

DATE: February 9, 2012

REPORT TITLE: **TRANS FAT AND SODIUM IN COMMERCIALY PREPARED FOOD IN CANADA**

FROM: Janette Smith, Commissioner of Health Services  
 David L. Mowat, MBChB, MPH, FRCPC, Medical Officer of Health

### RECOMMENDATION

**That the Regional Chair, on behalf of Regional Council, write to the Federal Minister of Health to request that Health Canada fulfill its promise to ensure that established trans fat targets for all food categories are met by the food industry;**

**And further, to request that a renewed comprehensive trans fat reduction strategy with non-voluntary targets be developed, and transparent monitoring and reporting of food industry progress be provided;**

**And further, to request that the Sodium Working Group recommendations be adopted and implemented in full;**

**And further, to request that a renewed comprehensive sodium reduction strategy with non-voluntary targets be developed, and transparent monitoring and reporting of food industry progress be provided.**

### REPORT HIGHLIGHTS

- The high amounts of trans fat and sodium found in commercially prepared food is a health concern, and is associated with an increased risk of cardiovascular disease.
- In 2007, Health Canada initiated the Trans Fat Monitoring Program based on voluntary participation by the food industry. This program did not monitor all possible food categories and results indicate that many food categories still contain unhealthy levels of trans fats.
- Health Canada's Sodium Working Group was established in 2007. In 2010, the Working Group released recommendations for sodium reduction; however, the group was soon after disbanded. Following this in 2011, Canada's Health Minister rejected a sodium strategy implementation report.
- The experiences of other jurisdictions show that non-voluntary and targeted measures at the national level are effective ways to improve population intakes and cardiovascular-related outcomes.
- Although Health Canada has identified actions for moving forward, Peel Public Health and provincial public health organizations are concerned about the lack of progress and have advocated for more comprehensive measures to reduce trans fat and sodium in the food supply.
- A request for renewed comprehensive trans fat and sodium strategies with non-voluntary targets, including transparent monitoring and reporting are recommended.

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**TRANS FAT AND SODIUM IN COMMERCIALY PREPARED FOOD IN CANADA****DISCUSSION****1. Background**

In October 2011, Peel Public Health wrote to the Federal Health Minister (as per Council Direction from the June 23 Regional Council meeting) asking that federal efforts related to trans fat reduction in Canadian foods be renewed. In response, the Federal Health Minister acknowledged receipt of the letter; however, did not identify new progress at the federal level regarding this issue.

This report provides an update on the current status of trans fat and sodium consumption, and provides recommendations for more effective policy at the federal level to reduce trans fat and sodium amounts in the food system. A discussion and recommendation related to regulation of sodium has also been included in this report because it requires similar federal direction to render health benefits.

The amount of trans fat and sodium in the current food supply is a health concern for the residents of Peel and all Canadians. Lifestyle issues and decreased cooking and food preparation skills have contributed to a shift from the consumption of home cooked meals to the consumption of commercially prepared food. Both trans fat and sodium are found in high amounts in food produced by the food industry and in food served by food establishments. Although these are listed on food labels, consumers do not fully understand or consistently use this information to make well-informed food purchasing decisions. High consumption of trans fat and sodium are associated with an increased risk of cardiovascular disease. In 2007 in Peel, ischemic heart disease and stroke were the first and fourth most common causes of death, respectively.

At the municipal level, there is little that can be done to effectively address trans fat and sodium levels in the food supplied to Peel. Food products available to residents are part of a national and international food supply system. In Canada, national volunteer-based monitoring programs have been used in an attempt to regulate the amounts of trans fat and sodium. These programs, however, have shown poor effectiveness in reducing these substances found in processed foods. In other jurisdictions, non-voluntary measures, including setting clear targets and transparent monitoring processes, have shown to be more effective. These measures are recommended for use in Canada.

**2. Trans Fat Overview and Current Status**

Trans fats are not essential for health and their consumption has been shown to increase risk of heart disease. Trans fats are found in a wide range of food products that are frequently consumed, therefore it is very difficult for consumers to avoid or limit their consumption. The majority of trans fat consumed by Canadians (close to 90 per cent) is from commercially prepared food, including: baked goods (e.g., pastries, muffins, doughnuts), snack foods (e.g., chips, crackers, pudding cups), deep-fried foods, ready-to-eat and frozen foods, convenience foods (e.g., pie crust, baking and pastry mixes, coffee whitener), and hard margarine and shortening.

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**TRANS FAT AND SODIUM IN COMMERCIALY PREPARED FOOD IN CANADA****a) International and Canadian Trans Fat Initiatives**

Internationally, many countries have implemented measures to ban or limit trans fat in commercially prepared food products. Denmark was the first country to ban the sale of food containing trans fat in 2003. Reviews identify that the Danish trans fat legislation is an effective intervention to protect the health of the entire population, while finding that there was no noticeable effect on food price, availability or quality. Following Denmark's lead, other jurisdictions such as Australia, the United Kingdom and the United States began to recognize trans fat as a health concern and adopted voluntary or legislated bans.

In Canada, both the federal government and the food industry have taken initial steps towards decreasing the trans fat content of the food supply. In 2007, the federal government initiated a two-year compliance and monitoring period for trans fat reduction based on voluntary participation by the food industry. At this time the federal government stated that a regulated approach would be adopted after two years, should a voluntary approach not work.

Since the completion of the monitoring program in 2009, trans fat levels still remain too high. The monitoring program identified limited progress, as a number of food products still contain unhealthy levels of trans fat; targets have not been met, especially in baked goods and margarines. Therefore, Canadians are still at increased risk of heart disease. In 2010, the Heart and Stroke Foundation publicly called upon the federal government to fulfill its promise to adopt a regulated approach to trans fat reduction because of the failure of a voluntary approach (Appendix I).

Despite the fact that trans fat levels remain high in various food categories, the federal government has not made further progress. In fact, in February 2012 the federal government declared that it will not fulfill its promise to implement a regulated approach to trans fat reduction in Canada. Since there is no healthy level of trans fat consumption, a regulated federal approach to trans fat reduction is needed to protect the health of Peel residents and Canadians.

**3. Sodium Overview and Current Status**

Sodium is an essential mineral needed for many physiological functions in the body; however, high intakes have been associated with increased blood pressure. High blood pressure is a health concern because it is a major cause of heart disease and stroke. A gradual reduction in sodium intakes for Peel residents and Canadians has the potential to have a positive impact on blood pressure and related health outcomes.

The majority of Canadians between the ages of nine and 70 years of age have excess intakes of sodium. Sodium in a typical diet for the most part comes from processed foods (77 per cent), not from the addition of salt to cooking or food prepared at home. Therefore, excess sodium intake in the Canadian population is associated with the addition of sodium to processed food products. The main sources of sodium by grouping are: breads (14 per cent), processed meats (nine per cent), vegetable-based dishes, tomato and vegetable juices (eight per cent), soups (seven per cent); pasta-based dishes (six per cent); and cheese (five per cent).

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### a) International and Canadian Sodium Initiatives

Many jurisdictions have implemented sodium reduction strategies with varied success. For over two decades, Finland has implemented a comprehensive sodium reduction strategy that requires non-voluntary participation by the food industry. Evaluation results indicate that this strategy has contributed to many positive health outcomes in Finland, including decreases in population sodium consumption and blood pressure, as well as a reduction of approximately 70 per cent in mortality from strokes and coronary artery disease.

The United Kingdom (UK) adopted a national sodium reduction strategy approximately 10 years ago. Their evaluation data showed a reduction in the level of sodium in foods and it also indicated that individuals' salt intake decreased. The UK also reported that their voluntary strategy was effective because they set specific targets and timelines for sodium reduction by the food industry.

The United States, similar to Canada, has no regulations placed on the food industry regarding sodium, and participation by the industry to reduce sodium in foods is completely voluntary. Unlike Finland and the UK, sodium intake has increased.

In Canada, the Sodium Working Group was established in 2007 to develop and oversee a population-health strategy for reducing dietary sodium intake among Canadians. The Sodium Working Group released a final report in 2010 outlining a Sodium Reduction Strategy for Canada, including recommendations for: voluntary reduction of sodium in commercially prepared food, consumer education, research, and monitoring and evaluation (Appendix II).

Unfortunately, Health Canada disbanded the Sodium Working Group soon after the report's release, thus preventing the group from implementing the recommendations and monitoring progress within the food industry. In November 2011, the Federal Health Minister rejected a sodium implementation report. The report outlined the need for mandatory measures should a voluntary approach not work. Although Health Canada has identified actions for moving forward, many health organizations and groups have recently identified major concerns regarding the lack of progress on a national comprehensive sodium reduction plan (Appendix III).

Without implementation, it is unknown whether or not Health Canada's recommendations would be effective in reducing sodium amounts in Canadian processed foods. Based on the experience in other jurisdictions and the ineffectiveness of using a voluntary approach for trans fat, it is expected that sodium levels will remain high in the food supply. Therefore, we recommend that Regional Council advocate for non-voluntary removal of trans fat and reduction of sodium from the Canadian food supply. As well, set targets and processes for transparent monitoring and reporting will be recommended to track progress.

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**CONCLUSION**

Trans fat and sodium consumption have been identified as national health concerns. Federal monitoring programs have been used in an effort to reduce trans fat and sodium in commercially prepared foods. These voluntary federal reduction programs, however, have been found to be ineffective in reducing trans fat and sodium levels. The experiences of other jurisdictions show that non-voluntary and targeted measures at the national level are more successful. Peel Public Health recommends continued advocacy for renewed comprehensive non-voluntary and targeted federal level strategies to ensure successful reduction of trans fat and sodium in the food supply.



Janette Smith  
Commissioner of Health Services



David L. Mowat, MBChB, MPH, FRCPC  
Medical Officer of Health

**Approved for Submission:**



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D. Szwarc, Chief Administrative Officer

*For further information regarding this report, please contact Gayle Bursey at extension 2617 or via email at [gayle.bursey@peelregion.ca](mailto:gayle.bursey@peelregion.ca)*

*Authored By: Catherine Shea*

c. Legislative Services

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## APPENDIX I

### TRANS FAT AND SODIUM IN COMMERCIALY PREPARED FOOD IN CANADA

#### APPENDIX I

Extracted from the Heart and Stroke Foundation advocacy statement, which can be accessed online:

[http://www.heartandstroke.com/site/c.iKlQLcMWJtE/b.3479251/k.5271/Eliminating\\_trans\\_fat.htm](http://www.heartandstroke.com/site/c.iKlQLcMWJtE/b.3479251/k.5271/Eliminating_trans_fat.htm)

January 2010

#### **Eliminating trans fat**

The two-year anniversary of the trans fat voluntary reduction period is over.

Artificial trans fats, introduced into the Canadian food supply in the 1970s as a means of extending the shelf life of food products, have absolutely no nutritional value and are extremely harmful for heart health.

If all artificial trans fats were replaced with a healthier alternative, thousands of cardiac deaths could be averted in Canada annually.

The federal government commissioned a multi-stakeholder Trans Fat Task Force in 2005 to address this issue. In June of 2007, the Minister of Health, the Honourable Tony Clement, responded to the release of the Task Force final report, TRANSforming the Food Supply. He endorsed the trans fat levels recommended by the report, stating that:

“We are giving industry two years to reduce trans fats to the lowest levels possible as recommended by the Trans Fat Task Force. If significant progress has not been made over the next two years, we will regulate to ensure the levels are met.” (Health Canada press release, June 20, 2007).

Some food companies have taken strides in eliminating artificial trans fats – while others have not. Unfortunately, there remain too many products that continue to contain disturbingly high amounts of these fats. This includes many foods often consumed by children such as cakes, donuts and brownies. The bakery sector in particular, including between 33% and 75% of some of these products, continues to be riddled with unnecessarily high levels of trans fats.

Denmark, Switzerland, California and many cities in the United States have trans fat regulations. In Canada, British Columbia implemented trans fat regulations in September 2009.

The absence of federal regulations in Canada is leading to a patchwork of approaches across the country, creating an uneven playing field for businesses and unequal health benefits for Canadians.

The government's two-year voluntary period has come to an end. Trans fat levels are still too high, especially in baked goods.

The verdict is in. Canada urgently needs trans fat regulations to protect our children and all Canadians. The time to move forward is now.

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**APPENDIX II**

**TRANS FAT AND SODIUM IN COMMERCIALY PREPARED FOOD IN CANADA**

**APPENDIX II**

**Recommendations of the Federal Sodium Working Group**

**Overarching Recommendations**

Recommendation 1: The Working Group has established an interim sodium intake goal of a population average of 2,300 mg of sodium per day to be achieved by 2016. The ultimate goal of the Sodium Reduction Strategy is to lower sodium intakes to a population mean whereby as many individuals as possible (greater than 95% of the population) have a daily intake that is below the Tolerable Upper Intake Level (UL).<sup>1</sup>

Recommendation 2: The Working Group recommends collaboration across all levels of government, health professional organizations, non-governmental organizations (NGOs), media, industry and academia to implement the specific recommendations in a coordinated, systematic and timely fashion.

Recommendation 3: The Working Group recommends that federal, provincial and territorial governments provide adequate funding to support the successful implementation of the Sodium Reduction Strategy.

Recommendation 4: The Working Group recommends that all levels of government and stakeholders develop and integrate sodium reduction into their nutrition programs, guidelines and policies.

Recommendation 5: The Working Group recommends that the implementation process include outlining the individual steps required for each recommendation, specifying timelines and monitoring the completion of each step.

Recommendation 6: The Working Group recommends that all Canadians take personal steps to reduce sodium consumption as part of an overall healthy diet.

<sup>1</sup> For practical purposes, achieving this requires moving the population mean daily intake of sodium much closer to the IOM's recommended Adequate Intake (AI) which is 1,500 mg for persons aged 9 to 50 years, and less for those younger and older than that.

**Specific Recommendations**

<b>Food Supply</b>	
<b>Recommendation Number</b>	<b>Recommendation</b>
1-1	Health Canada continues to work with the food industry to establish voluntary sodium reduction targets by food category.
1-2	Health Canada, in collaboration with the Provinces and Territories, continue to work with the restaurant and food service industries to establish voluntary sodium reduction targets for meals and menu items sold in restaurants and foodservice establishments.
1-3	Manufacturers lower the sodium content of their products to meet the voluntary targets and go beyond them over time to the lowest level possible, taking into consideration microbial food safety, quality and consumer acceptance.

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1-4	A mechanism be established on Health Canada's sodium website that would allow individual companies to commit to the Sodium Reduction Strategy.
1-5	The <i>Food and Drug Regulations</i> be amended to ensure that the serving sizes used in the Nutrition Facts table (NFT) are as uniform as possible to facilitate the comparison of sodium levels in similar foods.
1-6	The <i>Food and Drug Regulations</i> be amended to change the basis of the Daily Value (DV) for sodium in the Nutrition Facts table (NFT) from 2,400 mg to 1,500 mg to reflect the Adequate Intake (AI) level.
1-7	Health Canada improve the current nutrition labelling system in Canada to facilitate consumer understanding and use, particularly as it relates to sodium.
1-8	The <i>Food and Drug Regulations</i> and applicable provincial regulations be amended to require the on-site disclosure of nutrition information in a consistent and readily accessible manner for standardized menu items prepared and assembled on-site at restaurants and food services establishments, where feasible (i.e., in establishments with a high degree of standardization).
1-9	The federal government, along with the provincial and territorial governments, where necessary, review the food additive approval process and modernize the standards of identity for foods while maintaining microbial food safety.
1-10	The federal government, together with provincial and territorial governments, develop more consistent sodium guidelines and procurement policies for use by food service operations in publicly-funded institutions such as schools, daycares, hospitals, care facilities, correctional institutions and for the armed forces.

**Awareness and Education**

<b>Recommendation Number</b>	<b>Recommendation</b>
2-1	Education programs be developed and adapted for intermediaries working in the various sectors of the food industry (manufacturing, distributing and foodservice) to inform them about sodium and the Sodium Reduction Strategy for Canada.
2-2	Education programs be developed to reach key intermediaries in the health, media, education and government sectors to inform them about sodium and the Sodium Reduction Strategy for Canada.
2-3	The federal government lead the development and implementation of a social marketing campaign on sodium. This campaign should be aligned with efforts of the food industry to reformulate their products
2-4	Governmental and non-governmental funding bodies develop cohesive and coordinated funding mechanisms to enhance community-based activities that will support the Sodium Reduction Strategy.
2-5	Federal, provincial and territorial governments continue to explore options to reduce the exposure of children to marketing for foods that are high in sodium.
2-6	In the context of a broad education campaign on sodium, a strategy be developed to help consumers understand the current Nutrition Facts table (NFT). It should be understood that changes to the NFT will be made in the



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	future and a comprehensive strategy will be needed to support the revised NFT.
2-7	The federal government review and update Canada's Food Guide to increase the prominence and effectiveness of advice regarding sodium and calories.
<b>Research</b>	
<b>Recommendation Number</b>	<b>Recommendation</b>
3-1	The federal government provide increased resources to the granting councils and the relevant science-based departments and agencies to develop and implement mechanisms to build capacities, target research funding and improve research collaborations amongst academic, government and industry sectors, and enhance these partnerships to advance sodium reduction-related research.
3-2	The federal government empower the granting councils and relevant partners to develop and implement a program of research funding to address knowledge gaps in basic understanding of sodium physiology to inform both policy and practice.
3-3	The federal government empower the granting councils, relevant departments and agencies, and the food industry to work together to better understand the minimum levels of sodium attainable in foods without sacrificing the specific functional aspects of salt in foods, with an emphasis on microbial food safety and food technology issues.
3-4	The federal government, relevant health non-governmental organizations (NGOs) and other stakeholders fund population and public health policy and program research.
3-5	The federal government provide adequate resources to the granting councils and interested stakeholders to develop and implement a research initiative to investigate sodium reduction in the context of healthy eating patterns.
<b>Monitoring and Evaluation</b>	
<b>Recommendation Number</b>	<b>Recommendation</b>
4-1	Development of a comprehensive sodium monitoring and evaluation plan with annual public reporting.
4-2	Monitoring the sodium intake of Canadians.
4-3	Monitoring the foods Canadians consume using a national dietary intake survey similar to the Canadian Community Health Survey (CCHS) 2.2.
4-4	Monitoring and evaluating the progress of each of the program components of the Sodium Reduction Strategy for Canada—specifically, the food supply, awareness and education, and research.
4-5	Monitoring long-term health outcomes, including measured blood pressure, morbidity and mortality from cardiovascular disease (acute myocardial infarction, stroke and heart failure, etc) and other sodium-related diseases (such as stomach cancer), as well as monitoring cost savings to the health system.

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**APPENDIX III**

**TRANS FAT AND SODIUM IN COMMERCIALY PREPARED FOOD IN CANADA**

Extracted from the Canadian Stroke Network's Sodium advocacy letter written to Canada's Prime Minister, which can be accessed online:

[www.canadianstrokenetwork.ca/wp-content/uploads/2012/01/Final-ENG-Sodium-Letter-to-PM.pdf](http://www.canadianstrokenetwork.ca/wp-content/uploads/2012/01/Final-ENG-Sodium-Letter-to-PM.pdf)

January 2012

The Right Hon. Stephen Joseph Harper, P.C., M.P.  
Prime Minister of Canada  
Langevin Building  
80 Wellington Street  
Ottawa ON K1A 0A6

Dear Prime Minister Harper,

We, the undersigned national health organizations, are writing to urge the Government of Canada to demonstrate its leadership and influence in implementing a strong and meaningful plan to reduce the amount of sodium consumed by Canadians.

The average Canadian consumption of sodium is 3,400 mg/day, which is well above recommended levels. High sodium levels in food (largely added during food processing) cause almost one third of hypertension, or high blood pressure, a leading risk for premature death and disability. Hypertension is a major cause of heart disease (heart attack and heart failure), stroke and kidney failure and a major contributor to premature death, disability and health care costs in Canada. It is expected that 7.5 million Canadians will be diagnosed with hypertension in 2012, with an estimated 1100 new diagnoses per day.

We are pleased that the federal government stands by its commitment to meeting a target of 2300 mg/day average sodium intake by 2016, as recommended to you last year by the Sodium Working Group. We commend the actions that Health Canada has taken to address the issue of dietary sodium such as recent partnering in the development and testing of consumer sodium reduction messages. However, we believe that greater commitment and leadership is needed to ensure that the agreed-upon goal is met.

Prime Minister, your government has the proper levers to play a leadership role, which includes (1) consideration of regulatory measures to reduce sodium if voluntary targets are not met; (2) transparent monitoring and public reporting of industry's progress toward defined targets; (3) imposing restrictions on the commercial marketing of high-sodium foods to children; and (4) strengthening Canada's nutrition labelling requirements to clearly and simply showcase foods that are acceptable. We believe these measures are appropriate given the risk high sodium levels pose to the health of Canadians.

While we applaud the progress made with regards to sodium, we are concerned that recent federal decisions not to endorse the federal, provincial and territorial sodium implementation report, presented at the November 2011 Health Ministers Summit meeting, will be seen as a signal to the food processing industry and food service establishments that our national government is not serious about the need to commit to the 2016, as well as interim, targets. The argument that the sodium implementation plan would fail to garner commitment from industry sends the clear message to Canadians that private interest takes precedence over food safety

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and their health and wellness. In developed countries, including Canada, reducing dietary sodium is one of the few cost-saving interventions to improve health. To this end, it is clear that the cost of fractional investment for re-tooling to lower sodium levels would create economic growth rather than impede it. Conservative estimates indicate an annual reduction of 14,000 deaths, 40,000 hospitalizations due to stroke, heart attack and heart failure and annual direct health cost savings of more than \$1.4 billion dollars by lowering sodium to recommended levels. National government commitment to a comprehensive sodium reduction plan presents an opportunity to carry out the important role your government can, and should be, playing in informing the public of the progress, or lack thereof, in meeting our nation's sodium intake targets. Your government's commitment on this matter would further have the support of esteemed Canadian health organizations, over 18 of which endorsed a 2007 policy statement calling for government action to reduce sodium in the Canadian diet.

At a global level, both the World Health Organization and the United Nations have stressed the need for reduction in dietary sodium, with the WHO describing salt-reduction interventions as a 'best-buy' approach to improving health. Provincial and Territorial Ministers are also actively supportive of a strong federal response, and some P/T jurisdictions are already beginning to implement sodium reduction programs through education, public awareness campaigns, labelling and procurement guidelines.

As respected Canadian health organizations, we urge the Government of Canada to demonstrate its leadership and its commitment to promoting the health of Canadians by declaring a narrow time frame for taking strong and significant measures to reduce sodium content in food to acceptable levels. The achievement of a coherent preventative health strategy will save both lives and dollars while sending a clear message to the people of Canada that their government cares.

We would welcome the opportunity to meet with you and your officials to further engage on the issues and opportunities identified above.

**Correspondence on behalf of the signatories may be directed to:**

Norm Campbell, MD, FRCPC

HSFC-CIHR Chair in Hypertension Prevention and Control

Professor of Medicine, Community Health Sciences

Physiology and Pharmacology, University of Calgary & Libin Cardiovascular Institute of Alberta

3280 Hospital Drive, N.W.

Calgary, AB T2N 4Z6 Tel: (403) 210.3955 Fax: (403) 210-9837

**Encl:** Signature page; 2012 Facts Sheets on Dietary Sodium and Hypertension

Respectfully submitted by,

**Dr. Bob Reid**

President, Canadian Association of Cardiac Rehabilitation

**Anne Sutherland Boal**

Chief Operating Officer, Canadian Nurses Association

**Dr. Sandy Buchman**

President, College of Family Physicians of Canada

**Dr. Blair O'Neill**

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President, Canadian Cardiovascular Society

**Jody Shkrobot**, B.Sc.Pharm., RPh  
President, Canadian Pharmacists Association

**Marsha Sharp**  
CEO, Dietitians of Canada

**Jocelyn Reimer-Kent**  
President, Canadian Council of Cardiovascular Nurses

**Dr. Marcello Tonelli**  
President, Canadian Society of Nephrology

**Bobbe Wood**  
President, Heart and Stroke Foundation of Canada

**Dr. Malcolm Arnold**  
President, Canadian Heart Failure Network

**Dr. C Maria Bacchus**  
President, Canadian Society of Internal Medicine

**Ross Feldman**  
President, Hypertension Canada and Canadian Hypertension Education Program (CHEP)

**Dr. Maura Ricketts, MD MHSc FRCPC**  
President, The Canadian National Specialty Society for Community Medicine

**Dr. Antoine Hakim**  
President, Canadian Stroke Network

**Dr. Norm Campbell**  
HSFC CIHR Chair in Hypertension Prevention and Control

**Bill Jeffery, LLB**  
National Coordinator, Centre for Science in the Public Interest (CSPI)

**Canadian Medical Association**