

# Public Policies on Nutrition Labelling: Effects and Implementation Issues – A Knowledge Synthesis – Highlights

February 2011

This document is a summary version of the report, *Public Policies on Nutrition Labelling: Effects and Implementation Issues – A Knowledge Synthesis*,<sup>1</sup> produced by the National Collaborating Centre for Healthy Public Policy (NCCCHPP). For readers who would like to learn more about the knowledge synthesis method used as well as the knowledge gathered and the full bibliographic references, we invite you to consult the full report.

Nutrition labelling on pre-packaged foods and on restaurant menus is one of the public policies proposed to address obesity, a problem that is affecting a growing portion of the Canadian population and is associated with numerous health problems and high economic costs.

This knowledge synthesis aims to contribute to answering the following six questions relating to the potential effects and implementation issues of nutrition-labelling policies:

Effects	Effectiveness	What effects does this policy have on the targeted problem?
	Unintended effects	What are the unintended effects of this policy?
	Equity	What are the effects on different groups?
Implementation	Cost	What are the financial costs of this policy?
	Feasibility	Is this policy technically feasible?
	Acceptability	Do the relevant stakeholders view this policy as acceptable?

<sup>1</sup> Morestin, F., Hogue, M.-C., Jacques, M. & Benoit, F. (2011). *Public Policies on Nutrition Labelling: Effects and Implementation Issues – A Knowledge Synthesis*. Montréal: National Collaborating Centre for Healthy Public Policy.

## Method

This knowledge synthesis was carried out using a three-step method:

- **Construction of the logic model** of nutrition labelling.
- **Review of the grey and scientific literatures:**
  - Data on nutrition labelling on pre-packaged foods and in restaurants, in Canada and other industrialized countries, published between January 2006 and August 2009.
  - Exploration of 65 websites of Canadian and foreign organizations (governmental institutions, associations and networks, research groups and think tanks, institutions that produce or inventory systematic reviews).
  - Databases explored: PubMed, PsycINFO, CSA Worldwide Political Science Abstracts, CSA Social Services Abstracts, CSA Sociological Abstracts, PAIS International.<sup>2</sup>
  - Description of the methodological characteristics of the documents found.
  - Selected: 40 documents drawn from the scientific literature and 31 documents drawn from the grey literature.
- **Deliberative processes:**
  - For discussion, enrichment and contextualization of the data drawn from the literature.
  - One process in British Columbia and two in Ontario (12, 12 and 9 participants).

<sup>2</sup> Search terms:

- PubMed : (((("Health Behavior"[Mesh] OR "Health Promotion"[Mesh])) OR "Obesity"[Mesh]) AND "Food Labeling"[Majr];
- Other databases: TI=(nutrition\* or food or kalori\*) and TI=(label\* or fact? or content).

Highlights  
For up-to-date knowledge relating to healthy public policy



- Participants involved in addressing obesity, working in the public sector, not-for-profit organizations and the academic community, in the fields of public health, agri-food, education, physical activity and children’s services.

## The Logic Model

The logic model (see Figure 1) represents how, *in theory*, nutrition labelling should help prevent obesity. This is the first step in estimating the effectiveness of the public policy under study: how plausible is its intervention logic?

The data gathered in the context of the knowledge synthesis indicates the extent to which the logic model holds true in real life, and examines the other effects produced by nutrition-labelling policies, as well as the implementation issues raised.

## Data Drawn from the Literature and from the Deliberative Processes

The data drawn from the scientific literature are presented in regular print, those drawn from the grey literature are indicated with grey text, and those gathered during the deliberative processes are indicated with underlining.

## STATUS IN INDUSTRIALIZED COUNTRIES

Nutrition Facts	
Per 125 mL (67 g)	
Amount	% Daily Value
Calories 80	
Fat 0.5 g	1 %
Saturated 0 g + Trans 0 g	0 %
Cholesterol 0 mg	
Sodium 0 mg	0 %
Carbohydrate 18 g	6 %
Fibre 2 g	8 %
Sugars 2 g	
Protein 3 g	
Vitamin A 2 %	Vitamin C 10 %
Calcium 0 %	Iron 2 %

Source: Health Canada.

Health Canada is responsible for developing policies, regulations and standards for nutrition labelling on foods. The Canadian Food Inspection Agency ensures that the agri-food industry complies with these. Since December 2005, a Nutrition Facts table (detailed labelling) has been mandatory on all pre-packaged foods.



Example of simplified labelling

Debate is currently focused on simplified labelling, such as front-of-pack logos. Not-for-profit organizations and numerous industry actors have already introduced such initiatives; Health Canada wishes to standardize simplified labelling and, to this end, has begun consulting with concerned stakeholders.

The issue of nutrition labelling in restaurant chains was examined in 2006 in Canada’s Parliament (Bill C-283), but no legislation was passed; this issue has been under debate since 2009 in the Legislative Assembly of Ontario (Bill 156).

Participants in the deliberative processes also mentioned that in British Columbia and in Ontario, the foods sold in vending machines in some public buildings and schools display, respectively, a happy/neutral/frowning face or traffic light colours (green/yellow/red), indicating nutritional value.

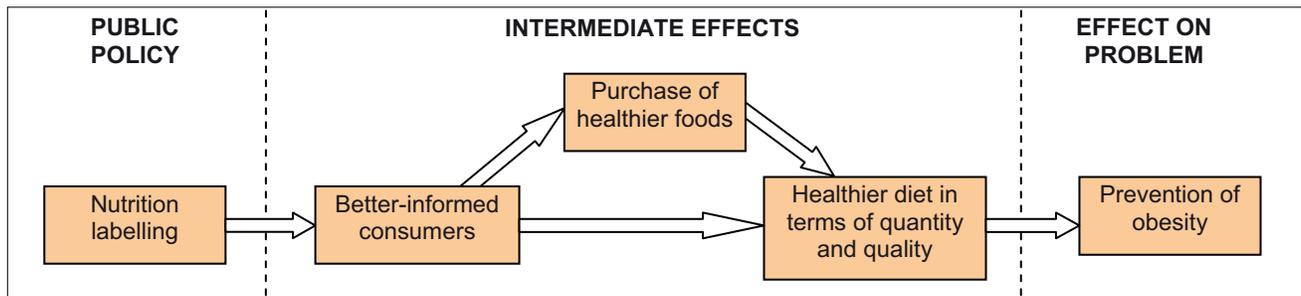
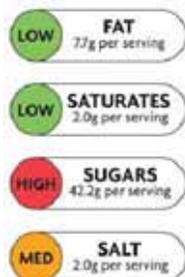


Figure 1. Logic model (nutrition labelling)

As regards other countries, detailed nutrition labelling on pre-packaged food is mandatory in the United States, Australia and New Zealand, and some European Union institutions have been calling for mandatory labelling for the past few years.



Source: Food Standards Agency, United Kingdom. © Crown copyright.

Simplified labelling is still dominated by private sector initiatives, but public authorities everywhere would like it to be better regulated. The initiative most often cited as an example is that of the United Kingdom, which has established guidelines encouraging the agri-food industry to summarize nutrition information in the form of traffic lights indicating the levels of total fat, saturated fat, sugar, and salt in a food. This system is, however, not mandatory.

As regards nutrition labelling in restaurants, the United States is at the forefront: following up on the adoption of several local regulations (including the highly publicized one adopted by the City of New York), a regulation making calorie labelling on menus mandatory for restaurant chains across the country was adopted by Congress in March 2010.

### EFFECTIVENESS

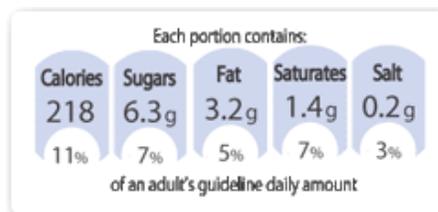
Effectiveness refers to the degree to which the public policy under study fulfills its objective. With regard to this, we present not only the policy's positive effects, but also its neutral or negative effects. We begin by presenting the data on the intermediate effects of nutrition labelling, as set forth in the logic model, firstly because, in this way, we can verify step by step what works or does not work with respect to this public policy, and secondly because there exists very little data on the ultimate effectiveness of nutrition labelling for preventing obesity.

For nutrition labelling to produce the desired results, it must first of all be highly **visible** to consumers, which seems more likely when some standardization of the information presented and its location are mandated by law.

Next, the nutrition information must be **read**. Between 50 and 60% of consumers *claim* to do so (more, in some studies), but observation-based studies record lower percentages. Moreover, the information is often only partially read. Several

factors decrease the propensity to read nutrition information: purchasing habits, lack of time, concern about food prices, the perception that foods are healthy or, conversely, the fact that they are considered to be treats, difficulty in understanding nutrition information, doubts about its accuracy (in relation to this, during one of the deliberative processes, it was pointed out that some consumers lose trust in nutrition labelling because of the lax nutritional criteria on which some of the logos created by industry are based). The presence of simplified nutrition information (logos) produces ambivalent effects: either discouraging the reading of detailed information (the Nutrition Facts table), or encouraging its reading.

Consumers reading the information must also **understand** it<sup>3</sup> to truly be better informed. However, detailed information is usually misunderstood. The results are better for simplified information, particularly for logos based on recommended daily values, and better still, for traffic light formats.



Example of a logo based on recommended daily values  
Copyright 2009 Food and Drink Federation – www.fdf.org.uk.



Example of a "single judgement" logo  
Source: Food Standards Agency, United Kingdom. © Crown copyright.

Even simpler logos, signifying a single judgement about the nutritional value of a food, are even better understood. However, they often lead to quicker, overly favourable judgments about foods (for example, because it is labelled as "healthy," consumers underestimate its caloric value).

The three deliberative processes echoed the findings in the literature: it was observed that the nutrition information currently presented on pre-packaged foods in Canada is

<sup>3</sup> The data collected concerning this subject focus mainly on pre-packaged foods. This is not surprising, since menu labelling is often limited to one relatively simple element (the number of calories contained in a serving), which is less likely to lead to comprehension problems.

poorly understood (although it can, at least, lead consumers to reflect critically) and needs to be simplified. The formats that were considered promising were traffic lights, the "face" icon used in British Columbia, logos similar to "peanut-free" logos, and "pie chart" graphics. Participants recalled the importance of also presenting relevant information about portion sizes (some nutrition-labelling formats provide information about the nutritive value of a food, but fail to tie it to a particular portion size).

Among consumers there are some recurrent comprehension errors: errors in interpreting the nutritive value of a food in relation to recommended daily values; false understanding of the *percentages* of recommended daily values (even though these are presented to make interpretation easier); and errors in calculating the nutritive value of a portion that differs from that for which nutrition information is displayed. The lack of standardization (a proliferation of industry-created logos based on different nutritional criteria that are sometimes not very transparent, nutrition information presented for portion sizes that vary from one food to another) confuses consumers, as participants in the deliberative processes also pointed out. Comprehension is also impeded by the amount of interpretation required, and by the limited literacy skills, and especially, the limited numeracy<sup>4</sup> skills of many consumers. Some experts thus advocate simplifying the information, educating consumers in how to read nutrition information or even adopting other policies that do not rely on individual responsibility, but act instead on prices or portion sizes. Many participants in the deliberative processes also expressed their belief that educational measures are necessary, particularly in schools (as some stakeholders suggested to the Ontario Ministry of Education in 2008).

We found contradictory data regarding **effects on purchasing and diet**. For pre-packaged food, the majority of studies indicate that nutrition labelling has a positive influence on choice, but these effects are sometimes modest; and other studies found there to be no effect. For restaurants also, most studies indicate a positive effect, but the percentage of respondents who say they are influenced by nutrition labelling varies greatly from one study to another (from 23% to 73%, including an intermediate range of 30-40%); and other studies report no effect.

<sup>4</sup> "Aggregate of mathematical knowledge that allows a person to function in society" [*Translation*] (source: Grand dictionnaire terminologique).

Nutrition information competes with powerful factors when purchasing choices are being made: taste preferences, food prices, convenience (ease of preparation and/or consumption), time constraints, purchasing habits, interest or disinterest in controlling one's diet, other sources of information (including advertising). Also cited during the deliberative processes were cultural norms and the physical accessibility of healthy foods. Some participants doubted the effectiveness of nutrition labelling at influencing choices made in restaurants, since dining out is seen as an occasion to "treat oneself." However, others pointed out that the situation is different for the many persons who frequent restaurants on a daily basis.

We found a single study which attempts to estimate the **effectiveness** of nutrition labelling (in large restaurant chains) **at preventing obesity** and concludes that it could prevent 40% of the annual weight gain among the population of Los Angeles County.

The **context in which a public policy is implemented** influences the effects it produces. One piece of information that surfaced recurrently was that restaurants are a much-frequented eating environment in North America; thus, implementing nutrition labelling there would potentially reach a large portion of the population. In another environment, that of university cafeterias, routine patronage can give rise to two opposite reactions: students may ignore nutrition information, because they already know what is on the menus (seen daily) and often decide in advance what they are going to eat; or the information may lead students to make healthy choices, since they do not consider eating in the cafeteria as a special occasion for treating oneself.

Participants in the deliberative processes considered that, ultimately, there is a lack of data demonstrating the effectiveness of nutrition labelling. Faced with this conclusion, some favoured policies more clearly supported by evidence for addressing obesity, while others thought that nutrition-labelling policies should be adopted, but assessed on an ongoing basis and revised if necessary.

## UNINTENDED EFFECTS

Unintended effects are defined here as any other effects (positive or negative) that are produced by nutrition labelling, but that are unrelated to its

objective of modifying behaviour in a way that leads to healthier eating.

Of these effects, the most frequently observed is food reformulation (mentioned recurrently in the literature and during the deliberative processes). Nutrition labelling can raise awareness and increase consumer demand for healthier foods; the food industry is then motivated to make its products healthier. Such reformulation automatically improves diet, even for consumers who do not make use of nutrition information.

Another unintended effect, this one negative (but mentioned only as a hypothesis), would be a loss of revenue for restaurants offering mainly high-calorie meals, if consumers turn away from these in response to nutrition labelling.

Participants in the deliberative processes pointed to other potential unintended and negative effects of nutrition labelling: stigmatization of food, and the generation of feelings of guilt in persons who would like to buy healthy food, but cannot afford it.

## EQUITY

We refer here to the equitability of effects, that is, to the differential effects of the public policy studied on various population groups.

The data are too divided to point to clear differences in the effects of nutrition labelling based on **family status, knowledge about nutrition** or on a person's **body type**.

The majority of studies conclude that nutrition labelling is more effective among **women** and among **persons who control their diets**, in terms of reading, comprehension, and use of the information. Among age groups, the **elderly** are the most interested (the reverse is more the case for young people), but make the most errors in understanding. Detailed nutrition information is not as well-understood by **less-educated persons** or those with **lower socio-economic status** or those belonging to **ethnic minorities**, but this problem seems not to apply to simplified information. During the three deliberative processes, the adaptation of nutrition information to different levels of literacy emerged as a major issue. It was also stressed that information should be presented at the point of purchase and not on the Internet, since some groups do not have access to the Internet. In addition, the same

disadvantaged groups use nutrition information less when making purchasing decisions (although some studies found no differences between socio-economic groups). The main reason evoked is the cost of healthy food. In fact, participants in the deliberative processes stressed that, out of concern for equity, even though such matters extend beyond the issue of nutrition labelling, healthy foods must be made physically and financially accessible. They also pointed out that if industry passes on the cost of food labelling to consumers in the form of higher food prices, low-income persons will be proportionally more penalized.

Given that the effectiveness of nutrition labelling varies from one group to another, some authors recommend instead directly promoting food reformulation, which is less likely to deepen social inequalities in health.

## COST

**Public authorities** assume the cost of carrying out inspections to ensure that industry respects labelling regulations, and the cost of nutritional analyses carried out periodically to verify the veracity of the information presented; but we found little data on this subject in the literature. One participant in a deliberative process noted that the introduction of menu labelling would create the need for additional public resources (for example, public health inspectors).

Most of the cost of implementation is assumed by the **food industry**, which must carry out nutritional analyses and print the information. While several participants in the deliberative processes believed these costs to be high, in contrast, many authors judge them to be modest. For example, in Canada the cost of adding the Nutrition Facts table to all pre-packaged foods was estimated at C\$263 million over three years; in comparison, food sales revenues were estimated at C\$120 billion for the same period. The cost of analyzing the nutritional content of foods, which is non-recurrent since this analysis is only performed once, represented less than 0.1% of sales revenues. As regards restaurants, the cost of nutritional analysis is estimated at only US\$220 per menu item; moreover, many large restaurant chains have already analyzed their products. Often, the cost of creating and printing new menus is already included in budgets, since restaurant chains renew menus several times a year for promotional purposes. Obviously, nutrition labelling would be

proportionally more expensive for small restaurants (a point also raised during the deliberative processes), but the regulations discussed in recent years have targeted only restaurant chains. One participant in a deliberative process remarked that non-uniform labelling standards among provinces would be very costly for industry.

Ultimately, consumers pay for nutrition information (whether or not they use it) when industry recuperates the cost by raising food prices, a fact also brought up during the deliberative processes.

Whatever the costs of nutrition labelling, the expected benefits are greater. By reducing the risk of premature death and disability related to diet, nutrition labelling is expected to lower health costs and increase productivity. It is estimated that, in this way, mandatory nutrition labelling on pre-packaged foods would produce savings of C\$5 billion over twenty years in Canada (compensating for the cost of implementation twenty times over) and savings of between US\$63 and \$166 billion in the United States. However, these estimates must be considered cautiously, since they seem optimistic, if compared with empirical data on the effectiveness of nutrition labelling.

## FEASIBILITY

**Conformity with existing legislation:** It is important to consider this issue to avoid court challenges, like those witnessed in the United States, where some restaurant associations attacked certain local menu-labelling regulations through the justice system.

**Existence of pilot programs:** The large number of these, including industry initiatives, in industrialized countries is a good indicator of the feasibility of nutrition labelling. Participants in the deliberative processes cited already-existing Canadian and provincial programs, which could be drawn-upon for inspiration if restaurant or fresh food nutrition labelling is envisioned.

**Automaticity<sup>5</sup>:** Rather than create new authoritative bodies, the countries studied have placed nutrition labelling under the authority of the public agencies responsible for regulating food products.

<sup>5</sup> Automaticity: Degree to which the implementation of a public policy is managed by pre-existing administrative mechanisms (Salamon, 2002). [Please consult the long report for full bibliographic references].

**Directness<sup>6</sup>/Number of actors involved/Hierarchical integration<sup>7</sup>:** Nutrition labelling ultimately depends on the food industry and, thus, on a multitude of actors, and is only feasible if the latter are willing to engage. To ensure this happens, those spearheading labelling policies rely on systems of incentives and sanctions (including, notably, inspections).

**Cooperation among actors:** During the deliberative processes, it was noted that, to ensure the support of the many actors who would have to implement nutrition labelling, it is of primary importance to involve them in its development and implementation processes. To this end, many promoters of nutrition-labelling policies have sought to gain the cooperation of other stakeholders (industry, consumers, public health actors, etc.) by consulting them. In a few cases, industry has cooperated, complying with the recommendations promoted by public authorities. But often, industry has signalled its opposition to nutrition-labelling policies, among other ways, by lobbying political actors to block the adoption of these policies or by contesting them in court. Industry also points to its own nutrition-labelling initiatives as proof that public intervention is unnecessary. However, most of these initiatives do not really inform consumers: information is incomplete, is placed where it is not very visible, or is based on lax nutritional criteria. Opinions expressed during the deliberative processes varied as to the stance to take with respect to industry. Some participants advocated collaboration between the public health sector and industry, facilitated by the development of tools for guiding voluntary labelling initiatives. Others, however, set limits to collaboration, judging that a third party should establish nutritional criteria and carry out food analyses, and that public health inspections should ensure that menu labelling is enforced.

The division of roles between the federal and provincial levels was also discussed during the deliberative processes. It was the opinion of some participants that, to facilitate interprovincial trade, the establishment of criteria for identifying healthy foods and the management of nutrition-labelling

<sup>6</sup> Directness: Degree to which the organization that authorizes, finances or launches the policy is also involved in its implementation (Salamon, 2002).

<sup>7</sup> Hierarchical integration: Degree to which those spearheading a public policy guide the activities of the other actors involved in its implementation, using an appropriate system of incentives and sanctions (Sabatier and Mazmanian, 1995).

regulations should take place at the national level. Provinces could play a role in promoting the regulations. One participant thought that nutrition labelling in restaurants leaves more room for adaptation at the provincial level, although a certain level of national homogeneity is necessary.

**Practical aspects:** Various concerns were expressed in relation to this subject (see table below).

Problems	Responses
It is difficult to establish criteria for categorizing foods according to their degree of healthiness (even though this is indispensable according to participants in the deliberative processes), especially since the population's sub-groups have different nutritional needs.	It is feasible to do so, as is demonstrated by the example of the United Kingdom, where quantitative criteria were defined allowing each nutrient to be associated with the colour green, yellow or red.
Some public agencies responsible for verifying whether nutrition-labelling regulations are respected lack resources for carrying out inspections.	
Special offerings or menu items in restaurants: difficult to perform nutritional analysis each time.	Nutrition-labelling regulations apply only to standard menu items.
Frequent revision of menus.	Some participants in the deliberative processes proposed indicating healthy choices on menus, without carrying out detailed nutritional analyses.
Chefs do not follow standardized recipes (a point also brought up during the deliberative processes).	Nutrition-labelling regulations do not apply to independent restaurants (participants in the deliberative processes also thought regulations should target only restaurant chains).
Personalized orders (e.g.: menu item without sauce).	Does not prevent labelling from being informative.

Problems	Responses
Reading of nutrition information slows down service in fast-food restaurants.	Service is not slowed down if clients read the information while waiting in line.
Limited space on menus and labels.	It would be possible to use logos that summarize information in a compact form.

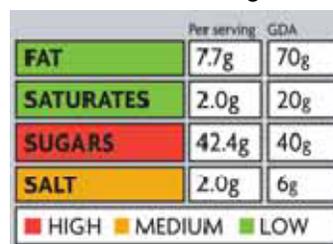
In any case, feasibility demands that industry be given a certain amount of time to comply with new nutrition-labelling regulations.

### ACCEPTABILITY

A policy's acceptability to stakeholders constitutes an issue, because it affects the policy's potential to be adopted and implemented, and to produce the desired effects.

**Consumers:** The majority of consumers appear to be in favour of nutrition labelling on pre-packaged foods and in restaurants. Participants in the deliberative processes mentioned that the Canadian population is increasingly calling for nutrition information, particularly simplified information, in both these cases. According to the literature, consumers' preferences with respect to format are, nevertheless, ambivalent: consumers like simplification (preferring logos to detailed information), but at the same time, they want enough detail to not feel they are being patronized.

The most popular formats (which are also the best understood according to effectiveness studies) are



Example of a logo based on recommended daily values, with colour coding  
Source: Food Standards Agency, United Kingdom.  
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traffic lights and logos based on recommended daily values that use colour coding: systems that are simple and visual, but present the information broken down by nutrient. Consumers prefer uniformity: implementation of the same labelling format everywhere and

labelling of nutritional values for standardized portion sizes (they do not like having to perform calculations

based on portion sizes, and moreover, effectiveness studies show that they make many mistakes when performing such calculations).

Some consumers doubt the effectiveness of nutrition labelling for modifying diet or consider it only partially effective (moderating, but not preventing consumption of certain foods), but acknowledge that information presented in a format that is difficult to ignore (colour-coded) would have more influence. They are concerned about two potential unintended effects of nutrition labelling, which were also brought up during the deliberative processes: stigmatization of the pleasure of eating and stigmatization of persons who cannot afford to buy foods labelled as healthy, which some might interpret as deliberate behaviour. With regard to differential effects, some consumers think nutrition information would be used mainly by women (which is confirmed by research data).

Several studies seem to indicate that coercively regulating industry (mandatory labelling) is acceptable to most consumers, which contradicts the view held by some of the participants in the deliberative processes, who doubted this was the case and thought that consumers favoured voluntary approaches. In addition, consumers judge nutrition labelling to be credible if it is supervised by non-industry actors (public agencies, consumer or nutritionists' associations, etc.). As regards coercion of consumers themselves, positions vary: some view labelling as an informative and non-coercive measure, but others (a minority) are against public intervention that attempts to influence their individual choices.

**The food industry:**<sup>8</sup> The American restaurant industry has criticized the effectiveness of nutrition labelling in restaurants, while arguing that public policies are unnecessary, since the industry has already undertaken initiatives on its own to inform clients. The restaurant industry and agri-food companies also express concern about the cost of implementing nutrition labelling, its feasibility (in particular, the lack of space on menus and labels for presenting information) and potential losses of revenue.

<sup>8</sup> We found a good deal of data on consumers' stances, and therefore, we can consider them reasonably representative. For industry and for associations and public actors, the data gathered were less abundant and may only partially reflect the situation.

However, the numerous nutrition-labelling initiatives undertaken by industry lead one to conclude that industry is not opposed in principle. It was mentioned during the deliberative processes that industry seems to recognize a growing consumer demand and to see nutrition labelling as an opportunity to improve corporate image.

Indeed, industry's stance is more determined by its assessment of the degree of coercion involved: it seems more accepting of nutrition-labelling regulations when it has a certain degree of control over their content. According to participants in the deliberative processes, establishing criteria for identifying foods as healthy would prevent some producers from making some of their claims, and might therefore lead them to oppose such a move. However, another participant indicated that some of the large companies consulted by Health Canada claim to support the establishment of such criteria because it would create a level playing field for the whole industry. The literature also seems to indicate that industry sees benefits to harmonizing nutrition labelling (so the same format is used everywhere), which would make labelling easier to implement.

**Associations and public actors:** The data collected concern associations and public institutions working in the health field, consumer protection associations, and political institutions.

According to some participants in the deliberative processes, public authorities may be hesitant to adopt new nutrition-labelling policies because they are complex to develop, require the collaboration of a multitude of actors, can require the creation of new administrative structures (in particular, for inspections), and carry political "costs." However, authorities are in favour of promoting consumer empowerment, and easy-to-understand nutrition labelling would contribute to this. The literature reflects this ambivalence. Nutrition labelling in restaurants has the support of associations and public actors in the health sector in the United States and in Canada; political actors, however, remain divided. As regards pre-packaged foods, current debate is focused on simplified labelling; the same types of actors support it, and even some political actors support this in Canada and in Europe. Not surprisingly, the positions of public actors are influenced by those of consumers (inclined toward extending nutrition labelling) and of industry (inclined toward limiting it).

We found a small amount of disparate data on opinions regarding the effectiveness of nutrition labelling. Some experts in the Canadian federal government recognize that it can be effective, as does the New York City Board of Health, who judge the scientific data on this subject to be sufficiently convincing. However, several American and European actors express concern about nutrition information being understood, because in its current forms, a high level of literacy is required for it to be interpreted correctly. One Canadian association recommends more research and further consultation to develop the best simplified labelling system. Overall, participants in the deliberative processes found that, the data on the effectiveness of nutrition labelling being limited, such a policy would gain more support if it were part of an integrated portfolio of public policies aimed at addressing obesity.

Even among actors in favour of nutrition labelling, positions diverge with respect to the degree of coercion required. In Canada, in the United States and in Europe, whether it is a question of menu labelling or of simplified labelling on foods, a majority of associations seem to favour coercion; political institutions and actors working in the health sector are split between the desire to support mandatory labelling and the desire to allow the development of voluntary initiatives (some participants in the deliberative processes thought that politicians would lean more toward the second approach). During the deliberative processes, where participants were Canadian actors working to address obesity from within the public sector and not-for-profit organizations, opinion was divided in British Columbia and during the first meeting organized in Ontario. During the second Ontario meeting, mandatory labelling seemed to be the preferred option. Proponents of coercion deemed it necessary because voluntary initiatives do not prompt enough action on the part of the food industry and leave it free to present only information that reflects favourably on its products.

## Conclusion

Nutrition labelling has been shown to be partially effective at acting on diet to prevent obesity. It works for some consumers, but not for those who have no intention of changing their eating habits, who cannot afford to buy healthier food, or who do not understand the information presented (although colour coded logos like those of the traffic light system offer a promising solution to the latter problem). Its limitations are inherent to an approach that seeks to change lifestyles by targeting individual choices, but without modifying the environment in which they are made. However, nutrition labelling has an incidental effect that is beneficial: it prompts industry to modify the formulation of food products to make them healthier. The costs of implementing nutrition labelling are, by and large, modest. Labelling raises certain problems on the level of feasibility, but none that are insurmountable, as demonstrated by the example of other countries that have explored simplified labelling and menu labelling policies before Canada. Nutrition labelling represents an acceptable option for the great majority of consumers, associations, and public actors, and is widely used by the food industry, at its own initiative.

The food industry is reluctant to see nutrition labelling regulated by public authorities, but when this is the case, industry perceives in it the advantage of harmonization, which facilitates the implementation of labelling and levels the playing field for all competitors.

The overall picture is thus relatively positive, although the limits of effectiveness for certain vulnerable groups within the population must be kept in mind. Moreover, regardless of the relevance of a given policy, one must recall that obesity is a multifactorial problem perceived differently from one context to another. Both the literature and the deliberative processes we organized underscored the fact that any policy implemented must be part of a coherent strategy that incorporates an array of policies chosen from among those best suited to the targeted context.

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The National Collaborating Centre for Healthy Public Policy (NCCHPP) seeks to increase the expertise of public health actors across Canada in healthy public policy through the development, sharing and use of knowledge. The NCCHPP is one of six Centres financed by the Public Health Agency of Canada. The six Centres form a network across Canada, each hosted by a different institution and each focusing on a specific topic linked to public health. In addition to the Centres' individual contributions, the network of Collaborating Centres provides focal points for the exchange and common production of knowledge relating to these topics. The National Collaborating Centre for Healthy Public Policy is hosted by the Institut national de santé publique du Québec (INSPQ), a leading centre in public health in Canada.

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