]

Dr. Hasan Hutchinson (Director General, Office of Nutrition Policy and Promotion, Health Products and Food Branch, Department of Health): Thank you for the opportunity to provide opening remarks on the revision of Canada's Food Guide. I'm very pleased to be here to discuss this important initiative.

Canada's Food Guide has a long tradition of providing Canadians with healthy eating information. Since 1942, the food guide has not wavered from its original purpose of guiding food selection and promoting the nutritional health of Canadians.

The importance of promoting healthy eating and the challenge posed by obesity and nutrition-related chronic diseases have never been greater. Today, more than one in five Canadians live with chronic diseases, and rates are rising every year.

Even more disturbing is that risk conditions like obesity and hypertension are now starting to show up in children, which places them at higher risk for chronic diseases later in life.

The science has established again and again that poor diet is a primary risk factor for these conditions. This is why Health Canada

launched the comprehensive healthy eating strategy in October 2016. The healthy eating strategy is made up of complementary, mutually reinforcing initiatives that will make it easier for Canadians to make healthier choices for themselves and their families.

For instance, take the shopping experience. We want to make it easier for Canadians by using a revised food guide for planning, by using tools such as the updated nutrition facts table and the proposed front-of-package labels to select healthier foods, and by having a food supply with lower amounts of sodium and no industrial trans fats.

Therefore the strategy includes important mandate commitments to promote public health by restricting the marketing of unhealthy foods and beverages to children; eliminating trans fat and reducing salt; and improving labelling on packaged foods, including front-of-pack labelling initiatives.

Revising Canada's Food Guide is a fundamental component of the healthy eating strategy.

[English]

The food guide is a very important and significant evidence-based policy vehicle. This revision is undertaken with great seriousness by those of us in the department and others across Canada, because Canada's food guide is used to define what healthy eating means, as well as underpinning policies and programs where Canadians live, work, and play.

Canadians and stakeholders have high expectations for the revision of Canada's food guide, and we are up to the challenge. We are committed to ensuring that the food guide remains evidence-based, is linked to public health priorities, and effectively communicates healthy eating guidance to Canadians. These are all elements that were highlighted in the Senate report on obesity.

It was with this in mind that we implemented an evidence review cycle in 2013 to allow for the regular review of the evidence underpinning Canada's food guide and other guidance documents. While we've always reviewed the evidence base, we now have formalized our process.

The review confirmed that Canadians are not consuming enough plant-based foods, like vegetables and fruit, and that they are consuming too many foods and beverages high in salt, sugar, and saturated fat. We also found that the current Canada's food guide is not meeting the communications needs of all users. Some want simplified messages, and others want more information, including the evidence behind the healthy eating recommendations.

There are high levels of integration of the food guide into policies and programs; however, there are challenges in interpreting and applying guidance, especially the serving sizes.

As we revise the food guide, we also need to consider the changing environment, which is increasingly cluttered with competing and often conflicting messages. This erodes public confidence in our healthy eating guidance. Canadians will be reassured that the new food guide is trustworthy if they know and have confidence that Health Canada is reviewing the evidence during the revision process.

Revisions to the food guide will be guided by the best available evidence to support the health of Canadians, including the 2015 "Evidence review for dietary guidance". We recognize the importance of understanding the totality of the evidence base and continue to monitor the most recent data on healthy eating. We consider relevant evidence such as high-quality, peer-reviewed systematic reviews, and reports from leading scientific organizations and government agencies, including the World Health Organization, World Cancer Research Fund, and the U.S. dietary guidance committees.

For instance, there is strong convincing evidence that diets higher in vegetables, fruits, whole grains, legumes, nuts, and fish, and lower in red and processed meats, refined grains, and sugar-sweetened foods and beverages, have been shown to reduce the risk of cardiovascular disease, including risk factors such as high blood pressure and elevated blood lipids.

Sodium, sugars, and saturated fat continue to be nutrients of public health concern. There is strong convincing evidence that higher intakes of sodium have been associated with higher risk of high blood pressure. There is strong convincing evidence that higher intakes of added sugars from foods and/or sugar-sweetened beverages have been associated with higher risk of increased body weight in children and in adults, and type 2 diabetes in adults. Higher intakes of sugar-containing beverages has been associated with higher risk of poor oral health in children as well.

There is strong convincing evidence that lower intakes of saturated fat, when replaced by unsaturated fat, are associated with lower risk of increased LDL cholesterol, triglycerides, as well as a lowered risk of cardiovascular disease.

The new food guide will also take into consideration the context in which food choices are made, including food supply, current patterns of consumption, behaviours associated with food choices, as well as how dietary guidance is used and implemented.

• (1535)

[Translation]

This will result in a new food guide that provides a foundation for healthy eating. This includes encouraging the regular intake of

nutritious food and beverages as part of a foundation for healthy eating, describing the types of food and beverages that have the potential to negatively impact health, and acknowledging skills and knowledge as a practical way to support healthy eating.

The revision of Canada's Food Guide is taking into consideration the cultural diversity of Canada and the broader context within which food choices are made. This means that we are considering that the types of food available to Canadians vary across the country and access to nutritious food can be a challenge for some.

Our aim is to revise the food guide to reflect new evidence and communicate our guidance in ways that better meet the needs of different users, including health professionals, policy-makers, and the general public. Therefore, an important part of this work is considering the views of stakeholders, experts, and the general public.

We are consulting a broad range of stakeholders and Canadians to promote the involvement of, and consider the views and perspectives of, a wide variety of participants who are interested in or affected by the revision. This includes provincial and territorial governments, non-government organizations, health professionals, academics, and consumers. Canadians from across the country, from varying backgrounds, areas of expertise and interest have provided input into the revision of Canada's Food Guide.

• (1540)

[English]

To maintain public confidence in the revision process, my office—that includes me—is not meeting with representatives from the food and beverage industry during the policy development of the new Canada's food guide. However, all stakeholders and Canadians, including industry, were invited to provide input through online public consultations. In fall 2016 we asked stakeholders and Canadians about their needs and expectations for a revised food guide. In summer 2017 we asked for feedback on our proposed healthy eating recommendations. The level of interest in these consultations speaks to the importance of Canada's food guide to stakeholders and Canadians.

About 20,000 submissions were made to the consultation in fall 2016, with approximately 6,700 contributions to the consultation this past summer. As part of our commitment to openness and transparency, we are making more information available to Canadians and stakeholders. This includes making the results of our consultations publicly available through "what we heard" reports, as well as making stakeholder correspondences and meetings publicly available.

Input from public consultations and experts, along with focus testing with the public, will be considered as we finalize the suite of Canada's food guide tools and resources. The new food guide will look very different from the current six-page version. We are changing the way we communicate our dietary guidance to provide relevant, consistent, and credible dietary guidance to Canadians. New healthy eating recommendations and supporting resources for Canadians will begin to be released starting in 2018. They will include a dietary guidance policy for policy-makers and health professionals and supporting resources for Canadians.

We are confident with the process that we are undertaking to revise Canada's food guide. We are using the best and most relevant recent evidence in our decision-making, and consulting Canadians to ensure that our guidance is useful and relevant. The potential to affect the nutritional health of Canadians is real. Canada's food guide will continue to play a critical role in defining and promoting healthy eating. The new food guide will make an important contribution to the long-term health of Canadians as a fundamental component of the healthy eating strategy. We want to make the healthier choice the easier choice for all Canadians.

Thank you.

The Chair: Thanks very much.

Now we go to Ms. Savoie for 10 minutes.

[*Translation*]

Ms. Nathalie Savoie (Chief Executive Officer, Dietitians of Canada): Honourable members of the Standing Committee on Health, thank you for inviting us to appear before you to discuss the revision of Canada's Food Guide.

[*English*]

My name is Nathalie Savoie. I'm the chief executive officer for Dietitians of Canada.

Dietitians of Canada is the national professional association for registered dietitians. We aim to advance health through food and nutrition and to provide leadership in shaping food and nutrition policy. Dietitians are passionate about food. There are more than 10,000 dietitians in Canada. We all share a deep appreciation of food and a curiosity to understand the science behind it. Like all regulated health professionals, we undergo comprehensive and rigorous training both on the job and in university. You can find dietitians working everywhere, including in health care, education, government, media, the food industry, business, and many other sectors.

Dietitians of Canada and our members are pleased to see many advances in food and nutrition policy within the mandate of this government. We fully support Health Canada's healthy eating strategy, which aims to create food environments in Canada that make the healthier choice the easier choice for all Canadians. We've provided input to consultations on marketing to children, front-of-package labelling, prohibiting partially hydrogenated oils, and sodium reduction. We also support "A Food Policy for Canada" led by Agriculture and Agri-Food Canada, which is designed to set "a long-term vision for the health, environmental, social, and economic goals related to food". We applaud the broad interdepartmental collaboration.

The dietary guidance policy document and suite of public education tools will be the foundation to guide food selection and promote the nutritional health of Canadians. Dietitians of Canada and our members have provided input to part one and part two of the dietary guidance consultations, incorporating input from more than 800 members from all areas of practice.

Our members have a high level of agreement with the scope and accuracy of Health Canada's evidence review, as we indicated in our response to part one of the consultation. The evidence review cycle for dietary guidance is Health Canada's systematic approach to gathering and analyzing scientific and population data relevant to dietary guidance. Dr. Hutchinson talked a bit about that. In that review, the most convincing evidence is related to healthy dietary patterns—the combination of higher consumption of vegetables, fruits, whole grains, low-fat dairy, and seafood, and the lower consumption of red and processed meats, refined grains, and sugar-sweetened foods and beverages. We concur with this conclusion.

In part two of the consultation, Dietitians of Canada members were in general agreement with the evidence-based guiding principles and considerations, understanding this dietary guidance as a health driver contributing to food policy in Canada. As health practitioners and knowledge translation experts, dietitians had many recommendations for Health Canada. The interpretation section under each guiding principle—explaining what this means for Canadians, for instance—we found excellent, but we recommended an additional interpretation around what this will mean for food policy in Canada in order to position health as a driver in the interdepartmental work on a food policy.

We need system-level policy to improve food environments, with stores and food services consistently offering healthier choices so that it's easier and more accessible for all Canadians to choose the healthy foods recommended. We have a lot of food choice in Canada, but it's not all healthy.

Now I will share some examples of what dietitians specifically said to Health Canada in response to the guiding principles and considerations described in the consultation, part two. The first guiding principle was about what to eat:

A variety of nutritious foods and beverages are the foundation for healthy eating.

More specifically, it called for:

Regular intake of vegetables, fruit, whole grains, and protein-rich foods—especially plant-based sources of protein

Inclusion of foods that contain mostly unsaturated fat, instead of foods that contain mostly...saturated fat

Regular intake of water

We recommended that Health Canada have more clarity in their message about “especially plant-based” protein in order to ensure consistent messaging in the future and avoid misunderstanding.

● (1545)

We asked also for food-based directional statements, if “protein-rich foods” was to be the language in public education tools. We felt that the public would need direction to make sure they get adequate intake of calcium, vitamin D, vitamin B12, and iron in that group.

We also asked for more clarity about “replacement of saturated fat by polyunsaturated fat”. What does it look like in terms of food choices? We felt that the elimination of artificial trans fats, mandatory by the end of next summer, will already improve the profile of fat intake in Canada.

We also recommended including a reference to policy for drinkable water in all communities across Canada as a mandatory standard. Again, we recommended integration of environmental considerations to preserve water resources and reduce dependence on bottled water. With respect to population-specific guidance that our members work with daily, we recommended more age-specific guidance, such as that for children and for adults over 70, and we acknowledged that changes are needed in the indigenous food guide, emphasizing that Health Canada must consult directly with indigenous educators and traditional knowledge keepers to identify what tools are needed.

Guiding principle two described what to limit or avoid to maximize benefits to health, and it talked about processed or prepared foods and beverages high in sodium, sugars, or saturated fats. With this particular guiding principle, we recommended including a clear definition of what prepared or processed food means. For example, frozen vegetables or frozen fruits are industry-processed, but they contain no added sugar and no added salt.

We also recommended including direction about limiting red meat and avoiding processed meats—it’s in the evidence review but it’s not there in the dietary guidance—and also including facts about alcohol and Canada’s low-risk alcohol drinking guidelines in public education tools. We advocated again for nutrition facts table information to be mandatory for all standardized industrially processed foods, such as deli foods in grocery stores and foods in chain restaurants, and we suggested that more discussion is needed about policies that will encourage industry reformulation to reduce added sugars, especially in foods and beverages that also contain natural or intrinsic sugars, such as, for example, flavoured milk, or flavoured soy beverages, or canned fruit.

Guiding principle three was about the knowledge and skills that are needed to navigate the complex food environment and support healthy eating. This would be a new addition to Canada’s food guide. Our feedback to Health Canada was very supportive. It addresses

both how to eat, which is important, and the need for food literacy and food skills. Dietitians are uniquely qualified and positioned to help Canadians navigate the food environment to achieve healthier outcomes. It’s our specialty. We collaborate with our patients, our clients, the industry, government leaders, and communities to deliver reliable life-changing advice.

In closing, we commend Health Canada on taking a broader approach to eating; providing evidence-based guidance on food and beverage choices; acknowledging the importance of eating habits, food environments, and food literacy; and adding a layer of considerations that include the determinants of health, cultural diversity, and environmental sustainability.

Dietitians are passionate about the potential of food to enhance lives and improve health. We applaud the government’s commitment to advancing food and nutrition policy in Canada. As leaders in advancing health through food, Dietitians of Canada and our members look forward to our continued collaboration with the government to shape the future of eating and healthy living for all Canadians.

Thank you.

● (1550)

The Chair: Thanks very much.

Now we go to Dr. Critch, by video conference, from St. John’s.

Dr. Jeff Critch: Thank you.

Honourable members and invited guests, thank you for this opportunity to reflect on revisions to Canada’s food guide.

Canada’s food guide, which was first released in 1942 as Canada’s official food rules, has been a pivotal document for both individual counselling and policy. As a representative of the Canadian Paediatric Society, the CPS, I wish to acknowledge our support of the government’s commitment to review and enhance food policy in Canada, including ongoing assessments and revisions of Canada’s food guide.

The CPS is a voluntary professional association representing more than 3,000 pediatricians, subspecialists, residents, and others who care for children and youth. The CPS is committed to advancing the health of children and youth by nurturing excellence in health care, advocacy, education, research, and support of its members. Our current strategic framework is guided by the principles of nurturing every child's promise, ensuring access to care, and achieving equity.

As professionals dedicated to improving the health of children and youth, we are acutely aware of the importance of healthy nutrition in optimizing children's health and development. We are also cognizant of the important influence that families and the food environment play in the quality and quantity of foods consumed.

Daily, we are confronted with the effects of poor nutrition on our children and youth. Non-communicable, nutrition-related chronic diseases place a staggering burden on Canadians and Canadian society. This is reflected by increased morbidity, increased health care utilization, decreased quality of life, premature mortality, and reduced economic productivity. Most important, these diseases are largely preventable and often begin in childhood.

It is through this perspective of maximizing beneficial impacts on the health of children and youth that I will focus many of my comments today.

The CPS has been following the current process for revisions to Canada's food guide. We are aware of Canada's healthy eating strategy, initiatives to reduce sugar consumption, and the nutrition north Canada program. The CPS has a history of working closely with Health Canada and other associations.

The CPS has been encouraged by Health Canada's process in revising Canada's food guide. Enabling significant public consultation and restricting the potential adverse influence of industry are positive components. Health Canada's proposed guiding principles are succinct, evidence-based, and comprehensive. The recognition of the importance of providing guidance in the Canadian context with the integration of the concepts of the socio-economic determinants of health, cultural diversity, and environmental sustainability is vital.

Specifically, we are supportive of the advice provided in the proposed guiding principles of encouraging water consumption, the regular intake of a diversity of fruits and vegetables, and increasing plant-based sources of protein. We are supportive of limiting the intake of processed and prepared foods high in sodium, salts, and saturated fats, as well as the avoidance of beverages high in sugars. We agree with recognizing the essential importance of food literacy and skills in selection and preparation. On an associated topic, we strongly support Health Canada's decision to prohibit the use of partially hydrogenated oils in foods.

It is our hope and expectation that the proposed guiding principles will be adequately reflected in the advice and tools developed by Health Canada in the revised Canada food guide.

There are, however, a few issues to highlight for specific attention. It is important that Canada's food guide continue to be framed as just one component of a national food strategy. Canada's food guide and associated tools must be evidence-based, address cultural variability, and allow practicality of use. It must remain a tool for policy development that can be leveraged to optimize food environments.

It is vital that implementation of the advice provided in Canada's food guide is inclusive of vulnerable populations, including those at risk because of age, literacy, finances, and/or culture. Tools need to be developed specifically to ensure vulnerable populations are reached. For children and youth, this may include formats designed for social media, web- and phone-based applications, and/or the school curriculum. These formats need to be multimodal and attractive for the users. Other groups that will need to be targeted include those consuming alternative diets, such as vegetarian, vegan, and/or gluten free.

Canada's food guide and the associated tools should enable individual users to understand nutrition quality and energy balance.

● (1555)

Youth will need to learn the skills to understand nutrition labelling. Portion size will be a key component to address. This is a complex issue and will vary based on age, gender, and food type. Related to this is the importance of ensuring that appropriate-sized portions are served in restaurants and other venues.

Stringent definitions of what constitutes healthy and unhealthy foods and beverages are vital to consumers and regulators. Specific advice around ways to increase fruit and vegetable intake is needed. This should include education around the benefits of fresh, frozen, and canned food choices when fresh foods are unavailable or more expensive.

Specific education and tools highlighting the beneficial role of adequate fibre in the Canadian diet should be developed.

Effective educational tools and messaging emphasizing the negative impact on health of processed foods high in sugar, salt, and saturated fats is important. Specific attention needs to be directed towards reducing sugar-sweetened beverages.

Consideration would need to be given to how best to present dietary advice in Canada's food guide. Central to this is the decision regarding whether to categorize based on food type, such as fruits and vegetables, grains, milk and alternatives, or in a manner similar to that utilized in the Brazilian dietary guidelines, in which categorization is based on the level of processing. While there are pros and cons to each approach, a hybrid system incorporating categorization by level of processing within each food type may be a useful model.

As outlined in section D of the proposed guiding principles, recognition of the impacts that food production, distribution, and consumption have on the environment is an important consideration. In addition to supporting health, food policies should promote sustainability of the food supply and minimization of the environmental footprint.

The CPS recognizes that industry plays an important role in shaping our food environment and economy. This role can at times be in alignment with favourable nutritional policy and at other times be contradictory to it. Nevertheless, to protect and promote optimal food environments, effective policies would need to be developed to promote optimal actions from industry.

Associated with this is the importance of protecting children from unfavourable influence from industry. To this end, the CPS supports measures to ban marketing of unhealthy foods to children, the use of taxation policy to discourage consumption of unhealthy foods, and the use of subsidies to encourage consumption of healthy foods.

Policies should also be designed to reduce and eradicate poverty, as this is tightly related to food consumption.

The CPS recognizes that many of these issues are being explored by the present government, such as through Bill S-228.

Policies and tools should encourage and facilitate communities and industries to embrace changes designed to improve the food environment. These would include banning unhealthy foods near and in schools, redesigning grocery and corner stores to present fruits and vegetables in a more attractive setting, supporting the proliferation of local farmers' markets, and increasing access to community centres and fitness facilities. It is hoped that such policies will foster a collegial atmosphere in which all stakeholders, including consumers, policy-makers, and industry, are committed to optimizing and strengthening the living environment for Canadians, that being a healthy population with a high quality of life, living in clean environments, and working in robust economies.

Government must leverage policy and, when needed, legislate mandatory and enforceable regulations on industry to effect the desired changes. We believe such activity can be achieved while enabling a strong Canadian economy. Importantly, Health Canada would need to maintain and enhance its commitment to monitoring the effects of implemented interventions to ensure that the desired changes to food consumption and food environment were achieved. To this end, sufficient funding and even expansion of the Canadian health measures survey on chronic disease and nutrition quality will be needed.

In summary, one of our biggest challenges will be using the knowledge and guidance provided by a revised Canada's food guide to effect the individual and societal changes necessary to maximize health benefits for all Canadians. Considerable thought will need to be invested in developing policy, legislation, tools, and messaging that effectively communicate key information on topics such as nutrient quality, portion size, and healthy, active living. Reaching vulnerable populations, including those separated by education, poverty, language, and/or culture, will need to be a high priority. Education, increased nutritional literacy, development of basic cooking skills, and improved food environments will be needed.

● (1600)

Despite these current issues, Canada sits in a relatively enviable position moving forward. We have some understanding of the magnitude of the problem facing us. We have some understanding of the root causes. We have a fair idea of where we want to be. We have evidence to guide us in making the needed interventions to effect those changes, but it won't be easy. For any complex problem, altering human behaviour and environments can be challenging. There can be inertia to change. There can be opposition to change. Interventions will need to be varied, multi-focal, and integrated. Interventions need to be effective, evidence-based, and inclusive.

Disenfranchised and vulnerable populations need to be specifically targeted. Fortunately, Canada is a country rich in financial, intellectual, and human resources. We have shown a willingness and we have a capacity to effect favourable change for all Canadians. We have a responsibility to do so. Health Canada has been engaged in this process and their continuing leadership is vital.

Thank you.

The Chair: Thank you to all of you for the presentations. You put a lot of work into them, and we appreciate them very much.

We're going to go to our first round of questions. These are seven-minute questions and answers, and we will begin with Ms. Sidhu.

Ms. Sonia Sidhu (Brampton South, Lib.): Thank you, Chair.

Thank you all for being here today.

I held a consultation this summer on the healthy eating strategy. I heard from many people that the Canada food guide did not work for them. Some had dietary restrictions and had to follow a low-sodium diet or a low-glycemic diet. As you said, one in five Canadians lives with chronic disease.

Also, for those who follow diets that are vegetarian, vegan, or gluten free, how will the changes in Canada's food guide address those populations?

Dr. Hasan Hutchinson: Some of the things you've mentioned of course relate back to the nutrients of public health concern. When one has diabetes, one wants to look at the sugars coming in. Hypertension is very strongly linked to salt intake, and of course saturated fats are linked to cardiovascular diseases as well.

In our guiding principles, this is really what we're focusing on as well. We really want to get people to make sure they are consuming foods that have lower amounts of these nutrients of public health concern. That goes partway towards really dealing with that. You've actually seen that emphasis but not just in the food guide. In the whole healthy eating strategy, whether we're talking about the front-of-pack proposal that we have out there or whether with the proposal on marketing to kids that we're looking at right now, those nutrients of public health concern come through. That consideration will be reflected in the types of guides we come forward with. It will be reflected in the policies we're developing. These policies, of course, get picked up by the provinces and the territories and are incorporated into their programs. It will also be picked up by the health professionals like my colleague Nathalie Savoie here and make it easier for them to move forward with that.

Then of course there's the whole side with respect to education, communicating that message out there. We're trying to take a very different approach there as well. We know that it's sometimes quite difficult to get the information on our website. We're taking a very deep dive into creating a new mobile-friendly web portal that should make it a lot easier whether on your phone, your tablet, or your computer. It just makes it a lot easier to get that information. We're trying to develop it in such a way that it is really readily accessible as well. As part of that, of course, we hope that we will be able to develop more focused sorts of messages for different sorts of folks.

We talk about different types of diseases, chronic diseases. We have been working very closely over the last 18 months with the Canadian Diabetes Association, with Heart and Stroke, with the cancer folks, as well as with a whole series of health professionals as well. We're trying to make sure we develop policies and messages that can really be used by all so that we get away from this sort of confusion in the different types of messages that you get together.

Tomorrow, we're actually meeting with Ms. Savoie's folks for, I think, the fifth time in this process to go through and say, "This is what you said to us, and this is how we've incorporated it into our work going forward". The idea is that by working closely with these different disease-specific groups or health professionals, we actually construct policy and we construct messages that are really applicable for all, and then they get a reinforcement. We reinforce each other instead of giving conflicting messages.

•(1605)

Ms. Sonia Sidhu: Thank you.

Next, for an ordinary person like me, sometimes there are a lot of names for sugar. I think there are more than 15, such as fructose, sucrose, and maltose. There are so many names. Corn syrup is another. No one knows that these are names for sugar. They just look at the simple name for sugar. It's the same thing with salt. Is it kosher salt or sea salt? Salt is salt.

How we can address this? As Ms. Savoie said, we need to improve consumer literacy. How are we addressing these issues?

Dr. Hasan Hutchinson: There are some regulatory things that we have done recently. Last year, we updated and had the final regulations with respect to the updates on the nutrition facts table. One thing we changed was the ingredient list. What you see out there right now, actually, in terms of an ingredient list on the packaged

foods is that you can see "sugar", but all the individual sugars can be spread throughout the ingredient list. In terms of what we will have in the regulations now, when they do become enforced—I believe in 2021—you will have to group all of those sugars. This deals with part of what you're talking about, which is that people don't realize that those are sugars; it will reduce that.

As well, on the ingredient list, it will bring the positioning of sugars up closer to the top of the ingredient list, because the listing is based on the volume of that ingredient in there. Instead of having a whole whack of different types of sugars that you don't understand distributed throughout the ingredient list, it will combine them. It will be "sugars" and then in brackets all the different types. That's one aspect.

On the other side, of course, we are responsible for health promotion as well, and for health promotion campaigns. We are certainly preparing for those sorts of campaigns as well. Certainly, those are areas that we focus on. A number of years ago, we did a whole set of campaigns around sodium reduction, including sodium reduction in the home, when you're shopping, and when you're out in restaurants as well. Those are things that we will have to circle back on again. Similarly, with respect to sugar—sugar-sweetened beverages, sugary drinks—those are things that we envision being looked at going forward.

•(1610)

Ms. Sonia Sidhu: Thank you.

My next question is for the dietician.

Healthy food is expensive—this is a myth. We need to go back to the basics. How can we teach our children about the healthy stuff? How can we shop for healthy food and nutritious food together? Can you address that?

Ms. Nathalie Savoie: I think one way to do that is certainly to improve the food skills of children. We know that prepared food is more expensive than basic ingredients. When you cook at home, you can select ingredients that may not be that expensive. You can feed yourself quite well, with good nutrition, on a low budget.

Many of our member dieticians are involved in communities where they support groups with tools and classes in terms of healthy eating on a low budget. That's what I would recommend.

The Chair: Your time is up. I'm sorry.

Ms. Gladu, you have seven minutes.

Ms. Marilyn Gladu (Sarnia—Lambton, CPC): Thank you, Mr. Chair, and thank you to our witnesses for appearing.

I have questions for each of you. I'll start with Dr. Critch.

I'm interested in this from the point of view of children and their development. You've read the consultation document. Is there anything in there that you don't agree with or that gives you concern in terms of promoting healthy growth for children?

Dr. Jeff Critch: I assume you're referring to the guiding principles. Is that what you meant by "consultation document"?

Ms. Marilyn Gladu: Yes.

Dr. Jeff Critch: As I said in my opening statement, we see that the guiding principles are a pretty good reflection of the knowledge base that exists right now to guide food-eating practices. What remains to be seen is how that gets translated into consumer tools and messaging that can translate that knowledge into benefits for all Canadians and, from the CPS perspective, for children and youth.

Certainly, on the knowledge base, I think people are hearing the message. I think we understand the evidence. Health Canada understands the evidence. The challenge now, I think, is to take that evidence, because that evidence, I think, will benefit children.... It will help children's development and growth if we can take those environments and that nutritional advice and translate that into Canadian society moving forward .

Ms. Marilyn Gladu: Very good.

I have a question for you, Ms. Savoie. I'm a bit concerned when I see in some of the consultations a de-emphasis on meat proteins in favour of plant proteins. I think it doesn't reflect the fact that meat proteins have a broader range of the amino acids you need, as well as some of the nutrients you talked about, such as iron and selenium and all of these different things. Can you comment about the consultation that's come forward and whether you think it's balanced?

Ms. Nathalie Savoie: Thank you for the question. Really, our members also asked Health Canada to be more precise with regard to that message, because we felt there was a potential for misunderstanding.

I talked earlier about healthy dietary patterns, and those with the most evidence are the ones with a higher intake of fruits, vegetables, whole grains, low-fat dairy, and seafood, but also a lower consumption of meat. When we say "lower", it always depends on where you start from. The data is quite solid that too much meat can be detrimental to health. I guess that's where Health Canada will need to go to be more precise with that.

The current food guide is already promoting plant-based protein sources. There's a directional statement saying that you should have legumes, pulses, and tofu more often, so that message was already there.

Ms. Marilyn Gladu: Okay. I just want to make sure that people are aware that sometimes they will have to consume more plant protein. I had the example that you have to consume 270 more calories from chickpeas to get the same amount of protein that you would from a 75-gram pork portion. I'm not sure that is well understood when people are talking about changing those things.

The other thing I was interested in is that there's been this controversy over time about milk and the high-fat sour cream and going to a lower-fat sour cream. At one point in time, it was said that

artificial oils definitely are bad for you, but also that all these high-fat products are bad for you, which kills me, because I'm a cheese fan.

Then we see in the medical research—I was looking at a bunch of things from *The American Journal of Clinical Nutrition* and the American National Library of Medicine and stuff—that there's a bit of controversy out there. Can you weigh in on these higher-fat milk products?

• (1615)

Ms. Nathalie Savoie: Me again?

Ms. Marilyn Gladu: Everyone, please.

Ms. Nathalie Savoie: Maybe Dr. Hutchinson can go.

Dr. Hasan Hutchinson: With respect to milk products, I want to point out that in our consultation we recommend milk foods. When we're talking about proteins, we are encouraging people to have more eggs, fish, shellfish, poultry, lean meats, lower-fat yogurt, cheeses that are lower in fat and sodium, and lower-fat milk as well.

Ms. Marilyn Gladu: Cheese is still there? That's good.

Dr. Hasan Hutchinson: I sometimes think the response we got in the media took away from the words we actually had in the consultation, but it has become obvious to us that there was a problem of interpretation. We are taking the advice we've heard, and we've heard it from other places as well. We're looking at that.

Secondly, with respect to high-fat milk for young children, in no way or form do we want to restrict high-fat milk, when you're actually giving milk. That's certainly something our other witness has been involved with, nutrition for healthy-term infants. We're very clear on that as well.

As to where you go with really high in saturated fats, there is very strong and convincing evidence for wanting to reduce saturated fats, but by substituting in unsaturated fats. I think we got into problems before with the messages that were out there over the last 25 to 30 years to decrease total fat. What that did, as things became reformulated, was to substitute in sugars and salt, so you fixed one thing but then you created all sorts of other problems.

We want to make sure that we don't go down that particular road. That's partially what's behind our thinking in terms of focusing on those three nutrients of public health concern at all times. Again, our proposal for front-of-pack is that by having both of those there, you wouldn't see switching from one nutrient and public health concern to the other, and then just reformulating to make things bad. There is certainly that out there.

Now obviously with respect to research, you can basically find whatever you want out there when you go out and search. On this particular question, when we're talking about dietary fats and cardiovascular disease, there is something from the American Heart Association, which put out its position point just earlier this year. It concludes strongly that lowering intake of saturated fat and replacing it with unsaturated fat, especially polyunsaturated fat, will lower the incidence of cardiovascular disease. That's at that particular level and everyone has been supporting it.

But they also put out the point that, to the best of their knowledge, and there was quite a large list of experts working with the American Heart Association, no information from controlled studies supports the hypothesis that fermentation adds beneficial nutrients to cheese that counteract the harmful effects of its saturated fat.

Again, one can get different sorts of evidence out there. But when we look at the types of evidence, where we look at these bodies of academics who are evaluating the different types of evidence, where you're sort of grading the evidence, and it's coming from a body that is not being supported by industry, those are the ones that come through quite strongly.

The Chair: Now we go to Mr. Davies.

Mr. Don Davies (Vancouver Kingsway, NDP): Thank you, Mr. Chair, and thank you to the witnesses.

Dr. Critch, to what extent does the food guide presently reflect industry versus evidence-based influence?

Dr. Jeff Critch: Thank you for the question.

Do you mean the revised guiding principles again or the current food guide?

Mr. Don Davies: I guess you can comment on both.

Dr. Jeff Critch: We don't really know what the revised food guide is going to be, but we have some idea from the guiding principles.

We do feel that it accurately reflects the evidence base that's there. Certainly, principles one and two, when they talk about the nutrients that we are worried about and trying to reduce, and those we think are more beneficial and trying to increase in the diet, it certainly reflects the evidence base.

• (1620)

Mr. Don Davies: Mr. Hutchinson, the food guide has been regarded as the most downloaded document in the federal government.

Dr. Hasan Hutchinson: Tax forms might take a bigger hit. Mind you, I don't know who downloads tax forms anymore either. I'm not sure.

Mr. Don Davies: It's up there.

The food guide for healthy living is obviously as helpful to consumers who want to try to eat healthy as their ability to know what they are purchasing and consuming. I'm talking about labelling.

We can do our best to eat well but if we go into a store and we can't tell on a package, in an accurate way, what exactly is in that package in terms of the sugars, everything.... How closely does your department or the food guide work with the other branches of government to make sure the labelling aspect of foods is going to

help Canadians actually realize the goal and potential of the food guide?

Dr. Hasan Hutchinson: I can say that we are basically joined at the hip on this. With the whole healthy eating strategy, which of course is a combination of regulatory approaches, standards approaches, guidance approaches, we have a team that used to meet three times a week—I think we're down to twice a week—to follow this progress as we go along. Anything that we do with respect to the dietary guidance, their folks are looking at that. Anything that they're doing with labelling, our folks are involved in the creation of that.

Labelling is an interesting one, because once the labelling is done, I'm responsible to do the health promotion on that. We've actually done a lot of health promotion on how to understand the present label.

We are very well connected. We of course have the same bosses as well, whom we meet with on a very regular basis on these. There's a lot of consistency, and that's what we're trying to do across all the initiatives so that they're very complementary.

The baseline evidence for all of our initiatives is really the evidence review that we have done.

Mr. Don Davies: Okay.

I hear a lot from consumer groups who believe that labelling could and should be much more revelatory. Take sugar, for example. Some suggest that sugar—which is such a major cause of obesity in this country, particularly with young people—should be prominently labelled on the front in its totality, and not the separate fructoses and glucoses and cornstarches and all the separate constituents.

Is there any move in the department to more prominently label sugar on the front of packages so that consumers can actually tell what they're eating?

Dr. Hasan Hutchinson: As part of the healthy eating strategy, one of those has to do with the development of front-of-pack labels. Once again what we're doing there is focusing on these three nutrients of public health concern, one of them being sugars. The idea is that on the front of all packaged foods, if they have high amounts, if they're high in any of those things, you would have a label that would point that out. That would then make it much easier in the shopping environment. When you're making that decision in about 1.7 seconds as to which food you're going to choose, it's right there, as well.

That's, of course, coupled with the changes I started to talk about, which would be on the side of the package or the back of the package with respect to the ingredient list, where we're trying to make it a lot easier to tell what sugars are there. Also, in the nutrition facts table, we've put a percentage of daily value into that for total sugars, so then it becomes easier as well. If you're looking at the nutrition facts table itself, where there's more information about the number of grams and stuff and you also have a percentage, that maybe makes it easier then to understand.

Mr. Don Davies: Going back to the food guide itself, I represent an extremely multicultural riding. I think I'm 19th out of 338 for varied ethnicities. I have very large Chinese, Filipino, south Asian, and Vietnamese populations in my riding.

I'm just wondering to what extent the food guide reflects cultural tastes or preferences and habits, and could we do a better job on that?

Dr. Hasan Hutchinson: Yes. I think with the latter, we can certainly do a better job at that.

When the last food guide was done, based on the census and who were the most recent people who had arrived, there were two sorts of things that we did. We did translations, of course, but straight translations based on the top 10 recent immigrants over the last 30 years. We worked on that census. We did that, and at least it was available in their language. That was just a straight translation; it was not an adaptation. I have to point that out.

The other thing we did—and I say “we”, but this was before I took over the shop, so it wasn't really my food guide at that point, though now I feel it's mine—when developing the choices of the foods that are available, foods that are on the diagram, we once again looked at who were the recent immigrants. You'll see that there was a much larger variety of different types of ethnic foods, we'll call it—foods that are available for all Canadians—in the 2007 food guide than what there was in 1992.

Also, when you go online, you can create your own food guide for yourself. There are hundreds and hundreds of different sorts of foods that you can select. If you go into the meat and alternative section, you can find all sorts of things, and there are a lot more diagrams. You can select the ones you want, make your own food guide that's particular to you, and you can also print that out in a dozen different languages as well.

We made an effort, and certainly I wouldn't consider that perfect, by any means. Since that time, and it's been a number of years now, we went out across Canada and had meetings with different cultural groups across the country to try to get a bit of a handle on what was working and not working with respect to the food guide and how they see themselves.

That's some of the background information we have to work on right now, as we're putting together this new suite of materials.

• (1625)

The Chair: Thanks very much.

Now we go to Mr. McKinnon.

Mr. Ron McKinnon (Coquitlam—Port Coquitlam, Lib.): Thank you, Chair.

I'm going to build on what Mr. Davies started, which is another way to say that he took my question.

Some hon. members: Oh, oh!

Mr. Ron McKinnon: There are a lot of ways to slice and dice this whole food guide thing. There are different age categories, different dietary requirements such as the need for gluten-free or diabetic kinds of diets and so forth, but they all reflect, subject to those categories of people, that we have the same nutritional requirements.

When we get into cultural diversity and ethnic diversity and religious diversity, we have to slice it a whole different way but still recognize those dietary requirements in all those categories. That seems to me to be a hugely complicated problem to be faced with in a food guide that we're trying to make really simple.

I wonder how deeply that's going to impact you and whether we will have a whole multitude of food guides to reflect those changes.

Dr. Hasan Hutchinson: Welcome to my not quite nightmare but the dilemma we are always in as well. How do you keep something simple but make it so it also reflects the great variety of differences and the diversity we have in Canada?

Obviously, that's something we are looking at. With respect to the basic requirements for different sorts of nutrients, from all of our evidence reviews, I think that as a human species, we're fairly close with respect to the basic environments and I think there's enough latitude that there can be adaptations for different groups, from a straight macronutrient and micronutrient perspective.

What we are talking about right now has to do with our general recommendations, and behind all of this, we're really getting started on some very detailed modelling of healthy eating patterns in which we're trying to take all of those things, as much as we can, into consideration.

Whether we're going to have enough information about different groups is where we run into a data problem. Certainly we're hoping to have a pattern that is general enough that it can then be adapted for different sorts of folks. That's where I think one has to then work with the right types of people who interact with those ethnic communities and so on. Who should we be working with so that they understand the needs of those particular communities?

The other way of dicing that is that we have people from different chronic disease groups, and that's where we work with, once again, Heart and Stroke, Canadian Diabetes, and the cancer folks. It is a complicated problem and we're trying to, obviously, do something that has simple basic messages that are adaptable to everyday life, no matter whose everyday life it is. But you're right that it's not easy.

• (1630)

Mr. Ron McKinnon: Indeed.

Would Ms. Savoie or Dr. Critch like to comment on this as well?

Ms. Nathalie Savoie: I would just add that as Dr. Hutchinson said, this is a basis and then professionals who work with clients and patients can use that to customize it even more to that particular person they have in front of them, because there are food preferences, budgets, as we spoke about before, and all of those things that also need to be taken into consideration.

Mr. Ron McKinnon: Thank you.

Dr. Critch.

Dr. Jeff Critch: I would pretty much echo those comments from everybody. I think trying to have diversity in a simple format is a complex task. It gets quite overwhelming pretty quickly.

Related to that, though, no matter what we put out there for all these different groups, is the importance of making the environment conducive to that. Right now our environments in Canada, when it comes to food, are not conducive to healthy eating in many ways, or certainly, if anything, the environment in a lot of places is probably more conducive to unhealthy eating.

Both of those things have to be done together. We have to have the knowledge and the communication about what a healthy eating pattern that supports health is and we also have to create the environments in which people can implement those in the appropriate way.

Mr. Ron McKinnon: Thank you.

My next question is kind of broader. I'm not entirely sure this is the right place for it. I get a lot of questions from my constituents about GMOs. Is this something the food guide is going to address or present research on, one way or the other, or present any recommendations on with regard to labelling?

Dr. Hasan Hutchinson: This one is pretty simple for me. It's a simple "no". That is not an aspect that we will be bringing into the food guide.

The reason for that is fairly simple. When one looks at the available evidence—and the connection with health is not there—it's not something where we have a strong evidence base for us to be able to bring it into our dietary guidance. As I think I stressed many times here, what we are trying to work on is where we have very strong convincing evidence to go in a particular direction. On that one, there is just not strong convincing evidence.

Mr. Ron McKinnon: Thank you.

Those are my questions, unless Dr. Critch would like to opine on this. Do you have a response?

Dr. Jeff Critch: No, I'm good.

Mr. Ron McKinnon: Okay, that's good.

The Chair: Thank you very much.

That completes our seven-minute round. We'll go to our five-minute round now, starting with Mr. Van Kesteren.

Mr. Dave Van Kesteren (Chatham-Kent—Leamington, CPC): Thank you, Chair.

Thank you, all, for coming.

I remember as a kid getting the Canada health guide at school. I don't know if they still do that anymore. Do they still pass them out at school? I'd take it home, and I'd show my mother and I'd say, "Mum, we're not eating right" because—check the name—we were a Dutch immigrant family, and we didn't have that diversity. It must have been a pretty healthy diet we had because there was no obesity. We were as healthy as could be.

When I look back, I think that the mealtime really centred around supertime. There were vegetables, and not a lot of meat. When

breakfast was served, we consumed an enormous amount of milk, and I think it was whole milk at the time, too.

I'm not being an advocate for any different group. I guess what I'm trying to say is that it worked for us, for the most part. As we developed and grew out of our culture, we started to expand and see what the rest of the world was eating. Especially when we had a little bit of money, we experimented with so many other things.

It would occur to me at least that we, at this time, know what the human body needs. We should also know where that is available. I'm wondering if the food guide would reflect that and present to Canadians, "Here is your horn of plenty". We have such a diverse country. It's so magnificent that we have all these different types of foods: "This is what your body needs, knock yourself out."

Is that something along the lines of what we can expect in our food guide?

• (1635)

Dr. Hasan Hutchinson: Yes. We don't want you to knock yourselves out completely, of course, which sometimes happens.

Mr. Dave Van Kesteren: I should have maybe said, "Everything in moderation."

Dr. Hasan Hutchinson: Yes. When I think of the input we got when we did the whole evaluation of the use and what people are understanding about it, what we got certainly for your Canadian is that when you are concentrating on so many servings of this particular size, it just becomes confusing. That's where we're trying to figure out how we can go beyond that and have actionable guidance that can be brought into your everyday life, so that when you are out shopping, you have the basic principles that make you choose those foods that are better for you; when you are at home, you know how to do the preparation; and when you are out in restaurants, you have the concepts. We have to have the basic concepts to make it easier for people to incorporate this into their daily lives. That's part of what we're going for.

Madam Savoie mentioned that guiding principle number one is really about a variety of healthy foods. When you said a horn of plenty, it made me think of our guiding principle number one. To a certain extent we were saying knock yourself out with these, have lots of the fruit and vegetables and whole grains. Again, in there we talked about lean meats and eggs and low-fat dairy and stuff like that. Those are the things that I think are foundational to what we want to have as a dietary pattern.

Our guiding principle number two came back to the types of things that we want to make sure have some restrictions, because the food supply is different from when we were younger. It's a while back for me here too.

There is a report out today from the Heart and Stroke that talks about—their terminology is a little different from what we use—"ultra-processed" food. These are foods with lots of these sugars and fats and sodium. They estimated that about in half of the food supply, this is really what you're eating.

We're trying to get people back to having those more basic foods and to preparing them themselves. Dietitians of Canada mentioned that as well.

To me, our guiding principle number three is all about health literacy and health skills. I'm thinking that's almost the most important part of what we're doing here right now. You want to be out there, and if you have family, to be shopping with them. You want to transfer those sorts of skills in food preparation to your family, to be eating together, and getting rid of phones and screens when you're eating, so you eat together as a family. You eat together all the time, and we get away from distracted eating.

That component of what we're bringing forward is as important as the individual types of food, and that's working with the different health professionals who can give that sort of advice. We're working with provinces and territories that can perhaps help in that as well by creating the right types of environments for that.

The Chair: Your time is up.

We now go to Mr. Oliver.

Mr. John Oliver: Thank you very much.

I was wondering how often you think the food guide should be reviewed. I think it's been about a decade now. The research seems to be moving along quite dramatically on this one. Is a five year review...? If we were to advise on when this should be reviewed again, do you have a thought on that?

Dr. Hasan Hutchinson: Yes. We have established what we call an evidence review cycle, and we are committed to redoing this every five years.

Mr. John Oliver: Will the five-year review be built into the recommendations coming out?

Dr. Hasan Hutchinson: We've already committed to that for the evidence review as well.

I hate to say we're going to do a food guide every five years because it depends on the evidence.

Mr. John Oliver: The reason I'm asking is that I was looking at some other countries. Sweden is the first country that's rejected this low saturated fat diet and has gone to the low-carb, high-fat nutrition advice. The Swedish Council on Health Technology Assessment looked at 16,000 studies and has come up with contrary advice.

I don't think I'd want to debate saturated fats versus non-saturated fats and the benefits of that switch, but you're silent on carbs. There is lots of evidence that reducing our carb intake is probably more important to addressing obesity, addressing diabetes. It can help lower triglycerides, and in fact higher fat intake—healthier fats, I would assume—and a lower-carb strategy seem to be where some other countries are headed. I'm wondering how their research... They looked at, as I said, 16,000 studies. You've come to a different conclusion here in Canada.

Where are you at on lowering our carb intake? The RDA seems to be staying the same in this. I don't see any change.

●(1640)

Dr. Hasan Hutchinson: Again, I don't want to be debating what it is, but certainly Sweden promotes patterns that have a high proportion of plant-based and—

Mr. John Oliver: Yes, absolutely.

Dr. Hasan Hutchinson: They actually put forward a limit with respect to red meat consumption of less than 500 grams per week, and they have messages that say to eat less, as well.

Mr. John Oliver: I am not arguing with that. I don't disagree, but is it more about reducing the carb count?

Dr. Hasan Hutchinson: What we are talking about, of course, is reducing the refined carbohydrates and the sugars. That's a very big part of what we are going forward with. That's where we have the strong evidence base, with respect to the refined carbs. We don't have a strong evidence base for just carbs overall.

Mr. John Oliver: I get the switching from the sugars, but you are still recommending fruit, which is high-carb. It has high sugar—natural sugars—but it is still a recommended....

Dr. Hasan Hutchinson: Sure. Again, there is very strong evidence for that.

Mr. John Oliver: Where are you at with reducing the RDAs? Was it 300 grams of carbs per day in a 2,000-calorie diet? Where are you at on that science? There seems to be an abundance of it that says we should be reducing our carb counts.

Dr. Hasan Hutchinson: In the totality of evidence that's out there, I would respectfully disagree with that. Certainly, when we are looking at our dietary reference intakes, this is something where we work in partnership with our American colleagues and the National Academy of Medicine. We are not looking at that particular one right now, but those are the criteria.

I was recently at the FAO. We had people from around the world, and we were talking about the very same things. I must say that reducing carbs is not something that has been coming up from other countries around the world with respect to their reflection and what the evidence is.

Mr. John Oliver: Will the RDAs be changed, then, as these new guidelines come out? Will you be looking at RDAs?

Dr. Hasan Hutchinson: It's actually the other way around. We work very closely to prioritize the ones where it seems like there is more evidence moving in a particular direction. Then we work with our American colleagues to get studies done and come up with the new dietary reference intakes, which we then incorporate into our guidance.

There is a whole bunch of research going on. If we see that there might be a direction that's changing, we then put together bodies of eminent scientists who will look at that and make a recommendation with respect to change in the dietary reference intakes. Then, as they change, we incorporate that into our guidance.

Mr. John Oliver: Harvard Health Publishing, from the Harvard Medical School did an article—I think it was updated on August 22, 2017—called “The Truth About Fats: The Good, the Bad, and the In-between”. Again, it is this discussion around whether we have the carb-fat guidance correct. Did you come across any discussion in the research addressing carbs versus...?

Dr. Hasan Hutchinson: No. Obviously, as I mentioned earlier, you can go out there and find the answer you are looking for, not just about nutrition but about any part of research.

Mr. John Oliver: Thank you.

The Chair: Mr. Webber, you have five minutes.

Mr. Len Webber (Calgary Confederation, CPC): Thank you, Mr. Chair.

Thank you to the presenters.

There is a lot of talk today about sugar consumption here in Canada, that there is too much sugar and we need to decrease our sugar consumption.

Dr. Critch, as a pediatric doctor caring for children and youth who consume too much sugar, would you advise them to switch to a sugar substitute, such as aspartame, in their soda beverage or in any type of food they'd like to sweeten up?

• (1645)

Dr. Jeff Critch: Typically, I would not. We certainly look at ways to get them to reduce the amount of sugar they get in their diet. When it comes to foods and beverages that are sugar-sweetened and have added sugars, we definitely see that as a source of added calories and a driver. We think of the overweight and obesity we are seeing. Obviously, it's a complex problem. It's not just one driver, but we think that this is certainly a driver.

Most times, in trying to achieve that end, our main recommendation when it comes to beverages would be water as one of the main sources of fluids.

With regard to aspartame and those components, we worry a little about the adverse effects of those. They are also sweeteners. There is a body of evidence to suggest that this can sensitize people to sweetness. My recommendation, personally, is to try to avoid those if possible.

Mr. Len Webber: Mr. Hutchinson, is aspartame in the food guide at all? Is there any mention of that or concern around the digestion of aspartame?

Dr. Hasan Hutchinson: Yes, certainly from Health Canada.... Aspartame is a regulated product and has certainly been deemed safe for use. I was thinking of the comment that was just made in terms of the palate. There's certainly a lot of evidence from a sodium perspective that when you have it, you're searching more for it as well. I don't think we have a solid evidence base on that, so I don't really declare on that in any way.

Mr. Len Webber: I do consume a bit of aspartame daily in my diet and I've often Googled it and Google says I'll get a brain tumour one of these days.

As a dietitian, Madam Savoie, would you consume aspartame? Would you advise your clients to?

Ms. Nathalie Savoie: Our member dietitians work in a one-on-one relationship with their patients and they may recommend aspartame-sweetened products for a particular person if they feel that perhaps they're drinking a lot of pop and it would be better for them to reduce. It may be part of the considerations, and as Dr. Hutchinson said, it is safe.

However, in terms of a general public recommendation, it is true that it encourages the sweet taste and perhaps there are better options for drinking. Water and milk are certainly better options.

Mr. Len Webber: Would you drink aspartame?

Ms. Nathalie Savoie: I don't like the taste.

Mr. Len Webber: Mr. Hutchinson, would you take aspartame?

Dr. Hasan Hutchinson: I don't, but that's neither here nor there.

Mr. Len Webber: I have one final question.

Dr. Critch, would you consume aspartame?

Dr. Jeff Critch: I don't on a regular basis, but again, I don't particularly like the taste.

Mr. Len Webber: I'm going to quit consuming aspartame after listening to the three of you anyway.

Dr. Hasan Hutchinson: When I say that, I just want to be clear that this is not me as Health Canada saying that this is unsafe. It is safe. We have not found any study.... Again, don't misinterpret me.

Mr. Len Webber: Maybe I don't have to, then.

Ms. Nathalie Savoie: I'll just add that on the Internet you'll find a lot of pseudo-science and I think the connection with brain tumours may be just that. I'm quite positive that it is safe in a normal amount.

Mr. Len Webber: Good to know. Thank you.

Dr. Jeff Critch: I would echo that.

The Chair: Thanks very much.

Now we go to Dr. Eyolfson.

Mr. Doug Eyolfson (Charleswood—St. James—Assiniboia—Headingley, Lib.): Thank you, Chair.

Thank you, everyone, for coming.

One of the things I'll congratulate you on, Dr. Hutchinson, is the front-of-package labelling. I think that's very important. I think there are a lot of people who aren't taking the time, or don't have the time, to read through the very bewildering array of information on these labels.

In front-of-package labelling is there provision for calorie count, as in the calories of your serving, and clearly laying out how many calories are in whatever serving you're going to be consuming?

•(1650)

Dr. Hasan Hutchinson: Certainly in the proposal that went forward for consultation last year there hasn't been an inclusion of calories. What has been looked at, and what we have commentary on, were these same three nutrients of public health concern, once again, the saturated fats, the sugars, and the sodium.

Mr. Doug Eyolfson: Thank you.

Dr. Hasan Hutchinson: Obviously on the side of pack and in the back of pack you do have the number of calories per serving.

Mr. Doug Eyolfson: Thank you.

Ms. Savoie, you talked about restaurants, and certainly you talked about the labelling of saturated fats and things. Are you a proponent of restaurants posting calorie counts on menus? Has that been studied extensively? I know there are some places that are legislating that.

Ms. Nathalie Savoie: Yes, our members generally support that this information be given to consumers because people are looking for the information. When they're looking for it, it's easier if it's on the menu or if it's easily available, so they don't have to go through a full website to find it.

Mr. Doug Eyolfson: I can say again from my unscientific "n=1" that I was scared silly in a pub the first time I saw a calorie count on the menu. I started changing some of my choices and I put some of my favourite things off to the side with a heavy heart.

In regard to things like when these are being developed, Dr. Hutchinson, have you been receiving much in the way of push-back or protest from different industry groups in developing this, or from your recommendations?

Dr. Hasan Hutchinson: As I pointed out, I don't actually meet with any industry groups at all.

Mr. Doug Eyolfson: Have you been hearing that Health Canada has been receiving a lot of push-back?

Dr. Hasan Hutchinson: Certainly where I've seen it is the same place you've seen it. In the media there's been lots of that. I read the newspaper as well and I look at my Facebook. There has been a lot of push-back, you're right, at that particular level. When we get the consultations, because of the large numbers, of course, the analysis of the input, I don't actually see who is saying what. That all gets rolled up into themes. I get the feedback, and we'll be coming out with that sometime early next year in terms of what we heard during the consultation on the food guide. You might see that there's a bit of a concern by industry, but, again, it's grouped at a very high level. I can't say what's industry or not, but I know that is there as well.

We are considering everything that comes in. But in the end, of course, when we make our decisions on how to move forward on this based on the best available evidence that's out there. Then we actually have quite a large group of different experts who we go to. These can be experts across government, both within other parts of Health Canada or the Public Health Agency. We bring in the Departments of the Environment and Agriculture as well to look at that. We also have a large number of scientists from across Canada and beyond who have expertise in different areas of nutrition, who then give us their feedback on that.

Mr. Doug Eyolfson: All right. Thank you very much.

Dr. Critch, did you have anything to add to these comments?

Dr. Jeff Critch: No, I'm good. Thank you.

Mr. Doug Eyolfson: Okay, thank you.

Those are all the questions I have, although I'll just simply add that, on aspartame, I drink a lot of Fresca so I guess that means I consume a lot of it.

Thank you very much.

The Chair: It's like true confessions here.

Mr. Davies.

Mr. Don Davies: Nothing but legumes for me.

Voices: Oh, oh!

The Chair: Absolutely.

Mr. Don Davies: Madam Savoie, I'm going to direct my questions to you. I only have three minutes.

Milk and dairy was the issue we were all getting inundated with about the food guide, which I think really led to us wanting to study this, among other things. I understand in your previous role you were the assistant director for nutrition with the Dairy Farmers of Canada. I take it with that experience you would probably be able to tell us what the issue is that seems to be boiling around the issue of dairy and milk and the current proposals for the food guide.

Ms. Nathalie Savoie: You will understand that today I'm here as the chief executive officer of Dietitians of Canada—

•(1655)

Mr. Don Davies: I hope so.

Ms. Nathalie Savoie: —and this is the opinion that I'm sharing with you.

My previous role was to identify the possible unintended consequences that might come with the proposed regulations. Those were shared in the consultation process, but it's clear in the guiding principles that the variety of food does include milk, yogourt, and some cheeses. We, as Dietitians of Canada, have asked Health Canada to be very specific when they talk about protein sources, what they mean by that, and to make sure they are looking at identifying an adequate intake of calcium and vitamin D, which are two of the nutrients that are provided by milk products.

Also, a general recommendation that we've asked Health Canada is to make sure they monitor closely consumers' understanding of those recommendations and the different messages that will be out there, and they monitor the actual intake of people once the recommendations are out there.

Mr. Don Davies: Are you a dietitian yourself?

Ms. Nathalie Savoie: Yes, I am.

Mr. Don Davies: In your previous role, I think you argued that the government should not group dairy products with other non-plant-based proteins. Your quote was:

They are not interchangeable foods... If they are all lumped together, I don't know how this will improve the health of Canadians. On the contrary, I would say it's a recipe for disaster.

Can you explain that to us a bit? Do the Dietitians of Canada endorse that?

Ms. Nathalie Savoie: The position of the Dietitians of Canada is the position of the 800 members who expressed themselves.

Mr. Don Davies: I'm asking you if they endorsed the view that you expressed.

Ms. Nathalie Savoie: Right now I'm here to represent the whole membership and not here in my previous role. But I can concur that the comment that Dietitians of Canada gave to Health Canada to be very cognizant of the understanding of that protein-based group is consistent with the concern that the Dairy Farmers of Canada have.

Mr. Don Davies: Yes, and I'm not trying to trick you. I'm just —

Ms. Nathalie Savoie: No, I'm just trying to show you that there's no inconsistency.

Mr. Don Davies: I understand they're different positions. That's what I'm trying to understand.

Ms. Nathalie Savoie: It was expressed differently. There was a lot of misunderstanding, even by our members, of what it meant. We share that in the consultation, but also, as Dr. Hutchinson said, the Dietitians of Canada are close partners with Health Canada, so that comment was shared also.

Mr. Don Davies: I only have a little time, so just quickly, I understand that the dietitians and the Canadian Paediatric Society said soy, rice, and other plant-based beverages, whether or not they are fortified, are inappropriate alternatives to cows' milk for the first two years. What about after two years?

Ms. Nathalie Savoie: They're not a source of protein, so when the guiding principle was talking about protein-rich foods, those beverages are not sources of protein. Soy is, but the position was not referring to soy. It was talking about the other beverages.

The Chair: The other plant-based...?

Mr. Don Davies: Rice-based or other plant-based—

The Chair: The good news is that you're giving us such great answers, the chair is getting feedback and we'd like to have a few more questions. We're done now officially, but Mr. Oliver would like to ask a question, and Ms. Gladu. I don't imagine Don Davies would want to ask another question, would you?

Mr. Don Davies: Oh, yes, if pressed.

The Chair: If pressed.... Right.

Mr. Oliver, you have five minutes.

Mr. John Oliver: Great. I just want to come back to the questions I was asking about fat and carbohydrate intake.

This was a study done through McMaster University. It was international, published on August 29, 2017 in *The Lancet*. They looked at 135,000 individuals. I won't go through all the details of the study, but here was their conclusion:

High carbohydrate intake was associated with higher risk of total mortality, whereas total fat and individual types of fat were related to lower total mortality. Total fat and types of fat were not associated with cardiovascular disease, myocardial infarction, or cardiovascular disease mortality, whereas saturated fat had an inverse association with stroke.

Their conclusion was that “Global dietary guidelines should be reconsidered in light of these findings.” I think it was a seven-country study.

I'm going to come back to this. There is lots of research out there on the fact that we are probably too high in carbs, and our focus on fats needs to be rethought. From the Canadian dietitians association, have you looked at any of this? Do you have any views on this current debate between high-fat, low-carb, and low-fat, high-carb, and what the right strategies are?

● (1700)

Ms. Nathalie Savoie: I would just add to what Dr. Hutchinson said, that a lot of the carbs that we're currently looking at when we're considering those studies, for instance, are refined carbs. They're not the ones that are promoted in what was under review.

Those studies are looking at big buckets. You have to go into those buckets to see what people are really eating, and when it's refined carbs and added sugar, certainly it's not helping health.

Mr. John Oliver: But there is a premise, I think, out there, that fats are not the evil that we think they are, and that setting out a lower carb-intake target, regardless of the source of the carb, might be worth considering. That's what the research I've been looking at has been saying on this one. I'm worried that in five years' time.... It seems to be very popular, and it's the direction the northern Scandinavian countries are taking. It seems to be in the U.K. now.

You said you hadn't seen any of the research on the question of carb numbers.

Dr. Hasan Hutchinson: I haven't seen the types of studies where you have panels of experts examining the studies and then doing an evaluation grading the quality of the evidence, where you can have strong concluding evidence on that, and there is—

Mr. John Oliver: It was cited. The Swedish Health Technology Assessment committee, with 16,000 studies, came to that conclusion, so that's a meta-analysis, if there ever was one.

I thank you.

The Chair: Thanks very much.

Ms. Gladu.

Ms. Marilyn Gladu: Thank you, Chair.

I'm going to ask the orange juice question. I hear the scandalous thing that if you went out and you wanted to consume seven oranges that you got from the grocery store, and you fresh-squeezed them yourself, then it would all be fine, but if you get it in a juice box, it's not fine.

I'd like you to comment on that, because I think the important thing is that, if it's fine to eat a fruit, then it should be fine to drink the fruit juice. It could be the quantity that's the problem there, people drinking big gulps of it instead of smaller portions.

Let's start with Madam Savoie.

Ms. Nathalie Savoie: Yes, it's really the quantity that's the issue. It's very easy to drink a lot of juice, because it is good. The variety message gets lost. You identified your seven oranges. Well, eating seven oranges is not really variety, so that wouldn't be a recommendation either.

Really, I think the concerning part is the quantity. As I think Dr. Critch would agree, young children especially might drink a lot of juice instead of just drinking water if they're thirsty.

Ms. Marilyn Gladu: I was just coming at it from the point of view that in northern communities, where orange trees are not as likely to grow and there's not as much available, that might be the right alternative, but the importance is volume. I just wanted to bring that out.

Another interesting thing I came across in my reading was that chicken eggs are used as a benchmark by which all other proteins are judged, apparently because of their better digestibility. They have a value of 100. Chicken is 79. Wheat is 60. Corn is 54.

Why is this important? Is it important?

Dr. Hasan Hutchinson: It's true that across the board different foods will have different digestibility. Here what you're looking at, of course, is with respect to the protein content as well. Basically, as we develop our dietary reference intakes and as we develop our dietary patterns, we try to take all of that into consideration at a certain level. We realize that each particular food has different characteristics as well. It's already complicated enough when you think of just the number of different foods we have there. Then we have to sort of split them apart.

I think the important part is to make sure that one is getting enough protein that is then assimilated in as well. From most studies, certainly out of North America, we're not having a problem with respect to the amount of protein we're taking in. Certainly that's what we've shown as well.

•(1705)

Ms. Marilyn Gladu: All right.

I want to make a final comment. I noted that you said people could go online to the Health Canada site and create their own food guide and everything else. I was fiddling around with that while the testimony was going on. It's actually quite a great tool, but I knew nothing about it and I'm sure maybe others don't. Obviously, there needs to be an app for the Canada food guide that you can download to your smart phone.

Dr. Hasan Hutchinson: This is when I tell you that we actually do have an app of Canada's food guide that you can download.

Voices: Oh, oh!

Dr. Hasan Hutchinson: We are doing something brand new right now, but we are going to really focus on how you get that information out there. Ten years ago, when that one was created, you didn't even have an iPhone, right? We're at iPhone 10 right now. It's a very different information environment that we find ourselves in right now. Ten years ago, it was sort of high-tech to have this lovely thing you could put up on your fridge, but now, of course, we get our information in a very different way. We're looking at different possibilities of how we get that information out in ways in which

Canadians can really bring it into their everyday life, whether they're shopping, whether they're in restaurants, or whether they're at home preparing meals. That's what we're trying to do. We're trying to figure out the best way to get things across.

Now, do we necessarily create apps and turn into an app business? It's not clear to me that this is the right way to go. What is necessary is that we're actually talking to the people who are being very creative with these apps, and making sure that the data we're collecting and the information we're putting together are available in real time as well. We're actually taking quite a look at how we compose all of our datasets. I think it's called "API", although I never know what that stands for. The bottom line is that if you can link with developers of other things, then they can instantaneously get all the information. As we update our stuff, it can get updated.

To my mind, that's kind of the more intriguing possibility. Instead of me making one or two apps, let's get a dozen people out there who are doing different things and make sure they get the right information. Again, we get down to the consistency of the information that's getting out there. As to whether it's being incorporated into different types of apps for different types of things, I don't really care as long as people are getting the right information.

The Chair: Time's up.

Mr. Davies.

Mr. Don Davies: I'm sorry, Mr. Hutchinson. Do you have an app right now for Health Canada?

Dr. Hasan Hutchinson: Is the app still up and working...?

A voice: It might be.

Dr. Hasan Hutchinson: It might be.

We do have an app. I just don't know whether it's a "did" or a "do" at this point, because we're in a transition period and it's based on the present food guide. We're about to move out of that, so that's the only —

Mr. Don Davies: Okay, so you may have an app but it's in the process of being modernized.

Dr. Hasan Hutchinson: No, I didn't say that either.

Mr. Don Davies: That's okay, I'll—

Dr. Hasan Hutchinson: This particular app is completely based on the present food guide and what we're doing as we're—

Mr. Don Davies: What else would it be based on?

Dr. Hasan Hutchinson: Exactly, so—

Mr. Don Davies: I'm just trying to find out. Can I download an app on my iPhone and get Canada's food guide? It's a pretty simple question. Can I get that or not?

Dr. Hasan Hutchinson: I want to say yes. I just don't know whether, in this transition period, we have bothered to keep updating it. That's my only concern.

Mr. Don Davies: Okay, I understand.

Dr. Hasan Hutchinson: I'll get that information back to the committee.

Mr. Don Davies: That's fine.

Dr. Critch, I want to go back to a question I asked you. It was a statement from November 7 that was issued by the Dietitians of Canada and the Canadian Paediatric Society, and it's the same thing I put to Madam Savoie. It says, "Soy, rice, or other plant-based beverages, whether or not they are fortified, are inappropriate alternatives to cow milk in the first two years."

Are they appropriate alternatives to cow milk after the first two years?

Dr. Jeff Critch: Probably not, because they're not nutritionally equivalent, most of those formulas.

In the first two years of life—which is not your question—the concern there is about the developing child and their need for protein and their need for calories. That's why we use whole milk in the first two years of life.

Sorry, let me qualify that. From one year to two years of life the recommendation is whole milk, or breast milk, preferably. After two years of life we don't advocate that as an equivalent choice.

Mr. Don Davies: From the other point of view, given that milk products contain nutrients that are vital to human health, such as calcium and potassium, that other protein-rich foods do not contain, do you have any concern that the elimination of the milk and alternative products category from the food guide could send the message that all proteins are the same?

• (1710)

Dr. Jeff Critch: I'm not even sure that has been decided yet. Maybe Dr. Hutchinson can clarify if it has been decided or not.

Mr. Don Davies: Mr. Hutchinson, I'm trying to get at where the controversy seems to be. I suspect it's that, is it? Is there a proposal to eliminate the milk and alternative products category or to move something...?

Can you elucidate on what the issue is there?

Dr. Hasan Hutchinson: I think it might have been a bit of a misunderstanding. We have not made any decision to remove or regroup or rename any of the food categories. Where that probably comes from is that we're going forward with a very different approach from what we've had in the past. What we're really developing at this particular point is a policy document based on general healthy eating recommendations.

The part where we get into a pattern is where we're doing that deeper dive into the modelling of what those could be, but we're still another year or so away from that. I can only tell you whether or not there will be those patterns when I get that deeper analysis. Because with our modelling we want to ensure there is a healthy eating pattern and you're making sure you're getting enough of the nutrients you need and not too many that you don't need. There are different

ways you can do that. That's the sort of in-depth modelling that we are working on right now.

The next thing is that you could have a food pattern, but who is that really for?

Mr. Don Davies: I'm going to stop you there because I'm not really interested in the modelling. I'm interested in trying to find out what the issue is with dairy. I have to say that after this whole meeting I still do not understand what the issue out in the public is, and in the dairy industry, about the proposals to the changes to the food guide about dairy.

Can any of you explain to me, in a crisp way, what the issue is here with respect to dairy and the proposed new food guide?

Dr. Hasan Hutchinson: My guess might have been that it was a misunderstanding of what went out in our consultation, because we didn't talk about food groups in the same way we did them and they didn't see a.... I'm just guessing at that, to be honest there.

When you actually look in the consultation, we do make recommendations of what we consider to be proteins and we put dairy in there as well. At no point have we stated that we're not going to do it. We don't know exactly how we're going to present this to Canadians.

What we heard was that Canadians were having trouble understanding the present food guide so we're trying to be creative and think of different ways that you can actually get dietary guidance out to Canadians. That might very well end up being where you have a pattern with different sorts of food groups, but it might be something very different. We know there are countries like Brazil that have come out with dietary guidance and it doesn't use this concept of food groups. We're doing a lot of public opinion research. We're trying to get at what works for you and what sorts of messages, and then how you want to get those messages. We're trying to learn from Canadians in terms of what works best for them.

Of course, we're getting a lot of input from different types of experts to help us get there as well.

Mr. Don Davies: Thank you. The time is up.

A voice: They do have an app.

Dr. Hasan Hutchinson: I just found it as well. There is a free app.

I'm sorry. Can I get back to them right now?

There is a free app available and still for a BlackBerry as well.

The Chair: Thank you very much. That completes our session today.

I definitely want to thank our witnesses for their great information and also the committee members for their great questions. You never know where you're going to come from, so it's really good.

I had one question. In your opening statement, Dr. Hutchinson, you said that you'll start to release this information in 2018. What exactly is the time frame for this?

Dr. Hasan Hutchinson: What exactly is that time frame? Where we are right now, of course, is with respect to the policy report, so that it has overarching healthy eating recommendations. It's about a 50- or 60-page document, probably, that is really focused on health professionals, decision-makers, and policy-makers. We're trying to move forward on that. We're hopeful that in about mid-2018 or so we will be able to release that.

Then, of course, we're working quite hard in trying to figure out the right way to get information out using the new technologies. We are hopeful that will be in 2018. I don't know exactly what the date is on that. It depends on how the developmental process goes.

• (1715)

The Chair: This is not imminent right away. You have quite a bit of work to do.

Dr. Hasan Hutchinson: This is not happening in two weeks or even in two months.

The Chair: Again, I want to thank you all very much.

Dr. Critch, I often think it must be difficult to sit there in front of a TV camera all by yourself, so thank you very much for your patience and your work with us. We appreciate your information.

With that, I'm going to suspend the meeting. We have a little bit of committee business to do. We'll say goodbye to our guests, suspend the meeting, and then resume. Thanks very much.

• (1715)

(Pause)

• (1720)

The Chair: We will reconvene on a couple of things.

I think I was the one who proposed that we do a study on wait times in provinces. The Auditor General has informed us that he's not allowed to do that, so that solves that problem nicely.

Ms. Gladu.

Ms. Marilyn Gladu: Chair, if I could just refresh...? I hadn't understood that's what we were going to ask the Auditor General in a letter. The Auditor General actually shared that they're part of an interprovincial organization. The provinces all do their own audits. We can't directly audit the health care system, but we could ask the Auditor General to try to get the provinces to audit health outcomes, such as wait times, doctor shortages, etc., in the health system. Then our Auditor General would do the overall summary for the nation.

The Chair: I don't know....

What do you think?

Ms. Karin Phillips (Committee Researcher): I think you'd probably need some guidance from the Auditor General on that aspect. Technically speaking, the Office of the Auditor General will only investigate things within its mandate, which are federal government departments and agencies.

In the area of health, they did do a collaborative audit. The area was e-health, where each province did theirs, and then the federal Office of the Auditor General did an audit of Canada Health Infoway.

From a federal perspective, you could request that the Auditor General audit Canadian institutes of health information that report on

wait times on a broad area. You can write the letter. You can request it. They can always say no. That's their prerogative to—

Ms. Marilyn Gladu: It was just an idea that had come when we were asked to meet with the Auditor General. They talked about the things they would do and wanted to know what kinds of things we might be interested in doing.

If there's an appetite, great. If there's not, it's not a big deal.

The Chair: All we can do is request that the Auditor General do that, if that is the wish of the team.

Mr. Davies.

Mr. Don Davies: Thank you, Mr. Chair.

I think we've scheduled this business to discuss my motion to study indigenous health. I'd like to take that motion off the table and move it, and hopefully vote on it. I did have a chance to go back and look at the history of this, and also some of the concerns raised by my colleagues.

There are a couple of things, and I'll be brief about it. On February 22, 2016, the Subcommittee on Agenda and Procedure of the Standing Committee on Health—

The Chair: Are you talking about the study on indigenous health?

Mr. Don Davies: Yes.

The Chair: Can we just do the wait-time issue first and get that done?

Mr. Don Davies: What is the wait-time issue?

The Chair: We talked about it last week. It's about asking the Auditor General to do a study on comparative wait times, by province. He was glad we made a recommendation...or suggested we write the letter. I was told that the Auditor General doesn't have a mandate to do that. He does have a mandate to collect information from the provinces but not do the audit—obviously.

What is the wish of the committee? Should we send a letter to the Auditor General and ask him to see what he can do on a comparative wait-time study? Is that the consensus?

Some hon. members: Yes.

The Chair: All right, we'll do that.

Mr. John Oliver: I don't know what we're doing here. This is the responsibility of the provinces. It's the provinces' and territories' job to manage their service delivery to make sure there's reasonable access to it.

What's our agenda on this one? What's the question that we're asking? Why is it health committee business that we're asking it?

The Chair: In my view—and I think I brought it up—in my province I think we have more doctors per person than any other province, but we have longer wait times.

Mr. John Oliver: That's a problem for the Province of Nova Scotia to address. Why are wait times...?

As the health committee, are you going to shine the lens on your own province and say there's a problem with how you're delivering services? Is that what you want to do?

The Chair: I'm sure other provinces have better methods—that's all. My thought is that we could help the provinces who have a poor wait-time experience. We might be able to help it. That's just my thought.

Mr. Davies.

Mr. Don Davies: I agree with John on this.

I mean it's interesting as an academic study. I think we could pull almost anything into our health jurisdiction that we wanted to. I mentioned at the last meeting that our member of the federal government identified wait times as part of the health accord when the Paul Martin government negotiated it, so clearly the federal government was interested in wait times at that time.

I suspect that with a general question to the Auditor General to look at wait times in provinces, you're going to come back with about 29 questions from the Auditor General. He's going to come here and say, "Wait times for what? What procedures are you talking about?" I think we're going to have give very detailed....

Maybe we have to pick three or five representative procedures. I think we should do a little more work on framing exactly what we want the Auditor General to look at, and do that work before we engage the Auditor General.

I don't think it's a bad thing to do, but I think we're going to need some particularity.

I'm looking at the time, Mr. Chair, and I know you want to talk about future business. Can I ask a question?

The minister is coming on Thursday. The minister usually stays for an hour, and I know that the staff stays after. Can we schedule maybe half an hour for committee business?

• (1725)

The Chair: We're out of time now. The wait-time issue is not a big deal for me. I would be interested if it were easy to do, but don't worry, I'm not—

Mr. John Oliver: I was just going to add to that. I don't think it's a bad idea. It's just the blanketness of it and why we're doing it that bothers me a bit, but depending on what our next business is, there is the indigenous affairs study. We had also said we wanted to look at mental health services, at home care.

Maybe if we're doing a study in one of those areas, we could ask the Auditor General to do a provincial review of access and wait times in an area that we're studying versus just an out-of-the-blue study on wait times, which would be disconnected from....

The Chair: We are really out of time now and I do want to point out that I spoke to the chair of indigenous affairs and they did a study in 2016 on health emergencies in first nations. They did another study on suicides in 2017 and are planning on doing another study on indigenous health in 2018. I'll just leave that with you to think about until after we have the minister here. We'll do some committee business, but it sounds like they already have a history on indigenous health and it sounds like that's where they are going next year. If they're going to do it, I don't see how we could do it too.

Anyway, I'll leave that with you.

We'll reconvene on Thursday. We'll have the minister and then we'll do some committee business.

Thanks very much, everybody. I enjoyed your questions.

The committee is adjourned.

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