

## Proposal for an *Effective* : Integrated Pan-Canadian Healthy Living Strategy

**WHEREAS, every year, diet- and inactivity-related cases of cancer, cardiovascular disease, diabetes and other illnesses kill 21,000 to 47,000 Canadians and cost the economy \$6.6 billion to \$11 billion in health care costs and lost productivity resulting from premature death and disability.** (See: Diane Gorman, Assistant Deputy Minister of Health, "Speech at the Stakeholder Meeting on the Review of *Canada's Food Guide to Healthy Eating*," (Ottawa: Health Products and Food Branch, Health Canada, January 20, 2004) at 3 estimating the value of health care costs and lost productivity due to diet-related disease to be \$6.6 billion annually in Canada. Available on the Internet at: [http://www.hc-sc.gc.ca/fn-an/alt\\_formats/hpfb-dgpsa/pdf/food-guide-aliment/pres\\_speech\\_adm-pres\\_contexte\\_sma\\_e.pdf](http://www.hc-sc.gc.ca/fn-an/alt_formats/hpfb-dgpsa/pdf/food-guide-aliment/pres_speech_adm-pres_contexte_sma_e.pdf) and see Health Canada (2003) Economic Research Analysis Section, Policy Research Division, Strategic Policy Directorate, Population and Public Health Branch. Custom tabulations; and see the partial extrapolation of the total annual death toll from published figures in endnote 11 at: [http://cspinet.org/canada/pdf/Eng\\_CSPI\\_Finance.pdf](http://cspinet.org/canada/pdf/Eng_CSPI_Finance.pdf)).

**WHEREAS, by comparison, the average annual combined federal and provincial governments' deficits for the years 1987-96 was about \$43 billion and annual interest payments to creditors for those budget deficits would be only a fraction of the annual costs of preventable diet- and inactivity-related diseases.** (See: Department of Finance, *Fiscal Reference Tables, 2002*, (Ottawa: Department of Finance, October 2002) at 9 at [http://www.fin.gc.ca/frt/2002/frt02\\_e.pdf](http://www.fin.gc.ca/frt/2002/frt02_e.pdf) .)

**WHEREAS in its October 2002 *World Health Report*, the World Health Organization demonstrated that, in developed countries like Canada, an average of nearly 5 years of healthy life expectancy is lost due to six diet-related risk factors.** (See: World Health Organization, *The World Health Report 2002*, (Geneva: WHO, 2002). Esp. see Table 4 in the annex which shows that loss of healthy life expectancy due to all risk factors is 9.4 disability-adjusted-life-years averaged for Canadian men and women at [http://www.who.int/whr/2002/en/whr2002\\_annex4.pdf](http://www.who.int/whr/2002/en/whr2002_annex4.pdf) and Table 10 which shows that, in developed countries, 50% of all-risk-attributable Disability-Adjusted Life Years (DALYs) were lost due to blood pressure, cholesterol, overweight, low fruit and vegetable intake, and certain rare types of childhood and maternal undernutrition at [http://www.who.int/whr/2002/en/whr2002\\_annex9\\_10.pdf](http://www.who.int/whr/2002/en/whr2002_annex9_10.pdf). So, 50% of 9.4 years is 4.7 years.)

**WHEREAS disease prevention is the most direct way of alleviating financial pressure on the health care system because it involves both decreasing the need for health care services by Canadians and, at the same time, increasing the ability of Canadians to help finance health care (through increased labour productivity and, by extension, increased tax contributions) by contributing to the other side of the health care ledger.**

**WHEREAS the human and economic toll of poor diet and physical inactivity is largely preventable by sensible public policies.**

**WHEREAS a recent report of the Auditor General noted that "preventative health activities are estimated to be 6 to 45 times more effective than dealing with health problems after the fact."** (See: Auditor General of Canada, "Health Canada: A Proactive Approach to Health," chapter 9 in *Report of the Auditor General of Canada -- 2001*, (Ottawa: Auditor General, 2001) at 3 at [http://www.oag-bvg.gc.ca/domino/reports.nsf/html/0109ce.html/\\$file/0109ce.pdf](http://www.oag-bvg.gc.ca/domino/reports.nsf/html/0109ce.html/$file/0109ce.pdf) .)

**WHEREAS the mandatory nutrition labelling rules, recently finalized by Health Canada, are predicted to lower the direct and indirect losses of diet-related disease by \$5 billion over the next two decades by reducing premature death and disability due to coronary heart disease, stroke, cancer, and diabetes. This represents an estimated 20-fold return to the economy as a whole compared to the private sector expenditures incurred to modify food labels.** (See the regulatory impact analysis in *The Canada Gazette, Part II*, Vol. 137, No. 1 (January 1, 2003) at 386 at <http://canadagazette.gc.ca/partII/2003/20030101/pdf/e2-13701.pdf> .)

**WHEREAS the economic benefits of mandatory nutrition labelling, though impressive, comprise only 4% - 7% of the total savings to be generated from dietary improvements. And, even more savings could be generated through increases in physical activity.**

**WHEREAS in September 2002, the Federal, Provincial and Territorial Ministers of Health committed to "work together on short, medium and long-term, pan-Canadian 'healthy living' strategies that emphasize nutrition, physical activity, and healthy weights" – a commitment they have repeated every year since.**

**WHEREAS serious commitment to address preventable disease requires the commitment of public resources and the political will to amend existing laws and policies that undermine the health of Canadians and develop new ones that promote health.**

**WHEREAS health and citizens groups -- collectively representing nearly two million Canadians -- support the attached recommendations, including:** National Federation for Seniors and Pensioners, Canadian Women's Health Network, Canadian Teachers' Federation, Canadian Society for Exercise Physiology, Newfoundland and Labrador Medical Association, L'Association des Diététistes au Québec, Community Nutritionists Council of British Columbia, Ontario Society of Nutrition Professionals in Public Health, Union des consommateurs (formerly, Action Réseau Consommateur), Toronto Food Policy Council, HEAL Network of Northern British Columbia, Nutrition Services of Whitehorse Regional Hospital, Sport PEI, DAWN Ontario: DisAbled Women's Network of Ontario, Edmonton School Lunch Program, Edmonton City Centre Church Corporation, Palliser Health Region (Alberta), Canadian Dental Hygienists Association, Multicultural Health Brokers Co-op, Canadian Assn. for the Advancement of Women and Sport and Physical Activity, Centre for Health Promotion Studies (University of Alberta), Eastern Health and Community Services Board (Clareville, Newfoundland), Association of Ontario Health Centres, Canadian Paraplegic Association, National Retired Workers Advisory Council, Centre for Girls' and Women's Health and Physical Activity (University of Toronto, FPEH), and Centre for Science in the Public Interest.

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THEREFORE an effective healthy living strategy must include the following policy commitments:

### **Federal Government**

- **Advertising:** Amend the *Competition Act* or other legislation to
  - (a) establish a prohibition on advertising directed at children -- most of which is for calorie-dense, nutrient-poor foods, and products that promote physical inactivity such as video games, movies and TV programs, etc. -- based on the *Charter of Rights*-compliant ban in the Quebec *Consumer Protection Act*, and
  - (b) require weight loss and fitness products, programs and services to show reliable evidence of long-term effectiveness and safety.
- **Food Labelling:** Amend the *Food and Drugs Act* and regulations to require
  - (a) chain restaurant menus to disclose basic nutrition facts like calories,
  - (b) all packaged fresh meat, poultry and seafood labels to display full nutrition information (currently exempt from mandatory nutrition labelling rules finalized in January 2003), and
  - (c) all processed food labels to report the percentage by weight of the top three ingredients in the product (i.e., not just ingredients about which marketing claims are made), as well as the amounts of fruits, vegetables, added sugars, and other ingredients with special health implications regardless of how much weight they comprise in the product.

### **Provincial Governments**

- **School Curriculum:** Ensure students receive
  - (a) daily physical education classes from K to 12, and
  - (b) twice monthly nutrition/cooking classes for at least two years.
- **School Foodservice and Vending Machines:** Ensure that school cafeterias and vending machines servicing children from grades K-12 do not provide nutrient poor, calorie dense foods.
- **Training Health Professionals:** Ensure that nutrition, physical activity, and weight management (including practice guidelines about effective means of improving health through diet and physical activity) are included in medical, nursing, teacher education and other professional training programs

### **Federal and Provincial Governments (independently or cooperatively)**

- **Public Education:** Conduct an intensive, mass media campaign to promote nutrition and physical activity.
- **Funding:** Commit at least \$100 million per year for at least five years to finance implementation of Healthy Living Strategy programs.
- **Occupational Health and Safety:** Amend the *Canada Labour Code* and counterpart provincial laws to require medium and large workplaces to ensure
  - (a) cafeterias offer healthy menu choices,
  - (b) workers in sedentary jobs get more opportunities for physical activity, and
  - (c) workplace occupational health and safety programs reflect the enormous preventable burden of diet- and inactivity-related disease.
- **Infant Nutrition:** Honour the Government of Canada's 1981 endorsement of the *International Code of Marketing of Breast Milk Substitutes* by implementing it in Canadian law to, finally, curb formula companies' efforts to market breast milk substitutes in hospitals and directly to consumers thereby undermining public health advice to breastfeed infants (exclusively) until at least the age of six months.
- **Research:** Undertake research to
  - (a) identify the key societal, environmental, and other influences on eating habits and activity levels,
  - (b) develop cost-effective and outcome-effective interventions, policies and environmental changes to promote healthy eating and physical activity, and
  - (c) explore how best to disseminate effective programs.
- **Health Impact Assessments:** design an operational definition of population health (e.g., based on disability-adjusted life years, quality-adjusted life years, etc.), and a methodology for explicit, publicly transparent, health impact assessments (analogous to regulatory impact assessments or environmental impact assessments) against which all relevant regulatory proposals, major capital project funding proposals and government tenders must be evaluated prior to approval.

### **Federal Government (in cooperation with provincial and territorial governments)**

- **Medicare:** Ensure periodic preventative nutrition counselling services are included under provincial medicare programs.