

Summit Proceedings

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# Ontario Sodium Summit

**Toronto**  
February 16-17, 2012

## Acknowledgements

The organizers of the Ontario Sodium gratefully acknowledge contributions from the following organizations:

- Champlain Cardiovascular Disease Prevention Network
- Department of Nutritional Sciences, University of Toronto
- Heart and Stroke Foundation
- Ontario Medical Association
- Ontario Stroke Network
- Public Health Agency of Canada
- Public Health Ontario

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## Glossary

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**BPS** Broader Public Sector

**CCHS** Canadian Community Health Survey

**CVD** Cardiovascular Disease

**FOP** Front of Package

**FPT** Federal-Provincial-Territorial

**LHIN** Local Health Integration Network

**NGO** Non-Governmental Organization

**NSRI** National Salt Reduction Initiative

**OPHS** Ontario Public Health Standards

**UL** Upper Tolerable Intake Level

**TDS** Total Diet Surveys

## Executive Summary

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This report documents the proceedings and outcomes of the Ontario Sodium Summit, which was held on February 16 and 17, 2012 at the University of Toronto's Faculty Club. The Summit was held in order to identify and develop momentum for actions that can be undertaken provincially towards implementation of the Sodium Reduction Strategy for Canada.

Approximately 60 participants attended the Summit, representing a cross-section of organizations and agencies with expertise in the area of food policy, as well as health stakeholder groups in Canada. The Agenda for the Summit can be found in Appendix A. The list of participants is available in Appendix B.

### Background and Context

As indicated in the report of the national Sodium Working Group, over 85% of men and 60% of women in Canada currently exceed the Tolerable Upper Intake Level (UL), or upper daily limit, for sodium, with the Canadian mean intake approximately 3,400 mg/day. Additionally, more than 75% of children aged 1 to 8 have sodium intakes greater than the UL, the amount associated with an increased risk of adverse health effects. In Ontario, while the average daily sodium consumption of sodium from food of 2,871 mg is below the Canadian figure of 3,092 mg/day, it is still well above the recommended daily UL.

Reducing average sodium intake by approximately 1,840 mg per day would prevent 11,550 cardiovascular disease events each year in Canada, and generate direct health care savings of \$430 to \$540 million annually (nationally). Further, reducing sodium consumption to the recommended levels would result in a decreased prevalence of hypertension by 30%; reduced hypertension-related cardiovascular events by 8.6% and the risk of stroke by 15% and save an additional 2 billion dollars annually in health care costs<sup>1</sup>.

Organizers of the Ontario Sodium Summit, understanding the strong evidence for prevention of chronic diseases related to high sodium intake, and that little to no action on implementing the Sodium Reduction Strategy for Canada has taken place, concluded that actions specific to Ontario must be discussed.

### Summit Objectives

The objectives of the Summit were to:

1. Provide Ontario-specific advice for implementation of the national strategy.
2. Serve as input for the federal provincial, territorial working group on sodium reduction.
3. Increase the profile of the issue through garnering media attention at the event and after the report is released.
4. Provide an opportunity for Ontario stakeholders to discuss and develop a vision to implement a provincial strategy in concert with the national strategy and with other provincial strategies.

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<sup>1</sup> ED Penz, MR Joffres, NRC Campbell. Reducing dietary sodium and decreases in cardiovascular disease in Canada. *Can J Cardiol* 2008;24(6):497-501.

5. Facilitate the development of a set of recommendations to be presented to provincial Government officials in order to develop an action plan for reducing sodium levels in processed foods and served foods; creating action items for Public Health, NGO's and Local Health Integration Networks to embed within their areas of responsibility; and to address labelling of nutritional information issues in the Food Industry.

## Summit Proceedings

The Summit was organized around the following five discussion streams:

1. Public Policy Issues and Sodium Reduction
2. Public Education
3. Restaurant and Food Service Sector
4. Public Food Procurement
5. Surveillance, Monitoring and Evaluation

Presentations by various speakers helped to set the context for each of the 5 discussion streams and supported enriched discussions over the two-day event. These presentations can be found at the following link: <http://db.tt/FSPmosqy>

## Recommended Sodium Reduction Actions for Ontario

A number of opportunities to begin to address sodium issues on a provincial level were identified throughout the Summit. The intent behind the event was not to reach consensus, but to begin the discussion on how to move forward in Ontario. The recommended actions outlined below will be reviewed by the Ontario Sodium Working Group, and disseminated and discussed with responsible authorities to identify next steps.

During the discussions that took place, the following set of strong recommendations emerged as actions that should be considered in order to reach the sodium reduction targets defined by the National Sodium Working Group. Although it was recognized that further discussion will be required to confirm leadership and establish timelines, there was strong support and readiness to move forward on these actions.

A first set of key recommendations emerged around nutrition and specifically sodium education. These recommendations focused on the need for a coordinated province-wide public education campaign to educate consumers on sodium, the inclusion of diet and nutrition information into learning curriculums for health professionals and the creation of a knowledge transfer network to link health professionals.

1. **Develop a province-wide consumer education campaign focused on informing Ontario residents about the health risks associated with high sodium intake.** The campaign should also educate consumers on the sources of sodium in processed foods, and provide them with the knowledge and tools to reduce their personal sodium intake. The campaign should build on the better practices of other jurisdictions including British Columbia, the City of New York, the Champlain CVD Prevention Network and existing provincial resources.
2. **Integrate diet and nutrition into learning curriculums for health professionals.** Ensuring these professionals have the knowledge and skills to talk with patients and students about primary prevention and wellness will reinforce and lead to healthier

behaviour choices by patients/clients. Trusted professionals have a role to play in informing and influencing patients, students and their organizations about diet and nutrition.

3. **Develop a knowledge transfer network for health professionals.** A knowledge transfer network will establish pathways, partnerships, and mechanisms to aid in defining clear, consistent, appropriate and timely messaging on sodium.

A second set of recommended actions emerged around the public food procurement system. Currently there are no consistent nutrition or procurement policies for publicly funded institutions in Ontario, and a coordinated, consistent approach would ensure that food served in such settings do not contribute to the burden of disease in Ontario.

4. **Establish a food procurement expert group that will review the recommendations and identify strategies to amend public food procurement directives.** Participants indicated there was insufficient time to conclude discussions on food procurement and noted that further development of the following actions was needed before they were ready to implement. Therefore, it was recommended a food procurement group be formed of integrated stakeholders to move the following actions forward:
  - i. Define and develop nutritional standards that address sodium levels in foods sold and served in publicly funded institutions;
  - ii. Amend procurement directives to ensure public institutions have protected funding for food purchasing budgets.
5. **Implement government-regulated front-of-package (FOP) food product labelling that is complementary to the Nutrition Facts Table.** The current Nutrition Facts table is confusing to the majority of consumers, impeding healthy food choices. Labels on all manufactured foods should also include simplified, regulated front of package labelling that would provide visual clarity to convey meaning, and be more prominent on packaging by positioning them on the front, to ensure that healthy choices are easy and self-evident without written information.
6. **Make nutrition information disclosure mandatory where food is prepared and purchased.** On-site menu labelling that includes full nutrition information should be readily accessible for standardized menu items prepared and assembled at restaurants and food services establishments where feasible (i.e., in establishments with a high degree of standardization).
7. **Define and design a performance management strategy.** A defined and coordinated performance management system is needed to effectively measure and monitor the impact of sodium reduction actions that will be undertaken in Ontario. The system should include measures for monitoring sodium levels in food as well as improved health outcomes.

## Section 1: Introduction

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### Purpose of this Report

This report is intended as a record of the proceedings and outcomes of the Ontario Sodium Summit that was held on February 16-17, 2012 in Toronto. The views expressed herein are those raised by the participants at the Summit and do not necessarily reflect those of the Public Health Agency of Canada, the Government of Canada, or the Sodium Summit organizers.

### Purpose of the Summit

The purpose of the Ontario Sodium Summit was to begin discussions and move towards developing Ontario-specific recommendations in support of the Sodium Reduction Strategy for Canada.

### Planning and Leadership

The following organizations participated on the organizing committee for the planning of this Summit:

- Champlain Cardiovascular Disease Prevention Network
- Department of Nutritional Sciences, University of Toronto
- Heart and Stroke Foundation
- Ontario Medical Association
- Ontario Stroke Network
- Public Health Agency of Canada
- Public Health Ontario

### Summit Participants

Approximately 60 participants attended the Ontario Sodium Summit, representing a cross-section of organizations and agencies with expertise in the area of food policy and health stakeholder groups in Canada, including:

- Canadian Institutes of Health Research
- Cancer Care Ontario
- Cardiac Care Network
- Centre for Science in the Public Interest
- Canadian Restaurant and Food Services Association
- Dietitians of Canada
- Champlain Cardiovascular Disease Prevention Network
- Local Health Integration Networks (LHIN)
- Government of British Columbia
- Heart and Stroke Foundation
- Health Canada
- Ministry of Agriculture, Food and Rural Affairs
- Ministry of Health and Long-Term Care (MOHLTC)
- Ontario College of Family Physicians
- Ontario Hospital Association
- Ontario Medical Association
- Ontario Stroke Network
- Public Health Agency of Canada
- Public Health Ontario
- Public Health Units
- Researchers / Academics
- Regional Health Departments
- University of Toronto Department of Nutritional Sciences
- University of Ottawa Heart Institute



- New York City Department of Health and Mental Hygiene

The list of participants is available in Appendix A.

## Summit Objectives

The objectives of the Ontario Sodium Summit were to:

1. Provide Ontario-specific advice for implementation of the national strategy.
2. Serve as input for the federal provincial, territorial working group on sodium reduction.
3. Increase the profile of the issue through garnering media attention at the event and after the report is released.
4. Provide an opportunity for Ontario stakeholders to discuss and develop a vision to implement a provincial strategy in concert with the national strategy and with other provincial strategies.
5. Facilitate the development of a set of recommendations to be presented to provincial Government officials in order to develop an action plan for reducing sodium levels in processed foods and served foods; creating action items for Public Health, NGO's and Local Health Integration Networks (LHIN) to embed within their areas of responsibility; and to address labelling of nutritional information issues in the Food Industry.

## Intended Outputs

1. Identification of collaborative and networking opportunities among individuals or organizations interested in the common goal of developing and implementing a sodium reduction strategy for Ontario.
2. To produce a Report of proceedings which includes a consolidated list of recommendations for action identified during the Summit.
3. To create a coalition or consortium of different stakeholder groups and organizations that will form an action-oriented alliance that will support the goals and objectives of the Summit in reducing sodium consumption in Ontario.
4. Describe and define a Public Education strategy targeted toward Ontarians that will raise awareness of the significantly high levels of sodium being consumed by Ontarians due to high quantities of sodium contained in processed and restaurant foods, and the serious health and economic impacts that result from high levels of sodium consumption, including the increased prevalence of health issues among children.

## Participant Expectations

Participants had a range of expectations for the 2-day Summit. A summary can be found below.

- Bring public health stakeholders to the table to discuss key issues and how to resolve them.
- Learn what other organizations are doing to support sodium reduction in Ontario.
- Share best practices from other jurisdictions.

- Get commitment from all key stakeholders for an Ontario Action Plan, with measurable outcomes and realistic timelines. Specify roles and responsibilities of the different sectors and stakeholders involved.
- Articulate concrete steps for evaluation and monitoring.
- Coordinate efforts with respect to nutrition education so that the messaging is consistent.
- Establish a structure to support sodium reduction in Ontario.

## Section 2: Background and Context

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### Federal Work

In late 2007, a Federal Multi-Stakeholder Working Group on Sodium Reduction, also referred to as the Sodium Working Group, was established by the Minister of Health, to develop and oversee the implementation of a population health strategy for reducing sodium intake among Canadians. The recommendations put forth by the group, released in July 2010, were directed at all levels of government, as well as non-governmental organizations, consumers, industry and other stakeholders.

The resulting Sodium Reduction Strategy for Canada is a multi-staged and multi-pronged approach that includes recommendations in each of the following:

- A structured voluntary reduction of sodium levels in processed food products and foods sold in food services establishments;
- Education and awareness of consumers, industry, health professionals and other key stakeholders;
- Research in the area of sodium and sodium reduction;
- Monitoring and evaluation, which cross-cuts each of the other areas.

The Strategy is comprehensive and integrated; the recommendations in the four areas cannot be separated from one another in that a successful outcome depends on all being acted upon.

The ultimate goal is to lower sodium intakes to a population mean whereby as many individuals as possible (greater than 95%) have a daily intake below the Tolerable Upper Intake Level (UL) of 2,300 mg per day, to be achieved by 2016. For practical purposes, achieving this requires the population mean daily intake to be closer to the recommended Adequate Intake of 1,500 mg/day for persons aged 9 to 50 years, and less for those younger and older than that.

Currently, over 85% of men and 60% of women in Canada exceed the UL, with the Canadian mean sodium intake approximately 3,400 mg/day. Additionally, more than 75% of children aged 1 to 8 had sodium intakes greater than the UL; the amount associated with an increased risk of adverse health effects.

In Ontario, while the average daily sodium consumption of 2,871 mg from food is below the Canadian figure of 3,092 mg/day for overall average intake, it is still above the UL.

## Rationale for Action in Ontario and Canada

Excess sodium is associated with 30 per cent of all high blood pressure cases in Canada. Almost 20 per cent of Canadian adults have high blood pressure.<sup>2</sup>

Reducing average sodium intake by approximately 1,840 mg per day would prevent 11,550 cardiovascular disease events each year in Canada, and generate direct health care savings of \$430 to \$540 million annually.<sup>3</sup> Reducing sodium consumption to the recommended levels would likely decrease the prevalence of hypertension by 30%; reduce hypertension-related cardiovascular events by 8.6% and the risk of stroke by 15% and save an additional 2 billion dollars annually in health care costs.<sup>4</sup>

Most sodium is consumed as sodium chloride, often called “table salt.” A US study estimated that 90% of sodium intake comes from sodium chloride. Processed foods are the main source, accounting for 77% of average daily sodium intake. Another 12% occurs naturally in foods, and salt added during cooking (6%) or at the table (5%) makes up the remainder.

International food producers and fast food operations add more sodium to their Canadian products than they do to the same products marketed elsewhere. World Action on Salt and Health studies indicate that sodium levels are higher in 5 of 18 packaged and fast foods in Canada than in any of the other countries surveyed.<sup>5</sup> There are even significant differences between products sold on the Canadian and American markets, with American products being lower in sodium.<sup>6</sup>

The WHO Forum on Reducing Salt Intake in Population, 2006 concluded that interventions to reduce population-wide salt consumption are highly cost-effective and can best be achieved through a multi-sector and interdisciplinary approach.<sup>7</sup>

In addition to policy changes designed to address the sodium content of foods, it is necessary to address the low levels of knowledge surrounding sources of excessive sodium in popular Canadian foods, the importance of reducing sodium intake levels and the availability of lower sodium options.<sup>8</sup>

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<sup>2</sup> Blood Pressure Canada. Policy – sodium; 2007. <http://www.hypertension.ca/bpc/wpcontent/uploads/2007/10/bpc-sodium-policy-with-endorsements-clean.pdf>

<sup>3</sup> ED Penz, MR Joffres, NRC Campbell. Reducing dietary sodium and decreases in cardiovascular disease in Canada. *Can J Cardiol* 2008;24(6):497-501. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2643195/pdf/cjc24497.pdf>

<sup>4</sup> Mohan S., Campbell N.R.C, Willis K. (2009). Effective population-wide public health interventions to promote sodium reduction. *CMAJ* 2009. DOI:10.1503/cmaj.090361. [Feb.4, 2011]. <http://www.cmaj.ca/cgi/content/full/181/9/605>

<sup>5</sup> World Action on Salt & Health. New research reveals huge differences in salt contents in global brands [News Release]. London: World Action on Salt & Health. [http://www.worldactiononsalt.com/media/wash\\_media\\_release\\_final\\_uk\\_2009.doc](http://www.worldactiononsalt.com/media/wash_media_release_final_uk_2009.doc).

<sup>6</sup> World Action on Salt & Health. (2009)

<sup>7</sup> WHO Forum on Reducing Salt Intake in Populations (2006 : Paris, France) Reducing salt intake in populations : report of a WHO forum and technical meeting, 5-7 October 2006, Paris, France.

<sup>8</sup> Papadakis, S., Pipe A.L., Moroz I.A., Reid R.D., Blanchard C.M., Cote D.F., Mark A.E., (2010). Knowledge, attitudes and behaviours related to dietary sodium among 35- to 50-year-old Ontario residents. *Canadian Journal of Cardiology*. May 2010, Volume 26 Issue 5: e164-e169.

<http://www.pulsus.com/journals/abstract.jsp?origPg=abstract.jsp&sCurrPg=abstract&jnlKy=1&atlKy=9488&isuKy=915&isArt=t&fromfold&HCtype=Consumer>

## Coordinated Action and Collaboration

The Ontario Sodium Working Group was formed in 2010 in response to the recommendations put forth by the National Sodium Working Group, which can be found in Appendix B. The membership of the Working Group is outlined below.

- Heart and Stroke Foundation
- Champlain Cardiovascular Disease Prevention Network
- Department of Nutritional Sciences, University of Toronto
- Ontario Agency for Health Protection and Promotion
- Ontario Medical Association
- Ontario Stroke Network

The Ontario Sodium Working Group organized the Ontario Sodium Summit in order to identify opportunities and develop momentum for actions that can be undertaken in Ontario towards implementation of the National Sodium Reduction Strategy. The Working Group put together a very compelling and challenging agenda for the Summit and invited key public health stakeholders to engage in discussions to inform opportunities for action.

## Section 3: Welcome and Opening Remarks

### Heart and Stroke Foundation

Mary Lewis opened the day by thanking participants for their attendance on behalf of the Heart and Stroke Foundation. She highlighted the purpose of the event, which is to consider the recommendations of the Federal Sodium Working Group from a provincial perspective and discuss and identify actions to move these recommendations forward in Ontario.

Ms. Lewis provided some context for the event and noted that the Summit is a collaborative project involving the Heart and Stroke Foundation, the Ontario Medical Association, the Ontario Stroke Network, the Champlain Cardiovascular Network, Public Health Ontario, the University of Toronto's Department of Nutrition, and many other partners. Ms. Lewis stressed that there is no other way to move the sodium issue forward than by getting all key public health stakeholders in a room together and talking through the issue. She thanked the above-mentioned organizations for committing their time and providing financial support to help make the Summit happen. She also extended a special thanks to additional funders, including the Ministry of Health and Long-Term Care, the Ministry of Agricultural and Rural Affairs, the Public Health Agency of Canada and Health Canada.

### University of Ottawa Heart Institute

Dr. Andrew Pipe continued by highlighting the recent release of economist Don Drummond's recommendations (The Drummond Report) on how the government of Ontario can cut spending to reduce the province's debt levels. The report suggests that the government should explore regulatory options for the food industry, and that if the federal government does not act on this in a timely fashion, Ontario should act alone in areas such as restricting the amount of trans fat and sodium permissible in restaurant and manufactured foods, and establishing a provincial chronic disease prevention strategy.

Dr. Pipe discussed the impact of hypertension on global health. According to a report published by the World Health Organization in 2002, increased blood pressure is the leading risk factor for death in the world. Dr. Pipe noted that reducing sodium intake to recommended levels in Canada may decrease hypertension prevalence by 30%.

According to a Morbidity and Mortality Weekly Report published by the Centers for Disease Control and Prevention (CDCP) in early February, sodium reduction is an urgent public health priority that must be addressed by coordinated action from all levels of government, the food industry and other public health stakeholders. Dr. Pipe highlighted the experience of other communities that have adopted comprehensive approaches to disease prevention to produce a substantial reduction in cardiovascular diseases, morbidity and mortality.

Sodium reduction can make a profound contribution to a community's health. Citizens of Ontario should be the beneficiaries of the best evidence-based public policy in this area. Through public policy, it is possible to influence public knowledge and understanding, and most importantly, public behaviour related to sodium consumption.

## Public Health Ontario

Dr. Heather Manson added a few remarks on behalf of Public Health Ontario. She provided an overview of sodium consumption in Ontario, which she noted is significantly below the Canadian average, but still well above the upper limit of 2300mg/day. In particular, Dr. Manson highlighted the high consumption of sodium in younger age groups. She echoed Dr. Pipe's conviction that policy can be a true enabler of taking action and a key mode of intervention.

Dr. Manson noted that the Federal Sodium Working Group made targeted recommendations in four key areas:

1. the food supply;
2. awareness and education;
3. research, and;
4. monitoring and evaluation.

These national recommendations can be aligned with the Ontario Public Health Standards (OPHS), which establish requirements for fundamental public health programs and services, including assessment and surveillance, health promotion and policy development, disease and injury prevention, and health protection. Dr. Manson provided an overview of activities that could be undertaken by public health to work towards reducing sodium consumption in Ontario, including:

- Monitoring, analysis and application of local sodium intake data.
- Including costing of lower sodium products in monitoring protocols.
- Informing regulations to restrict distribution of high sodium products within educational settings.
- Promoting interventions to increase availability of lower sodium products within workplaces (e.g. institutional employers).
- Improving availability of lower sodium menu options, and clarity of notices regarding high sodium.
- Community-based programs for dietary sodium reduction (e.g. peer discussion, support).
- Evidence-based education programs.
- Mass media campaigns.

## Section 4: Keynote Address

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### Approaches to Sodium Reduction: An NYC perspective

To set the context, Christine Johnson Curtis provided an overview of the National Salt Reduction Initiative (NSRI) and local sodium reduction initiatives.

#### National Salt Reduction Initiative (NSRI)

In 2008, the New York City Health Department initiated a national effort to prevent heart attacks and strokes by reducing the amount of salt in packaged and restaurant foods. The National Salt Reduction Initiative (NSRI) is a coalition of local and state health authorities and national health organizations that was formed to help food manufacturers and restaurants voluntarily reduce the amount of salt in their products. The goal is to reduce the American population's salt intake by 20% over five years by decreasing the sodium content of foods by 25% through voluntary, achievable, gradual and measurable targets, following the UK model.

A total of 28 companies committed to meeting the 2 and 4-year voluntary sodium reduction targets, which have been set across 62 categories of packaged food and 25 categories of restaurant food. These companies include Heinz, Subway, Kraft Foods, McCain Foods, Starbucks, Unilever and Butterball.

The NSRI includes mechanisms to monitor sodium in the food supply and track progress towards meeting the targets. In addition, the initiative uses urine analysis to monitor changes in NYC's population salt intake.

Some of the lessons learned to date include:

- Developing a plan for a stepwise reduction of sodium content for a wide range of food categories is feasible. There is a wide range of products that have addressed functional limitations and that already meet the targets or have successfully reduced their sodium content to meet them.
- Investing in category development and setting public targets helps level the playing field for all sectors of the food industry.
- Having access to detailed national nutrition data allows for the assessment of nutrient changes over time.

#### Local Sodium Reduction Initiatives

Ms. Curtis provided an overview of local sodium reduction initiatives being implemented in NYC, including consumer campaigns and food procurement standards.

NYC's food procurement policy was officially adopted by Mayoral Executive order in 2009. It defines nutrition standards for foods purchased, contracted for or served by city agencies, including schools, senior centers, homeless shelters, child care centers, correctional facilities, public hospitals and parks

Standards were also set for beverage and food vending machines across NYC, in 2009 and 2011 respectively. These standards cover calorie labelling and nutrient limits, and include standards for product mix, product placement, product size and promotional space.

## British Columbia's Sodium Reduction Initiatives

Ms. Lisa Forster-Coull continued by providing an overview of sodium reduction initiatives in British Columbia. British Columbia's work on sodium reduction is being carried out under the government's prevention and healthy promotion strategy – Healthy Families BC. For more information on this strategy, refer to [www.healthyfamiliesbc.ca](http://www.healthyfamiliesbc.ca)

All of BC's work on sodium reduction work has been informed by the recommendations found in the *Sodium Reduction Strategy for Canada*, and *Curbing Childhood Obesity: the FPT Framework for Action to Promote Healthy Weight*. These documents emphasize the importance of collective action by governments, NGOs and industry to address complex public health challenges.

### Awareness and Education

The Sodium Working Group recommends that common messages be developed for Canadians and used by all stakeholders engaged in sodium reduction. BC was able to jumpstart this work through a partnership with Dietitians of Canada and the Ontario Dietitian Advisory Services/EatRightOntario. Having common consumer messages on the amount of sodium compatible with a healthy diet and on ways to reduce sodium through food choices and food preparation was essential to BC's awareness and education work.

BC launched a major media campaign this past summer, components of which included television advertising, online digital advertising, print ads, weekly Global TV segments with a celebrity dietitian and even a cooking segment with the Premier.

The Healthy Families BC website is also updated frequently with online contests, video clips, dietitian blogs and online tools like Sodium Sense, which allowed users to drag and drop food items onto a plate to create a meal. The total sodium is tallied as food items are added to the plate.

### Public Policy

The Sodium Working Group strongly recommends that foods purchased by public funds must not contribute to the burden of disease. Ms. Forster-Coull provided an overview of food procurement standards and nutrition guidelines in BC, as well as the province's informed dining program and teledietitian services.

BC, like Ontario, is well underway in setting nutrition standards for the foods available at schools. Considerable investment in implementation supports is required to ensure the success of nutrition standards. Under ActNowBC, more than \$1 million was invested in tools and resources to assist the education community and food service sector. There has been considerable improvement in the food environment in schools and communities as a result.

Informed Dining is BC's public policy response to the recommendation of the Sodium Working Group to require onsite nutrition disclosure in food service establishments. The goal of the program is to provide customers with nutrition information at or before the point of ordering so they can make informed choices while dining out. The program is voluntary for the private sector but mandated by government directive for public funded health care facilities. BC is currently working with over 50 restaurant brands. For more information about the program and implementation support, refer to [www.informeddining.ca](http://www.informeddining.ca).

The implementation of BC's sodium reduction strategy was greatly aided by the involvement of teledietitian services. Dietitians at Health Link BC are available on the phone or by email to answer consumers and health professionals food questions and to provide nutrition advice.



## Section 5: Overview of Discussion Streams

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The Ontario Sodium Summit was organized around the following five discussion streams:

1. Public Policy Issues and Sodium Reduction
2. Public Education
3. Restaurant and Food Service Sector
4. Public Food Procurement System
5. Surveillance, Monitoring and Evaluation

### Discussion Stream 1: Public Policy Issues and Sodium Reduction

The first discussion stream featured two context-setting presentations on public policy issues and sodium reduction, the first by David Hammond, PhD, from the Propel Centre for Population Health Impact at the University of Waterloo, and the second by Dr. Norm Campbell from the Heart and Stroke Foundation.

David Hammond provided an overview of sodium reduction policy options and highlighted the critical environments that will need to be considered to effect change. Norm Campbell continued by providing some personal views on public policy issues. Key messages that emerged from their presentations have been listed below.

- **Policy intervention:** The lack of political will to address sodium reduction issues and move forward with policy interventions is an important barrier that will need to be addressed. The scope of policy interventions must be realistic and match the scope of the challenges. Meeting sodium targets will require dramatic reductions in sodium consumption and the entire population will have to shift its behavioral patterns to do so. Although the current evidence base on dietary sodium is incomplete, there is enough evidence to move forward with policy intervention. Policies must incentivize consumers, manufacturers and retailers to effect a whole-system change. Mandatory approaches to reductions in sodium additives are 30 times more effective than voluntary ones.
- **Labelling of products:** Most Canadians struggle with nutrition numbers. Communicating nutrition information in a clear and effective way on product labelling will be an important intervention method. Healthier food choices must be encouraged through simplicity, visual clarity and the ability to convey meaning without written information.
- **Retail environments:** While food and beverage companies should be encouraged to reformulate their products to be healthier, retail environments can play an important role in encouraging sodium reduction, either by selling healthier products or positioning products that meet standards more prominently on the shelves.
- **Processed foods:** The Sodium Reduction Strategy for Canada reports that 41% of Canadians believe they consume too much salt, but only 12% report trying to eat less salt. Most Canadians do not understand where their salt is coming from. There is an opportunity to raise awareness on the fact that most sodium consumption comes from common foods such as breads, processed meats, pasta dishes, cheese, juices, milk products and soups. 70% of sodium consumption in Canada comes from processed

foods. Targeting pre-packaged foods is one of the most effective interventions in terms of reach and cost-effectiveness.

Following the presentations, participants were engaged in table group discussions to explore the policy issues associated with sodium reduction and to make recommendations in three areas: Public Education, the Restaurant and Food Services Sector, and Public Food Procurement. Discussions were guided by the following five questions:

1. What are the enablers and hindrances related to existing policies?
2. What is the proposed policy change and what do you hope to achieve through this change?
3. Who (person or organization) needs to lead the policy change to ensure implementation?
4. Who needs to be involved and playing a supporting role?
5. What timeframe would you suggest for implementation?

Proposed policy changes that emerged from the small group discussions were shared in plenary at the end of the day and briefly discussed by the group as a whole. Suggested policy changes that emerged in the areas of Public Education, the Restaurant and Food Service Sector and the Public Food Procurement System can be found in Sections 6, 7 and 8 of this report, respectively.

### Discussion Streams 2, 3 and 4

Following the discussions on public policy issues and sodium reduction, participants were divided into three groups to drill-down into the three key areas of Public Education, the Restaurant and Food Services Sector, and the Public Food Procurement System.

To set the context for each of the three discussion streams, a panel of speakers offered their knowledge and experience related to the discussion streams. Following the presentations, participants in each stream were asked to discuss and articulate a realistic, achievable preferred future in response to the following question: *"It is February 16th, 2015 and we are celebrating the sodium reduction achievements and progress we have made over the past 3 years. What have we achieved?"*

The purpose of this discussion session was to articulate the preferred future to be achieved with regards to sodium reduction in Ontario, and to then develop concrete recommendations to move forward in each key area. The following questions guided the discussions:

1. What is the proposed recommendation?
2. Who must play a lead role in the implementation of the initiative?
3. Who must play a supporting role?
4. Who must be kept informed?
5. What is your proposed timeframe for implementation?

A summary of panel highlights, the preferred future that was described and suggested actions to move forward in the areas of Public Education, the Restaurant and Food Service Sector and the Public Food Procurement System can be found in Sections 6, 7 and 8 of this report, respectively.

## Discussion Stream 5: Surveillance, Monitoring and Evaluation

The purpose of the fifth and last discussion stream was to begin discussions on the development of a performance monitoring strategy for Public Education, the Restaurant and Food Service Sector and the Public Food Procurement System. A panel of 3 speakers set the context for the discussion session, including JoAnne Arcand, Ph.D., Department of Nutritional Sciences, University of Toronto, Dr. Andy Wielgosz, Medical Consultant for the Public Health Agency of Canada, and William Yan, from Health Canada's Food Directorate.

JoAnne Arcand, Ph.D., provided an overview of monitoring activities conducted under the leadership of Mary L'Abbé at the University of Toronto and funded by CIHR and the Canadian Stroke Network. To continue, Dr. Wielgosz provided an overview of sodium intake analysis by excretion in the Canadian population. William Yan continued by discussing sodium intake goals, measurements of sodium excretion and monitoring changes in dietary patterns. The following key messages emerged:

- Sodium reduction is a challenge, but a number of food products already meet the sodium targets.
- There is a high degree of variability in sodium levels between establishments and types of foods.
- With regards to measuring sodium intake, the gold standard is 24-hour urinary sodium excretion.
- Both food label and TDS data can be used to monitor changes in the sodium content of the food supply. Combined with food intake data, it can provide information on sodium intake of Canadians.
- Food frequency questionnaires are the most cost-effective tools to assess usual intake of sodium in large population studies.

Although participants recognized that the development of a performance management strategy required additional thought, time and effort, a brief discussion followed the panel presentations, the highlights of which can be found in Sections 6, 7 and 8 of this report. The following questions guided the discussions:

- Focusing first on the agreed upon outcomes from the previous discussion, what performance indicators (short, medium and long-term) should we be tracking to measure progress towards the outcomes we have described?
- For each performance indicator, is there existing data for this indicator? If yes, where does it reside and how accessible is it? If no, how difficult would it be to create it?
- Who should lead the collection and consolidation of data and how should it be collected and consolidated?  
Who must play a supporting or contributing role?
- How do we ensure implementation?

## Section 6: Public Education Discussion Stream

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The purpose of this discussion stream was to explore opportunities for action related to a consumer education strategy to raise awareness of the significantly high levels of sodium being consumed by Ontarians and the resulting health impacts, in order to generate consumer support and demand for lower sodium content in foods. The Summit discussions were in support of the Federal Sodium Working Group's Sodium Reduction Strategy for Canada released in July 2010, which included several recommendations for enhancing awareness and education priorities and directions about sodium reduction. The intent of this component of the strategy is to:

- Inform and educate Canadians about sodium and the health consequences linked to high levels of sodium intake.
- Influence consumers to reduce sodium intake.
- Increase consumer demand for lower sodium products.

### Setting the Context

A panel of three speakers from Health Canada, the Champlain Cardiovascular Disease Prevention Network and the Canadian Stroke Network set the context for the Public Education Discussion Stream. Health Canada's Office of Nutrition Policy and Promotion serves as a focal point and authoritative source for nutrition and healthy eating policy and promotion in Health Canada. The CCPN is a group of health and community partners from across the Champlain District of Ontario that is providing leadership to the implementation of a five-year Cardiovascular Disease (CVD) Prevention Strategy.

First, Hasan Hutchinson, Ph.D., Director General of Health Canada's Office of Nutrition Policy and Promotion, provided an overview the healthy eating context in Canada, highlighted some real and perceived challenges to healthy eating, and provided an overview of current federal initiatives related to nutrition labelling, sodium reduction and healthy weights.

To continue, Sophia Papadakis, Ph.D., Program Director, Champlain Cardiovascular Disease Prevention Network (CCPN), provided an overview of actions taken by CCPN to address sodium reduction in the Champlain region, including an overview of the 2009-2011 Champlain "Give Your Head A Shake" Sodium Reduction Campaign. A number of television spots, radio ads, print ads, and web banners were created through this Campaign to help Canadians learn quick and easy ways to make healthy choices and reduce sodium from their diets.

To close the panel, Kevin Willis, Ph.D., Director of Partnerships at the Canadian Stroke Network, provided an overview of actions taken by the Canadian Stroke Network to promote awareness and understanding of sodium issues.

The following key messages emerged from the panel presentations:

- Increasing awareness and education on sodium is an integral part of the multi-faceted and strategic approach that must be undertaken to decrease sodium consumption in Ontario and in Canada.

- Public education is an important strategy for driving consumer demand for lower sodium products in the market-place and support industry with the rapid reformulation of products sold in Ontario.
- Data collected nationally and provincially documents a clear disconnect between the public's general awareness that consume too much sodium and their own awareness of their personal consumption of sodium is a threat to their health . Addressing this disconnect is an important part of changing consumer behaviours.
- Available data suggests there is a knowledge gap in consumer's ability to identify sources of sodium and select lower sodium food options.
- Public education and awareness can only be one component of a broader action plan to address excessive sodium consumption. This broader plan of action must also address the availability of low-sodium foods and point of sale consumer information.
- Existing nutritional labeling framework is difficult for the public to understand and a simpler system for identifying sodium content including front of label packaging is has been discussed as a potential solution.
- There is good evidence that Health communications campaigns have been shown to be effective in influencing purchasing behaviours and diet of individuals provided they are delivered in high frequency or an extended period of time .
- Health Canada is presently executing a campaign to address label reading as part of the National Sodium Working Group recommendations.
- The province of British Columbia has implemented a comprehensive public education campaign and supporting website which is a model for Ontario. In addition the city of New York and the Champlain CVD Prevention Network have rolled out and evaluated a Public Education Campaign to address Sodium which can be used to inform the design of a provincial campaign.
- There already exists a robust market-analysis of Ontario residents collected by the Champlain CVD Prevention Network that can be used to design a provincial campaign.
- The education system and health care providers should also be targeted for supporting the delivery of sodium reduction messages.

For more information, refer to the following links:

- On healthy eating: [www.healthcanada.gc.ca/foodguide](http://www.healthcanada.gc.ca/foodguide)
- On sodium: [www.healthcanada.gc.ca/sodium](http://www.healthcanada.gc.ca/sodium) , [www.healthy Canadians.gc.ca/sodium](http://www.healthy Canadians.gc.ca/sodium) , [www.sodium101.ca](http://www.sodium101.ca) , and [www.hypertension.ca](http://www.hypertension.ca)
- On nutrition labelling: [www.healthy Canadians.gc.ca/dailyvalue](http://www.healthy Canadians.gc.ca/dailyvalue)
- On the "Give Your Head A Shake Campaign": [www.giveyourheadashake.ca/](http://www.giveyourheadashake.ca/)
- On BC's Healthy Families initiative: [www.healthyfamiliesbc.ca](http://www.healthyfamiliesbc.ca)
- On NYC's initiative: <http://www.nyc.gov/html/doh/html/cardio/cardio-salt-initiative.shtml>

## Preferred Future

The following preferred future emerged:

**By February 2015**, healthy choices have become easy and self-evident. The majority of Canadians believe that reducing their own sodium intake is an important health issue. There has been a shift in consumer behavior due to increased knowledge on the role of sodium as a risk factor for hypertension and how to manage sodium consumption. Changing consumer behaviours have driven demand for changes in the marketplace (increase in choice, etc.), which has created the political will to drive the conversation.

## Policy Enablers and Hindrances

Some of the key policy enablers that were identified for Public Education include strong media interest, effective partnerships between government and NGOs, as well as teachers, physicians and the education system.

Hindrances that were identified include conflicting sources of information, the absence of nutrition information at restaurants, the absence of restrictions on marketing to children and youth, as well as cultural traditions which may include staples high in salt and fat. The lack of public awareness of the link between a high sodium diet and disease was also identified as a key hindrance to existing and future policy. In addition, it was noted that the existing nutritional labelling framework is difficult for the public to understand. It was suggested there may be a need for an authoritative source for reliable nutrition information.

## Potential Policy Actions for Ontario

Considering the existing barriers and hindrances, the following actions for policy changes were suggested:

- 1. Standardize nutrition information on all manufactured foods and at all food outlets** to ensure clear food labelling that is easily understood by the public. This policy change could be led by the federal government in collaboration with the provinces. NGOs and the broader health community have a leadership role to play with regards to advocacy efforts, and the media will play a critical role in raising public awareness on the need for change and applying pressure on the government. In addition, it was noted that consumer groups need to be engaged to lend weight to the advocacy message. Furthermore, the food and beverage industry must be given sufficient notice to implement the changes. Advocacy work and public awareness initiatives should begin immediately.
- 2. Integrate a diet and nutrition component in learning curriculums for physicians, nurses and teachers.** The Ministries of Education and of Health and Long Term Care were identified as responsible leads to ensure implementation. Organizations that need to play a supporting role include the College of Physicians, the Medical Council of Canada, universities, public advocacy groups and multi-disciplinary groups (e.g., RDs).
- 3. Children and youth are vulnerable consumers and marketing strategies including media, product position/location, and incentives should be limited with the aim of reducing the exposure of children to high sodium foods** and to bring average daily intake in line with acceptable levels. Additionally, efforts to build upon existing policies and initiatives to promote healthy eating should be undertaken.

## Potential Actions for Ontario in Public Education

Informed by the preferred future statement described above, the group proposed the following concrete recommendations to move forward in the area of Public Education:

### **1. Outline a solid business case for a public sodium education initiative.**

This business case, which would be targeted to government and underpinned by scientific evidence, would explore societal norms, consumer behaviour and the long-term impact of sodium on the health of Canadians. The purpose of this business case would be to persuade government of the long-term economic benefit of a public education and awareness initiative on sodium reduction in order to secure the required resources and political support moving forward.

The Heart & Stroke Foundation Chair on Hypertension could play a leadership role in the implementation of this initiative, with the support of leaders from various health care professional organizations such as the Ontario Medical Association, the Ontario Nurses' Association, the Ontario Stroke Network and the Ontario Renal Network. A suggestion was made to identify champions within key health organizations, as well as within Parliament in order to drive the issue forward.

Individuals and organizations that must be kept informed of this initiative moving forward include members of the Ontario Sodium Working Group as well as the Ministry of Health and Long-Term Care. The proposed timeframe for implementation was 1 year.

### **2. Coordinate a province-wide Social Marketing Campaign**

This campaign would build on existing resources and the experiences of other jurisdictions, including British Columbia, the Champlain Cardiovascular Disease Prevention Network and New York City. The campaign would encourage Canadians to take ownership of their health, assess their health risk, educate themselves and change their eating behaviours.

A coalition of public health stakeholders, including major provincial entities and local authorities (e.g. Heart and Stroke Foundation, Ontario Medical Association, etc) could be established to develop a work plan to move this issue forward. The first step for this initiative would be to undertake an environmental scan to develop a better understanding of what capacity exists and what each organization is willing to contribute to the provincial campaign. The suggested timeline for this first step was 1 year.

### **3. Create a professional Knowledge Transfer Network**

This network could provide support in defining clear, consistent and appropriate messaging on sodium that is responsive to the current environment. The creation of this network would also help establish pathways, partnerships and mechanisms that could be adapted for other issues (e.g. such as trans fat).

The Heart and Stroke Foundation may be a suitable agency to lead this initiative, with support from government bodies, professional colleges and organizations, public health organizations (e.g. Ontario Public Health Association, Association of Local Public Health Agencies, etc.), established networks (e.g. Ontario Stroke Network, Public Health Leadership Council), Family Health teams, Community Health Centre Associations, Food Sector associations (Food and Consumer Products of Canada), culinary programs and others.



It was suggested that a year would be sufficient time to establish the network, as well as create the common messaging and the tools, and two years to disseminate them.

## Surveillance, Monitoring and Evaluation

Although participants recognized that the development of a performance management strategy required additional thought, time and effort, a brief discussion ensued, the highlights of which follow.

### Potential Measures for Education and Awareness, and Advocacy

- Level of awareness and knowledge of health risk of sodium, sources of sodium and personal sodium consumption.
- Demonstrated shift in behaviour from consumer awareness to consumer ownership (e.g. through consumer purchasing behaviours).
- Number of teachers and other professionals trained on educational messages.
- Government sign-off on funding for initial activities for consumer education.
- Measures of reach of public education messages, including paid and earned media.

Suggestions with regards to data collection for these measures include:

- Use core set of standardized indicators in existence (Canadian surveys, PAHO, WHO). Add targeted areas such as food labelling.
- Undertake qualitative research to develop indicators and better understand issues on emerging areas such as personal beliefs related to sodium and food labelling.
- Consult with other stakeholders to determine if a common set of indicators is appropriate (e.g. NYC, CDC, BC, Health Canada, UK Department of Health (Former Food Standards Agency)).
- Examine best delivery channel for data collection (RRFSS, CCHS paid module, stand alone data collection).
- Ensure sample size is adequate for monitoring trends.
- Develop indicators for each knowledge transfer tactic/delivery channel.

## Section 7: Restaurant and Food Service Sector Stream

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The purpose of this discussion stream was to begin to address sodium reduction in the public sector food supply in order to meet specified goals for acceptable sodium intake (as defined by the Sodium Working Group), as well as to address required changes regarding food labelling. The Summit discussions were in support of the Federal Sodium Working Group's Sodium Reduction Strategy for Canada released in July 2010, which included several recommendations for the restaurant and food service sector. The intent of this component of the strategy is to:

- Work with the food industry to establish voluntary sodium reduction targets and lower the sodium content found in food products.



- Work towards the on-site disclosure of nutrition information for standard menu items at restaurants and food services establishments.
- Improve the current nutrition labelling system in Canada.

## Setting the Context

A panel of 2 speakers set the context for this discussion stream, including Terry Dean, Director of Health Check at the Heart and Stroke Foundation, and Dr. Catherine Mah from the Centre for Addiction and Mental Health. Mr. Dean provided an overview of Health Check, a point-of-purchase food information program designed to help Canadians make wise food choices in grocery stores and restaurants. Some of the program's lessons learned include:

- Consumers are starting to respond to healthy item availability. Nutrition facts brochures are requested when they are prominently displayed in restaurants.
- Accuracy between calculated sodium levels and laboratory food analysis results can vary dramatically.
- Lab analysis and fees make this program cost-prohibitive for smaller operators.
- Chefs are slowly embracing the need to source other flavour enhancers to lower sodium levels. Suppliers are slowly reacting to wide-spread operator requests for healthier items.
- Registered dietitians support operators by providing them with nutrition-related information and knowledge.
- Provincial funding grants have accelerated enrolment in the program.
- Ongoing restaurant staff training (including servers) is critical.
- The time required to meet the Health Check standards can range from months to years. Ongoing evaluation must be an integral part of the model.

For more information, refer to: [www.healthcheck.org/](http://www.healthcheck.org/)

## Preferred Future

The following preferred future emerged:

**By February 2015**, an Informed Dining program, following the BC model, is in place in Ontario. Consistent and standardized nutrition information is available in 50% of chain restaurants. The public is well informed and food literate. As a result, consumers are driving demand for lower sodium choices. Restaurants are providing lower sodium options and are committed to nutrition information disclosure at point for sale. In addition, restaurant owners are committed to working on the formulation of new healthier food items and the reformulation of existing products.

## Policy Enablers and Hindrances

Several key policy enablers were identified for the restaurant and food service sector. First, work is already under way by the FPT Task Group to create consistent guidelines for nutrition disclosure. Furthermore, several jurisdictions, British Columbia, New York City and

Massachusetts among others, have already “paved the way” in this area. Building on the best practices and lessons learned from these jurisdictions will significantly advance efforts in Ontario.

The main hindrance that was identified related to the lack of existing legislation on the provision of nutrition information at restaurants and food outlets. The lack of consistency in the nutrients listed, as well as the accuracy and location of that nutrition information was noted as a key challenge for the restaurant and food services sector. Other challenges include the large variety of foods served at restaurants and food outlets, lengthy product reformulation periods, and heavy industry influence in policy-making. It was noted that most major restaurant chains set menus at the national level, not the provincial level, and that product reformulation can be a financial burden on smaller “mom and pop” shops.

## Potential Policy Actions for Ontario

Considering the existing barriers and hindrances, the following actions for policy changes were suggested:

**1. Make disclosure of nutrition information in large-scale chain restaurants mandatory.**

Nutrition information would include sodium, fat and caloric content. This would increase consumer awareness of the sodium content of restaurant foods and may lead them to make healthier choices. It would also act as an incentive for restaurants to reformulate their food choices into healthier options. Health Canada, in collaboration with relevant stakeholders, was identified as the lead organization for establishing a national framework for restaurant menu labelling.

The Canadian Food Service and Restaurant Association could support the implementation of a voluntary approach by encouraging operators to participate in the program, which would later be evaluated to determine if a mandatory approach is needed. Local public health units and NGOs can play a role in supporting early adopters.

Other organizations that need to be involved and play a supporting role include food processors and manufacturers, culinary educators, and the Medical Officer of Health.

A 2-3 year timeframe for implementation was suggested.

**2. Make business licensing contingent on meeting specific food standards.** It was suggested the provincial government take the lead on this initiative. The public health sector has an important role to play in providing implementation support, as well as in ensuring transparency and accountability. With regards to a timeframe for implementation, a gradual step-wise approach was recommended. Targets should be set in negotiation with restaurants. This could be done over the next 12-18 months. The importance of monitoring and evaluation was highlighted to analyze the impact of the policy intervention.

**3. Implement government-regulated front-of-package (FOP) food product labelling,** building on the recommendations of the Institute of Medicine. FOP labelling would inform the public in a simple and understandable way on sodium, saturated and trans fats and added sugars, as well as calories. Although FOP labelling falls under federal jurisdictions, the Ontario government could consider the use of shelf-tags to achieve the same effect. The NGO community and advocacy community could play a supporting role.

## Potential Actions for Ontario in the Restaurant and Food Services Sector

Informed by the preferred future statement described above, the group proposed the following concrete recommendations to move forward in this area:

### **1. Ensure that the Ontario Ministry of Health is actively represented in FPT committee and task forces, including the restaurant/food services task force that is producing a national framework for nutrition disclosure.**

The Association of Local Public Health Units, the Ontario Society of Nutrition Professionals in Public Health, the Canadian Restaurant and Foodservice Association and other industry players must play a supporting role to move this initiative forward.

The restaurant and food service sector will require support to make healthier choices available on their menus (e.g. operators will require support with the reformulation of products and data analysis). It will be important to connect these operators to those who can provide them with information and support.

### **2. Develop and implement an Informed Eating Program, building on BC's work, for disclosure of consistent nutrition information for standard menu items in Restaurants**

Provincial resources must be available for implementation support. Local public health dietitians can be a key contact point for interested proprietors. Public health inspectors can support and encourage the program with restaurant proprietors and will be responsible for inspection/audit to ensure that nutrition information is consistently available at point of purchase.

Public Health dietitians also may have a role in outreach to food service facilities. Dietitians could specialize in nutrition monitoring, the enforcement of nutrition information disclosure at point-of-purchase, the accuracy of menu information posted, as well as assist with menu and recipe reformulation.

EatRight Ontario dietitians can answer technical questions and help with menu reformulation.

## Surveillance, Monitoring and Evaluation

Although participants recognized that the development of a performance management strategy required additional thought, time and effort, a brief discussion ensued, the highlights of which follow.

### Potential Measures for Reductions in Sodium Intake Levels

- 24-hour urinary sodium excretion (PHAC conducted surveys).
- Changes in dietary patterns and food intakes over time through the nutrition data collected in the Canadian Community Health Survey (CCHS) (Compare 2004 data set to 2015).

### Potential Measures for Improvements in the Restaurant and Food Services Sector

- Number of restaurants that have nutrition labelling available at point of purchase (this data is not currently available).
- Affordability of low sodium food options.

- Level of Ontario's engagement and participation on the FPT Task Group.
- Level of awareness of public health dietitians on where to find information about the work of the FPT group and its task groups.
- Comparison of nutrient content between low and high sodium products.
- Number of new lower sodium food products developed.

In addition, it was noted that data collection for the Restaurant and Food Services Sector can be done through a survey via OSNPPH listserv.

## Section 8: Public Food Procurement System Stream

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The purpose of this discussion stream was to begin to address the issue of sodium reduction with the publicly procured food service industry within Ontario. The Summit discussions were in support of the Federal Sodium Working Group's Sodium Reduction Strategy for Canada released in July 2010, which included several recommendations for the public food procurement system. The intent of this component of the strategy is to:

- Develop more consistent sodium guidelines and procurement policies for use by food service operations in publicly-funded institutions.
- Lower the sodium content of food products served or sold in publicly-funded institutions to meet the voluntary sodium targets.

### Setting the Context

A panel of 2 speakers set the context for this discussion stream, including Mary L'Abbé, Ph.D., Chair of the Department of Nutritional Sciences at the University of Toronto, and Bob Moulson, from Brescia University College, UWO. The panelists discussed strategies for Ontario's provincial food procurement and outlined the following options, which could serve as a basis for discussion within the group, building on the work of the Federal Sodium Working Group:

1. Utilize the Broader Public Sector (BPS) Accountability Act to maximize reach and create a nutritional directive for sodium for all BPS organizations' where food is procured (exception is schools where there already is such a policy under the Policy/Program Memorandum No. 150).
2. Open the various acts regulating non BPS organizations to include nutritional standards, starting with the most vulnerable (e.g. daycares and long term care facilities) as these are areas likely to win public support. If regulation is not feasible, work with each non-BPS sector to create voluntary guidelines.
3. Seek the input and support of provincial associations representing professional groups and food purchasing organizations to leverage the argument for sodium targets in provincially procured food.
4. Develop training programs to raise awareness among professional gatekeepers and those procuring food and developing menus.

5. Call upon Dietitians of Canada to be a leader in encouraging their members to incorporate existing sodium guidelines (Dietary reference intakes, Sodium reduction strategy for Canada and Eating well with Canada's food guide) into all aspects of practice, including menu development.
6. Utilize a comprehensive approach to focus on not only nutrition standards but on the complete supply chain and at all stages of public food procurement, recognizing the influence such standards could have on the food supply chain, noting the example of NYC in this regard.
7. Monitor the sodium levels in publicly-procured foods regularly and over time.
8. Evaluate implementation and share lessons learned to encourage other jurisdictions and levels of government to analyze what influence they have on the publicly-procured food supply in order to undertake similar initiatives.

## Preferred Future

The following preferred future emerged:

**By February 2015**, comprehensive nutrition standards are in place for all publicly funded institutions in Ontario, as well as for all private operators and vendors within these institutions. These nutrition standards, including sodium targets, are consistent with FPT timelines and targets for 2016. Sufficient resources are allocated for implementation of these standards, including training, tech support, and enforcement, as well as performance monitoring. Accountability is provided at multiple levels, and performance measurements include appropriate short and long-term health outcomes.

## Policy Enablers and Hindrances

One of the key policy enablers identified includes positive movements in federal policy in other jurisdictions such as the United States and the United Kingdom. Success stories in these jurisdictions can be leveraged to lobby for change in Ontario. In addition, it was noted that guidelines already in place in other jurisdictions (e.g., British Columbia) can be adapted and adopted in Ontario. Other key enablers include food service contract renewals as an opportunity to include nutritional standards, as well as possible incentives for manufacturers and producers to create lower sodium products. Participants noted that the size of the "food procurement system" in Ontario could help enable sodium reductions in the broader food supply chain.

Although it was recognized that policy change may actually stimulate demand for and improve the availability of products that meet procurement standards, key hindrances for policy changes in the public food procurement system include a potential for a lower availability of foods that meet standards, as well as the limited nature of nutrient labeling on wholesale foods. A suggestion was made that supports need to be put in place for menu planning.

## Potential Policy Actions for Ontario

Considering the existing barriers and hindrances, the following actions for policy changes were suggested:

- 1. Develop nutritional standards, which would include sodium, for a provincial procurement policy.** The province of Ontario could utilize its collective purchasing power to create nutritional standards in order to drive down prices and increase the availability of healthy food products. Responsibility for implementation rests with government across several ministries. The Ministry of government services has a lot of procurement services and could take a leadership role in drafting the Request for Proposals (RfP), which needs to include nutritional standards at the procurement level.  
  
Clinical and scientific communities as well as health organizations have a supporting role to play in advocating for policy change. CEOs of LIHNs, hospitals, long-term care centers and school boards should be held accountable for the implementation of this policy at the institutional level. Professional organizations, sector associations, EatRight Ontario, group purchasing organizations and suppliers, academics and public health units will need to play a supporting role in implementation, as well as in evaluating the effectiveness of the policy.  
  
With regards to timelines, it was noted that nutritional guidelines should be created for each food category as soon as possible. Implementation of these guidelines should be done in conjunction with the renewal of commercial contracts.
- 2. Amend procurement directives to ensure public institutions have protected funding for food purchasing budgets.** This initiative will have to be spearheaded by the responsible ministry or ministries that fund all publicly-funded institutions. Stakeholders that need to be involved include the CFO/CEOs of public sector organizations, suppliers, purchasers, purchasing partnerships, patients, clients and medical staff.

## Potential Actions for Ontario in the Public Food Procurement System

Informed by the preferred future statement described above, the group proposed the following concrete recommendation to move forward in this area:

### **1: Define nutrition standards for publicly funded institutions**

The focus of this recommendation is on the development of nutrition standards, including sodium, for publicly funded institutions by reviewing PPM 150 as the initial basis for the discussion. Public Health Ontario was identified as the lead to initiate and coordinate the convening of an expert and scientific panel to develop nutrition standards. Scientists and practice-based experts from multiple sectors must play a role in developing, implementing and monitoring these standards.

## Surveillance, Monitoring and Evaluation

Although participants recognized that the development of a performance management strategy required additional thought, time and effort, a brief discussion ensued, the highlights of which follow.

Potential Performance Measures for Improvements in the Public Food Procurement System could include

- Process measures such as the development of applicable policies as well as measures of their implementation and the creation of tools and infrastructure to support implementation.

- Tracking reductions of sodium levels in foods served or sold in publically funded institutions.
- Measures of health outcomes or health system utilization.

## Section 9: Building Momentum

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Overall, participants felt that the Summit discussions had been very informative and productive and that ongoing discussion on the actions suggested is needed in order to flesh them out, identify leads and establish some timelines. The following key messages emerged:

- It was recognized that there are limits to a volunteer approach, and that a regulatory approach may eventually be required to meet the sodium targets. A recommendation was made to convene another group at a later date to further delve into the matter of a voluntary vs. a regulatory approach. It was suggested that the circulation of a draft discussion paper may allow participants to comment more completely on this issue.
- With respect to the Restaurant and Food Services sector, the group struggled with the enormity of dealing with this sector in a holistic way, given the diversity of foods and products across that category. Another challenge with this sector was related to the fact that labelling for packaged foods, which are the greatest source of sodium in the diet of Canadians, falls under federal jurisdiction, but that there were no comparable regulations for this sector. Opportunities for provincial representatives to play an advocacy role with their federal counterparts were highlighted.
- The feeling in the room was that Ontario needed to play a much more active role in the work of the FPT Task Group.
- Lack of political will at both the federal and provincial levels was identified as a significant issue to be addressed. Getting the buy-in and support of political leaders on moving sodium initiatives forward will be contingent on the public's demand for something to be done in this area.
- A plan was outlined for public food procurement and the group felt that it needs to move forward. As a next step, this would include identifying roles and responsibilities for those who can work on moving the recommendations forward. Stakeholders who represented local public health organizations felt a similar approach could be undertaken to examine food procurement at the municipal and regional government levels.
- It may be worth exploring ways to enact change through provincial directives by the Chief Medical Officer of Health.

## Section 10: Summation

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Dr. Andrew Pipe and Dr. Heather Manson thanked participants for their attendance, made some closing remarks and outlined key next steps.

In recent months, many organizations have professed a profound interest to learn more about sodium issues and discuss what can be done to address them provincially. The purpose of this Summit was to bring together a group of individuals with diverse backgrounds and experiences to have open discussions on how Ontario might begin to address these issues. A lot of the good background work has been done by the Federal Sodium Working Group and other public health stakeholders. This served as a good starting point for the discussions. Public policy decisions can be ultimately very powerful in securing the health of a population.

Amongst those present today, there are some with considerable authority as advocates, some that have particular capabilities around the assembly of scientific information, and some that have the capacity to convene expert policy panels. The continued participation and commitment of all public health stakeholders will be a critical part of moving forward. There is a need to further review topics that could not be covered in sufficient depth over the course of the Summit, as well as to identify those that will be responsible to carry information and messages forward.

The organizing committee will review the proceedings and outcomes of the Summit and discuss the opportunities and challenges that emerged. There are a number of opportunities moving forward to begin to address sodium issues on a provincial level. The organizers of the Summit are aware of them and there is an expressed commitment to take advantage of them.



## Appendix A: Agenda

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### Ontario Sodium Summit Implementing the Federal Sodium Working Group's National Recommendations

#### PROPOSED AGENDA

February 16th and 17th, 2012

University of Toronto Faculty Club

Toronto, Canada

#### Thursday February 16th, 2012

10:00- 10:30am	<p><b>Welcome, opening remarks, the context for the Summit</b> <b>Mary Lewis</b>, Vice President, Research, Advocacy and Health Promotion, Heart and Stroke Foundation <b>Dr. Heather Manson</b>, Director, Health Promotion, Chronic Disease and Injury Prevention, Public Health Ontario <b>Dr. Andrew Pipe</b>, Chief of Prevention and Rehabilitation, University of Ottawa Heart Institute</p>
10:30-11:00am	<p><b>FACILITATOR - Marc Valois</b> <b>Review of agenda and approach</b> <b>Roundtable participant introductions and expectations</b></p>
11:00-12:00pm	<p><b>PLENARY: Overview of lessons learned - the U.S. experience, New York City and British Columbia</b> <b>Christine Johnson</b>, Cardiovascular Disease Prevention and Control Program, New York City Department of Health and Mental Hygiene <b>Lisa Forster-Coull</b>, Provincial Nutritionist, Population and Public Health, British Columbia</p>
12:00-1:00pm	<p><b>LUNCH</b></p>
1:00 - 1:30 pm	<p><b>Discussion Stream 1: Public Policy Issues and Sodium Reduction</b> – Shaping public policy in support of the national sodium recommendations <b>Dr. Norm Campbell</b>, Heart and Stroke Foundation/CIHR Hypertension Chair, University of Calgary <b>Dave Hammond PhD</b>, Propel Centre for Population Health Impact, University of Waterloo</p>
1:30 - 2:45pm	<p><b>Public Policy Breakout Sessions</b> <b>Objective: To explore the policy issues associated with sodium reduction and to make recommendations to advance the implementation of the Federal Sodium Working Group's national recommendations.</b></p>

**2:45 – 3:30pm**      **Plenary reports on results of policy discussions**

**3:30 - 3:45pm**      **Break**

<b>3:45 – 4:25</b>	<b>Overview Presentations of Day 2 Discussion Topics</b>		
	<p><b>Discussion Stream 2: Public Education</b></p> <p><b>Hasan Hutchinson PhD,</b> Director General, Health Canada</p> <p><b>Sophia Papadakis, PhD,</b> Program Director, Champlain Cardiovascular Disease Prevention Network</p> <p><b>Kevin Willis, PhD,</b> Director of Partnerships, Canadian Stroke Network</p>	<p><b>Discussion Stream 3: Restaurant and Food Service Sector</b></p> <p><b>Terry Dean,</b> Director, Health Check</p> <p><b>Dr. Catherine Mah MD, FRCPC,</b> PhD Scientist, Centre for Addiction and Mental Health</p>	<p><b>Discussion Stream 4: Public Food Procurement System</b></p> <p><b>Mary L’Abbe PhD,</b> Chair, Department of Nutritional Sciences, University of Toronto</p> <p><b>Bob Moulson, BSc MScFN (candidate)</b> Brescia University College</p>

**4:25 - 4:30pm**      **Day 1 Wrap-up**

**Friday February 17<sup>th</sup>, 2012**

**8:00 – 8:30am**      **Breakfast**

**8:30 – 8:45am**      **Review of agenda and approach to day 2**

<b>8:45 - 10:30pm</b>	<b>Concurrent Breakout Session by discussion stream</b>		
	<p><b>Discussion Stream 2 Public Education</b></p> <p><b>Objective: To identify areas where we need to achieve results with regard to education and awareness, the outcomes to be achieved and the initiatives to be</b></p>	<p><b>Discussion stream 3 Restaurant and Food Service Sector</b></p> <p><b>Objective: To articulate the results we wish to achieve with regard to sodium reduction in the restaurant and food service sector in Ontario and to develop recommendations to</b></p>	<p><b>Discussion Stream 4 Public Food Procurement System</b></p> <p><b>Objective: To articulate the results we wish to achieve with regard to the sodium reduction in the public food procurement system in Ontario and to develop</b></p>

	<b>undertaken.</b>	<b>move forward.</b>	<b>recommendations to move forward.</b>
<b>8:45 – 10:30am</b>	<b>Concurrent Breakout Sessions</b>		
<b>10:30 - 10:45am</b>	<b>Break</b>		
<b>10:45 - 11:30pm</b>	<b>Plenary reports on results of breakout group discussions</b>		
<b>11:30 - 12:15pm</b>	<b>Lunch</b>		
<b>12:15 - 2:30pm</b>	<b>Discussion Stream 5: Surveillance, Monitoring and Evaluation</b>		
<b>12:15 - 12:45pm</b>	<p><b>JoAnne Arcand PhD, CIHR Fellow in Public Health Policy, Department of Nutritional Sciences, University of Toronto</b></p> <p><b>Dr Andy Wielgosz MD PhD, Medical Consultant, Public Health Agency of Canada</b></p> <p><b>William Yan, PhD, Food Directorate, Health Canada</b></p>		
<b>12:45 - 2:00pm</b>	<p><b>Small group breakout sessions by discussion stream</b></p> <p><b>Objective: To develop the elements of a performance monitoring framework to measure progress over time.</b></p>		
<b>2:00 - 2:30pm</b>	<b>Plenary reports on results of evaluation and monitoring</b>		
<b>2:30 - 2:45pm</b>	<b>Break</b>		
<b>2:45 - 3:15pm</b>	<p><b>Building Momentum Plenary Discussion</b></p> <p><b>Objective: How to build and sustain momentum over time? Who needs to actively champion the recommendations put forward over the course of the Summit in order for this to have been worthwhile?</b></p>		
<b>3:15-3:30pm</b>	<p><b>Closing Remarks and Next steps</b></p> <p><b>Dr. Andrew Pipe, Chief of Prevention and Rehabilitation, University of Ottawa Heart Institute</b></p> <p><b>Dr. Heather Manson, Director, Health Promotion, Chronic Disease and Injury Prevention, Public Health Ontario</b></p>		

## Appendix B: List of Participants

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Name	Organization
Arango , Manuel	Heart and Stroke Foundation
Arcand, JoAnne	University of Toronto
Azevedo, Elsie	Halliburton, Kawartha Pine Ridge District Health Unit
Baltadjian, Adrienne	Durham Region Health Department
Binnie, Mary Ann	Canada Pork
Bouchard, Francoise	National Specialty Society for Community Medicine
Burse, Susan	North Eastern Ontario Stroke Network
Campbell, Norm	University of Calgary
Dean, Terry	Heart and Stroke Foundation
Dojeiji, Laurie	Champlain CVD Prevention Network
Dombrow, Carol	Health Check
Forster-Coull, Lisa	Government of British Columbia
Gaudet, Renee	Simcoe-Muskoka District Health Unit
Goel, Sanjeev	Ontario College of Family Physicians
Hammond, David	University of Waterloo
Hetherington, Paul	Baking Association of Canada
Hobin, Erin	University of Waterloo
Holland, Mark	Heart and Stroke Foundation
Hutchison, Hasan	Health Canada
Jamal, Hasina	Public Health Ontario
Jeffrey, Bill	Centre for Science in the Public Interest
Johnson, Christine	New York City Department of Health and Mental Hygiene
Kelloway, Linda	Ontario Stroke Network
L'Abbé, Mary	University of Toronto
Lewis, Mary	Heart and Stroke Foundation
Lim, Michelle	University of Toronto
Liu, Peter	Institute of Circulatory and Respiratory Health & Toronto General Hospital
MacKay, Kathryn	Ontario Medical Association

Mah, Catherine	Food Policy Research Initiative, OTRU
Maher, Tara	Cancer Care Ontario
Makarchuk, Mary-Jo	Canadian Institutes of Health Research
Manson, Heather	Public Health Ontario
Manuel, Doug	Institute for Clinical Evaluative Sciences
McCrea-Logie, Jennifer	Public Health Agency of Canada
McPherson, Cathy	Elgin St. Thomas Health Unit
Montesano, Deanne	Ministry of Health and Long-Term Care
Moulson, Bob	Public Health Ontario
Oliphant, Heather	Hamilton Health Sciences
Orendorf, Krista	Heart and Stroke Foundation
Ozarko, Domenica	Ministry of Health and Long-Term Care (MOHLTC)
Papadakis, Sophia	University of Ottawa Heart Institute and Champlain CVD Prevention Network
Pipe, Andrew	University of Ottawa Heart Institute and Champlain CVD Prevention Network
Purdham, Dan	Cardiac Care Network
Ramdan, Debra	Ontario Ministry of Agriculture, Food and Rural Affairs
Reaman, Ron	Canadian Restaurant Food Services Association
Reece, Robin	Heart and Stroke Foundation
Roberts, Melody	Public Health Ontario
Rose, Keeley	Canadian Institutes of Health Research
Schermal, Alyssa	University of Toronto
Scourboutakos, Mary	University of Toronto
Setterfield, Mike	Cardiac Care Network
Skinner, Jill	Canadian Medical Association
Stanley, Jason	Public Health Division (MOHLTC)
Steacie, Adam	Ontario Stroke Network
Tanaka, Phyllis	Food and Consumer Products of Canada
Vanderkooy, Pat	Dietitians of Canada
Vanderlee, Lana	University of Waterloo
Wellner, John	Ontario Medical Association
Wielgosz, Andreas	Public Health Agency of Canada

Yan, William	Health Canada
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## Appendix C: Recommendations of the National Sodium Working Group

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### Overarching Recommendations

- A. The Working Group has established an interim sodium intake goal of a population average of 2,300 mg of sodium per day to be achieved by 2016. The ultimate goal of the Sodium Reduction Strategy is to lower sodium intakes to a population mean whereby as many individuals as possible (greater than 95% of the population) have a daily intake that is below the Tolerable Upper Intake Level (UL).<sup>a</sup>
- B. The Working Group recommends collaboration across all levels of government, health professional organizations, non-governmental organizations (NGOs), media, industry and academia to implement the specific recommendations in a coordinated, systematic and timely fashion.
- C. The Working Group recommends that federal, provincial and territorial governments provide adequate funding to support the successful implementation of the Sodium Reduction Strategy.
- D. The Working Group recommends that all levels of government and stakeholders develop and integrate sodium reduction into their nutrition programs, guidelines and policies.
- E. The Working Group recommends that the implementation process include outlining the individual steps required for each recommendation, specifying timelines and monitoring the completion of each step.
- F. The Working Group recommends that all Canadians take personal steps to reduce sodium consumption as part of an overall healthy diet.

The Working Group believes that the success of the Sodium Reduction Strategy for Canada will depend on implementation of the recommendations in four areas:

1. Food Supply
2. Awareness and Education
3. Research
4. Monitoring and Evaluation

### 1. Food Supply Recommendations

**RECOMMENDATION 1-1:** The Working Group recommends that Health Canada continue to work with the food industry to establish voluntary sodium reduction targets by food category.

**RECOMMENDATION 1-2:** The Working Group recommends that Health Canada, in collaboration with the Provinces and Territories, continue to work with the restaurant and food services industries to establish voluntary sodium reduction targets for meals and menu items sold in restaurants and foodservice establishments.

**RECOMMENDATION 1-3:** The Working Group recommends that manufacturers lower the sodium content of their products to meet the voluntary targets and go beyond them over time to the lowest level possible, taking into consideration microbial food safety, quality and consumer acceptance.

**RECOMMENDATION 1-4:** The Working Group recommends that a mechanism be established on Health Canada's sodium website that would allow individual companies to commit to the Sodium Reduction Strategy.

**RECOMMENDATION 1-5:** The Working Group recommends that the *Food and Drug Regulations* be amended to ensure that the serving sizes used in the Nutrition Facts table (NFT) are as uniform as possible to facilitate the comparison of sodium levels in similar foods.

**RECOMMENDATION 1-6:** The Working Group recommends that the *Food and Drug Regulations* be amended to change the basis of the Daily Value (DV) for sodium in the Nutrition Facts table (NFT) from 2,400 mg to 1,500 mg to reflect the Adequate Intake (AI) level.

**RECOMMENDATION 1-7:** The Working Group recommends that Health Canada improve the current nutrition labelling system in Canada to facilitate consumer understanding and use, particularly as it relates to sodium.

**RECOMMENDATION 1-8:** The Working Group recommends that the *Food and Drug Regulations* and applicable provincial regulations be amended to require the on-site disclosure of nutrition information in a consistent and readily accessible manner for standardized menu items prepared and assembled on-site at restaurants and food services establishments, where feasible (i.e., in establishments with a high degree of standardization).

**RECOMMENDATION 1-9:** The Working Group recommends that the federal government, along with the provincial and territorial governments, where necessary, review the food additive approval process and modernize the standards of identity for foods while maintaining microbial food safety.

**RECOMMENDATION 1-10:** The Working Group recommends that the federal government, together with provincial and territorial governments, develop more consistent sodium guidelines and procurement policies for use by food service operations in publicly-funded institutions such as schools, daycares, hospitals, care facilities, correctional institutions and for the armed forces.

## 2. Awareness and Education Recommendations

**RECOMMENDATION 2-1:** The Working Group recommends that education programs be developed and adapted for intermediaries working in the various sectors of the food industry (manufacturing, distributing and foodservices) to inform them about sodium and the Sodium Reduction Strategy for Canada.

**RECOMMENDATION 2-2:** The Working Group recommends that education programs be developed to reach key intermediaries in the health, media, education and government sectors to inform them about sodium and the Sodium Reduction Strategy for Canada.

**RECOMMENDATION 2-3:** The Working Group recommends that the federal government lead the development and implementation of a social marketing campaign on sodium. This campaign should be aligned with efforts of the food industry to reformulate their products.



**RECOMMENDATION 2-4:** The Working Group recommends that governmental and non-governmental funding bodies develop cohesive and coordinated funding mechanisms to enhance community-based activities that will support the Sodium Reduction Strategy.

**RECOMMENDATION 2-5:** The Working Group recommends that federal, provincial and territorial governments continue to explore options to reduce the exposure of children to marketing for foods that are high in sodium.

**RECOMMENDATION 2-6:** The Working Group recommends that, in the context of a broad education campaign on sodium, a strategy be developed to help consumers understand the current Nutrition Facts table (NFT). It should be understood that changes to the NFT will be made in the future and a comprehensive strategy will be needed to support the revised NFT.

**RECOMMENDATION 2-7:** The Working Group recommends that the federal government review and update *Canada's Food Guide* to increase the prominence and effectiveness of advice regarding sodium and calories.

### 3. Research Recommendations

**RECOMMENDATION 3-1:** The Working Group recommends that the federal government provide increased resources to the granting councils and the relevant science-based departments and agencies to develop and implement mechanisms to build capacities, target research funding and improve research collaborations amongst academic, government and industry sectors, and enhance these partnerships to advance sodium reduction-related research.

**RECOMMENDATION 3-2:** The Working Group recommends that the federal government empower the granting councils and relevant partners to develop and implement a program of research funding to address knowledge gaps in basic understanding of sodium physiology to inform both policy and practice.

**RECOMMENDATION 3-3:** The Working Group recommends that the federal government empower the granting councils, relevant departments and agencies, and the food industry to work together to better understand the minimum levels of sodium attainable in foods without sacrificing the specific functional aspects of salt in foods, with an emphasis on microbial food safety and food technology issues.

**RECOMMENDATION 3-4:** The Working Group recommends that the federal government, relevant health non-governmental organizations (NGOs) and other stakeholders fund population and public health policy and program research.

**RECOMMENDATION 3-5:** The Working Group recommends that the federal government provide adequate resources to the granting councils and interested stakeholders to develop and implement a research initiative to investigate sodium reduction in the context of healthy eating patterns.

### 4. Monitoring and Evaluation Recommendations

**RECOMMENDATION 4-1:** The Working Group recommends development of a comprehensive sodium monitoring and evaluation plan with annual public reporting.

**RECOMMENDATION 4-2:** The Working Group recommends monitoring the sodium intake of Canadians.

**RECOMMENDATION 4-3:** The Working Group recommends monitoring the foods Canadians consume using a national dietary intake survey similar to the Canadian Community Health Survey (CCHS) 2.2.

**RECOMMENDATION 4-4:** The Working Group recommends monitoring and evaluating the progress of each of the program components of the Sodium Reduction Strategy for Canada--specifically, the food supply, awareness and education, and research.

**RECOMMENDATION 4-5:** The Working Group recommends monitoring long-term health outcomes, including blood pressure, morbidity and mortality from cardiovascular disease (acute myocardial infarction, stroke and heart failure, etc) and other sodium-related diseases (such as stomach cancer), as well as monitoring cost savings to the health system.