

November 27, 2019

RE: [Regulation 50/16](#) – Proposed amendments to the Healthy Menu Choices Act, 2015

Ontario Dietitians in Public Health (ODPH) is the independent and official voice of Registered Dietitians working in local public health units. ODPH provides leadership in public health nutrition by promoting and supporting member collaboration to improve the health of Ontario residents through the implementation of the Ontario Public Health Standards.

ODPH is committed to reducing the risk of diet-related chronic diseases by creating environments that support healthy eating. Providing nutrition information at the point of purchase can help consumers make informed decisions about their food and beverage choices when dining out (Dietitians of Canada, 2016). The [Healthy Menu Choices Act, 2015](#) was created to help raise awareness about the nutritional content of foods eaten and prepared away from home and to help Ontario residents to make healthier choices when dining out by providing nutrition information at the point of purchase (MOHLTC, 2016). Any regulatory changes should protect the integrity of the original intent of the legislation.

As such the following recommendations are made:

Proposed amendment 1: Limit applicability of the HMCA in grocery stores to the “food service” sections of the grocery store where the food or drink items are primarily restaurant-type foods that are clerk-served or available for self-serve.

Limiting application of the HMCA to the section of grocery stores that are ‘food service’ and have restaurant-style food would result in exclusion of areas such as the single-serve bakery section. Since single-serve bakery items require no further preparation by the consumer, they could feasibly be intended for immediate consumption. Also, this section of grocery stores are in direct competition with restaurants that serve single-serve bakery items. Given that consumers are increasingly consuming prepared foods at grocery stores (VanEpps, et al, 2017, Nardocci M, Polsky J, Moubarac JC., 2019)), and to ensure consistency across venues, these items should not be excluded.

Proposed amendment 4: Exempt under the HMCA all standard food items that are prepackaged and are currently exempt from posting a Nutrition Facts Table (NFT) under the federal Food and Drug regulations (FDR).

According to the Food and Drug regulations, prepackaged individual portions of food that are solely intended to be served by a restaurant or other commercial enterprise with meal or snack are not required to have an NFT. These are often individual packages of condiments, crackers, creamers, etc. Exempting these products from menu labelling requirements could potentially result in increased use of pre-packaged and/or single-serve items (Spence, 2018). This practice was observed at the local level following the implementation of the Ontario School Food and

Beverage policy (Ministry of Education, 2011) where pre-packaged individual portions of food are classified as ‘miscellaneous’ items and considered exempt. Increased use of pre-packaged individual portions does not align with federal dietary guidelines for policy makers regarding reducing food packaging and promoting environmentally sustainable practices (Health Canada, 2019). In addition, providing these products in unlimited quantities (e.g. self-serve) could result in a nutritionally significant number of calories added to individual dietary patterns. Exemption of pre-packaged individual portions of foods should not be supported within the HMCA regulatory context.

Proposed amendment 6: Exempt catering menus from the definition of menus to reduce existing ambiguity regarding whether an item ordered through a catering service “is intended for immediate consumption”.

Exempting catering menus to reduce ambiguity regarding whether an item ordered through a catering service is intended for immediate consumption does not align with the original intent of the Healthy Menu Choices Act (HMCA), which is to provide information at the point of decision-making. Federal dietary guidelines released in 2019 identify the important and necessary role of governments in creating supportive environments by ensuring policies align with and support Canadians in making healthy food choices (Health Canada, 2019). Canadian consumers rely heavily on foods prepared away from home (Health Canada, 2019). As such, catering menus should not be exempted from the definition of menu within the HMCA regulations.

Additional considerations:

The average Canadian consumes 2700 mg of sodium per day (Health Canada, 2017). That’s more than double the recommended adequate intake (AI) of 1500 mg for adults and between 1000-1500 mg for children and adolescents. Most importantly, 49% of children aged 1 to 3 years and 72% of children aged 4 to 8 years consume excess amount of sodium. Eating foods prepared away from home is a common occurrence for Canadian children and adolescents (Statistics Canada, 2007). Canadians are increasingly consuming ultra processed foods that are associated with chronic health problems (Nardocci M, Polsky J, Moubarac JC. June 2019). Studies show that sodium content of menu items in Ontario restaurants are high across all food categories (Scourboutakos, 2013). Sodium is a leading risk factor in hypertension, which in turn, can lead to heart disease, stroke and kidney disease. Ontario’s menu labelling strategy should introduce the requirement to list milligrams of sodium for all standard food items.

The Ontario government’s original purpose for introducing a nutrition labelling strategy for Ontario restaurants was to support children’s healthy eating, healthy weights and healthy childhood development as described in the Ontario’s Healthy Kids Strategy (MOHLTC, 2013). As such, child health should be of utmost importance when considering regulatory changes. There is now a greater understanding about how commercial food and beverage marketing negatively impacts the development of healthy habits, particularly for children and youth. According to the World Health Organization 2016 report, Report of the Commission to End Childhood Obesity, “the evidence base shows that unhealthy food marketing is an important and independent causal factor in the childhood obesity epidemic”. In fact, restricting marketing to children and youth is one part of a comprehensive strategy to improve children’s nutrition and

long-term health outcomes. It would be important for the Ontario Regulatory Registry and the Ministry of Health to revisit this Act for inclusion of these enhancements.

References:

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