

November 15 2013

On behalf of member Medical Officers of Health, Boards of Health and Affiliate organizations of the Association of Local Public Health Agencies (alPHa), I am writing today to provide our feedback on the questions that were asked as part of the stakeholder consultations on the Ontario Government's recent announcements that it will

- seek advice on how to reduce the marketing of unhealthy food and beverages aimed at children.
- introduce legislation this winter that would require large chain restaurants to include calories and other potential nutritional information on their menus

The Healthy Kids Panel has unequivocally and unanimously recommended a ban on marketing of high-calorie, low-nutrient foods, beverages and snacks to children under age 12 as well as mandatory menu labelling. Both of these recommendations were made following the examination of a wealth of evidence that led to agreement among its members that they are necessary components of a successful obesity reduction strategy.

The present submission is not meant as a restatement of the evidence in support of these recommendations, but rather as an attempt to answer the guiding questions that were provided as part of the stakeholder consultations to gather input about their implementation. It is a synthesis of alPHa's formal positions, input gathered from alPHa's members and arguments that were raised during the in-person consultations on which there appeared to be some level of consensus among participants whose primary interests lie in improving the health of the population. Although specific citations of external research are not included here, we would be more than pleased to provide additional materials that we have drawn upon to inform our responses.

alPHa SUPPORTS THE DEVELOPMENT OF PUBLIC POLICY AIMED AT HELPING FAMILIES MAKE HEALTHIER FOOD CHOICES

alPHa strongly supports restrictions on marketing to children

On the question of restricting the marketing of high-calorie, low nutrient foods, beverages and snacks to children under age 12, alPHa has two related resolutions stating its position.

- [Resolution # A08 - 13, Ban on Commercial Advertising of Food and Beverages to Children Under the Age of 13](#) *(THAT the Association of Local Public Health Agencies call for a ban on all commercial advertising of food and beverages targeted to children under 13 years of age by the Government of Ontario and the Government of Canada; AND FURTHER THAT the Association of Local Public Health Agencies partner with the Ontario Public Health Association, Toronto Public*

Health and other interested stakeholders to develop and implement an effective province-wide advocacy plan).

- [Resolution: # A09-1, Ban on Advertising to Children Under 13 Years of Age](#) (*THAT the Association of Local Public Health Agencies also support the broader goal of the Ontario Public Health Association and other organizations that are advocating for a ban on all commercial advertising targeted to children under 13 years of age*).

We agree with partners including the Ontario Public Health Association (OPHA) and the Ontario Society of Nutrition Professionals in Public Health (OSNPPH) that legislation prohibiting **all** commercial advertising targeted to children under 13 years of age is the best approach to creating environments supportive of making healthy choices. Parents should not have to compete with the well-resourced machinery of marketing persuasion when making healthy choices for their children.

We also agree that limiting the prohibition to unhealthy food and beverages would be practically ineffective, owing to the difficulty in defining what qualifies as a healthy food, and the potential for industry to exploit weaknesses in such a definition should one be developed.

Finally, we agree with childhood development experts that children under 13 lack adequate cognition to critically evaluate commercial advertisements in terms of their intent and effect. Much has been made of the importance of promoting media literacy in young people, and we fully support that for older youth, but the fact remains that children under the age of 13 are not ready for the critical thinking required to deconstruct the marketing messages that they are exposed to every day. Direct marketing to young children is therefore by definition manipulative, a position with which the Supreme Court of Canada agreed in upholding Quebec's law.

We therefore concur that a comprehensive ban on all commercial advertising directed at children less than 13 years of age is the best public health approach. Due to the complexity of the consumer environment, developing this policy will require consultation with key experts in child development, health, nutrition, media literacy and communications. Clear and inclusive definitions of what counts as commercial advertising to children will need to be developed to account for the myriad ways in which products are promoted. Separate consultations with industry stakeholders should concentrate on implementation and not the development of the restrictions proposed in this policy.

alPHa strongly supports point-of-sale disclosure of nutritional information on menus and menu boards

alPHa is very supportive of requiring that all large chain restaurants, including fast food outlets and retail grocery stores that sell prepared foods conspicuously post the calories and sodium content for each item on menus and menu boards. Given that this proposed legislation is a policy response to addressing obesity as a risk factor for chronic illnesses such as cardiovascular diseases and diabetes, calories should certainly be a priority for disclosure. We believe that sodium should also be included given the evidence that it is an important risk factor for some of the same chronic diseases, and that average daily intake is far higher than the recommended maximum.

We have expressed written support for menu labelling as proposed in the various iterations of the Healthy Decisions for Healthy Eating Act Bills. The most recent of these is a [letter of support for Bill 86](#), written on 11 May 2012. The Ontario Society of Nutrition Professionals in Public Health (OSNPPH), an

alPHA Affiliate Member, has also adopted the position that calories and sodium should be disclosed at point-of-sale, as have many of alPHA's member Boards of Health.

The alPHA Board of Directors also made a formal motion on September 28 2012 to adopt legislating point-of-sale disclosure of **calorie & sodium** content as an alPHA Position. We are in favour of disclosure requirements for other nutritional information, but we believe that only calories and sodium content should appear conspicuously at point-of-sale to avoid consumer confusion, prevent the incorporation of misleading health claims and make it clear that the legislation is designed to address dietary risk factors for obesity and chronic diseases.

While alPHA has supported the principle behind the various iterations of the Healthy Decisions for Healthy Eating Act (i.e. disclosure of certain nutritional information at point-of-sale), there has been no discussion about the specific requirements other than what to disclose (calories and sodium). These previously-introduced bills and the laws that have been implemented in other jurisdictions appear to be based on a combination of feasibility, equity and impact. In short, they apply to large-volume retailers with more-or-less standardized menus, ready access to the nutritional profiles of their products and the resources to meet the public disclosure requirements.

There appears to be a general acceptance within the public health community as well as the food industry that this is a reasonable starting point for legislation, and agreement that consistency will be essential (i.e. presenting the disclosed information in a recognizable and visible format to properly inform the consumer, while ensuring that all operators to whom the law applies are treated equally).

CONSULTATION QUESTIONS: MARKETING

Discussion Topic 1: Child Directed Marketing

What are some examples of voluntary programs or legislation that we should be looking at most closely in Ontario?

The province of Quebec's Consumer Protection Act has prohibited commercial advertising targeted to children under 13 years since 1980. A close examination of this law, its application and its political context (i.e. in a Canadian Province) will be most useful.

The Canadian Children's Food and Beverage Advertising Initiative is a voluntary framework to limit advertising to children, whose criteria are set by industry. Companies that have signed on to this have made commitments to not advertise to children, to promote healthy dietary choices, or to promote healthy lifestyles. As a structure, we believe that the CCFBAI could be closely examined to identify elements that could be strengthened and made part of a framework for a Government intervention aimed at restricting marketing to children. We do not however believe that the voluntary nature and weak standards of the current framework are effective.

Under the current CCFBAI, some of the adherent companies are proud to state that they do not advertise to children while it is abundantly clear that they do. Others classify their products as "healthy dietary choices" while it is abundantly clear that they are not. Others engage in crafting messages about healthy lifestyles that are designed to promote unhealthy products.

What does the evidence tell us works around limiting marketing of unhealthy food and beverages to children?

Limiting marketing to children must be considered as part of a larger strategy to protect children's overall health and wellbeing, including but by no means limited to improving attitudes and behaviours around healthy eating.

Although it would be very difficult to draw a causal relationship between limiting marketing to children and obesity reduction, the influence of advertising on children's dietary preferences and purchase requests is well documented. If we are to address their overall health and wellbeing, we must acknowledge that the manipulative nature of child-directed advertising and the aggressive promotion of unhealthy foods and beverages are almost certainly in direct and constant competition with parents' desires to make the healthiest choices. The goal here should be to curtail that competition.

The Healthy Kids Panel Report does summarize some of the measured impacts of the Quebec advertising ban, including reductions in fast-food purchases and net calories consumed (p. 31).

Are there ways to enhance current efforts related to limiting child-directed marketing (e.g. the Canadian Children's Food and Beverage Advertising Initiative or CCFBAI)?

As stated above, we strongly disagree with the industry position that this voluntary framework is effective. The standards are set by the food industry and are widely regarded by the public health community as weak.

What additional actions could be taken by industry and government to limit the marketing of unhealthy food and beverages to children?

We support a ban on all advertising directed at children. It doesn't need to be perfect, but it needs to demonstrate that Government takes child health seriously and will do what it can to protect it. Ontario should act where it has jurisdiction to restrict marketing to kids and advocate where it does not.

Discussion Topic 2: Definition of Healthy/Unhealthy

Would a standardized nutrient profile that evaluates the healthfulness of food beverages to be marketed to children be useful?

There is widespread agreement that it would be nearly impossible to clearly define what constitutes healthy vs. unhealthy foods. This is why alPHa supports a complete ban on child-directed commercial marketing.

Discussion Topic 3: Definition of Marketing including Point-of-Sale

- What is the feasibility of replacing "unhealthy" food and beverages from point-of-sale displays with healthier options?
- What are the barriers and challenges? How can they be overcome?

- How could industry be a part of the solution?
- We can agree that paid marketing on a number of channels including broadcast, print, online and out-of-home is part of our discussion. Are there different kinds of marketing?

alPHa does not have specific positions on interventions related to the display of merchandise in retail environments (unless such a display meets an eventual definition of what constitutes marketing to children under 13). While there may be public health support in principle for these interventions as part of the larger obesity strategy, we believe that it will be important to distinguish between the marketing of products that appeal to children from marketing of products to children.

When the term “marketing to children” is eventually defined, it will be important to be very clear about what counts as such, and it should be defensible. The ensuing restrictions must be widely applicable to the various promotional avenues that are available to marketers, including but not limited to the list in the fourth bullet point.

Discussion Topic 4: Monitoring and Evaluation

- *How should progress on limiting marketing to children be monitored and evaluated?*
- *Are there effective evaluation structures that should be considered*
- *What should this system monitor and evaluate? What are the indicators of progress? What could we benchmark progress against?*

The evaluation scheme will depend on the chosen intervention. If a complete ban on advertising to children under 13 is implemented, compliance with the regulation will be an obvious starting point.

Public surveys will also be extremely important, as the policy intervention is meant to contribute to shifting attitudes and behaviours around healthy eating. Baseline data for each of these is already available, and surveys could be developed to measure changes over time (i.e. before and after the law is passed, and then at longer intervals thereafter). The Rapid Risk Factor Surveillance System (RRFSS) is an ongoing telephone survey used to gather surveillance data, monitor public opinion on key public health issues, and collect information on emerging issues of importance to public health in Ontario. Public Health Units use this service for this kind of program planning and evaluation.

Recognizing that limiting marketing to children is one of 23 recommendations that form the Healthy Kids Strategy, it will also be important to evaluate the effects of the Strategy as a whole once implemented by Government. While we believe that a 20% reduction in childhood obesity in 5 years is likely not realistic, a reduction over a longer period of time could still be a valuable indicator of the Strategy’s success.

Informed by the discussions at the stakeholder consultations and input from our members, alpha is pleased to offer the following advice to the Minister on how to reduce the marketing of unhealthy food and beverages aimed at children:

All commercial advertising to children under the age of 13 should be banned. This includes the advertising of 'healthy' food and beverages. Young children do not have the cognitive capacity to fully understand the purpose of advertising. Furthermore, it is not feasible to define 'healthy' versus 'unhealthy' foods. Such categorization lends itself far too easily to industry manipulation.

Self-regulation by the food and beverage industry has been insufficient. The Canadian Children's Food and Beverage Advertising Initiative is a voluntary program that includes 19 companies that manufacture or sell high-calorie, low-nutrient foods that are especially appealing to children. The program standards, which include defining what constitutes advertising to children and what qualifies as "healthy", are defined by industry and are not nearly strict enough.

Defining a ban on marketing to children must take limitations on all forms of marketing and promotion into consideration. This should include (but not be limited to) on-package promotion, free gifts such as toys, point-of-sale prompts, online games associated with products aimed at young children, and sponsorships of events.

Consideration should be given to putting limitations on practices that are not easily defined as marketing to children but are widely regarded as such. Retail placement methods are an obvious example, where candy and soft drinks are displayed low to the ground at checkout and many products that appeal to children are placed at the level of their eyes in the aisles.

We don't need to prove that restricting marketing to children will have a direct effect on reducing obesity. Industry has already demonstrated agreement through its voluntary initiatives that it believes that marketing to kids should be limited. A stricter ban is about shifting attitudes about what is acceptable when it comes to children's rights and ensuring that they are not subject to media manipulation. This is aligned with the focus on healthy kids and not just healthy weights.

CONSULTATION QUESTIONS: MENU LABELLING

Discussion Topic 1: Starting Point

What are some examples of legislation that we should be looking at most closely for Ontario?

We would recommend an examination of the following to make determinations about what would work in Ontario, with a view to ensuring that the Ontario regulations would fit well with an eventual similar federal requirement in Canada. The proposed requirements are not identical, but patterns do emerge to identify the most agreed-upon elements.

- The United States Food and Drug administration has proposed [nationwide calorie disclosure requirements](#) for establishments with 20 or more locations.
- Toronto's Board of Health has a [detailed report](#) outlining the rationale and recommendations for mandatory menu labelling
- Private members' bills have been introduced at both the provincial and federal levels and should be closely examined. [Ontario's Bill 59](#), Healthy Decisions for Healthy Eating Act and its earlier iterations lay out a potential framework for a Government Bill, and the defeated federal [Bill C-460](#) called for menu labelling of sodium content as an element of a Canadian Sodium Reduction Strategy.
- An examination of existing local laws (New York, California, Seattle) may assist in the identification of post-implementation successes and failures.

What are the key features of a successful menu labelling approach?

The primary aim of such legislation should be to ensure Ontarians can see key nutritional information to make an informed choice at point-of-sale. To serve that aim, the legislation must be simple and consistent, which will require considerations of feasibility, equity and impact. The information must be presented in a clear and consistent manner so that consumers always recognize and understand the posted information, operators are clear on the requirements for disclosure, and uncertainties about enforcement and compliance are minimized. Careful consideration will need to be given to identifying clear exemptions and situations where disclosure is not as simple (e.g. buffets, operators that sell many varieties of a single food product with varying nutritional content).

In any case, we believe that only a mandatory approach will achieve the consistency required for a successful menu-labelling regime in Ontario.

Who should legislation apply to, for instance: quick and full service restaurants, drive-thrus, buffets, cafeterias, grocery and convenience stores, food trucks and carts, health care settings, movie theatre concessions, airplanes, trains, etc.?

Although we believe that consumers should have easy access to nutritional information whenever they are making a decision about what to eat, we must be realistic about what is achievable and will have the greatest impact. Previously-introduced bills and the laws that have been implemented in other jurisdictions have been based on a combination of feasibility, equity and impact, initially applying only to large-volume retailers with more-or-less standardized menus, ready access to the nutritional profiles of

their products and the resources to meet the public disclosure requirements. The definition of what qualifies as such in Ontario will need to be the subject of careful examination for the purposes of an Ontario law.

Several of our members have suggested that a phased-in approach once determinations are made about the compliance readiness of establishments that may be covered by the eventual legislation. Others have suggested that the Government may have a role in providing supports to establishments that are not initially covered to voluntarily comply with mandated standards.

Should size of chain matter? If so, what should the definition be based on – number of locations? Revenue? Other factors?

This also relates to equity, feasibility and impact. Number of locations and revenue are certainly good indicators of both the ability of the food service operator to absorb the costs associated with disclosure and the number of customers that will be exposed to nutritional information on menus.

alPHA does not have a firm position on a particular number of establishments or income, but we have come to understand that the point of setting the thresholds is to categorize establishments that are already capable of complying with legislation the soonest, and are responsible for a significant share of prepared meals that Ontarians are enjoying outside of the home.

Is your organization willing to undertake complementary activities to help make menu labelling more successful (e.g. public education)?

Yes. Such public education activities fall squarely within our members' mandate under the Ontario Public Health Standards' Chronic Diseases Prevention activities related to healthy eating.

Discussion Topic 2: Nutritional Information

What nutrition information should be included on menus and menu boards (e.g. calories only or calories and sodium)? What is the basis for inclusion? Should menus and menu boards be treated differently?

Our position is that calories and sodium should be included on menus and menu boards, and that posting any other nutrient information should be expressly prohibited. We are in favour of disclosure requirements for more comprehensive nutritional information, but we believe that only calories and sodium content should appear conspicuously at point-of-sale. This is to avoid consumer confusion, prevent the incorporation of misleading health claims and make it clear that the legislation is designed to address dietary risk factors for obesity and chronic diseases.

Should contextual information (e.g. on daily calorie amounts) be included either directly on menus and menu boards or some other format? Should it be voluntary or mandatory? How should contextual information be described (e.g. statement, chart, symbol)? If provided in another format, what format could that be (e.g. sign, pamphlet, poster)? Should there be a different contextual statement for adults versus children?

We believe that it is essential to provide consumers with reference values (daily caloric needs and recommended sodium limits) in order to put the posted numbers in proper context. We certainly see

the value of posting such contextual information at point-of-sale, but we also recognize the limitations of doing so, especially considering the wide variation of nutritional needs and limits among individuals. We would be in favour of mandating the posting of a simple statement about the caloric needs and sodium limits for the average adult, but we would also urge the Province to support a public education campaign (in which our members would play a key role) that would ensure that Ontarians are properly equipped to understand that the reference numbers are not the same for everyone.

Should additional nutritional information (e.g. calories and 13 core nutrients that are available on the nutrition facts panel for packaged foods) be available as well? In what format should additional information be provided in (e.g. sign, pamphlet, poster, kiosk)? How should additional information be advertised (e.g. a directional statement on menus)? Should the format be prescribed or left to the individual chain to decide?

Yes, we are in favour of requiring provision of additional nutritional information, but we are not in favour of posting it on the menu boards or menus themselves. We have not heard strong opinions on the format and media for this information, but there is agreement that some level of standardization makes it easier for operators to provide the information and for consumers to understand it. Including the 13 core nutrients found on the already-familiar Nutrition Facts panel is a way of imposing some consistency, and we would agree that this information should be made available in some format at point-of-sale.

If this is mandated by legislation, more specific requirements about content and form will be necessary. Consultation with stakeholders should be undertaken to ensure that this information is consistently presented for all of the same reasons that we are calling for consistency in the menu-labelling requirements.

How should nutrition information be formatted in order to ensure that information is clearly and consistently visible on all varieties of menu/menu board (e.g. size, placement, font or other prominence requirements)? Should the format be prescribed or left to the individual chain to decide?

There is widespread agreement that nutrition information should be presented adjacent to the price of the item, in the same font style and size.

Discussion Topic 3: Exemptions/Special Circumstances

- Under what circumstances should exemptions to menu labelling requirements be considered?
- What menu items, if any, should be exempt from menu labelling requirements and why (e.g. daily or seasonal specials, condiments, custom orders, alcoholic beverages)
- How should menu items offered in different combinations, varieties and flavours be handled?
- Should calorie ranges be used?

Answering these questions will require a closer look at what the various scenarios might be once the application of the proposed legislation is determined. Exemptions could be considered for non-standard menu items (e.g. daily specials and limited-time offers that do not appear on the standard menus), extras that the customer adds to the food or beverage herself (e.g. condiments, coffee dressings, other items that are not listed with a price on the menu), and a range of other possibilities.

We believe that the point of clear and acceptable menu labelling legislation is the disclosure of useful nutritional information about standardized and commonly encountered menu items. Consideration will need to be given to how retailers whose menus contain more variability can provide useful and accurate information about calorie and sodium content. Calorie ranges or medians may make sense if the ranges are sufficiently narrow, but in cases of wider variability may not be of much use. Discussions with industry stakeholders and nutritionists may assist in developing effective and equitable solutions to this.

Discussion Topic 4: Implementation

What are the challenges to implementation and how can they be mitigated?

Consultation with industry stakeholders will be required to fully answer this question, but we believe that limiting the application of the legislation to the large-volume retailers with standard menu items and existing analyses of their nutritional composition is itself a mitigating strategy. A phased-in approach has also been suggested to ensure that retailers who fall under the legislation but aren't immediately ready to comply are given time to do so.

- What steps are required for industry to implement menu labelling?
- What are the costs associated with implementation? What factors would increase or reduce implementation costs?
- How long would implementation take for industry?
- Do different types of foodservices face unique implementation challenges? Describe which and what is different? How can these be mitigated?
- What types of information or supports would be useful to assist with implementation? (i.e. staff training materials, public education etc.)

These are questions for industry stakeholders.

Discussion Topic 5: Enforcement & Measurement

What kind of enforcement regime should be considered? Who should lead enforcement activities? Does the approach taken in other jurisdictions (public health inspectors enforce requirements during the course of regular food safety inspections) make sense for Ontario?

Incorporating enforcement of this new legislation into the public health units' food safety inspection programs would reduce the administrative costs of developing a new infrastructure. It would also benefit foodservice establishments as they will not have to work with another administrative structure. This is the approach taken in U.S. jurisdictions, for similar reasons.

Local enforcement would be most feasible if implemented by local public health inspectors during regular inspections. The scope of this assessment should be limited to the role of verifying compliance with the labelling requirements. It should **not** include the expectation of making nutritional assessments, or verification of nutrient information, but could include asking for documentation that a reliable and verifiable method of nutritional analysis was used to determine the nutrient information.

What steps or processes will be required to effectively enforce menu labelling legislation?

- Inspections to verify information is available and formatted correctly, responding to public complaints, verifying accuracy of nutrition information?
- What steps could the government take to help streamline this implementation?

A Provincial database of restaurants that are covered by the legislation and accessible to health units would be extremely useful. This would avoid duplication of efforts in each health unit to establish a list of who is required to post the information.

In addition, short-form wording needs to be developed to enhance enforcement activities to ensure that inspectors can issue Offence Notices (i.e. tickets) under Part I the Provincial Offences Act to minimize the need for the more lengthy, resource-intensive processes under Part III (i.e. court proceedings).

What types of information or supports would be useful to assist with enforcement (e.g. training materials)?

In addition to the role of local public health units assessing and monitoring compliance with the legislation, there should also be a provincial quality assurance role to assess accuracy of the posted nutrient values for large foodservice chains at the corporate level. It is recommended that Ministry resources be allocated to a quality assurance program to ensure that corporations

- Have access to a dedicated staff person, preferably a Registered Dietitian at the provincial level to respond to questions, training and resource needs.
- Are implementing, or providing to their franchises, a reliable and verifiable method of nutritional analysis to assess nutrient content;
- Are educating and training franchise staff on use of standardized recipe development and standard methods of preparation.

How will stakeholders partner with government to share data and information to help contribute to measurement?

Measures could include process indicators (e.g. evaluation of implementation processes as defined above, compliance rates), short term outcomes (e.g. consumer awareness/noticing of nutrition information, consumer understanding of nutrition information) and longer term outcomes (e.g. sales data to measure changes in purchasing behaviour, nutrition information to measure menu item reformulation).

As with the marketing evaluation, public surveys will also be extremely important, as the policy intervention is meant to contribute to shifting attitudes and behaviours around healthy eating. Baseline data for each of these is already available, and surveys could be developed to measure changes over time (i.e. before and after the law is passed, and then at longer intervals thereafter). The Rapid Risk Factor Surveillance System (RRFSS) is an ongoing telephone survey used to gather surveillance data, monitor public opinion on key public health issues, and collect information on emerging issues of importance to public health in Ontario. Public Health Units use this service for this kind of program planning and evaluation.

Informed by the discussions at the stakeholder consultations and input from our members, alPHa is pleased to offer the following advice to the Minister as she formulates a regulatory regime for point-of-sale disclosure of nutritional information on menus and menu boards.

Menu labelling should be required through legislation with clear requirements. Voluntary approaches do not serve population health goals nor do they support a level playing field for the retailer, as there is no consistency in what and how key nutrition information is made available on menus.

Calorie and sodium content information should be displayed. The aim of this legislation is to respond to the growing obesity problem, for which caloric intake is a key driver. Sodium should also be displayed, as it has been identified as a significant risk factor for many of the same chronic diseases that are associated with obesity. Sodium content varies widely, and there is no way for the consumer to estimate it.

Required information should be displayed clearly, prominently and in a visually consistent manner where people can readily see it when ordering food. Information should be displayed on menus, the menu board, drive through menus, or on individual food item tags where appropriate, such as in vending machines and display cases where a range of different choices for a single menu item are provided (e.g. varieties of bagels, ice cream flavours etc).

The legislation should initially apply to large chain restaurants and foodservice establishments, with provisions to bring in other types of operators in a phased-in approach. The first group includes establishments that have a) standardized menus, b) resources to support nutritional analysis and c) already routinely analyze their menu to provide nutrition information in some format. The second group includes other food premises that have standardized menus but require time and / or support for the other two activities. Examples of these include grocers, cafeterias, theatres, convenience stores, recreation centres.

Contextual information should be mandated so that the consumer can interpret the displayed numbers for calorie and sodium content. A simple and streamlined statement about recommended daily intake for an average adult would be adequate. This should be supported by a robust public information campaign, and Public Health units can play a role in educating their communities about varying needs for different age groups.