
House of Commons' Standing Committee on Health

Ida Thomas, Chair Chronic Disease Prevention Alliance of Canada Speaking Notes

December 7, 2011

Mme Chair & committee members, on behalf of the Chronic Disease Prevention Alliance of Canada (CDPAC), we would like to thank you for the opportunity to share our recommendations for federal government priorities related to disease prevention and promotion of healthy living in Canada.

I'm Ida Thomas, Chair of the CDPAC Alliance, and Vice President - Children, Teens and Young Adults at YMCA Canada. I'm accompanied by Mr. Craig Larsen, CDPAC's executive director.

CDPAC is an alliance of nine national NGOs. The CDPAC Alliance has a vision of an **integrated and collaborative approach** to promoting health and preventing chronic disease in Canada. Our key activities include: knowledge development and exchange; and, advocacy for evidence informed policy – particularly at the federal level.

Let me start by acknowledging and applauding a few notable advances in Canada and internationally which have set the compass toward collaborative program and policy making:

- 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.
- **Canada's recent F/P/T Declaration on Prevention and Promotion** is a clear commitment by Health Ministers to prioritize prevention within the health system. It further stresses 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**, and PHAC's update and recommendations issued a few weeks ago, embody a clear emphasis on cross-sectoral collaboration.
- **The UN NCD Declaration**, unanimously endorsed at the UN NCD Summit in September also calls for comprehensive and integrated action (by all stakeholders, including industry)

Given CDPAC's mandate, our messages today have a decidedly 'chronic disease prevention' lens. We'll focus on five key areas of concern:

The first, which will carry my greatest emphasis today, is Childhood Obesity.

Given the global epidemic of childhood obesity, its links to chronic diseases, and their impacts on mental health, we request that escalated and sustained action toward healthy weights for children and youth remain as one of the federal government's utmost priorities.

Factors contributing to unhealthy weights are many, complex and inter-related. Consequently, a multi-pronged response is required. Imperfect understanding of the full array of factors, and the mechanisms by which they work, should NOT stop us from taking decisive action now in areas where we have ample evidence.

The first such area I'll talk about is **marketing and advertising to children**. The scientific literature is clear:

- Marketing to children influences their preferences and choices;
- Over 80% of the foods and beverages marketed to children are 'unhealthy' (that is, high in fat, sugar and salt);
- Unhealthy food and beverage choices contribute to childhood obesity.

The solutions? In its current form, the **self-regulatory approach** to marketing to children in Canada, known as the Canadian Children's Food and Beverage Advertising Initiative, is insufficient. This initiative does not have a single, strong, uniform standard for its member companies to follow. Member companies are able to determine their own nutritional standards, and create their own definitions of what constitutes 'children's programming'. This Initiative also: allows for the use of advertiser-created cartoon characters; the setting of easy-to-attain standards; and, it does not encompass the increasingly broad marketing environment. To be effective, these inherent weaknesses must be corrected.

Quebec's Consumer Protection Act is the only **law** in Canada that prohibits commercial marketing directed to children. Quebec has one of the lowest soft drink consumption rates in Canada and the lowest obesity rate among 6-11 yr olds.

CDPAC believes that if the self-regulatory approach cannot be strengthened, then laws should be implemented across Canada, building upon the lessons learned in Quebec.

Let me emphasize that measures to protect children from marketing and advertising must respond to the insidious and rapidly mutating array of **digital marketing techniques** being used to target children and adolescents. An October 2011 report by

the US 'Centre for Digital Democracy' spells out some distressing realities related to five major categories of digital marketing being used.

Another area for action now is the issue of **sugar sweetened beverages**.ⁱ

CDPAC commends Health Canada for drawing attention to the links between SSBs and childhood obesity in its public awareness campaign on children's health earlier this year.ⁱⁱ

Within the context of a multi-pronged response to childhood obesity, one measure that should be considered is **taxation of SSBs**. Price/tax increases of SSBs have been associated with reduced consumption.ⁱⁱⁱ Such a tax would generate substantial revenues for governments that could be used to support healthy living initiatives.

A recent public opinion poll found that the majority of Canadians agree that governments should tax sugary drinks if the revenue from that tax will be invested in prevention of obesity and promotion of healthy lifestyles.^{iv} Similar results have been found in other polls amongst British Columbians.^v

CDPAC's second area of concern relates to the unanswered call for effective cross-sectoral policy making in Canada

Federal public policy developed using social, economic and environmental determinants of health lenses will lead to a better return on investment than disease-oriented approaches. As noted at the outset of my talk, the need for **whole-of-government collaboration** is well supported in the key frameworks guiding chronic disease prevention today.

There are at least two important barriers standing in the way, both of which CDPAC believes the federal government must play a leadership role in overcoming:

- There is still a lack of shared understanding across federal government sectors regarding the roles that policies and programs outside the health portfolio play in contributing to (or potentially preventing) chronic disease.

And,

- The government of Canada does not consistently and systematically apply a health lens to the planning, implementation and evaluation of all policies and programs. (lessons can be learned from BC and Quebec).

CDPAC's third area of concern is the ongoing plight of Canada's most vulnerable populations

CDPAC recognizes that our nation does not have the resources to address all needs, and so opportunity costs must be weighed. CDPAC encourages the federal government not to lose sight of the populations bearing the greatest burden of disease. Canadian data on rates of obesity, diabetes, heart disease, tobacco use, illicit prescription drug use, and suicide paint a distressing picture of life in aboriginal communities. We ask government to strengthen and maintain its investments in healthy living for aboriginal communities, especially in northern and remote locations:

- We need a **better understanding of the links and pathways** between education, health literacy, employment, food insecurity and chronic disease ...and the points at which intervention look most promising.

And

- A **'coordinating mechanism' is needed for** evaluation, synthesis and **mobilization of the vast body of 'real-world' evidence** that's emerging from many excellent community-driven initiatives at the local aboriginal community level. This is a very important role, we believe, for the federal government.

Fourth, CDPAC applauds the work that the **Public Health Agency of Canada** has done since its inception, in advancing health promotion and chronic disease prevention in Canada. CDPAC recommends that **PHAC continue to be funded at least to the level of the 2010-11 budget**.

Finally, CDPAC encourages the Standing Committee on Health to ensure the renewal process for the **Health Accord** includes a continued and strengthened focus on health promotion and chronic disease prevention, including measurable indicators and targets. CDPAC will be submitting specific suggestions to the appropriate authorities as to how a new Health Accord could play an important role in chronic disease prevention.

Thank you for this opportunity to share CDPAC's concerns and recommendations. We welcome your questions and comments.

(end of speech)

Summary of CDPAC's Recommendations to Federal Government:

1. Invest in children and youth:

- As an initial step, the federal government and NGOs should work with the food and beverage industries to strengthen industry's current voluntary initiative that aims to limit the marketing of unhealthy foods/beverages to children.
- The food and beverage industry, in collaboration with civil society and governments, should increase the marketing of **healthy** foods and beverages to children.
- If the above measures prove insufficient in the near term, the federal government should immediately introduce regulatory regimes to prohibit the marketing of unhealthy foods and beverages to children, building upon the lessons learned in Quebec.
- Within their respective scope of authority, the federal, provincial and territorial governments should collaboratively introduce a tax on sugar-sweetened beverages, and use some of the revenues generated from this tax to fund healthy living initiatives.

2. Ensure that all federal policies and programs are screened via an informed 'health impacts' lens. Demonstrate effective cross-sectoral collaboration within government. (and, provide supportive processes and forums for cross-sectoral collaboration outside of government.)

3. Continue to invest in Canada's most vulnerable populations, in particular aboriginal communities. Develop mechanisms for synthesis and scaling up of success stories.

4. Invest in the health and well-being of Canadians by continuing to support the work of the Public Health Agency of Canada as the best avenue for investing in the health and well-being of Canadians.

5. Ensure that health promotion and chronic disease prevention feature prominently in the renewed Health Accord, along with specific targets and measurable indicators.

Endnotes

ⁱ Curbing Childhood Obesity: A Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights. September 2010.

ⁱⁱ Children's Health and Safety Ad Campaign. <http://www.youtube.com/healthcanada#p/c/0/eTSJ6XdOotk>. Health Canada, November 22, 2010 - March 31, 2011.

ⁱⁱⁱ Elasticity: big price increases cause Coke volume to plummet. Beverage Digest. November 21, 2008:3-4.

^{iv} Ipsos Descarie Web Omnibus Poll commissioned by the Coalition québécoise sur la problématique du poids (2291 respondents). October 13-19, 2010.

^v Childhood Obesity Foundation. Preventing unhealthy weights: A tax on sugar sweetened beverages (SSBs) as part of the solution.