



Centre for Science in the Public Interest
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Open Letter to Prime Minister Paul Martin,
Provincial and Territorial Premiers

Re: Establishing a coherent disease prevention strategy as a pre-condition to signing a renewed pact on healthcare at the September 13-15, 2004 First Ministers Conference.

Dear First Ministers:

On behalf of the Centre for Science in the Public Interest* (CSPI), I urge you to champion, at the forthcoming First Ministers Conference, clear public policy reforms to improve the diets and increase physical activity of Canadians and to ensure that at least \$100 million in annual, recurring funding is earmarked in the next federal budget to support programs designed to increase physical activity and improve the diet of Canadians.¹

First ministers' efforts to put medicare on a solid footing will falter if serious attention is not paid to the enormous human and economic toll of preventable non-communicable diseases, such as diet- and inactivity-related cardiovascular disease, cancer, diabetes, and osteoporosis. Concrete action is necessary to help reduce the 25,000 to 47,000 premature deaths and mitigate the \$6 billion to \$10 billion economic toll² attributed to diet- and inactivity-related disease annually in Canada. In its October 2002 *World Health Report*, the World Health Organization estimated that average healthy life expectancy can be increased by over approximately 5 years in countries like Canada by adequately addressing diet and physical activity-related factors: blood cholesterol, blood pressure, overweight, low fruit and vegetable intake, childhood and maternal malnutrition, and physical inactivity.³

The First Ministers' conference is to be held on the second anniversary of an, as yet unfulfilled, joint commitment by federal/provincial/territorial health ministers to pursue an "Integrated Pan-Canadian Healthy Living Strategy" to improve the overall health of Canadians by improving diet, increasing physical activity and tackling obesity. Since September 2002, we have urged all federal, provincial and territorial ministers of health and finance to take aggressive measures to curb the human and economic toll of diet- and inactivity-related disease. However, Healthy Living Strategy policy development efforts appear to have stalled, producing little more

* The Centre for Science in the Public Interest (CSPI) is a non-profit health advocacy organization specializing in nutrition and food safety issues with offices in Ottawa and Washington, D.C. CSPI's Ottawa health advocacy office is funded by over 100,000 subscribers to the Canadian edition of *Nutrition Action Healthletter*. CSPI does not accept funding from industry or government.

than a few platitudes about population health, vague goals, generic policy development flowcharts, and undertakings to consider the problem further.⁴

While staffing a new Canadian Public Health Agency, funding further research on disease prevention, and revising the *Canada Food Guide* may eventually yield some benefits, only aggressive policy reforms and properly funded health promotion programs can hope to capture significant prevention dividends. Tremendous recent interest in public health has focussed almost exclusively on fears about infectious diseases in animal and human populations caused by SARS, BSE, Avian Influenza, contaminated water, and West Nile Virus, even though only a few dozen deaths have been attributed to these outbreaks. If the Healthy Living Strategy is to become an effective action plan for addressing the *real* pandemic of diet- and inactivity-related disease, and the First Ministers Conference is to set a sustainable course for medicare, then both levels of government must, at long last, strike a concrete policy reform and programming initiative to achieve disease prevention benefits.

Accordingly, we urge all 14 heads of government, between now and mid-September, to consider inserting the following paragraphs in the record of decision of the First Ministers Conference:

Disease prevention and the sustainability of medicare

As responsible stewards of medicare, it behoves all governments to re-examine how policies might promote or discourage healthy lifestyles bearing on diseases caused by poor diet, physical inactivity, and unhealthy weights. Existing policies that, however inadvertently, promote dietary patterns or levels of physical activity that undercut Health Canada's advice to Canadians, contribute to disability and premature death, and increase social and health care costs. Such policies are not sustainable and should be re-examined immediately.

Accordingly, the First Ministers undertake to direct their ministers of health and other responsible officials to initiate reviews and make recommendations for reform, by June 15, 2005, in the following policy areas:

sales taxes and other taxes governing food, advertising (especially ads directed at children, and ads promoting weight-loss programs and breast-milk substitutes); school nutrition and physical education curricula; nutritional value of foods sold in hospital and school cafeterias and vending machines; the availability of nutrition information on restaurant menus and percentage-ingredient labelling on pre-packaged food labels; occupational health in the public and private sectors (especially related to sedentary work and workplace food service); and the availability of publicly-funded services of lactation consultants for new mothers, and qualified dietitian/nutritionists to provide periodic preventative nutrition counselling services, especially for Canadians at risk of diet-related disease.

The Prime Minister committed to contribute \$500 million over five years to engage in mass media advertising, and to furnish scientific advice and other support to locally administered and evaluated health promotion programs aimed at encouraging healthy eating and increased physical activity. Provincial governments undertook to conduct

peer-reviewed evaluations of local programs and provide matching funds for successful programs in the third through fifth years.

We hope you will demonstrate leadership in clearly advocating policy reforms and significant financial investments to help reduce the human and economic toll of diet-related disease. As one analyst put it:

“We have been too much consumed with the supply side of the health care equation and too little concerned with the demand side. The best way to reduce costs and improve health at the same time...is...to reduce the need and demand for care...The costs of medical care are in large part a function of the amount of illness in a population. The amount of morbidity, in turn, is related in part to the prevalence of smoking, dietary fat intake, seat belt use, lack of exercise, and other behavioural risk factors in the population.”⁵

Or, as demographer David Foot noted:

“The Canadian health care system...has a bias toward acute care -- that is, the patient gets help when disease causes a serious episode of ill health. The system doesn't focus enough on preventative medicine to avoid such episodes.”⁶

Policies aimed at preventing disease can improve the health of Canadians and also increase the health of public finances on both sides of the ledger by decreasing health care costs and increasing productivity of Canadians. Aggressive prevention measures can also act as a bulwark against the forecast escalation of health care costs associated with the ageing baby boom population, rising obesity rates, and increasing pharmaceutical drug costs. In short, health promotion measures are both socially and fiscally prudent.

We have attached a summary of our recommendations for policy reforms. We look forward to seeing means of preventing diet- and inactivity-related chronic disease reflected in record of decision of the upcoming First Ministers Conference, as well as the ensuing federal and provincial budgets, legislative agendas and regulatory reform plans.

Respectfully submitted,

Bill Jeffery, L.L.B.
National Coordinator

cc. Hon. Ujjal Dosanjh, PC, MP, Minister of Health,
Provincial and Territorial Ministers of Health and Finance,
Hon. Dr. Carolyn Bennett, PC, MP, Minister of State (Public Health),
The Hon. Andy Mitchell, Minister of Agriculture and Agri-food,
Mr. Stephen Fletcher, M.P., Conservative Party Critic for Health,
Ms. Carol Skelton, Conservative Party Critic for Social Development, Public Health,
M. Réal Ménard, député, porte-parole de Bloc Québécois en matière de Santé,

Hon. Bill Blaikie, M.P., New Democratic Party Health Critic,
Senator Dr. Michael Kirby, Chair, Senate Cttee. on Soc. Aff., Science & Tech.,
Mr. Alex Himelfarb, Clerk of the Privy Council and Secretary to the Cabinet,
Mr. Ian C. Green, Deputy Minister of Health,
Mr. Leonard J. Edwards, Deputy Minister of Agriculture and Agri-food Canada,
Dr. Frank Plummer, Interim Chief Public Health Officer,
Mr. R.B. Fadden, President, Canadian Food Inspection Agency,
Dr. Arthur Carty, National Science Advisor,
Dr. Judith Hall, Chair, Health Canada Science Advisory Board,
Mr. Scott Broughton, Assistant Deputy Minister, Population and Public Health Branch,
Health Canada,
Dr. Diane T. Finegood, Scientific Director, Institute of Nutrition, Metabolism and
Diabetes, Canadian Institutes for Health Research,
Dr. John Frank, Scientific Director, Institute of Population and Public Health, Canadian
Institutes for Health Research,
Dr. Cameron Mustard, Chair, Canadian Population Health Initiative, Canadian Institute
for Health Information,
Ms. Mary Bush, Director General, Office of Nutrition Policy and Promotion, Health
Canada, and
Dr. Margaret Cheney, Chief, Nutrition Evaluation Division, Health Canada

Proposals for an *Effective Integrated Pan-Canadian Healthy Living Strategy*

1. Federal Government:

Food Labelling:

Whereas providing nutrition information to consumers is an inexpensive means of facilitating healthy product choices, promoting healthful reformulation of products, and ultimately reducing health care costs and lost productivity.⁷

Therefore we urge the Federal Government to:

Amend the *Food and Drug Regulations* to require that:

- (a) large chain restaurant menus disclose basic nutrition facts like calories;
- (b) all packaged fresh meat, poultry and seafood labels display full nutrition information (i.e., foods that were exempted from mandatory nutrition labelling rules finalized in January 2003); and
- (c) all processed foods labels report the percentage by weight of the top three ingredients in a 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.

Trans Fat:

Whereas *trans* fat, found mainly in synthetic partially hydrogenated vegetable oils, is unnecessary in the human diet and may cause 2,000 to 5,000 deaths due to heart disease in Canada annually. Whereas Denmark has already instituted a ban on the sale of foods containing oils that are more than 2% *trans* fats by weight.

Therefore we urge the federal government to:

Amend the *Food and Drug Regulations*, or take other sufficient measures to ban the sale of oils comprising more than 2% *trans* fats by weight, and foods containing such oils.

2. Provincial Governments:

Curricula for primary and secondary school students, and training programs for health professionals:

Whereas school curricula for children and many health professionals fail to provide a sound foundation in the health benefits of nutrition and physical activity.

Therefore we urge provincial governments to ensure that:

- primary and secondary students receive:
 - (a) daily physical education classes from K to 12, and
 - (b) twice monthly nutrition/cooking classes for at least two years; and
- physicians, nurses, teachers, and other key professionals receive instruction in nutrition, physical activity, and weight management (including practice guidelines about effective means of improving health through diet and physical activity).

School and Hospital Foodservices:

Whereas Canadian children spend nearly one-third of their waking hours in school and consume at least one meal there. Whereas life-long dietary habits, for better or worse, can be formed from a very young age and informed by food available at school. Whereas hospital employees spend nearly half of their waking hours at work and consume one or more meals there. Whereas hospital food services ought to serve as a model of healthful eating particularly considering the role that poor diet plays in causing disease that is treated in hospitals.

Therefore we urge provincial governments to ensure that:

- Sensible health-promoting nutrition policies are established to govern the foods made available at hospitals and schools for grades K-12:
 - (a) in cafeterias;
 - (b) in vending machines; and
 - (c) through fund-raising efforts undertaken by such hospitals and schools.

3. Federal and Provincial Governments (independently or cooperatively):

Sales Tax:

Whereas, currently, approximately 35% to 45% of Canadian food sales are subject to GST and (in most provinces) PST drawing approximately \$3 billion in federal and provincial tax revenue. Whereas federal sales tax law (which closely mirrors most provincial sales tax laws) promotes unhealthy diets by, in many cases, imposing GST on healthy food choices such as low fat milk, and many salads and vegetable dishes when sold in restaurants, as well as club soda, fruit trays, certain sizes of bottled water, etc. sold in retail stores. Whereas many unhealthful foods are tax-free (i.e., zero-rated for GST) such as sugary breakfast cereal, high-fat cheese, coffee cream, and high-fat ground meat, etc. sold in retail stores. Whereas some provisions of the federal *Excise Tax Act* already tacitly acknowledge the importance of good nutrition in imposing taxes on candy, soft drinks, and snack food. Whereas the federal and provincial governments fail to consistently draw revenue from the sale of unhealthful food products that make the largest contribution to ill-health.

Therefore we urge the federal and provincial governments to:

Amend the federal *Excise Tax Act* and corresponding provincial legislation to:

- remove financial incentives to consume unhealthful foods, and disincentives to consume healthful foods⁸ to ensure that these sales tax rules reflect health promotion priorities of both levels of government.

Advertising:

Whereas, in the absence of vigorous ongoing publicly-funded promotion of healthy eating and physical activity, commercial food advertisements -- mainly for foods that are high in sodium, saturated and *trans* fats, and added sugars, and low in beneficial nutrients -- have become the *de facto* nutrition education in Canada for children and adults.⁹ Whereas, non-food commercial advertising directed at children primarily promotes sedentary forms of recreation such as playing video games, and watching movies and TV programs.

Therefore we urge the federal and provincial governments to:

- Amend the *Competition Act*, *Broadcast Act*, *Food and Drugs Act*, provincial consumer protection acts, and any other public statutes to:
 - (a) establish a prohibition on advertising directed at children based on the *Charter of Rights*-compliant ban in the *Quebec Consumer Protection Act*;
 - (b) require weight loss and fitness products, programs and services to show reliable evidence of long-term effectiveness and safety; and
- Amend the *Income Tax Act* to:
 - (c) permit companies to deduct from taxable income 300% of expenses incurred to advertise nutritious foods (such as low fat milk, whole fruit and vegetables, 100% un-seasoned, unsweetened fruit or vegetable juices, and whole grain cereals); and
 - (d) limit to 50% of advertising expenses incurred, the permissible deduction from taxable income for the promotion of nutrient-poor foods such as alcohol, soda pop, coffee, tea, doughnuts, candy, snack food, and any product containing high amounts of saturated fat, *trans* fat, or sodium.

Public Education:

Whereas the amount of objective, publicly funded public health promotion pales in comparison to the extensive, daily barrage of commercial advertising for nutrient-poor foods.

Therefore we urge the federal, provincial and territorial governments, independently or cooperatively to:

- fund, at the level of \$100 million per year, an intensive, mass media campaign to promote nutrition and physical activity (like the recently de-funded *ParticipAction* Program);

- design model community-wide fitness and nutrition campaign kits (including advertisements for print, TV, and radio; contacts for local self-help groups, support and counselling; information about risk factor screening and education; ideas for designing and promoting community events and creating walking trails, and cycling paths, etc.) for implementation by local non-profit health organizations, as well as federal, provincial and municipal governments; and
- regularly purchase advertising space to promote nutrition, physical activity, and healthy body image messages on nationally televised TV and radio programs.

Occupational Health

Whereas most Canadian adults spend nearly half their waking hours at work and consume nearly one-third of their meals at the workplace. Whereas many jobs require that workers remain virtually stationary for half of their waking hours.

Therefore we urge the federal and provincial governments to:

- Amend the *Canada Labour Code* and corresponding provincial occupational health and safety 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.

Marketing Breast-milk Substitutes:

Whereas there is considerable scientific agreement that children should be exclusively breastfed until at they are at least six months old.¹⁰ Whereas, in 1981, the Government of Canada's endorsed the *International Code of Marketing of Breast-milk Substitutes* to curb efforts by infant formula companies' to market breast-milk substitutes.

Therefore we urge the federal government to:

- Amend the *Competition Act*, *Food and Drugs Act*, and any other federal or provincial laws or polices to prohibit marketing of breast-milk substitutes directly to consumers, and indirectly through healthcare providers except for purposes that are medically necessary.

4. Federal Government (in cooperation with provincial and territorial governments)

Medicare:

Whereas the Ministers of Finance and Health should, as responsible stewards of the public purse, ensure that adequate financial resources are allocated to treatment services that can prevent the

development of chronic non-communicable disease. Whereas publicly funded nutrition counselling services are typically only available patients *after* they have been hospitalized for diet-related diseases (such as following a heart attack) and not before then. Whereas the publicly-funded services of lactation consultants are typically available to new mothers only on-site in hospitals immediately after birth and not after being discharged from the hospital when the most critical need for those services arises.

Therefore we urge the federal government, in cooperation with provincial and territorial governments, to publicly-fund the services of:

- qualified dietitians for periodic preventative nutrition counselling services, especially for those at risk for chronic diet-related diseases; and
- qualified lactation consultants for new mothers whenever necessary during the first six months of her infant's life.

ENDNOTES

¹ This level of funding is comparable to the \$480 million financial commitment, over five years, the federal government made to support its anti-tobacco strategy. That investment is partly credited for the precipitous decline in smoking rates from 30% of the adult population to 21% during the past 10 years.

² "Health Canada announces new mandatory nutrition labelling," news release issued by Health Canada on January 2, 2003 in Ottawa (see: http://www.hc-sc.gc.ca/english/media/releases/2003/2003_01.htm). CSPI estimated the death toll by extrapolating from estimates for annual deaths due to inactivate-related disease. Katzmarzyk, et al. "conservatively" estimated both the number of annual and the health care costs attributable to physical inactivity to be 21,340 deaths and \$2.1 billion annually. See: Katzmarzyk PT, et al. The Economic Burden of Physical Inactivity in Canada. *Canadian Medical Association Journal* 2000;163(11): 1435-40 at 1438. We are not aware of any published estimates of the annual number of deaths attributable to diet-related disease in Canada, however, based on Health Canada estimates of the economic burden of diet-related disease, we estimated it to be roughly 25,400 deaths per year. It is unlikely that the number of deaths and costs associated with inactivity and poor diet are completely additive. Accordingly, we report the combined burden of these preventable causes of chronic disease as a range.

³ Table 4 in the annex of the 2002 *World Health Report* shows that, in Canada, the loss in *healthy* life expectancy (due to all risk factors) at birth is approximately 9.4 years (averaged for men and women). See: http://www.who.int/whr/2002/en/whr2002_annex4.pdf And Table 10 shows that, in developed countries, 55% of all-risk-attributable Disability-Adjusted Life Years (DALYs) were lost due to "childhood and maternal undernutrition" plus "other diet-related risks and physical inactivity". See: http://www.who.int/whr/2002/en/whr2002_annex9_10.pdf So, 55% of 9.4 years is 5.17 years.

⁴ Detailed recommendations were circulated to the F/P/T Ministers of Health and Finance, most recently, in March 2004. (See: http://cspinet.org/canada/prebudget_consult.html).

⁵ Fries J, Koop E, et al. Beyond health promotion: Reducing the need and demand for medical care -- Health care reforms to improve health while reducing costs. *Health Affairs* 1998;17(2):70-71.

⁶ David K. Foot, *Boom, Bust & Echo 2000*, (Toronto: Stoddart Publishing, 1999) at 232.

⁷ For instance, mandatory nutrition label rules finalized in January 2003 for many pre-packaged foods are predicted to save the Canadian economy \$5 billion during the next two decades by helping consumers choose nutritious foods thereby, reducing their risk of premature death and disability due to cardiovascular disease, cancer, and diabetes. This constitutes a 20-fold return to the economy compared to the costs of label changes. See: *The Canada Gazette, Part II*, Vol. 137, No. 1 (January 1, 2003) at 386.

⁸ Our proposal for revising the current *Excise Tax Act* definition of "Basic Groceries" to bring the principles underlying the decade-old GST rules into accord with modern understanding of the relationship between diet and disease can be found in our recommendations to the Romanow Commission (at http://cspinet.org/canada/pdf/romanow_submission.pdf at PDF pages 15-23).

⁹ According to ACNielsen, \$720 million was spent to advertize restaurants, food and alcohol in 1998. See: McElgunn J. Canada's top 25 advertising categories. *Marketing Magazine* September 27, 1999:44.

¹⁰ See, for instance, *World Health Organization, Global Strategy for Infant and Young Child Feeding, The Optimal Duration of Exclusive Breastfeeding*, (Geneva: WHO, May 2001). Also available online at: http://www.who.int/gb/EB_WHA/PDF/WHA54/ea54r2.pdf

In 2004, Health Canada proposed to update its current recommendation by proposing the following:
 "Exclusive breastfeeding¹ is recommended for the first six months of life, as it provides all the nutrients*, growth factors and immunological components a healthy term infant needs. Infants should be introduced to iron-rich solid foods at six months with continued breastfeeding for up to two years and beyond. Some mothers may not exclusively breastfeed to six months for personal and/or social reasons and they should also be supported to optimize their infant's nutritional well-being."

See: Health Canada, *Exclusive Breastfeeding Duration – Working Draft 4*, February 16, 2004 at 1; *Recommendation for amending the guidelines in 1998 Canadian document Nutrition for Healthy Term Infant*, page 12 (1).