
Senate Standing Committee on Social Affairs, Science and Technology

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Chronic Disease Prevention Alliance of Canada (CDPAC)
Speaking Notes

June 3, 2015

Good afternoon. Thank you for inviting the Chronic Disease Prevention Alliance of Canada to talk with you today about obesity, a topic that is central to chronic disease prevention. I'm Craig Larsen, CDPAC's Executive Director, and I'm joined by Mr. Manuel Arango from CDPAC's Board of Directors - who you will recall appeared before earlier on behalf of the Heart and Stroke Foundation.

CDPAC is an alliance of twelve national health organizations that are committed to the promotion of healthy living for chronic disease prevention. Given that the major risk factors for many chronic diseases are the same, it makes sense for us to work together to tackle the root causes.

Our key activities include: advocacy for evidence-informed policies and programs at the federal level; we work to 'mobilize' knowledge about 'what works' via our national conferences and events such as webinars; and, in conjunction with our many national, provincial/territorial and community partners we adapt and scale-up evidence-based approaches for healthy living.

Today I'd like to focus on three issues where government action could make the greatest impact on obesity:

First, while CDPAC functions as a collaborative forum for major health NGO's and care provider organizations, we recognize that we alone cannot solve the puzzles of unhealthy weights or the other determinants of health. Nor are complex issues such as obesity simply an individual problem rooted in a lack of knowledge or will power.

- Twenty-five years ago, **the Ottawa Charter** articulated the need for a whole of government and whole of society approach to ensuring conditions for good health.
- More recently, **Canada's F/P/T Declaration on Prevention and Promotion** stressed the importance of adopting a whole-of-government and whole-of society approach.
- **Curbing Childhood Obesity: A Federal, Provincial and Territorial Framework to Promote Healthy Weights** embodies a clear emphasis on multi-sectoral collaboration.
- The **UN NCD Declaration**, unanimously endorsed by member states in 2011, also calls for comprehensive and integrated action by all stakeholders, including industry.

Two great examples of success in this regard include:

- The Public Health Agency of Canada's 'multi-sectoral partnerships' approach to funding scale-up of innovative healthy living tactics in collaboration with the private sector, other levels of government, NGO's and other partners;
- And, the Canadian Partnership Against Cancer, which is funded by Health Canada, has created a globally unique funding program called 'Coalitions Linking Action and Science for Prevention' (CLASP). CLASP Coalitions bring together experts from research, policy, practice and communities for scale-up of evidence-based interventions; they must involve at least two provinces or territories. CDPAC was the lead on one of the first CLASP coalitions 'Collaborative Action on Childhood Obesity'.

There are three major barriers to a more fulsome integration of efforts on issues such as obesity, all of which CDPAC believes governments should play a leadership role in overcoming:

- A lack of shared understanding across sectors about the roles their respective actions, policies and programs play in contributing to an obesogenic environment.
- Few jurisdictions in Canada consistently apply a 'health impact assessment' lens to the planning, implementation and evaluation of policies and programs.
- By and large, governments don't function in a way that enables cross-sectoral collaboration to become 'standard practice'.

We're missing an effective all-of-government platform to help define common purpose and accelerate progress on obesity. The provinces and territories have a wealth of evidence-based policies and programs that support healthy living, but they're not being developed in a well-coordinated way. Solo efforts by various governments result in redundant work and inconsistencies, which can be confusing to the public and to stakeholder groups that have to work across jurisdictions. The federal government should function as a convener and catalyst for pro-active, action-oriented, issue-specific teams engaging all levels of government.

The second issue I'd like to talk about is marketing and advertising to children (M2K).

The scientific literature is clear:

- The vast majority of foods and beverages marketed to children are high in fat, sugar and salt;
- Marketing to kids works -- it influences their food and beverage preferences and choices;
- Unhealthy food and beverage choices contribute to childhood obesity;
- An unhealthy weight in childhood typically tracks into adulthood.

Quebec's Consumer Protection Act is the only law in Canada that prohibits commercial marketing directed to children. It has been effective within francophone communities but where English is spoken it has been not particularly good at protecting against cross-border diffusion of U.S. marketing from US broadcasters.

Industry's self-regulatory approach to marketing to children in Canada, known as the Canadian Children's Food and Beverage Advertising Initiative (CAI) is insufficient. The standardized nutritional criteria that will be implemented by the CAI by the end of this year will affect less than 2% of the products currently advertised to kids. And, the CAI fails to make any serious attempt to keep tabs on web-based marketing to kids, which really is where the majority of marketing to kids is taking place.

Any measures taken to protect children from marketing and advertising absolutely must respond to the rapidly expanding array of digital marketing techniques being used by fast food, snack food and soft drink companies to target kids.

Clearly, this challenge is a difficult one and will likely require not only coordinated domestic efforts but international ones as well. It's too important of an issue to sit back and do nothing. Can the Government of Canada position itself for global leadership on M2K?

Our third issue is sugary beverages and their links to childhood obesity.

Given the strength of the beverage industry and society's addiction to sugar, this is another difficult but critical issue. Here are a few important points to consider, some of which were made by my colleague, Mr. Arango, during his previous appearance here:

- There is a growing body of evidence linking sugar to obesity and other adverse health outcomes
- Sugary drinks are the largest source of sugar in our diet, carrying a lot of energy but little or no nutritional value
- Marketing by the beverage and fast food industries has normalized consumption of 'biggy-sized' sugary drinks on a daily basis
- Sugary drinks are now considered to be a leading driver of obesity

An economic intervention by government, such as a manufacturer's levy on sugary drinks could generate revenues to help fund counter-measures such as healthy-living education campaigns.

In conclusion,

- Marketing to kids is leading children to make unhealthy choices.
- Over-consumption of sugary drinks is a major contributor to unhealthy weights.
- Obesity is a complex phenomenon and will require a multi-pronged intervention involving all of government and all of society, with federal government leadership.



The Chronic Disease Prevention Alliance of Canada (CDPAC) is a network of 12 national organizations that have come together around the common cause of chronic disease prevention.

Mission

“Working primarily at the national level, CDPAC’s mission is to take an integrated, population health approach to influence policies and practices that will help prevent chronic disease. CDPAC has two inter-related functions – advocacy and mobilizing knowledge for action”.

Vision

“Canadians will be supported by a comprehensive, sufficiently resourced, sustainable, and integrated system of research, surveillance, policies, and programs that promote health and prevent chronic disease.”

Alliance Members

Alliance representatives provide strategic direction and oversight to CDPAC’s shared priorities for action on chronic disease prevention. The Chair of the Alliance is Ms. Mary Collins, BC Healthy Living Alliance. The past Chair is Ms. Ida Thomas, YMCA Canada. The Alliance Members are:

- Active Healthy Kids Canada
- The Arthritis Society
- BC Healthy Living Alliance*
- Canadian Alliance on Mental Illness and Mental Health
- Canadian Cancer Society
- Canadian Diabetes Association
- Canadian Medical Association
- Canadian Mental Health Association
- Canadian Nurses Association
- Dietitians of Canada
- Heart and Stroke Foundation of Canada
- The Kidney Foundation of Canada
- Ontario Chronic Disease Prevention Alliance*
- YMCA Canada

*Representatives of the CDPAC Network of Provincial/Territorial Alliances.

CDPAC Board of Directors

In October 2013, CDPAC became a federally incorporated not-for-profit,.

<p>Angelo Belcastro Chair of the Board Active Healthy Kids Canada</p>	<p>Andrew Jones Director of Public Policy and Government Relations The Arthritis Society</p>
<p>Mary Collins (Chair) Director BC Healthy Living Alliance</p>	<p>John Higenbottam Co-Chair Canadian Alliance on Mental Illness and Mental Health</p>
<p>Joelle Walker Senior Manager, Public and International Affairs Canadian Cancer Society</p>	<p>Jane Tsai (interim) Canadian Diabetes Association</p>
<p>Mark Ferdinand National Director - Public Policy Canadian Mental Health Association</p>	<p>Lisa Ashley Senior Nurse Advisor Canadian Nurses Association</p>
<p>Pat Vanderkooy Public Affairs Manager Dietitians of Canada</p>	<p>Manuel Arango Director, Health Policy Heart and Stroke Foundation</p>
<p>Barbara Willet Executive Director, Health Nexus Chair, Ontario Chronic Disease Prevention Alliance</p>	<p>Ida Thomas (past-Chair) Vice President, Children, Teens and Young Adults YMCA Canada</p>
<p>Vacant The Kidney Foundation of Canada</p>	

CDPAC's treasurer is **Jill Skinner**, Senior Advisor and Strategist, Population Health, Canadian Medical Association.

CDPAC's Network of Provincial and Territorial Alliances

Since its inception in 2001, CDPAC has worked closely with its provincial/territorial counterparts to share expertise and provide practical assistance and support. In 2004, CDPAC formally developed the Network of Provincial/Territorial Alliances to facilitate ongoing dialogue and information exchange among all jurisdictions. Network members include those Alliances that are leading the way in integrating action for chronic disease prevention and health promotion in every province and territory (except Quebec).