



BC Healthy Living Alliance

working together to promote wellness and prevent chronic disease

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Recommendations for Tackling Overweight and Obesity in BC

Submission to the BC Government

from the BC Healthy Living Alliance

May 2010

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British Columbia



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The purpose of this paper is to set out recommendations for the BC Government to curb the rising rates of obesity and overweight in the province. It should be noted that this paper focuses solely on recommendations specific to obesity and overweight reduction and does not supersede our commitment to our *Healthy Future for BC Families* or *Winning Legacy* reports. We are also in the process of developing a strategy for prosperity and wellness in BC which we will be submitting to the Provincial Government in due course.

Rates of overweight have exploded in BC over the past 25 years, with the most recent data from 2004 identifying 40% of the population as overweight.¹ Meanwhile, obesity rates have also increased substantially, affecting 19% of the adult population. That means that nearly six in every ten individuals in BC is overweight or obese. Even more alarming is the increase in overweight and obesity in children. Data from 2004 indicates that 20% of children between the ages of 2 and 17 are overweight, while 7% are obese.

While the health implications of this trend are huge, there are many other areas of society that suffer as a result. The most recent data available from a 2001 report², estimated that the direct costs to the health care system was \$380 million a year, while the indirect costs to society was closer to \$830 million a year. These societal costs include missed days of work, disability, decreased productivity and premature death, among others. However, in reality these figures are likely to be substantially higher given the fact that the estimates were based on 29% of the population being overweight and obese, rather than 59% which was calculated in 2004.

People with chronic conditions represent approximately 34% of the BC population, yet they consume approximately 80% of the combined MSP, PharmaCare, and Acute Care budgets. As the demand on the health care system continues to grow, health care costs continue to escalate taking up a larger proportion of the total provincial budget each year. And yet many of these chronic conditions are preventable.

We know that people who are physically active and eat a healthy diet are much less likely to suffer from overweight or obesity. We also know that overweight and obesity

¹ British Columbia Provincial Health Officer. (2006). *Food, Health and Well-being in British Columbia*. Provincial Health Officer's Annual Report 2005.

² Colman, R. (2001). *The cost of obesity in British Columbia*. Prepared for the BC Ministry of Health Services. Retrieved from <http://www.gpiatlantic.org/pdf/health/obesity/bc-obesity.pdf>.

pose a major risk for serious diet-related chronic diseases, including type-2 diabetes, cardiovascular disease, hypertension and stroke, and certain forms of cancer.³ However, accessing physical activity facilities and being able to afford, or have the skills and time to prepare a healthy nutritious diet, can be challenging for many of our more vulnerable populations in society. For instance, low-income families may be working multiple jobs to provide for their families and may not have the time, money or skills to prepare healthy meals or partake in physical activities. Research⁴ also shows that Aboriginal people living off-reserve have a significantly higher rate of overweight and obesity than non-Aboriginals in Western Canada. This is particularly true for those Aboriginals in low-income households.

By executing the following recommendations and actions the BC Government will be able to not only address the rising problem of obesity and overweight, but will also go some way to increasing economic development and sustainability in the province.

Whole of Society Approach

There needs to be a whole of society approach in order to tackle this growing issue. Our experiences with the BC Healthy Living Alliance (BCHLA) initiatives over the past three years have shown us the merit of an integrated approach to chronic disease prevention and behavioural change. No one sector can do it alone. Efforts need to be made to bring the private sector into discussions on how to support individuals and communities to engage in healthy living, and to recognize that a healthy society is also a prosperous one.

The percentage of people with serious chronic diseases in British Columbia is growing as our population ages. Policies and programs that make healthy choices easier will lessen this trend if we act today. Broad-based population measures will bring about behaviour change that will prevent chronic disease and benefit everyone.

There are many individuals in our society who face major barriers to healthy lifestyle changes. While some of these individuals may understand the changes they need to make to lead a healthier life (healthier food, more physical activity) they may not have the resources or access to make these positive lifestyle choices.

Research has shown us that chronic illness such as diabetes and heart disease rates can be two to three times higher in low income populations. Therefore, the Alliance membership has selected a number of key areas that will reduce the incidence of obesity and overweight for individuals in all socio-economic groups, helping British Columbians lead healthier lives while constraining the costs on our health care system.

³ WHO, *Global Strategy on Diet, Physical Activity and Health*.

<http://www.who.int/dietphysicalactivity/publications/facts/obesity/en/>

⁴ Garriguet, D. (2008). *Obesity and the eating habits of the Aboriginal population*. Statistics Canada.

http://www.con-aboriginal.ca/files/Obesity_and_the_eating_habits_of_the_Aboriginal_population.pdf

Recommendations for Lifestyle Changes

The causes of obesity are complex. However, we are aware that obesity is in part the result of a more sedentary lifestyle and in part resulting from the types of foods and beverages we consume. There needs to be a shift in lifestyle and mentality to make time for physical fitness and healthy eating, and to value our health.

While some of the following recommendations cannot be achieved by the Provincial Government alone, all will require the leadership and in some cases, financial support of government.

1. *The BC Government should support the efforts of local governments to apply a healthy living lens to their Official Community Plans.*

One of the elements that made the BCHLA initiatives so successful was that they focused at the community level. Healthy living starts in the community. Healthy living policies and vision need to be embedded within the various plans, programs and priorities of local governments in BC.

Local governments have taken up the lead in implementing such a vision, and the Provincial Government has an important role to play in encouraging and supporting their efforts to be healthy communities.

2. *The BC Government should support local governments in their efforts to ensure the built environment is supportive of healthy eating and active living.*

Environments should to be structured in ways that help people access healthy foods and easily incorporate physical activity into their daily routines. "Research is increasingly demonstrating links between the built environment and eating and physical activity behaviours⁵." Specific community factors such as access to healthy and affordable food and the 'walkability' of neighbourhoods appear to have an influence on the choices people make in their daily lives.

The planning of built environments should consider such issues as ensuring that there is walking or cycling access to supermarkets where individuals can purchase affordable healthy food, space for community gardens, locations for farmers markets, and parks, walking and cycling trails for recreational use.

Healthy built environments cannot be achieved in isolation by any one organization or sector; it will require a coordinated approach and comprehensive effort by multiple stakeholders.

⁵ Healthy Eating Active Living Convergence Partnership. (2008). Strategies for Enhancing the Built Environment to Support Healthy Eating and Active Living.

3. *The BC Government should work with communities to support the development of comprehensive policies and strategies that reduce economic, social, cultural and systemic barriers thereby ensuring greater inclusion and access to physical activity facilities and programming for all British Columbians.*

As mentioned above, chronic disease affects low income individuals two to three times more than the general population. Yet these individuals may not have an opportunity to participate in physical activity programs in their local recreation facilities. Policies and strategies must go beyond financial subsidies to include: culturally appropriate communications; staff awareness training; and supportive services, such as welcome tours, introductory programs, recreation counseling and targeted programs. It is also important to involve and collaborate with community agencies serving vulnerable populations.

4. *The BC Government should invest in active transportation, ensuring at least 7% of all infrastructure funding allocated for urban transit, road and other transportation construction be set aside for active transportation infrastructure.*

While programs can help make small changes in communities to increase citizen's physical activity levels, there must be a supportive built environment to achieve long-term and sustainable change.

A report by the Provincial Health Services Authority found that "there is a growing consensus among public health experts that supporting more physically active modes of transportation and better access to recreational opportunities offer the most effective ways to increase activity levels across the population. Walking and cycling are among the most popular physical activities, particularly among people who are overweight and/or inactive, while programs to promote physical activity through gym memberships, school activities and other interventions have had only limited success".⁶ The BC Government should support local governments to ensure that community environments are amenable to getting people active.

This particular recommendation has been a priority for BCHLA since 2007 and was recently recognized in the UK's *Active Travel Strategy*⁷ as a significant component to reducing obesity. BCHLA's Built Environment and Active Transportation initiative has provided small grants to increase the capacity of First Nations communities and local governments to plan for more active communities. There is a demonstrated need for more support of this kind so that small communities with a lack of infrastructure can move ahead.

⁶ Provincial Health Services Authority. (2007). [Creating a Healthier Built Environment in British Columbia](#)

⁷ Department for Transportation. (2010). *Active Travel Strategy*. UK Government publication.

5. *The BC Government should take a leadership role in promoting a culture of wellness in the workplace, including workplace interventions for healthy living.*

Many individuals spend a considerable amount of time in the workplace. Just as school settings should help promote healthy living for children, so too should workplaces for adults. Such actions as: ensuring that food served at meetings and available for sale are healthier; supporting physical activity teams or groups in the workplace; and encouraging work hours that do not impede on family meal times are all geared towards helping employees and their families maintain a healthy lifestyle.

The Ministry of Healthy Living and Sport has recently produced some useful materials for employers to show how they can support healthy workplaces. However, government should engage in a much more extensive partnership with the private sector to encourage employers to implement the actions required.

Recommendations for Making the Healthier Food Choice the Easier Choice

From our work with small rural communities to inner city residents, we know that choosing the healthy food option is not always the easiest. This can be a result of many factors, from price, to accessibility, to convenience, to a lack of food skills and knowledge. The first step towards changing food behaviour is to make choosing the healthy choice the easy choice.

We have compiled the following recommendations, which will help achieve this goal. Within these recommendations there exist areas for the Provincial Government to work independently as well as in collaboration with the Federal Government and other provincial/territorial governments.

6. *The BC Government should work with the Federal Government and other provinces and territories to create national guidelines to define healthier food choices.*

This particular issue is of utmost importance if the following recommendations are to be implemented. Without national guidelines for healthier food and beverage it is nearly impossible to categorize what products should have restricted marketing or how products should be labelled to ensure consumers are able to choose the healthier option. For instance, by adopting the *Guidelines for Food and Beverage Sales in BC Schools* criteria, schools are now able to select, based on established criteria, what food and beverages are permissible in the vending machines and school cafeterias. Likewise, if BC or Canada were to restrict the marketing of unhealthy food and beverages to children, or introduce standardized front-of-pack labelling, criteria will need to be developed to decide what is restricted or how the package should be labelled.

The BC Government could look to the UK's Nutrient Profiling System or the Scandinavian Keyhole Scheme for guidance in developing a national set of guidelines.

7. *The BC Government should work with the Federal Government and other provinces/territories to restrict the marketing of unhealthy food and beverages to children.*

While obesity and overweight has increased widely throughout all demographics in Canada in the past few decades, it is particularly worrying to see the staggering rise in childhood obesity. Data from 2004 indicates that in BC, 27% of children between the ages of 2 and 17 were overweight or obese – up from 15% in 1978.⁸

One particular chronic disease where we are seeing a surge in children is diabetes. While type-2 diabetes used to be diagnosed in people 40 years of age or older, it is increasingly being diagnosed in children and adolescents.⁹ In fact, a report from the National Diabetes Surveillance System estimates that by 2012, almost 28,000 children and adolescents in Canada will be living with type-1 or -2 diagnosed diabetes—an overall increase of about 10% from 2007.¹⁰

Food advertising and marketing, much of which is for unhealthy products, plays an important role in encouraging unhealthy eating habits in children.¹¹ The 2006 review from the Institute of Medicine¹² concluded that television advertising in particular influences children's food choices and food purchase requests of high-calorie and low-nutrient foods and beverages. However, television advertising is not the only means through which children are bombarded with unhealthy products. An effective way to reduce this rising incidence of overweight and obesity among children is to restrict all marketing of unhealthy food and beverages to children. This would include, but is not limited to: banning television advertising of unhealthy food and beverages during programming viewed by children aged 12 and under; banning or restricting unhealthy food at grocery store checkouts; banning the use of celebrities or cartoon characters to promote a product (includes front-of-package and free toy promotions); restricting companies that promote unhealthy foods and beverages from sponsoring events attended by children; banning advergames; banning unhealthy products advertised for children's lunches or with child friendly

⁸ British Columbia Provincial Health Officer. (2006). *Food, Health and Well-being in British Columbia*. Provincial Health Officer's Annual Report 2005.

⁹ Canadian Diabetes Association. (2009). *An economic tsunami the cost of diabetes in Canada*.

¹⁰ National Diabetes Surveillance System. (2009). *Report from the National Diabetes Surveillance System: Diabetes in Canada*. <http://www.phac-aspc.gc.ca/publicat/2009/ndssdic-snsddac-09/pdf/report-2009-eng.pdf>

¹¹ British Heart Foundation. (2008). *Protecting children from unhealthy food marketing*. http://www.sustainweb.org/pdf/Protecting_Children_Report.pdf

¹² Institute of Medicine. (2006). *Food Marketing to Children and Youth: Threat or Opportunity?*

packaging shapes; and banning all sponsorship or marketing of unhealthy foods and beverages within school settings.

Since 1980, Quebec has had a legislated ban on all advertising aimed at children under the age of 13. A study conducted by researchers at the University of British Columbia showed that the ban in Quebec has significantly reduced the purchasing of fast food in Quebec, particularly among Francophone families. It also showed some evidence that these healthier purchasing choices continue into adulthood.¹³ In addition, a study conducted by researchers in the US found that a ban on fast food advertisements would reduce the number of overweight children aged 3-11 by 18% and adolescents aged 12-18 by 14%.¹⁴

While some jurisdictions have attempted to use voluntary or self-regulating measures we have come to the conclusion that regulation is the best way to ensure our children are protected from the aggressive marketing techniques employed by some in the food and beverage industry. Voluntary systems mean just that, they are voluntary. If a company doesn't want to abide by the standards they don't have to. In addition, companies that participate in a self-regulating scheme are setting their own standards, rather than standards that are set by an independent, regulatory body. The call for a legislated rather than voluntary regulation is supported by the Dietitians of Canada in their recent discussion paper *Advertising of Food and Beverages to Children*¹⁵.

There are other international jurisdictions that have legislated for various forms of bans on advertising unhealthy food to children and many more are currently considering such legislation. Now is the time to act. Childhood obesity is reaching epidemic proportions and leads to serious chronic diseases in both childhood and adulthood.

8. *The BC Government should work with the Federal Government to introduce national standardized front-of-pack labelling to help consumers identify healthier foods.*

While nutritional labelling on products can be helpful to some, there are many consumers who do not read food labels and certainly others who do not know how to decipher the information. Introducing front-of-pack labelling will be a first step to helping consumers choose the healthier option, allowing those shoppers with time

¹³ Baylis, K. and T. Dhar. (2007). *Effect of the Quebec Ad Ban on Junk Food Expenditure*. The Selected Works of Kathy Baylis. Available at: http://works.bepress.com/kathy_baylis/15

¹⁴ Chou, S-Y., I. Rashad and M. Grossman. (2008). Fast-food restaurant advertising on television and its influence on childhood obesity. *Journal of Law and Economics*. 2008; 51(4):599-618.

¹⁵ Dietitians of Canada. (2010). *Advertising of Food and Beverages to Children*.

constraints to see the nutritional content of the foods they are purchasing without handling numerous products to find the healthiest option.

The Food and Drug Administration in the US is in the middle of a review process which involves both looking at existing and proposed labelling schemes for accuracy and conducting surveys of consumers to find out what they want from such schemes. They expect to use this information to create a draft set of regulations to govern front-of-package labelling.

It would be helpful for Canada to engage in a similar process to determine what type of labelling scheme would work best in Canada. A national standardized front-of-pack nutritional labelling scheme will help make Canadians and British Columbians more aware of, and informed about, the nutritional composition of their food and give them more power to choose the healthier options when shopping.

9. *The BC Government should work with the Federal Government to set targets and timelines for the food and beverage industry to drastically reduce sodium, fat and sugar content in packaged foods.*

We are hearing more and more in the media about the exceedingly high levels of sodium, fat and sugar in our food. While there have been many articles about the rich food (high in all of the above) that we eat while dining out¹⁶, it is not just food establishment food that is unhealthy for us, but also the everyday products we purchase from the grocery store. For instance, a recent study showed that children's cereals had 85% more sugar than adult cereals¹⁷, while another article reported that brands sold in Canada have much higher levels of sodium than identical brands sold in other countries.¹⁸

While indeed there are products that require a certain amount of salt, sugar or fat for their taste, texture or preservation qualities, there is much scope for reductions of these elements without altering the fundamental product.

We are aware that Health Canada is currently looking at ways to reduce the amount of sodium in our food. The Federal Sodium Reduction Task Force which has been working with industry to set targets for reducing sodium levels is expected to report by the summer. We would encourage the BC Government to work closely with

¹⁶ *Vancouver Sun* series. January 2, 2010 to January 9, 2010.

¹⁷ Rudd Center for Food Policy and Obesity. (2009). Cereal FACTS: Evaluating the nutrition quality and marketing of children's cereals

¹⁸ Salt content in Canadian food staggering compared with other nations

http://www.canada.com/story_print.html?id=9e1aca2b-932c-4272-bdb0-98ffe5d07adc&sponsor

Health Canada to ensure tough targets for sodium reduction are set for the food and beverage industry and that the timeline for setting and reaching targets is prompt.

Canada could look to the UK Food Standards Agency¹⁹ for examples of achievable salt reduction targets and timelines and a comprehensive approach to changing behaviour through product content alterations as well as public campaigns to change consumer attitudes to salt. The UK is also currently in the process of consulting with industry on reducing saturated fats in food and beverages.

10. *The BC Government should introduce mandatory nutrition labelling on all food service establishment menus.*

The ultimate goal would be to have a national standardized menu labelling scheme. While the work is being conducted to achieve this goal, the BC Government has the ability to introduce mandatory nutritional labelling on all food service establishment menus in this province. The current Heart and Stroke Foundation Health Check program for restaurants is a step in the right direction, but needs to be taken further.

Although consumers generally have the option of reading nutritional labelling on packaged products this is rarely an option when eating at a food service establishment. By labelling menu items with the fat, sugar, sodium and calorie content, consumers will have an easier means by which to choose the healthier option. As we saw in the recent *Vancouver Sun* news series²⁰, choosing a salad is not always the healthiest choice on the menu.

Menu labelling is not new; many cities throughout the US have implemented mandatory calorie or nutritional labelling on restaurant and catering menus to help citizens make healthier food choices. Nutritional labelling on restaurant menus is also being explored in Ontario.

However, to ensure that small businesses are not negatively impacted New York City's law affects only those food chains that have 15 or more outlets nationwide, while Seattle's affects those with 10 or more outlets across the country. Ontario is suggesting that criteria for compliance affect only those restaurants or chains with annual revenue of over \$5 million so as not to impact too heavily on small businesses.

It is also important to encourage restaurant patrons to ask for this information. Consumer driven demand can be one of the most effective ways of encouraging industry to implement such a program.

¹⁹ Food Standards Agency. *UK Salt Reduction Initiatives*.
<http://www.food.gov.uk/multimedia/pdfs/saltreductioninitiatives.pdf>

²⁰ *Vancouver Sun* series. January 2, 2010 to January 9, 2010.

11. The BC Government should introduce a substantial tax on all sugar sweetened beverages²¹.

There are numerous studies that link sugar sweetened beverages to excess weight gain in both children and adults.²² The Rudd Center for Food Policy and Obesity has stated that “more than for any category of foods, rigorous scientific studies have shown that consumption of soft drinks is associated with poor diet, increasing rates of obesity, and risk for diabetes²³.” The consumption of sugar sweetened beverages has also been associated with higher energy intake and lower nutrient intake, thus increasing weight gain and the risk for obesity.²⁴

Interestingly, proponents for sugar sweetened beverage taxes believe that the low-income population may have the most to benefit from such a tax as they are likely to be more sensitive to higher prices and therefore likely to reduce their consumption substantially. As one study in the US found, among low-income households, a 10% increase in the price of sugar sweetened beverages was associated with an 8% reduction in consumption.²⁵

There are presently 33 states in the US where sugar sweetened beverages are taxed; however, the majority of the taxes are too small to make any significant impact on consumption and behavioural change of individuals as they often go unnoticed. That is why we are calling for the government to introduce a substantial tax of at least 20% on all sugar sweetened beverages. Although most sugar sweetened beverages will be subject to an additional 7% tax in July 2010 due to the introduction of the HST, we do not believe that the combined sales tax of 12% will go far enough to hinder sales and consumption of such beverages.

In addition, we feel that a tax on sugar sweetened beverages should be incorporated into the shelf price of the product rather than a sales tax that is applied at the register. Studies have shown that taxes included in the shelf price have a greater impact on consumption than taxes applied at the register.²⁶

²¹ The Childhood Obesity Foundation of Canada lists the following as examples of sugar sweetened beverages: soft drinks (pop), fruit “beverages”, “punches” or “cocktails” (bought or homemade), flavoured milk, sports drinks and flavoured coffees.

²² Vartanian, L.R., M.B. Schwartz and K.D. Brownell. (2007). Effects of soft drink consumption on nutrition and health: a systematic review and meta-analysis. *Am.J.Public Health*. 97(4):667-675.

²³ Rudd Center for Food Policy and Obesity. (2009). *Soft Drink Taxes: A Policy Brief*.

²⁴ Sturm, R. *et al.* (2010). Soda Taxes, Soft Drink Consumption, and Children’s Body Mass Index. *Health Affairs*. May, 29:5.

²⁵ Andreyeva, T., M. W. Long and K. D. Brownell. (2008). The impact of food prices on consumption: A systematic review of research on price elasticity of demand for food. *American Journal of Public Health*. 100(2):216-22.

²⁶ Fletcher, J., D. Frisvold and N. Tefft. (2010). Taxing Soft Drinks and Restricting Access to Vending Machines to Curb Child Obesity. *Health Affairs*. May 2010, 29:5.

We recognize that there will be a cost to implement the policies outlined in this paper and would recommend that the revenue generated from a tax on sugar sweetened beverages be designated for these purposes and programs to promote healthy living.

12. *The BC Government should improve access to healthy foods in remote and rural communities.*

We are encouraged by the BC Government's \$915,000 one year Produce Availability Initiative, announced in late 2009, to provide British Columbians living in remote communities with improved access to fresh fruits and vegetables. However, more needs to be done to help improve the diets of those living in remote communities that have limited access to healthy foods.

Once the Produce Availability Initiative trial is completed we urge that the Provincial Government take the best practices from this experience and implement them on an on-going basis.

Another program that will require sustainable funding is the BC School Fruit and Vegetable Nutritional Program. This particular program has helped children throughout the province access fruits and vegetables on a regular basis. In addition, the BCHLA Farm to School Salad Bar initiative has also helped to link schools with their local farms, thus supplying students with fresh fruits and vegetables at least twice a week.

Other jurisdictions have recognized the importance of ensuring access to affordable healthy food and produce in remote communities, from the Federal Government's recent budget announcing the reformation of the Food Mail Program²⁷ to initiatives undertaken by regional governments in Australia²⁸.

13. *The BC Government should support local food production.*

While supporting food production and access in remote areas is vital, it is important to support local food production in all communities throughout the province. Behavioural and legislative changes, while useful, are not the only means of tackling obesity. It is essential for the government to take a holistic food systems approach recognizing the link between food security, local food production and availability, and obesity and overweight.

²⁷ Department of Finance Canada. (2010). *Budget 2010: Leading the Way on Jobs and Growth*. <http://www.budget.gc.ca/2010/home-accueil-eng.html>

²⁸ Queensland Government. (2006). *Vegetable and Fruit Supply to South West Queensland*. http://www.health.qld.gov.au/ph/Documents/saphs/foodoutback_inf_paper.pdf

“Growing, producing and processing more local, healthy, safe food can contribute to a more food secure province by reducing BC’s dependence on imported food and improving access to healthy foods in those communities and neighbourhoods in which it may be limited²⁹.” Local food systems can provide multiple benefits. Apart from the environmental and economic benefits to the community, local food systems can help to expand markets for and access to fresh produce, and help to reconnect people with their food by interacting with farmers and processors directly. The BC Public Health Officer’s 2005 report³⁰ acknowledged that local food, when in season, is fresh, flavourful and nutritious. However, the report went on to note that in order for local farmers and producers to supply healthy, nutritious food for the population, there needs to be greater support to ensure the appropriate infrastructure is in place.

Evidence has shown that “energy-dense, nutrient-poor foods are chosen because they are cheap, produced safely, widely promoted and readily available³¹.” We need to reverse this trend and make nutrient-rich, healthy foods the most promoted and readily available to British Columbians. A good starting point for the government would be to follow the recommendations laid out in the BC Government’s *Growing a Healthy Future for BC Families*³².

14. The BC Government should develop a social marketing campaign aimed at healthy living to be run jointly by the government and NGOs focusing at the community level.

In addition to the above recommendations, it is vital for the Provincial Government to reinforce these policies and programs with common messaging in the form of a public outreach social marketing campaign. This campaign should be developed jointly by government and health and consumer organizations, in addition to partnering with the business sector. While ActNow BC would be well placed to lead such a campaign, the government should work with key provincial organizations to implement activities and messaging to ensure an integrated approach at the community level.

A good example of such an initiative is the UK Food Standards Agency’s salt reduction campaign. This particular initiative took an integrated approach; working with retailers and manufacturers to reduce the salt levels in their foods, while at the same time the government spearheaded a comprehensive social marketing campaign

²⁹ Dietitians of Canada. (2010). *Healthy Eating and Food Security: Promising Strategies for BC*.

³⁰ British Columbia Provincial Health Officer. (2006). *Food, Health and Well-being in British Columbia*. Provincial Health Officer’s Annual Report 2005.

³¹ World Health Organization. (1997). *Obesity: Preventing and Managing the Global Epidemic*. WHO Technical Report Series.

³² BC Government. (2009). *The British Columbia Agriculture Plan: Growing a Healthy Future for BC Families*. Ministry of Agriculture and Lands.

explaining the dangers of a high salt diet and what people could do to reduce their salt intake. As part of this campaign the UK Government worked closely with health and consumer NGOs to spread the campaign messages and reach local communities. In addition, the government implemented a voluntary front-of-pack signpost labelling scheme that showed consumers, at a glance, whether the product they were purchasing had a high or low salt content.

For any of these new regulatory approaches to be effective, they will need consumer support. Public education and social marketing are key components of raising consumer awareness and encouraging consumers to take action and make healthier choices.

Recommendations for Building Skills and Knowledge

- 15. The BC Government should introduce healthy living curriculum into schools which would encompass: physical education; food system knowledge, including differentiating between healthy and unhealthy food and beverages; food preparation skills; screen time reduction; and ensuring that students receive at least 60 minutes of daily physical activity.***

Unhealthy eating habits can develop as a result of a number of different circumstances. Sometimes it is a lack of understanding of what is healthiest, while other times it is a lack of skills and understanding of how to prepare healthier food. These skills and knowledge should ideally be instilled in us as children so that we have the necessary tools to make healthy choices throughout our life. By the same token, active children are more likely to remain active into adulthood.³³

Food skills and knowledge are slowly being eroded in our society as fewer people produce their own food and more people choose the convenience of prepared packaged food to fit their busy schedules.

BCHLA's Sip Smart! and Farm to School Salad Bar initiatives were eye openers into the lack of knowledge that today's children have with regards to healthy beverages and familiarity with different kinds of vegetables. Sip Smart! was able to teach children about the amount of sugar in the beverages they consume and why it was better to choose water or milk to quench their thirst instead of pop, sports drinks, or other sugar sweetened beverages. Farm to School Salad Bar helped bring back the basics of healthy eating to children. They were able to enjoy fresh local produce at least twice a week and enjoy different kinds of vegetables.

³³ Telama, R. *et al.* (2005). Physical activity from childhood to adulthood: a 21-year tracking study. *American Journal of Preventative Medicine*. Apr;28(3):267-73. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/15766614>

Developing food preparation skills is of vital importance for helping individuals eat a healthier diet as has been shown in BCHLA's Food Skills for Families initiative. Over 90% of the sodium we consume is found in foods sold to us rather than added at meal times. That means that by preparing meals from scratch, we could make a substantial reduction in our sodium intake.

While food skills and knowledge are of great importance, it is also vital that children get enough physical activity during the school day, particularly for those children who travel long distances to and from school, making it difficult for them to take part in after school activities. We are encouraged by the BC Government's commitment to ensure children get a minimum of 60 minutes of activity each day; however, schools and teachers will require continuous support from government to ensure the successful implementation and sustainability of this vision.

It is also important to teach children the importance of screen time reduction at school. Studies have shown screen time to be associated with obesity, inactive leisure time and a poor diet³⁴ and a new report from Active Healthy Kids Canada³⁵ has found that even before school age, over 20% of children are spending more than two hours a day watching television. This same report also found that youth are accumulating almost as much screen time each day as their parents are spending at work – more than 6 hours of screen time on weekdays and more than 7 hours per day on weekends.

In order to ensure that these initiatives are successful, schools and teachers will need continuous, long-term support from government. There is no one particular classroom solution to reducing childhood obesity, but all of these combined teachings will help students on their way to a healthier lifestyle.

Recommendations for Collaboration

16. *The BC Government should create a dialogue table with industry and NGOs to encourage healthy living.*

The 2006 Select Standing Committee on Health's *A Strategy for Combatting Childhood Obesity and Physical Inactivity in British Columbia Report*³⁶ recommended that the Provincial Government create a Nutrition and Exercise Council – that would report to the Minister of State for the Olympics and ActNow BC – composed of senior

³⁴ Shields, M., and M. Tremblay. (2008). Screen Time Among Canadian Adults: A Profile. *Health Reports*. Vol. 19, No. 2.

³⁵ Active Healthy Kids Canada. (2010). *Healthy Habits Start Earlier Than You Think. The Active Healthy Kids Canada Report Card on Physical Activity for Children and Youth*. Toronto, ON

³⁶ BC Select Standing Committee on Health. (2006). *A Strategy for Combatting Childhood Obesity and Physical Inactivity in British Columbia*.

representatives of different levels of government, healthy living advocates and stakeholders, and food and beverage industry officials to examine and report out annually on progress made on the following issues:

- Negotiate with the food, confectionary, and beverage manufacturers and distributors to achieve voluntary reductions in the fat, sugar, and salt content marketed in British Columbia.
- Develop warning labels alerting consumers to high fat, sugar, and salt foods, such as a red-amber-green system, and/or a calorie-load-per-serving system.
- Investigate the feasibility of new junk food taxes on non-nutritive foods and beverages.
- Enhance corporate self-regulation of food and beverage advertising and marketing directed at children under twelve.
- Develop ongoing public marketing campaigns to raise awareness of diet and exercise issues and assist in lifestyle changes.
- Publish an annual report measuring progress in improving diet and activity levels and reducing obesity.

In order to achieve the recommendations we have set out in this paper the BC Government should have an ongoing dialogue table with industry, health and citizens groups. While many of our recommendations mirror those made by the Select Standing Committee on Health, we have come to the conclusion that regulatory rather than voluntary measures will ultimately lead to success.

Conclusion

We are aware that the BC health care system is under a tremendous burden and will continue to require a greater share of the overall budget if obesity and overweight continues to increase – ultimately leading to rising rates of chronic disease. The BC Government should consider the above recommendations as part of an overall provincial strategy to tackle this growing problem of obesity and overweight. It is also vital that the government apply a health equities lens to any new policies or programs to ensure that vulnerable individuals in society are not negatively impacted.

The Provincial Health Services Authority (PHSA) is currently consulting with government, industry and health stakeholders to develop an Obesity Reduction Initiative for BC. We have been working with and supporting PHSA in this work exploring best practice policies and programs from BC and elsewhere that will help to reduce the incidence of obesity in BC, many of which are included in our recommendations. The work by BCHLA and PHSA will provide good starting points for the Provincial Government to constrain health care costs and reduce chronic disease.

The SCOPE (Sustainable Childhood Obesity Prevention through community Engagement) project, funded by Child Health BC, is a community-based integrated approach to childhood obesity prevention in BC. The project is working to coordinate efforts in two communities, Prince George and Abbotsford, on the prevention of childhood obesity, and should provide important lessons on how to develop an integrated community-based approach to reducing childhood obesity

Finally, BCHLA has a vast array of expertise in the areas of obesity and chronic disease prevention. We will look forward to working collaboratively with the Provincial Government to ensure that all citizens in BC have the opportunity and skills they need to lead productive and healthy lives. Together let's make BC the first jurisdiction to beat obesity.