



August 4, 2016

The Honorable Dr. Eric Hoskins  
Minister of Health and Long Term Care  
Hepburn Block, 10th Floor  
80 Grosvenor St.  
Toronto, ON M7A 2C4

**RE: Ontario Regulation 50/16 – Proposed Regulation Amendments under the Healthy Menu Choices Act, 2015**

Dear Minister Hoskins,

Dietitians of Canada (DC), Ontario Society of Nutrition Professionals in Public Health (OSNPPH) and Ontario Public Health Association (OPHA) would like to congratulate the Ministry of Health and Long Term Care for your ongoing work with the Healthy Menu Choices Act, 2015.

Dietitians of Canada represents the national voice of Registered Dietitians. OSNPPH represents Registered Dietitians that work in Public Health across Ontario. OPHA represents the voice of public health professionals from various disciplines working in public and health promotion throughout Ontario and is also the host of the Nutrition Resource Centre. Together DC, OSNPPH and OPHA provide extensive nutrition expertise, evidence and practice-based knowledge and experience to support nutrition-related healthy public policy. We are very much aligned with your Ministry's work to achieve the health and well-being of all Ontarians.

After a review of menu labelling research, best evidence in many international jurisdictions and consultation with a broad range of our expert nutrition stakeholders, we are pleased to provide input into your Ministry's proposed regulation, **specifically related to the contextual statement that would be posted on menus.**

**Together DC, OSNPPH and OPHA recommend the following contextual statement:**

Average daily calorie needs are as follows, however, individual calorie needs vary:

- Adults and Youth (ages 13 to 18): 2000 calories
- Children (ages 4 to 12): 1500 calories

Our three organizations believe the currently proposed calorie ranges **are too broad to be meaningful and would not achieve the intended purpose of enhancing consumers' ability to appropriately use the contextual statement to make informed menu choices.** As nutrition experts and registered dietitians, we recommend providing **one** single reference value (instead of a range) as it is much more meaningful and understandable. Similarly, readjusting the age groups of Children and Youth, as we have recommended, increases the homogeneity within these groups and reduces the caloric variability, thus making the reference more meaningful. This is also consistent with how Health Canada and the US FDA provide general nutrition advice, and nutrition and menu labelling information.

**Further, we recommend removal of 2 and 3 year olds from the contextual statement due to the lack of evidence and jurisdictional support for their inclusion.** In fact, best practice supports feeding children based

on hunger cues rather than pre-determined caloric values. In turn, the age range we recommend for children (ages 4 to 12) will make it more meaningful for parents who purchase meals for their children. It reflects the typical age range that food service establishments have set for children's meals (under the age of 12, but not intended for children under 3). Additionally, this recommendation is in line with the USA's federal legislation which documents a focus on the child's menu in its Federal Register as a key component to decisions made around the child's contextual statement.

Simplifying the contextual statement will reduce confusion, the risk of sending mixed messages and the risks of unintended consequences when educating the public around nutrition, particularly in messages that include children. To maximize the public health impact of this policy, we encourage your Ministry to be mindful of the broad range of literacy levels among consumers by **adopting an approach to nutrition communication that ensures health equity**. Low nutrition literacy is a common phenomenon well documented in the literature.

Finally, this recommended alternative does not change the spirit of the proposed regulatory changes but rather provides a more succinct, understandable and meaningful statement. It is specific enough to apply to the general population and supported by strong evidence, while meeting the principles of contextual statement design. This simplified approach has shown to be effective in increasing consumers understanding of calorie information and facilitating change in consumers' purchasing behaviors. Additionally, the suggested alternative aligns with foodservice operators' preferences, since it would be easier for them to implement and requires less menu space.

To achieve the intended goals of this legislation and to minimize the risk of unintended health consequences, we strongly recommend that a comprehensive public education campaign be undertaken to support consumers' use of posted calorie information, during the implementation period and beyond. Similarly, we recommend a comprehensive, coordinated, well-resourced and continuous evaluation strategy be implemented to assess the impact and inform legislation and education.

**In the attached document**, we have included evidence-based rationale and considerations underpinning our recommendations. We appreciate being able to convey the concerns and expertise of our members. In addition, we would welcome the opportunity to further discuss our recommendations, as well as, the role that our organizations can play in supporting the implementation, education and evaluation of the Healthy Menu Choices Act, 2015.

Sincerely,



Linda Dietrich  
Regional Executive Director,  
Dietitians of Canada



Evelyn Vaccari  
Co-Chair,  
OSNPPH



Pegeen Walsh  
Executive Director,  
OPHA

cc. Sharon Lee Smith, Associate Deputy Minister, Policy and Transformation, MOHLTC

Encl.

RE: Ontario Regulation 50/16 – Proposed Regulation Amendments under the Healthy Menu Choices Act, 2015

**Dietitians of Canada (DC), the Ontario Society for Nutrition Professionals in Public Health (OSNPPH), and the Ontario Public Health Association (OPHA) Consultation – Ontario Regulation 50/16 - Healthy Menu Choices Act, 2015**

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## **DC, OSNPPH, OPHA Recommendations**

With regard to the proposed contextual statement, DC, OSNPPH, and OPHA support a modified version. DC, OSNPPH, OPHA recommendations are as follows:

- One succinct, non-gender-specific contextual statement for adults and youth (ages 13 to 18); and children (ages 4 to 12), which states:

**Average daily calorie needs are as follows, however, individual calories needs vary:**

- **Adults and youth (ages 13 to 18): 2000 calories**
  - **Children (ages 4 to 12): 1500 calories**
  - A comprehensive public education campaign to support consumers' use of posted calorie information, during the implementation period and beyond, to achieve goals and minimize unintended consequences.
  - A comprehensive, coordinated, resourced and continued evaluation strategy to inform legislation and education.
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## **DC, OSNPPH, OPHA Response:**

### **Purpose of a contextual statement:**

The purpose of a contextual statement is **to facilitate the comprehension and use of nutritional calorie postings by consumers to easily make healthier choices** at the point of purchase in a food service establishment. When calorie content and the total daily caloric needs are communicated together, by design, the consumer is enabled to understand the significance of the calorie information being provided in the context of their daily diet.<sup>1</sup> Furthermore, use of the posted calorie information will be facilitated by a simple, succinct and understandable statement, applicable to a general population.

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<sup>1</sup> National Archives and Records Administration, Department of Health and Human Services (2014) Federal Register. [Food Labeling: Nutrition Labeling of Standard Menu Items in Restaurants and Similar Retail Food Establishments: Calorie Labeling of Articles of Food in Vending Machines: Final Rule](#). Vol. 79, No. 230

Given the intent of this healthy public policy – to provide calorie information which enables **healthier choices** to contribute to the prevention/reduction of overweight and obesity – it is imperative to consider that there is also potential for unintended consequences, particularly with very young children, which could ultimately contribute to overweight and obesity. It is well-established and supported with evidence that best practice in feeding children is a continued responsive feeding approach that does not focus on calories, according to the Satter Feeding Dynamic Model.<sup>2</sup> In presenting calorie information to parents, there is the risk that a parents' feeding practices with children may be altered with parental concerns about their child's perceived over or under-nutrition/intake and/or growth. For example, a child feels very hungry – due to higher energy needs during a growth spurt - but the parent is concerned with the calorie content in a food item being too high for the child, so the parent restricts by providing a smaller portion despite the child not reaching satiety. Research shows that when parents restrict/control food intake when feeding a child or when parents indulge/force feed a child it undermines a child's natural ability to sense satiety, hunger and to eat as much as they need to grow.<sup>3,4</sup> In addition, there is a body of research that associates this type of over/under-regulation in parental feeding with increased weight gain and obesity among children.<sup>3,4,5</sup> The literature substantiates that a child's internal regulation of energy requirements for healthy growth and development is the basis for the prevention of obesity.<sup>3,4,6</sup>

As such, it is strongly recommended that caution must be used when providing advice to consumers regarding caloric intakes for children. This strategy **MUST** be closely monitored and evaluated to minimize potential negative consequences. Further, educational supports, specifically targeted to parents must be provided to minimize the misuse of such information.

### **Principles of contextual statement design:**

Internationally, there are a number of defined principles for contextual statements that should be met to ensure that the statement is designed such that the consumer is able to easily understand calorie information in the context of total daily diet and use this information efficiently to make choices at the point of purchase.<sup>1</sup> For example, the FDA has articulated the following principles of contextual statement design<sup>1</sup>:

- It is succinct;
- It is written in plain language;
- The total calorie value is framed so that it is NOT representative of everyone, rather it is clear that it represents an average or estimate (i.e. the “average” adult needs XX calories);
- It facilitates comparison of calorie postings to total calories; and
- It informs consumers that individual needs vary.<sup>1</sup>

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<sup>2</sup> <http://ellynsatterinstitute.org/other/fdsatter.php>

<sup>3</sup> Engle, P.L. & Pelto, G.H. (2011). Responsive feeding: Implications for policy and program implementation. *The Journal of Nutrition*, 141: 508-511. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3040908/>

<sup>4</sup> Satter E; The Satter Feeding Dynamics Model of child overweight, definition, prevention and intervention. *Pediatric and Adolescent Obesity Treatment: A Comprehensive Handbook*. New York: Taylor and Francis; 2007:287-314 <http://www.ellynsatterinstitute.org/cms-assets/documents/159779-241419.5981-satter.pdf>

<sup>5</sup> Faith MS, Scanlon KS, Birch LL, Francis LA, Sherry B. Parent-Child Feeding Strategies and Their Relationships to Child Eating and Weight Status. *Obes Res*. 2004;12:1711-1722.

<sup>6</sup> Satter EM. Internal regulation and the evolution of normal growth as the basis for prevention of obesity in childhood. *Journal of the American Dietetic Association*. 1996;96:860-864.

## Structure and Wording of the Proposed Contextual Statement

### Suggested Revision:

Average daily calorie needs are as follows, however, individual calorie needs vary:

Age group: XX calories

Age group: XX calories

**Recommendation:** Recommend a modified version of the proposed contextual statement that is succinct, non-gender-specific, replaces the word “approximate” with “average”, and replaces “cals” with “calorie(s)”.

***Rationale:** There are two modifications which would further enhance the consumers understanding and more accurately reflect the information which is being provided in the contextual statement.*

*First, the contextual statement includes the phrase “individual calorie needs vary” to make the statement more succinct and implies that the reference value is not representative of everyone within the group to which the reference value applies. However, using approximate vs. average to premise the reference value could lead to consumer misinterpretation. The reference value is determined as a mathematical average of estimated daily energy requirements between sub-populations within a group whose energy needs vary by factors, such as gender. Therefore, the term ‘average’ accurately reflects the information being presented in a contextual statement. With the use of the word ‘approximate’, which means “nearly exact”,<sup>7</sup> it may be misinterpreted that the reference value is a nearly exact estimate of calorie needs for all individuals/sub-populations within a group. Therefore it is recommended to replace the term ‘approximate’ with the term ‘average’. Educational supports are also recommended to enhance the public’s understanding that total daily individual calorie needs are variable, specifically related to influential factors such as age, gender, and activity.*

*Secondly, it is preferable to articulate the full term ‘calories’ rather than the abbreviation ‘cals’ because it is not yet clear whether the public will understand the meaning of ‘cals’. As research has shown, consumers report that calorie information is easier to read and process when the nutrition value and description of calories is written in full words.<sup>8</sup> To maximize the public health impact of this policy and **promote health equity**, we encourage the Government to be mindful of the broad range of literacy levels among public consumers and ensure that information will be posted in a manner that is easy to process and use when making time-limited decisions in food service premise scenarios, such as the line-up or drive-through of a fast-food restaurant, regardless of literacy level. As the regulation currently permits the use of the word ‘cals’ for posting calorie information on food service premise menus, it is imperative to use the full term ‘calories’ within the contextual statement as well as to provide public education supports to enable comprehension of calorie information among the broader public.*

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<sup>7</sup> Retrieved Jul 27, 2016 from <http://www.dictionary.com/browse/approximate>

<sup>8</sup> Auchincloss AH, Young DA, Wasson S, Chilton M, Karamanian V. Barriers and facilitators of consumer use of nutritional labels at sit-down restaurant chains. Public Health Nutr. 2013 Dec;16(12):2138-45. doi: 10.1017/S1368980013000104. Epub 2013 Feb 6 <http://www.ncbi.nlm.nih.gov/pubmed/23388204>

## **Representation of the Reference Value for Daily Caloric Needs**

**Recommendation:** Recommend the use of one single calorie value rather than a range to represent the reference value for daily caloric needs for a given age group.

**Rationale:** *Demonstrating the reference value for daily caloric needs as a range of calories instead of one single number provides significant variance which makes the information more difficult to interpret and use. Consumers have generally low knowledge of daily energy needs, and it is unlikely that there is additional benefit to be gained by providing a range instead of a single number.*<sup>9</sup>

*A single number, rather than a range, is advised to simplify the information and facilitate consumers' ability to use the contextual statement. This is supported by consumer-tested messages reported by the Society for Nutrition Education and Behaviour who found that a "rule of thumb" for general nutrition advice, such as a contextual statement noting average caloric needs of 2000 calories per day, was preferred by consumers.<sup>10</sup> This legislative approach requiring the caloric reference value to be represented as a single number in the contextual statement, rather than a caloric range, is common. It has been legislated across many jurisdictions internationally and federally, as Health Canada's national approach to its standard reference value for nutrition facts labelling and general nutrition advice.<sup>1,11,12,13</sup>*

## **Age Ranges for Multiple Age Groups within the Contextual Statement**

**Suggested Revision:** Adults and youth (ages 13 to 18); Children (ages 4 to 12)

**Recommendation:** Recommend one age group for children (ages 4 to 12). Recommend one age group for adults and youth (ages 13 to 18).

**Rationale:** *The purpose of a contextual statement is to facilitate the comprehension and use of nutritional calorie postings by consumers to make healthier choices at the point of purchase when eating in a food service establishment. When calories and the numeric reference value for total daily caloric needs are communicated together, by design, the consumer is enabled to understand the significance of the calorie information being provided in the context of their daily diet.<sup>1</sup> As such, we support the inclusion of reference values for defined age groups in order to increase the uptake and comprehension of nutrition information and to maximize opportunities for consumers to make healthier choices. However, the age cut-offs are instrumental to the determination of an appropriate reference value, both in terms of what is supported by the evidence and what will maximize the intended impact of the policy, while minimizing unintended negative consequences.*

*With regard to the adults, the proposed age range for male and female adults, is appropriate given the small range of variation in average daily caloric needs between sedentary males and females throughout the adult lifespan.<sup>14,15</sup> This approach is supported by federal health agencies – Health Canada and USA's Food and Drug Administration – in North America to set an appropriate reference value for general nutrition advice for adults.<sup>14,15</sup>*

<sup>9</sup> Consumer Understanding of Calorie Labeling: A Healthy Monday E-Mail and Text Message Intervention. Michelle L. Abel, Katherine Lee, Ralph Loglisci, Allison Righter, Thomas J. Hipper and Lawrence J. Cheskin Health Promotion Practice <http://hnp.sagepub.com/content/early/2014/07/31/1524839914543105> published online 31 July 2014

<sup>10</sup> Society for Nutrition Education and Behaviour. Retrieved from [http://www.sneb.org/documents/Menu\\_Labeling\\_communicating\\_%20calories.pdf](http://www.sneb.org/documents/Menu_Labeling_communicating_%20calories.pdf)

<sup>11</sup> Canadian Food Inspection Agency. (2016) [Information on the Nutrition Facts Table: Daily Intake](#)

<sup>12</sup> Food Safety Authority of Ireland. Putting calories on menus in Ireland. Retrieved from <https://www.fsai.ie/uploadedfiles/legislation/consultations/Calories-Menus-Industry.pdf>

<sup>13</sup> Philadelphia's Menu Labelling Law, excerpted from the Health Code section (Title 6) of the Philadelphia City Code Retrieved from

<http://www.phila.gov/health/pdfs/Menu%20Labeling%20Requirements.pdf>

<sup>14</sup> Health Canada. Food and Nutrition: Estimated Energy Requirements. Retrieved from [http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/basics-base/1\\_1\\_1-eng.php](http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/basics-base/1_1_1-eng.php)

<sup>15</sup> Institute of Medicine of the National Academies. 2006. Dietary Reference Intakes: The essential Guide to Nutrient Requirements. Retrieved from <https://fnic.nal.usda.gov/sites/fnic.nal.usda.gov/files/uploads/DRIEssentialGuideNutReq.pdf>

The identification of appropriate age cut-offs to determine meaningful reference values for children and youth is much more complex and related to a number of factors. As demonstrated in the wide range in calories used as reference for the age group “children 10 to 17” in the proposed contextual statement, adolescents and youth have a significantly large variation in energy needs related to puberty, growth, gender, activity level and age.<sup>14,16</sup> **The proposed caloric range is so broad, it renders the nutritional information meaningless as consumers are required to guess where they might lie within a range.** This, ultimately, lessens the potential for individuals to appropriately use information to make healthier choices. Moreover, it increases the potential to misuse the information, which may lead consumers to purchase food items higher in caloric content. Regardless if this information were presented as an average, the variation in energy requirements for the ages 10 to 17 is too large to be considered an appropriate reference.

In determining age cut-offs for caloric reference values, it is advised to further separate children from youth not only to reduce variation, but to represent a more homogenous sub-population with respect to the factors abovementioned. In review of a variety of federal agencies’ age threshold cut-offs for children to youth, it appears 12-14 is typically used for the threshold of a youth age group.<sup>1,17</sup> According to Estimated Energy Requirement calculations, regardless of which youth threshold age (12, 13 or 14) is selected, the further distinguishing of children from youth reduces the variation in energy requirements to an acceptable level, which makes the nutrition information more representative and meaningful. Moreover, a revised age threshold for youth shows daily caloric needs of youth are comparable to the adults’ value when calculated independently (Appendix A). As such, for the purpose of a contextual statement, it is appropriate for adults and youth to be represented as one age group with the same reference value for daily caloric needs. The recommended age group is consistent with USA’s federal menu labelling legislation in which the adult contextual statement, with one single reference value of 2000 calories, is applied to both adults and youth.<sup>1</sup>

With regard to children, the evidence shows that menu labelling of calories with a contextual statement has enabled parents to select a healthier option for both themselves and their child.<sup>18,19,20</sup> A children’s contextual statement is important to provide parents with an appropriate reference value when making food choices on behalf of their children. Average reference values for adults are inaccurate when applied to children and could lead to significant overconsumption of calories when misinterpreted by parents. However, the proposed contextual statement identifies age two as the threshold for inclusion into the children’s age group, despite the lack of research evidence or jurisdictional support to include two and three year olds.<sup>1,12</sup> As a model policy, the USA’s federal menu labelling legislation, identifies age 4 as the threshold for inclusion into a children’s contextual statement, opting to not include toddlers and to align with industry’s common classification of a children’s age group that is typically applied to a child’s meal on a children’s menu.<sup>1</sup>

It is recommended that the age group for a child be revised to the threshold cut-offs defined above, **children ages 4 to 12 years old**. By condensing the proposed three age categories to the two recommended categories (children and adults/youth) the contextual statement information is more concise. **The recommended contextual statement requires less space to post on a menu, thus respecting the operators’ concerns for available space on menu boards.** Additionally, this would provide an appropriate and meaningful reference value for children for the purpose of a contextual statement and would reflect the typical age range that food service establishments - such as McDonald’s, Boston Pizza, East Side Mario’s, Red Lobster

<sup>16</sup> Story M, Stang J. Nutrition Needs of Adolescents. Retrieved from [http://www.epi.umn.edu/let/pubs/img/adol\\_ch3.pdf](http://www.epi.umn.edu/let/pubs/img/adol_ch3.pdf)

<sup>17</sup> Statistics Canada. 2015. Publications. Health Fact Sheets 82-625-X Retrieved from <http://www.statcan.gc.ca/pub/82-625-x/2014001/article/14026-eng.htm>

<sup>18</sup> Pediatrics, vol. 125(2), pp. 244-248, <http://pediatrics.aappublications.org/content/125/2/244.full.pdf>.

<sup>19</sup> Scarboutakos MJ, Corey PN, Mendoza J, Spencer JH, Labbe MR. Can J Public Health 2014;105(5):e354-e361. Retrieved from <http://journal.cpha.ca/index.php/cjph/article/viewFile/4492/2967>

<sup>20</sup> Drexel University: School of Public Health. 2013. Menu Labelling Evaluation Recommendations for restaurants. Retrieved from <http://www.phila.gov/health/pdfs/MenuLabelingEvaluationReport112013.pdf>

- have set for a child's meal (for children under the age of 12, but not intended for children under 3) to which this statement would apply.<sup>21,22,23,24,25</sup>

In Canada, research shows that Ontarians (and Eastern Canada) visit restaurants more frequently (two times/week), when compared to Western Canada (1.6 times/week) and Quebec (1.4 times/week).<sup>26</sup> Moreover, according to Statistics Canada monthly survey of food services and drinking places by the North American Industry Classification System, the monthly receipts (dollars spent) in total food service and drinking places (restaurants) has been steadily increasing over the past decade in Ontario, suggesting consumers are increasingly spending more money on restaurant meals.<sup>27</sup> Given the frequency of meals being consumed in restaurants across Ontario and beyond, the focus on the kids' meals in fast-food restaurants is instrumental to the promotion of nutritional health among children. In one study assessing the nutritional quality of kids' meals from the top 50 fast-food chains in USA, 97% of the kids' meals combinations did not meet the nutrition standards criteria developed by experts from more than 50 health, nutrition and education organizations.<sup>28</sup> Further, research shows that kids meals, targeted to children under the age of 13 years old, are the top-selling food items in fast-food restaurants.<sup>29</sup> This warrants serious concern about the poor nutritional quality of foods most commonly consumed by children in these restaurants. As such, the reference value for children should not only reflect an evidence-based, appropriate age range for children (such as the recommended 4 to 12) but should also be meaningful to parents/care givers in restaurants as they consider food items/meals marketed and targeted to kids, under the age of 12.<sup>20,22,23,24,25</sup> Moreover, the recommended age range cut-offs for children (4 to 12 years) is similar to that set in USA's federal legislation which documents a focus on the child's menu in its Federal Register as a key component to decisions made around the child's contextual statement.<sup>1</sup>

## **Reference Calorie Requirements for Adults and Children**

### **Suggested Revision:**

Adults and youth (ages 13 to 18): 2000 calories

Children (ages 4 to 12): 1500 calories

**Recommendation:** Recommend the daily caloric reference value of 2000 calories for adults and youth (ages 13 to 18) and a reference value of 1500 calories for children (ages 4 to 12 years old).

**Rationale:** For children, aged 4 to 12, the **average** daily caloric reference is around **1500 calories** based on estimated energy requirement calculations (Appendix A). The **average** daily caloric requirement for youth (ages 13 to 18), also based on Estimated Energy Requirement calculations, is approximately **2000 calories** which support the use of adult reference value (2000 calories).

<sup>21</sup> From J Am Diet Assoc. 2011 Jun;111(6):884-8. doi: 10.1016/j.jada.2011.03.018. The children's menu assessment: development, evaluation, and relevance of a tool for evaluating children's menus. Krukowski RA1, Eddings K, West DS.

<sup>22</sup> Retrieved from [http://www.mcdonalds.ca/ca/en/menu/meal\\_bundles/happy\\_meal.html](http://www.mcdonalds.ca/ca/en/menu/meal_bundles/happy_meal.html)

<sup>23</sup> Retrieved from <http://www.eastsidemarios.com/join-mini-mario-club/>

<sup>24</sup> Retrieved from [https://bostonpizza.com/assets/kids/BPI9266\\_7A\\_eng\\_menu.pdf](https://bostonpizza.com/assets/kids/BPI9266_7A_eng_menu.pdf)

<sup>25</sup> Retrieved from <https://www.redlobster.ca/menus/kids#/entree>

<sup>26</sup> [https://www.restaurantscanada.org/Portals/0/Non-Member/2013/Report\\_IpsosPublicOpinion\\_Dec2010.pdf](https://www.restaurantscanada.org/Portals/0/Non-Member/2013/Report_IpsosPublicOpinion_Dec2010.pdf)

<sup>27</sup> Stats Canada. CANSIM statistic generated Aug 04, 2016. [Ontario, Total food services and drinking places, receipts, seasonally adjusted, January 2006 – April 2016, normal retrieval]. <http://www5.statcan.gc.ca/cansim/a26>

<sup>28</sup> Centre for Science in the Public Interest. 2014. Kids Meals II: Obesity and Poor Nutrition the Menu. Retrieved from <https://cspinet.org/new/pdf/cspi-kids-meals-2013.pdf>

<sup>29</sup> Hobin E, White LY, Chiu M, O'Brien MF, Hammond D. 2014. Nutritional quality of food items on fast-food 'kids' menus': comparisons across countries and companies. Public Health Nutr. 2014 Oct;17(10):2263-9. doi: 10.1017/S1368980013002498. Epub 2013 Oct 22. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/24148879>

The average daily caloric requirement of 2000 calories as a general guideline for adult is consistent with the percent daily value reference set by Health Canada for use on the Nutrition Facts Table.<sup>30,31</sup> **This single value has been established federally, in both Canada and the United States, as the standard reference value for nutrition facts labelling, menu labelling and general nutrition advice for adults.**<sup>1,30,31,32</sup> Moreover, research exploring consumer perceptions and use of nutritional information in a contextual statement has generally used the 2000 calories per day guideline.<sup>10,33</sup> The use of a single number, rather than a range, simplifies the information for the consumer and, according to research exploring messages to communicate calories on the menu, a simplified contextual statement with a general guideline of 2,000 daily calories was preferred by consumers.<sup>10</sup>

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<sup>30</sup> Health Canada. Food and Nutrition: Frequently Asked Questions. Retrieved from [http://www.hc-sc.gc.ca/fn-an/label-etiquet/nutrition/educat/te\\_quest-eng.php#a13](http://www.hc-sc.gc.ca/fn-an/label-etiquet/nutrition/educat/te_quest-eng.php#a13)

<sup>31</sup> Canada Food Inspection Agency. Daily Value and % Daily Value. Retrieved from <http://www.inspection.gc.ca/food/labelling/food-labelling-for-industry/nutrition-labelling/information-within-the-nutrition-facts-table/eng/1389198568400/1389198597278?Chap=6#s12c6>

<sup>32</sup> U.S. Food and Drug Administration. How to Understand and Use the Nutrition Facts Label. Retrieved from [http://www.fda.gov/Food/IngredientsPackagingLabeling/LabelingNutrition/ucm274593.htm#percent\\_daily\\_value](http://www.fda.gov/Food/IngredientsPackagingLabeling/LabelingNutrition/ucm274593.htm#percent_daily_value)

<sup>33</sup> Journal of Nutrition Education and Behavior 45(6) Efficacy and Consumer Preferences for Different Approaches to Calorie Labeling on Menus Jocelyn Pang David Hammond November 2013, Volume 45(Issue 6) Page 669-675

# Appendix A - Estimated Energy Calculations

Adults and youth (ages 13 to 18): 2000 calories

Children (ages 4 to 12): 1500 calories

**Recommendation:** Recommend the daily caloric reference value of 2000 calories for adults and youth (ages 13 to 18) and a reference value of 1500 calories for children (ages 4 to 12 years old).

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## Reference:

The Ministry refers to Health Canada's Estimated Energy Requirements chart<sup>34</sup> which shows energy requirements in calories per day for 12 to 13 year olds together, while the DRIs can be looked at by each age specifically. We calculated the average Estimated Energy Requirements for sedentary and low active boys and girls (ages 4 to 12) and youth (ages 13 to 18) using the DRIs.<sup>35</sup>

## Ages 4 to 12 years of age: 1500 calories

**Using the DRIs, the average EER for Sedentary and Low Active 4 to 12 year old boys and girls is: 1539**

Boys ages 4 to 12: Sedentary (1476) + Low Active (1717): Average = 1597

Girls ages 4 to 12: Sedentary (1363) + Low Active (1596); Average = 1480

## Ages 13 to 18: 2000 calories

**Using the DRIs, the average EER for Sedentary and Low Active 13 to 18 year old boys and girls is: 2146**

Boys ages 13 to 18: Sedentary (2219) + Low Active (2618): Average = 2418

Girls ages 13 to 18: Sedentary (1710) + Low Active (2035); Average = 1873

Calculations on estimated energy requirements for sedentary older children support that the adult recommendation (2000 calories) is appropriate for youth over 13 years of age.

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<sup>34</sup> Health Canada, Estimated Energy Intakes [http://hc-sc.gc.ca/fn-an/food-guide-aliment/basics-base/1\\_1\\_1-eng.php](http://hc-sc.gc.ca/fn-an/food-guide-aliment/basics-base/1_1_1-eng.php)

<sup>35</sup> Institute of Medicine, *Dietary Reference Intakes for energy, carbohydrate, fiber, fat, fatty acids, cholesterol, protein and amino acids*. <http://www.nap.edu/read/10490/chapter/1>

## Appendix B – Public Education Recommendations

DC, OSNPPH, and OPHA recommend that the Government of Ontario, in partnership and consultation with registered dietitians and other public health nutrition experts, develop and implement a comprehensive public awareness and education campaign strategy to maximize the impact of this policy, to promote health equity, and to minimize unintended consequences. The strategy should be integrative to a broader framework for public education about healthy eating and nutrition promotion, including referral to credible information sources, such as (but not limited to): Health Canada, Canada's Food Guide, EatRight Ontario, Dietitians of Canada, the Nutrition Resource Centre and local public health units. The campaign should be designed to heighten consumer understanding and use of menu energy labelling, drawing on credible models already established for similar purposes, such as Health Canada's "Focus on the Facts" for food labels. To further support the public in obtaining and understanding menu labelling information, it should be recommended for the public to consult a registered dietitian, as the credible and authoritative nutrition expert, for more information on individual nutrient needs and healthy eating (e.g., EatRight Ontario's website). Information directing consumers to sources of more information should be readily visible, at point of service, as well as communicated through social media and other communication channels.

With respect to the public education campaign, there are specific aspects around menu labelling information that it will be imperative to address in order to promote the use of information as intended and to minimize negative consequences. Some of these are as follows:

- **Public education is strongly recommended around the variable daily individual calorie needs of the public, specifically related to factors that influence calorie needs (e.g., age, gender, activity and special health needs).** This is particularly important given the public will be provided one reference value for daily caloric needs in the contextual statement that is representative of individuals that vary in energy needs by factors aforementioned. As such, there is potential for misinterpretation, should those values be taken at face value for actual energy needs. Moreover, it is **imperative to educate parents that the adults' caloric range in the contextual statement is NOT appropriate for children** (under 13 years) and it is recommended the campaign include messages about putting energy needs into context for different people and circumstances.
- Providing calorie information alone, as a marker for energy and in the absence of macronutrient/nutrient quality information, may not necessarily lead to healthier choices. For example, a lower calorie diet soda would not provide the nutritional benefits of lower-fat milk, particularly among children. **It is recommended that education supports the public's understanding of the various macronutrients as they relate to both daily energy requirements and the overall health of populations,** with a specific focus on how calorie information can be appropriately used to promote health. This should also include **messaging around a balanced diet, balancing calorie needs, and best**

**practices in feeding children** to ensure populations are not becoming overly-focused on counting calories. This is critically important to include in parent education, as the literature supports a continued responsive feeding approach and there is the potential for parents to misuse calorie values to over- or under-regulate children's food intake based on calorie content rather than a child's hunger and satiety cues.

- Moreover, as Bill 45 only requires the posting of calories, the public may also be unaware of other micronutrients – such as sodium – that greatly impact the healthfulness of a food choice. As such, the focus on calories, could unintendedly lead to unhealthier choices when consumers select a lower calorie food that is excessive in sodium content. This is particularly concerning with young children, elderly, and individuals with chronic disease(s) whose upper level for safe sodium consumption is much lower than the general population, putting them at increased health risks with higher sodium consumption. **It is strongly recommended that the campaign includes education around nutrients that increase risk for adverse health, specifically sugar, sodium and saturated/trans fats.**
- Finally, **the Government of Ontario must be mindful of the broad literacy levels among the public and ensure an approach to nutrition communication that supports lower literacy comprehension to promote health equity.** For example, as legislation currently permits the use of the abbreviation 'cals' to post calorie information, it would be imperative to communicate the meaning of 'cals'. Moreover, it is recommended that all supportive educational materials be developed in plain language and made easily accessible to the public.

## Appendix C – Evaluation Recommendations

DC, OSNPPH, and OPHA recommend a comprehensive, coordinated, resourced and continued evaluation, from both a process and outcome perspective, to assess positive and unintended negative outcomes of the legislation and to inform further policy development and/or amendment. Further, it is advised that an appropriate body, such as Public Health Ontario, be appointed to lead a robust evaluation, inclusive of pre- and post-measures to fully assess impact of legislation on many key aspects. **To promote health equity, it will also be important to evaluate differential effects of the legislation** on various population sub-sets and priority populations and to rapidly act when such effects have the potential to create/perpetuate health disparities or cause harm.

In terms of the critical aspects to include in a comprehensive and robust evaluation plan, DC, OSNPPH and OPHA strongly recommend ALL of the following:

- **Examine the nutrient profile and changes to the nutrient profile of standard food items following menu labelling implementation.**
  - *Given that product reformulation may also lead to unhealthier menu items (e.g., by increasing sodium content to adjust the taste profile when products are reformulated to reduce calories), it is imperative to assess changes in nutrient profile to accurately assess whether changes in consumer purchases/consumption will promote health or could potentially put consumers at increased risk for adverse health outcomes.*
- **Audit (randomly) the development and implementation of nutritional analysis and labelling calorie information for standard food items, including the establishment of acceptable levels of deviation from accuracy in posted calorie information compared to the nutrient profile.**
  - *This process warrants industry transparency as to the actual nutrient profile of standard food items and builds public trust that the calories posted on menus are meaningful and accurately reflect the nutrient profile of the food items that consumers are choosing. Given the natural variation of food products and human variance in food preparation, an acceptable level of deviation from the posted calories must be established, and transparent, documented processes on establishing the posted calorie levels must be available.*
- **Assess consumer awareness, understanding, and use of menu labelling information in its required/provided format and the associated impacts on consumer purchasing, behaviour and consumption of various types of standard food items.**
  - *As mentioned previously in this document, with the focus of this legislation on calories alone there is the potential for a range of unintended negative consequences. Therefore, it is important to examine both the positive and*

*negative impacts related to: the required menu labelling format; whether consumers perceive information (including calories, the contextual statement, and referral to additional information) as being readily visible and easy to use; how the nutritional information is understood/interpreted by consumers; and the ways in which the information is used by consumers to make food choices or otherwise. This should also include an analysis of the types of foods purchased by consumers in restaurants pre- and post-intervention by nutritional quality. More broadly, it would be pertinent to assess consumer behaviour in terms of shifts in frequency of eating in restaurants, ordering “take-away” meals, preparing meals in the home and compensatory behaviours that may occur following implementation.*

- **Examine parents’ understanding, interpretation and use of calorie and contextual statement information and the various impacts on food choices for children and the parent/caregiver-child feeding relationship.**
  - *Specifically, it is important to assess whether nutritional information will lead parents or caregivers to make healthier food choices for their child AND if the information has the potential to be misused and/or disrupt the feeding relationship in a way which could lead to childhood overweight and obesity.*

Given the key evaluation aspects aforementioned, **it is strongly recommended that the results of a comprehensive and robust evaluation be used to modify and further develop policy that ensures and protects public health and the public’s trust in industry.** As the trusted, credible and authoritative voice of Registered Dietitians in Ontario, DC, OSNPPH and OPHA welcomes the opportunity to further consult the Ministry on its plans related to the evaluation of menu labelling legislation.