



Reducing Childhood Obesity

Chronic Disease Prevention Alliance of
Canada

Submission to the
House of Commons Standing Committee on Health

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In Canada today, the rates of overweight, obesity and physical inactivity for children – as well as for adults - represent a significant public health crisis, the real impact of which we have only begun to witness. The Chronic Disease Prevention Alliance of Canada (CDPAC) is encouraged that this Committee has elected to study the issue of childhood obesity in depth, including the relevant health determinants and actions the federal government can take to address this issue.

Childhood is a critical window of opportunity for promoting health and laying a sound foundation for health throughout life. However, current obesity statistics suggest that just the opposite is happening for many Canadian children.

Over the last quarter century, obesity rates for children have tripled and the combined overweight/obesity rate has grown by 70%ⁱ. While these numbers are alarming, the figures for some subpopulations are much higher. The obesity rate for First Nations children is two and a half times higher than the national averageⁱⁱ. Children of parents with less education and lower income levels also have higher rates as do children in the Atlantic regionⁱⁱⁱ and rural areas.

While these differences are important for developing policy and program responses to the problem, it is important to remember that this is a Canada-wide issue. Rates are high and have increased in every region^{iv}. International comparisons show that Canada as a country has among the highest prevalence of overweight kids^v.

CDPAC believes it is absolutely essential to reverse the current trends in childhood obesity if we are to be successful in reducing the burden of chronic disease in Canada over both the short and long term. Health-related costs attributable to obesity are now estimated at over \$4 billion per year, including \$1.6 billion in direct expenditures and \$2.7 billion in indirect expenditures^{vi}. These figures will rise dramatically if we do not reverse the course of child and youth obesity.

The link between obesity and cardiovascular disease, diabetes and some cancers as well as other chronic conditions is well established. It is estimated that Canada's high prevalence of overweight and obesity could result in many of today's 9-12 year olds experiencing cardiovascular disease by age 30^{vii}. Similarly, Canada is not far behind the U.S., where it is predicted that one in three babies born today will go on to develop type 2 diabetes^{viii}, and the majority of these will die from cardiovascular complications of the disease. These obesity-related trends in part explain why the current generation of children may be first to have a lower life expectancy than their parents.

How can we reverse these trends? Just as many factors have contributed to child obesity over a long period of time, the solutions themselves must be on many fronts and over a sustained period of time in order to be successful. In addition, CDPAC believes that the epidemic of childhood obesity can only be truly addressed by taking a population health approach aimed not only at actions individuals and families can take on their own, but also at the serious and broader *environmental* causes of obesity.

For example, we need to encourage people to be more physically active, but we also need policies and interventions to address environmental barriers to physical activity in our schools, workplaces and built environments. Similarly, we know children and families who

eat a healthy diet are less prone to obesity, but we also know that children are bombarded by thousands of television advertisements encouraging them to eat nutrient-poor, calorie dense foods, and that healthy food is often the most expensive and least accessible option. And we cannot forget that prenatal and early infancy conditions are closely linked to childhood obesity. Breastfeeding and adequate resources for nutritional wellness in early childhood are important determinants that must be addressed.

There is a great need for federal action in several areas to address the determinants of child obesity in collaboration with other levels of government, NGO partners and multiple sectors of society.

We have a number of specific recommendations for federal action that we would like to share with this committee.

1) Federal commitment to coordinated action

It is important that the federal government demonstrate a clear, high profile and long term commitment to reducing childhood obesity in Canada, through a multipronged strategy, involving a range of policy and program interventions, and in collaboration with other levels of government and a broad cross-section of sectors and stakeholders. We also urge that this approach include the following:

- Specific short and long term targets for reducing overweight/obesity, including specific targets for subpopulations such as First Nations, who have elevated rates of obesity, physical inactivity and related health complications.
- Concrete actions to follow through on the federal government's commitment to partnering with NGOs as part of its Healthy Living Strategy, in order to leverage the recognition, trust and credibility these organizations have with Canadians.
- A concerted effort to coordinate action across the federal government, to bring together the many government departments with initiatives in this area, such as Finance, Health Canada, PHAC, Infrastructure, Environment and Transport Canada. It is important that these departments know about and coordinate their respective activities related to child obesity and healthy living.

2) Federal involvement in addressing child poverty

It is very important that the committee address the issue of child poverty and its link with overweight and obesity, which has been found repeatedly in research studies. For example, one study found that the likelihood of a child being overweight was reduced by 3% for each \$10,000 increase in family income^x, while another study found children in high-income neighbourhoods are half as likely to be obese as their peers living in low-income neighbourhoods^x. Despite an all party parliamentary resolution in 1989 to eliminate child poverty in Canada, approximately 1 million Canadian children (1 in 6) continue to live in poverty and experience greater risk as a result.

3) Federal involvement in health promotion

There is also a role for the federal government in Canada-wide health promotion initiatives targeting key determinants of child obesity. CDPAC recommends this include:

- The development of an effective and engaging social marketing campaign to promote healthy living for Canadian children, families and individuals. In addition, we recommend that the federal government support existing campaigns, such as the Canadian Produce Marketing Association's 5 to 10 a Day campaign to encourage Canadians to consume at least 5 servings of vegetables and fruit per day.
- A federally led program to promote the importance of exclusive breastfeeding for at least the first six months of a child's life whenever possible. Evidence indicates that breastfeeding is protective of obesity later in life.

4) Healthy federal policy to address key obesity determinants

As we know, the child obesity epidemic is fueled by many environmental and social determinants. CDPAC recommends that the federal government work with NGO and private sector partners to develop healthy public policy initiatives to address these factors. We recommend that federal action in this area include:

Policy to address the impact of children's advertising on obesity

CDPAC recommends the creation of an independent panel of health experts to review and make policy recommendations on the issue of advertising to children and its impact on child obesity. We cannot afford to avoid this issue, with children seeing thousands and thousands of ads a year, and mounting evidence of a link between these ads and obesity^{xi}. For example, there is evidence that advertising to children impacts on children's eating behaviours and purchase requests. The evidence also shows that children under the age of eight are extremely vulnerable to the persuasive messages of ads, and children under age four cannot distinguish between the commercials and the programming content on television^{xii}. At the same time, it has been shown that over 50% of food advertising aimed at children is for energy-dense, nutrient poor foods^{xiii}. Advertising restrictions on children's television programming exist in Quebec and several of the Nordic countries with positive results. CDPAC recently commissioned a background paper^{xiv} on this issue and would be pleased to share it with the Committee.

Policy to improve the affordability and accessibility of healthy food

It is important that food policy at the federal level not contribute to creating an obesogenic food environment, but instead foster a sustainable food system that ensures that healthy foods are affordable and accessible. One area that needs federal attention is Canada's agri-food policy, including the role of sectoral subsidies.

A process to examine these issues has been initiated by the Canadian Agri-food Policy Institute.

Tax incentives and disincentives to encourage healthy living

Tax incentives and disincentives have the potential to address key obesity determinants, for example by increasing physical activity, healthy eating and access to healthy food. CDPAC applauds the federal government's efforts in this area to date, including the transit pass and fitness tax credits, and CDPAC supports the recent recommendations of the Expert Panel for the Children's Fitness Tax Credit to broaden the latter beyond organized sports. Much more can and needs to be done in this regard, particularly with respect to encouraging healthy eating.

These policy developments also entail both an opportunity and a need to assess their impact through rigorous research and evaluation. It is essential for us to continue to increase our knowledge about what works best, and this is particularly important as new and innovative solutions are implemented.

5) Investments to increase physical activity

More than half of Canadian children and youth fail to get sufficient exercise to meet current guidelines for healthy growth and development^{xv}. At the same time, sedentary activities like non-school-related screen time are on the rise^{xvi}. Similar statistics exist for adults. Increasing physical activity for children and families is an urgent priority that warrants increased federal action and investment. In particular, CDPAC recommends:

Investing in the Pan-Canadian Physical Activity Strategy

As part of its efforts to encourage physical activity, CDPAC encourages the federal government to review and implement those elements of the Pan-Canadian Physical Activity Strategy^{xvii} that come under its jurisdiction.

Funding community level healthy living infrastructure

Federal funding can play a key role in ensuring the infrastructure for physical activity is in place in our communities. This could be achieved through an allocation of at least 7% of transportation-related infrastructure funding to the development and sustainability of infrastructure that promotes the use of active transportation. Canada is behind other countries such as the US, in which the federal government allocates 10% of such expenditures to active transportation projects.

CDPAC also proposes that the federal government broaden the definition of infrastructure under the gas tax transfer to include social infrastructure such as parks, recreation centres, and community centres.

6) Improving Canada's public health and chronic disease surveillance capacity

Public health has a critical role to play in combating child obesity in Canada, through health promotion, interventions, chronic disease and risk factor surveillance, and research. At the same time, we know that Canada's public health infrastructure and capacity are in great need of attention and resources. CDPAC urges the federal government to work with the provinces and health professionals to strengthen Canada's public health capacity both generally and in relation to child obesity.

CDPAC also urges the federal government to address the need for dramatic improvement in Canada's chronic disease surveillance and research data infrastructure. We need to ensure we have timely and relevant data on the problem and the impact of policies, programs and interventions aimed at reducing child obesity. It is also important to initiate a country-wide birth cohort that would allow researchers to track and monitor the determinants of children's health over the lifecourse. Canada is one of the few developed countries without such a cohort. This represents a serious gap in our research infrastructure and knowledge base not only about child obesity but for many other critical health issues as well.

Revised Canada Food Guide

CDPAC also would like to note the upcoming release of Canada's new Food Guide, an important tool for promoting healthy eating and developing healthy food policies across the country. The process to revise the Food Guide has included extensive consultation involving over 7,000 people. CDPAC members provided input through that process and we look forward to the release of the new version.

Conclusion

As many others have noted, Canada can be encouraged by our successes in tobacco reduction, which are the result of committed, collaborative, multi-pronged and sustained action. Efforts in tobacco reduction also include strong doses of creativity, commitment and innovation.

All of these elements will be needed to address Canada's child obesity epidemic. However, Canada is well positioned to take this problem on and move from having some of the highest child obesity rates to becoming a leader in improving the health of children.

ABOUT CDPAC

CDPAC is a network of voluntary, public and private sector organizations at the national, provincial/territorial and local level working to enhance chronic disease prevention in Canada. CDPAC's vision is the prevention and reduction of chronic diseases through a comprehensive system of individual and coordinated strategies. We believe the greatest gains in the Canadian health system over the next few decades will be achieved by decreasing premature disease through the reduction of risk factors such as obesity, unhealthy eating, physical inactivity, and smoking.

CDPAC has over 60 member organizations and alliances at the national and provincial/territorial levels. These organizations and alliances in turn represent hundreds of local, provincial/territorial and national organizations and networks. CDPAC utilizes and strengthens these linkages to facilitate consensus building and coordinated action on shared chronic disease prevention issues and priorities. CDPAC also works to support the alignment of primary prevention components of disease-specific strategies.

CDPAC is led by a Steering Committee made up of the following organizations:

- BC Healthy Living Alliance*
- Canadian Cancer Society
- Canadian Council for Tobacco Control
- Canadian Diabetes Association
- Canadian Public Health Association
- Canadian Psychological Association
- Coalition for Active Living
- Dietitians of Canada
- Heart and Stroke Foundation of Canada
- Public Health Agency of Canada (ex-officio)
- YMCA Canada
- Wellness Advisory Council of Newfoundland and Labrador*

*representing CDPAC's Network of Provincial/Territorial Alliances

ⁱ Shields, M. Measured Obesity: Overweight Canadian Children and Adolescents. Statistics Canada. Nutrition: Findings from the Canadian Community Health Survey (1). 2005.

ⁱⁱ Canada's report card on physical activity for children and youth – 2006. Active Healthy Kids Canada.

ⁱⁱⁱ Active Healthy Kids Canada. 2006.

^{iv} Shields 2005.

^v Janssen I, Katzmarzyk PT, Boyce WF, Vereecken C, Mulvihill C, Roberts C, Currie C, Pickett W. Comparison of overweight and obesity prevalence in school-aged youth from 34 countries and their relationships with physical activity and dietary patterns. *Obesity Reviews*. 2005;6:123-132.

^{vi} Katzmarzyk PT, Janssen I. The economic costs associated with physical inactivity and obesity in Canada: an update. *Canadian Journal of Applied Physiology*. 2004 Feb;29(1):90-115.

^{vii} Heart and Stroke Foundation of Canada. Report Card on Health - Tweens could be headed for trouble - February 2002. Available at <http://ww2.heartandstroke.ca/Page.asp?PageID=33&ArticleID=1088&Src=news&From=SubCategory>.

^{viii} Narayan KM, Boyle JP, Thompson TJ, Sorensen SW, Williamson DF: Lifetime risk for diabetes mellitus in the United States. *JAMA* 290: 1884-1890, 2003

^{ix} Willms JD, Tremblay MS, Katzmarzyk PT. Geographic and demographic variation in the prevalence of overweight Canadian children. *Obesity Research*. 2003 May;11(5):668-73

^x Veugelers PJ, Fitzgerald AL. Prevalence of and risk factors for childhood overweight and obesity. *Canadian Medical Association Journal*. 2005 Sep 13;173(6):607-13.

^{xi} Institute of Medicine. *Food Marketing to Children and Youth: Threat or Opportunity?* Washington DC: National Academy Press, 2005

^{xii} Institute of Medicine. 2005

^{xiii} Coon KA and Tucker KL. Television Viewing and Children's Consumption Patterns - A Review of the Literature. *Minerva Pediatrica* 2002; 54(5):423-436.

^{xiv} CDPAC. Background Paper: Marketing and Advertising of Food and Beverages to Children. 2006. Available at:

<http://www.chronicdiseaseprevention.ca/content/pdf/background%20paperfeb16.5.pdf>

^{xv} Active Healthy Kids Canada. 2006.

^{xvi} Active Healthy Kids Canada. 2006.

^{xvii} Available on the Coalition for Active Living website at
<http://www.activeliving.ca/English/index.cfm?fa=WhatWeDo.main>