

Trans Fat Reduction Initiative

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| Innovation Contact | no.transfats@calgaryhealthregion.ca 403.943.1229 |
| Innovation Description | Recognizing the risk posed to human health by the high level of trans fat in the Canadian diet the CHR gained the approval of its Board of Directors to proceed with an initiative to reduce trans fat in foods, becoming the first health jurisdiction in the country to do so. |
| Purpose or Objective(s) | <ul style="list-style-type: none">• To achieve a compliance rate of 100% among food permit holders with the Phase 1 regulations by March 2009.• To reduce the trans fat content in any food item for use, sale or storage by food permit holders that contains hydrogenated margarines, oils, or shortenings to 5% of total fat content beginning July 1, 2009.• To implement objectives 1 and 2 without increasing the saturated fat content of food items.• To implement a coordinated strategy to ensure compliance among food permit holders with Phase 2 of the Trans Fat Reduction Initiative by July 1, 2009 [through amendments to existing acts and regulations such as the Alberta Food Regulations Act and/or Food Retail and Food Services Code]. |
| Evidence | <ol style="list-style-type: none">1. Mozaffarian D, Katan MB, Ascherio A, Stampfer MJ & Willett WC. (2006). Trans fatty acids and cardiovascular disease. <i>New England Journal of Medicine</i>, 354(15)1601-1613.2. Health Canada. (2006). TRANSforming the food supply: Report of the Trans Fat Task Force submitted to the Minister of Health.3. Health Canada. (2007). First set of trans fat monitoring data. Report of the Trans Fat Monitoring Program. |
| Context | The high level of trans fat in the Canadian diet is a significant risk factor for heart disease and stroke. Studies estimate that 6% - 22% of coronary heart disease events can be prevented by replacing trans fats with healthier alternatives. One-third of dietary trans fats come from foods purchased in restaurants. Consultation with stakeholders indicated that it was feasible to proceed with an initiative to reduce trans fat beginning January 1, 2008 and coinciding with the federal timelines for voluntary compliance by June, 2009. |

Process

During the summer of 2007, as part of the Region's overall Wellness Strategy, the CHR Board Chair and CEO commissioned a consultation with stakeholders regarding the feasibility of an initiative that would reduce the trans fat content of restaurant meals and packaged foods.

The consultation findings can be summarized in 3 key areas:

Scientific Evidence - There is significant evidence linking trans fats to coronary heart disease. Studies show that trans fat increase blood levels of LDL (bad) cholesterol and decrease blood levels of HDL (good) cholesterol. A 2006 review of the evidence gathered through in vitro experiments, dietary trials and prospective observational studies concluded that replacing trans fats with healthier alternatives would result in a 6-22% reduction in coronary heart disease events.¹

National Trans Fat Task Force – Formed in 2005, this multi-stakeholder task force co-chaired by Health Canada and the Heart and Stroke Foundation of Canada was given a mandate to develop recommendations and strategies “to effectively eliminate or reduce processed trans fats in Canadian foods to the lowest level possible.” The recommendations were accepted by Tony Clement, the Federal Minister of Health in June 2007.²

Local Food Establishment Feedback – An October, 2007 survey with 400 local food operators in the CHR found that 49% were aware of healthy alternatives to products containing trans fat and that 62% were already using a product for deep frying that had less than 2% trans fat of the total fat content. These results indicated a readiness and ability for regulations limiting the trans fat content of restaurant meals and packaged foods.

On November 20, 2007 CHR's Board of Directors approved a recommendation to proceed with an initiative to reduce trans fats in foods.

Implementation

Phase 1, effective January 1, 2008, limits the trans fat content of the following foods:

- hydrogenated margarines, oils or shortenings used for deep-frying, frying, sautéing, or grilling shall have a trans fat content of not more than 2% of the total fat content.
- hydrogenated margarines, oil or shortening (including garlic spread) used as a spread on sandwiches, vegetables, potatoes, rice etc. shall have a trans fat content of not more than 2% of total fat content.

Phase 2, effective July 1, 2009, limits the trans fat content of the following foods:

- any food item for use, service, sale or storage that contains hydrogenated margarines, oils or shortenings shall have a trans fat content of not more than 5% of the total fat content.

Outcomes

In the long term, reductions in the incidence of cardiovascular events (e.g. strokes and heart attacks) and mortality and morbidity rates from heart disease. Changes in these rates are not anticipated for 5 to 10 years.

In the short term, improvements in consumer and food establishment attitudes, knowledge and behaviours about trans fat and the trans fat content of foods.

Keys to Success

A regulatory approach was adopted as the most effective way to reduce trans fat – this was a recommendation of the Task Force. To do so, revisions were made to the conditions of the operating permit required by all establishments handling or selling food. All food operators, including those at special events, must comply with the Calgary Health Region Trans Fat requirements as a condition of their food permit effective January 1, 2008.

Limits on trans fat content mirrored the recommendations of the Task Force. Consistency with national recommendations was felt to be vitally important as regulations for packaged foods are established nationally. The staged implementation was meant to initiate the reduction of trans fat where there was readiness and ability yet enable more time where it was felt that product reformulation was required (ie: baked goods).

A Regional Steering Committee provides a broad perspective on the development and implementation of the strategy and is responsible for the planning, implementation and evaluation of the initiative. The committee is comprised of the Medical Officer of Health (chair), directors of Healthy Living, Wellness and Health Protection, coordinators of Healthy Public Policy and Environmental Health, a nutrition specialist, communications advisor and project coordinator.

A number of working committees support the implementation of the initiative. Additionally, a Market Advisory Committee has been struck whose mandate is to ensure communication and information sharing between the CHR and the initiative's stakeholders related to challenges, gaps and potential solutions for issues arising with the Region's initiative.

Challenges

Phase 1 challenges:

Ensuring effective communication of the specific requirements and the timelines with all stakeholders, including the 9000 permit holders in the CHR, continues to require considerable effort and support. The communication strategy included provision of technical support to all stakeholders. Some of the means by which this was accomplished are a trans fat help centre consisting of a website, phone and email service; and printed educational materials in multiple languages. After 5 months, 97.4% of the 5700 permit holders inspected were found to be compliant with the new regulations.

Challenges Continued

Phase 2 challenges:

The success of Phase 2 in reducing the trans fat content of packaged foods and baked goods is dependent on a number of activities occurring in a timely way. Successful communication of the 5% limit for trans fat in all packaged foods and ingredients will be a challenge. Successful recipe reformulation of all packaged foods and baked goods by national and local food manufacturers will be a significant achievement. Finally, although Health Canada's Trans Fat Monitoring Program is reporting progress on the reduction of trans fat in prepared foods, manufacturers and stakeholders in the baking industry report a lack of suitable low trans fat products.³ The availability of suitable low trans fat products presents challenges for successful implementation of Phase 2.

Opportunities & Ideas to Leverage Innovation

In April 2008, Minister of Health and Wellness for the Province of Alberta, Ron Liepert, announced his [intention to extend the ban on trans fat in restaurants](#). This has provided an opportunity to leverage the CHR experience and influence the provincial implementation.

Resources & Documents

[Calgary Health Region Environmental Health Website](#)