

tion in dietary sodium additives on hypertension and its related health costs in Canada. *Can J Cardiol* 2007;23:437-43.

- Truscott A. Checking up on Health Check. *CMAJ* 2008;178:386-7.

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I am writing in response to the *CMAJ* news item on the Heart and Stroke Foundation of Canada's Health Check program.<sup>1</sup> As a practising cardiologist, I know the critical role that a healthy lifestyle plays in the prevention of heart disease. An important part of such a lifestyle is a well-balanced diet that follows the recommendations in *Eating Well with Canada's Food Guide*.<sup>2</sup> In a world where confusing information on nutrition is everywhere, the Heart and Stroke Foundation of Canada ably fills a vital role in helping people to maintain good health and reduce their risk of developing chronic diseases such as heart disease.

Through its Health Check program the foundation makes a commendable effort to identify foods that can fit into a healthy eating plan. Although we would all like to see Canadians make major changes to their diet overnight, this will not happen. The Health Check program helps people to make important changes to their diet over time and thus keeps them out of my office.

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**Competing interests:** None declared.

## REFERENCES

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As volunteer chair of the Health Check Technical Advisory Committee, I am very proud of the work done by the program to improve the Canadian food supply and guide consumers to products that can be part of a healthy overall diet — a diet that should obviously consist primarily of fresh, whole foods but that can also include other foods. Processed and convenience foods are a

fact of life in our society and are not going to go away. Ignoring this reality does not serve the health of Canadians.

Over the last 10 years, we have worked with companies to remove substantial amounts of salt and harmful fats from foods. Products submitted to Health Check are evaluated against 9 criteria: total fat, saturated fat, trans fat, protein, fibre, sugar, sodium, vitamins (vitamin A, vitamin C and folacin) and minerals (calcium and iron). Our criteria are based on *Eating Well with Canada's Food Guide*.<sup>1</sup> We continually update the program's criteria to reflect changes to evidence-based nutrition recommendations.

We know that consumers are confused by the myriad of choices and messages in the grocery store, so we welcome the growing discussion on programs to provide nutrition information on the front of product packaging. That is why the Heart and Stroke Foundation of Canada agrees with the House of Commons Standing Committee on Health's recommendation to adopt a national front-of-pack program in Canada that is science-based and transparent and that uses objective criteria, the same principles on which Health Check is based. We believe Health Check is a good model worthy of consideration, but not the only model. The most important point is that with one national standard, consumers could compare products and make healthier choices more easily.

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**Competing interests:** None declared.

## REFERENCE

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The Heart and Stroke Foundation's Health Check program was recently discussed in *CMAJ*.<sup>1</sup> Healthy-for-you symbols on the front of food packaging have the potential to help grocery shoppers choose healthy foods and interpret

products' nutrition facts. However, programs that use weak nutrition criteria and permit stamps of approval to appear on products sold beside more nutritious products that do not carry the program's symbol may have negative net effects on public health.

The Heart and Stroke Foundation of Canada's Health Check nutrition criteria are certainly stricter than some major companies' healthy-logo standards. However, approaches developed by researchers at Yale and Oxford universities<sup>2,3</sup> and the 150-outlet US-based Hannaford Brothers grocery store chain suggest that there is room for improvement.

It is clear that many Canadian shoppers believe the Health Check logo flags foods that, in an absolute way, promote health. However, the Heart and Stroke Foundation concedes that some products that carry the logo are only relatively nutritious compared with non-nutritious products in the same product category.<sup>4</sup> However, even that may not be so. For example, of the 257 fruit and vegetable products enrolled in the program, 194 are juices, fruit leather and french fries — hardly nutritional superstars — and only 14 are fresh fruits and vegetables.

In 9 years, the Health Check program has enrolled 1500 products, which is an impressive feat for a non-governmental organization. However, the Health Check program covers less than 3% of available groceries, which is too small a percentage to ensure a significant or even a net positive effect on public health. Using stricter criteria, the Hannaford Brothers chain credits 28% of its entire inventory of 25 500 products with at least 1 of 3 "guiding stars." (The other 72% of products do not get any stars.)

The time has come for Health Canada to mandate (and for health advocates to promote) a standard healthy-for-you symbol, colour-coding or rating scheme for all eligible prepackaged and restaurant foods that is based on sound nutrition standards. As a first step, Health Canada should commission, perhaps with the US federal government, the US National Academy of Sciences' Institute of Medicine to conduct a study to help identify the best

nutrition standards and most effective approaches to front-of-pack labelling.

#### Bill Jeffery LLB

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**Competing interests:** None declared.

#### REFERENCES

1. Truscott A. Checking up on Health Check. *CMAJ* 2008;178:386-7.
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#### [Dr. Freedhoff responds:]

The Heart and Stroke Foundation of Canada's Health Check program was recently examined in a news piece in *CMAJ*.<sup>1</sup> Although it is true that the nutrient criteria for this program have recently been revised,<sup>2</sup> they still permit products to contain tremendous amounts of sodium and sugar.

Health Check's criteria currently allow individual products to contain between 21% and 57% of the maximal daily sodium intake recommended by Health Canada and between 32% and 87% of that recommended by Blood Pressure Canada.<sup>3</sup> These allowances reflect tremendous hypocrisy, especially given that in 2007 the Heart and Stroke Foundation, along with Blood Pressure Canada, the Canadian Hypertension Education Program, the Canadian Hypertension Society and the Société Québécoise d'Hypertension Artérielle, urged Canadians to avoid foods containing more than 10% of the maximal daily recommended amount of sodium.<sup>4</sup>

Using a diet made up entirely of items endorsed by the Health Check program, I found that the program

allows people to easily consume more than 4000 mg of sodium and 190 g of sugar daily, with sugar accounting for over 30% of total calories (calculations available at [www.cmaj.ca/cgi/eletters/178/4/386#18544](http://www.cmaj.ca/cgi/eletters/178/4/386#18544)). These values are nearly double the maximal sodium intake recommended by Health Canada, nearly triple the maximal sodium intake recommended by Blood Pressure Canada and triple the World Health Organization's recommended maximal daily sugar allowance.<sup>5</sup>

It would be tragic if we were blinded by the Heart and Stroke Foundation's reputation and adopted Health Check as Canada's national front-of-package labelling program, because Health Check's minimalist and lax nutritional criteria sorely fail to guide Canadians to healthier choices. It is time for Canadians to demand that national policies and recommendations be grounded in evidence.

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**Competing interests:** None declared.

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1. Truscott A. Checking up on Health Check. *CMAJ* 2008;178:386-7.
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5. World Health Organization. *Diet, nutrition and the prevention of chronic diseases: report of a joint WHO/FAO expert consultation*. WHO Tech Rep Ser no 916. Geneva: The Organization; 2003.

DOI:10.1503/cmaj.1080026

## Corrections

An article in The Left Atrium in the Feb. 26 issue about Bolivian travelling doctors contained an error and an omission.<sup>1</sup> The correct spelling of the term for these individuals is *medicos viajeros Bolivianos*. In addition, the coauthor of this article was Andrew G. Malleon MBBS, Department of Psychiatry (retired), University Health Network, University of Toronto, Toronto, Ont. *CMAJ* apologizes for this error and any inconvenience it may have caused.

#### REFERENCE

1. Stewart D. *Medicos viajeros Bolivianos*. *CMAJ* 2008;178:602.

DOI:10.1503/cmaj.080338

A Dispatch from the Medical Front in the March 11 issue should have identified Tamale as being located in Ghana. Because of an editing error, it was identified as being in Uganda.<sup>1</sup>

#### REFERENCE

1. Lin, Daren. Soup truck. *CMAJ* 2008;178:673.

DOI:10.1503/cmaj.080518

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