



BC Healthy Living Alliance

working together to promote wellness and prevent chronic disease

Suite 310 – 1212 West Broadway
Vancouver BC Canada V6H 3V2

T 604.629.1630

F 604.629.1633

www.bchealthyliving.ca

A Greener and Healthier Future for All The BC Healthy Living Alliance 2007 Budget Submission

Introduction

There is a strong connection between human health, environmental health and economic sustainability. Many policies, programs and infrastructure improvements that reduce greenhouse gas emissions also enable citizens to lead healthier lives. Simultaneously, savings from averted healthcare costs allow us to make greater investments in environmentally sustainable measures that increase our overall quality of life.

The BC Healthy Living Alliance is pleased to make this submission to the Select Standing Committee on Finance and Government Services.

The BCHLA encourages this Government to:

1. Invest \$1.07 Billion in a Health Legacy Fund.
2. Apply tax disincentives to junk food and support the regulation of food and beverage advertising to children.
3. Enhance and Expand Smoke-Free Measures
 - o Provide appropriate support for the effective implementation, monitoring and evaluation of Bill 10: The Tobacco Sales Amendment Act. Specifically allocate \$1.6 million for communications.
 - o Subsidize cessation initiatives and Nicotine Replacement Therapies through a revenue-neutral increase in tobacco tax.
4. Provide Physical Activity Supports
 - o Increase funding for Active Transportation projects (cycling and pedestrian facilities). Direct 7% of all transportation construction funding to Active Transportation infrastructure.
 - o Remove the cap of \$2 million from senior governments on Municipal Rural Infrastructure Fund for 'Community Projects'.
 - o Provide supports for students to participate in the daily physical activity requirement mandated by the Ministry of Education
 - o Remove sales tax and provide tax incentives/credits for the equipment, gear and sessions (i.e.: classes, passes and memberships) that support British Columbians to be more physically active.
5. Expand School Health & Wellness Initiatives

THE LUNG ASSOCIATION™
British Columbia



CANADIAN DIABETES ASSOCIATION | ASSOCIATION CANADIENNE DU DIABÈTE

Dietitians of Canada
Les diététistes du Canada



1. Respond to the Conversation on Health: Create a Health Legacy Fund

The BC Healthy Living Alliance (BCHLA) would like to commend this Government on the innovative direction you have taken with the “Conversation on Health”. This process has embodied the true spirit of public consultation through its broad reach, transparency and variety of mechanisms for engaging the citizenry throughout British Columbia.

A common refrain in the Conversation on Health has been that the process is excellent but the proof of its usefulness would be seen in the resulting action. The public expects this Government to invest in the solutions that have come out of the Conversation on Health and a failure to allocate funds may undermine the process and could ultimately lead to public cynicism.

The BCHLA proposes that the BC Government create a \$1.07 Billion Health Legacy Fund to provide sustained long term funding to health promotion initiatives that address the social determinants of health with an emphasis on specific populations.

BCHLA representatives attended 16 Health Professional Focus Groups and found that our message of disease prevention through health promotion resonated with front line professionals; many of whom could attest to the unnecessary number of admissions that are made at a stage when interventions are far more difficult and costly.

The on-line discussions and web polls indicate that there is strong public support for health promoting programs, policies and infrastructure. Through our own monitoring of the Conversation on Health we heard that that British Columbians¹:

- prefer to keep people *out* of the healthcare system: 93% agree that healthcare needs to focus more on prevention and education;
- want support to live healthier lives;
- prefer incentives that are targeted to those with higher burden of disease; and,
- want disincentives to be structured so as not to further burden vulnerable populations.

The public understands that to ensure the sustainability of our healthcare system there needs to be upstream investments at the community level that will address the needs of vulnerable populations. We know from the evidence that specific populations have higher chronic disease risk factors. For example: lower socio-economic populations are at a higher risk for chronic diseases and also experience lower rates of physical activity, higher rates of smoking and lower consumption of vegetables and fruits.^{2,3}

Population health studies indicate that “specific populations” such as Aboriginal, immigrant and low income peoples experience poorer health outcomes and need

¹ BC Government (2007) *Conversation on Health* <http://www.bcconversationonhealth.ca/> Accessed May – August, 2007

² BC Healthy Living Alliance (2007) *BC Healthy Living Alliance Healthy Eating Strategy* http://www.bchealthyliving.ca/updates/BCHLA_HealthyEatingStrategy.pdf

³ BC Healthy Living Alliance (2007) *BC Healthy Living Alliance Physical Activity Strategy* http://www.bchealthyliving.ca/updates/BCHLA_PhysicalActivityStrategy.pdf

targeted benefits, policies and programs to address persistent health challenges often due to food and income insecurity^{4, 5, 6}. Poverty can interfere with access to healthy food choices among certain populations. Aboriginal people have a standard of living that is 20 percent lower than other British Columbians. Pediatric Type 2 diabetes is seven times higher in aboriginal youth than in other populations and this has been linked to the difficulty some aboriginal families have in obtaining healthy food. CommunityLINK, Community Food Action Initiative and Honour Your Health are examples of provincial programs that have been successful in improving health outcomes for specific populations and the type of program that should be funded, replicated and expanded.

There is also a strong economic rationale for investing in health promotion as illustrated by the table below. The health and economic benefits of this investment will be enjoyed for generations to come. As articulated in the cost analysis of BCHLA's "Winning Legacy: A Plan for Improving the Lives of British Columbians"⁷, this Province could see

Estimated Cost of Risk Factors In British Columbia, 2004	
	Est. Total \$ in 2004 (\$million)
Smoking	
Direct Costs	\$ 679
Indirect Costs - Productivity	\$ 856
Indirect Costs - Premature Mortality	\$ 1,170
Total Smoking	\$ 2,705
Physical Inactivity	
Direct Costs	\$ 189
Indirect Costs	\$ 432
Total Physical Inactivity	\$ 621
Obesity	
Direct Costs	\$ 180
Indirect Costs	\$ 309
Total Obesity	\$ 489
Total	\$ 3,816

significant cumulative savings with this kind of investment. Costs avoided are anticipated to save 3.816 billion and could continue to deliver \$764 million in savings annually.

There are good models of government Health Promotion Foundations in Australia (which is funded by tobacco taxes) and Switzerland (which is funded by a surcharge on medical premiums) that should be examined. The Alberta Government recently created a ½ billion endowment fund with the passing of The Alberta Cancer Prevention Legacy Act.

The rationale for a \$1.07 Billion Health Legacy Fund comes from a detailed costs analysis commissioned by the BCHLA as part of the "Winning Legacy: A

Plan for Improving the Lives of British Columbians by 2010" and presented to the Select Standing Committee on Finance in the 2006 Budget Consultation. \$1.1 Billion is what

⁴ Public Health Agency of Canada (2007). *The Social Determinants of Health: An Overview of the Implications for Policy and the Role of the Health Sector*, Accessed online October 10, 2007 from http://www.phac-aspc.gc.ca/ph-sp/phdd/overview_implications/01_overview.html

⁵ Provincial Health Services Authority (2007). *A Review of Policy Options for Increasing Food Security and Income Security in British Columbia* <http://www.phsa.ca/NR/rdonlyres/76D687CF-6596-46FE-AA9A-A536D61FB038/24932/PHSAreportfoodinsecurityfinal.pdf>

⁶ Chronic Disease Prevention Alliance of Canada (2007). *CDPAC Policy Position: Food Security in Canada – A Leadership Opportunity Towards Health Promotion and Reduction in Chronic Disease*.

⁷ BC Healthy Living Alliance (2005) *Winning Legacy – A Plan for Improving the Health of British Columbians*. http://www.bchealthyliving.ca/resources/documents/the_winning_legacy.pdf

the BCHLA analysis calculated it would cost to implement all 27 recommendations of the Winning Legacy. \$30 million is the Government's investment to begin that work (with \$25.2 million to BCHLA and \$4.8 million to 2010 Legacies Now). \$1.07 Billion is the difference and is the amount that BCHLA recommends should be directed explicitly to health promotion initiatives.

BCHLA's proposed Health Legacy Fund would provide the necessary interventions and programming required to complement the ActNow BC public awareness campaign. BCHLA encourages this Government to put the necessary resources into the proposed solutions that have come out of the "Conversation on Health" along with the necessary evaluation instruments. With the proper support, the most effective interventions will be given the best chance to succeed and the measurement will provide evidence for future investments.

2. Apply Tax Disincentives to Junk Food and Supports for the Regulation of Food and Beverage Advertising to Children

The BCHLA commends this Government for its commitments to remove junk food from schools and publicly funded buildings. We feel these are important first steps to help make healthy choices easier choices for the citizens of this province. But to address the childhood obesity epidemic which could cripple the healthcare budget - we need to do more and we need to act quickly.

This province should apply the lessons that have proven successful in reducing tobacco use to the food environment. Specifically, we need to decrease the appeal of unhealthy foods by increasing their cost through tax disincentives and regulating advertising to children.

The province has already developed excellent "Guidelines for Food and Beverage Sales in B.C. Schools" that outline the types of foods that are "not recommended" due to their low nutritional value and high calorie content. ***BCHLA recommends that the Government use the existing "Guidelines for Food and Beverage Sales in B.C. Schools" as criteria for determining the types of food that are taxed.***

The proceeds from the proposed junk food tax could be used in a revenue-neutral manner to sustain an advertising regulatory framework with a communications strategy that would support its implementation. ***BCHLA recommends that the BC Government invest in resources to restrict the advertising of those foods to children, as well as supports to communicate the new regulations and ensure adherence by industry.***

Applying the Lessons of the *Tobacco Wars* to the Obesity Epidemic:

"The 'back was broken' with respect to tobacco through large-scale socioeconomic interventions. In particular, macro-systemic *changes to cigarette taxation and tobacco advertising regulations have been policy levers without parallel in effectiveness*, though they are almost matched by the socio-cultural shifts in attitude brought about by counter-marketing and well-executed school and workplace interventions. *Many authorities believe that paying similar attention to the 'obesogenic' environment, i.e., the social and*

physical factors which currently make weight-producing behaviour the *easiest* choice, *will be critical to future public health advances.*⁸

The growing rates of obesity, which show no sign of abatement despite public health warnings and significant media profile, should compel Government to take a different tack and explore regulatory responses. Tax disincentives are currently used to discourage smoking and excessive alcohol consumption. The pressure on healthcare resources caused by the obesity epidemic provides ample justification for applying a comparable tax disincentive to junk foods.

Sweden, Norway, Italy, Finland, Germany, Belgium, Austria, Denmark, Australia, the United Kingdom and the province of Quebec all have some type of regulation that limits advertising aimed at children. The Canadian Disease Prevention Alliance of Canada has presented strong evidence for “restricting food advertising to children” as an “effective public health intervention to address growing obesity rates” in their ‘Background Paper: Marketing and Advertising of Food and Beverages to Children’⁹.

If British Columbia truly wants to be the healthiest jurisdiction beyond 2010 then it behooves us to regulate the obesogenic environment and make healthier choices easier for our children.

3. Enhance and Expand Smoke-Free Measures

BCHLA applauds this Government for its efforts to ensure smoke free places through measures such as Bill 10 and we encourage you continue to protect children and adults from exposure to second hand smoke by exploring other places where we can build on the legislation (such as patios, pharmacies, foster homes, playgrounds, motor vehicles containing minors and other places inhabited by children).

BCHLA encourages this Government to allocate sufficient resources for the effective implementation, monitoring and evaluation of The Tobacco Sales Amendment Act. We recommend that the Government invest \$1.6 million dollars in a communications campaign that will increase public awareness and ultimately adherence to the new tobacco regulations.

Smoking is still the single largest cause of preventable death, killing 6000 British Columbians annually. Providing supports to people who want to overcome nicotine addiction will be an investment that pays out dividends in lower health costs, healthier environments and a healthier population. ***BCHLA encourages this Government to subsidize cessation initiatives and Nicotine Replacement Therapies through a revenue-neutral increase in the Tobacco Sales Tax.***

⁸ BC Healthy Living Alliance (2005). *Winning Legacy – A Plan for Improving the Health of British Columbians*
http://www.bchealthyliving.ca/resources/documents/the_winning_legacy.pdf

⁹Chronic Disease Prevention Alliance (2006). *Background Paper: Marketing and Advertising of Food and Beverages to Children*
<http://www.cdpa.ca/media.php?mid=59>

We know that smoke-free legislation is effective. This past September at an International Conference on moving “Towards a Smoke Free Society¹⁰”, Scotland announced the results of the efficacy of their 100% smoke free legislation. The results from the evaluation were remarkable. Due to a comprehensive evaluation they were able to conclude that the legislation facilitated by a broad communications campaign was responsible for reducing hospital admissions for acute heart attacks in 9 major hospitals by 17% just one year after its implementation. This is especially remarkable when the records for the past decade are considered – in which the average annual decrease was 3%.

This Scottish example is a good reminder; not only of the progress we have made in tobacco control but also the significant health benefits and savings that are derived from such measures. Our budget recommendation is based on the success model employed by Scotland.

BCHLA was pleased that this Government took an innovative step earlier in the year by funding Quit Smoking Now! and providing Nicotine Replacement Therapies for smoking British Columbians on income assistance. We heard early anecdotal reports that there was a good rate of uptake and we understand that the program is currently under evaluation. We have confidence that the evaluators will see the value in extending this program and we know there is public support to do so. According to a survey commissioned by the Canadian Cancer Society, British Columbia and Yukon Division, “A high percentage of BC residents (87%) say they would support allocating a small portion of money from the sale of tobacco products to a fund that would subsidize the cost of cessation products, such as the nicotine patch and nicotine gum, for smokers who wish to quit.”¹¹ The BC Government could look to Quebec for an example of how a broad-based Nicotine Replacement Therapy program can be implemented.

We recommend that Government explore the roll-your-own tobacco tax loophole as a starting point. In BC, manufactured cigarettes are taxed at double the rate of roll-your-own tobacco. Given the demonstrated success that price increases on tobacco products has had in reducing tobacco consumption, we see the wisdom in increasing taxes to fund cessation initiatives such as Quit Smoking Now! and the provision of Nicotine Replacement Therapies to other British Columbians interested in quitting (especially for specific populations with higher risk factors).

4. Provide Physical Activity Supports

If British Columbia is to be the healthiest jurisdiction to ever host the Olympics, we need the equipment and places to be physically active. Smaller communities in particular need assistance in accessing resources to expand and improve the infrastructure that supports their populations to be active.

¹⁰ Towards a Smoke Free Society (2007) <http://www.smokefreeconference07.com/index.php>

¹¹ Canadian Cancer Society, British Columbia and Yukon Division (2007) *Submission to the Conversation on Health*

BCHLA recommends that the BC Government:

- **Increase infrastructure funding for Active Transportation to 7% of the budget for transportation infrastructure;**
- **Remove the cap on the Municipal Rural Infrastructure Fund for 'Community Projects'**
- **Provide supports that will ensure student participation in the daily physical activity requirement mandated by the Ministry of Education.**

Active Transportation

The BCHLA recommends that at least 7% of all infrastructure funding allocated to urban transit, road and other transportation construction, should be set aside for Active Transportation infrastructure (e.g., bicycle facilities, walking trails/paths, sidewalks, signals, signage and traffic calming measures).

The Ministry of Environment estimates that personal vehicles are responsible for 40% of BC's greenhouse gas emissions. The Ministry of Transportation has over \$900 million invested in road projects for the 2007/08 Service Plan and the LocalMotion program provides \$40 million, over four years, for capital projects including bike paths, walkways and greenways. British Columbia could potentially realize much higher rates of cycling and walking and the associated greenhouse gas savings if this Government were to increase the funding available for Active Transportation projects to 7% as has been called for by the Canadian Caucus of delegates to the 2004 Pro-Walk, Pro-Bike Conference, Planners and Transportation Demand Management professionals and the Heart and Stroke Foundation.

According to Go For Green's Business Case for Active Transportation, "A relatively small portion of the transportation budget can facilitate high levels of bicycle use". In the Netherlands, only 6% of the money spent on road infrastructure is spent on bicycle facilities, yet the bicycle has a 27% share of all journeys and a 9% share of all kilometers traveled.¹² The Dutch success story may be as much about the priority status that Active Transportation investments receive in the Netherlands. "[I]nfrastructure subsidies and contributions to public transport operations [are] 1,600 million Euros a year...Of the infrastructural subsidies,...almost all [regions] allocate a substantial part to bicycle projects"¹³.

The Canadian Fitness and Lifestyle Research Institute found in a survey of Canadian Municipalities that "three in five communities report that an increase in *the amount of walking, bicycling and multi-purpose trails was the most pressing infrastructure need in their community* to increase physical activity levels among citizens"¹⁴.

¹² Go for Green (2004). The Business Case for Active Transportation: The Economic Benefits of Walking and Cycling. Available at http://www.goforgreen.ca/at/eng/PDF/at_business_case.pdf

¹³ Ministerie van Verkeer en Waterstaat: Ministry of Transport, Public Works and Water Management, Directorate-General for Passenger Transport. Cycling in the Netherlands (2007). Available at <http://www.fietsberaad.nl/library/repository/bestanden/Cycling%20in%20the%20Netherlands%20VenW.pdf>

¹⁴ Canadian Fitness and Lifestyle Research Institute (2004) A municipal perspective on opportunities for physical activity: Trends from 2000–2004. Available at <http://www.cflri.ca/eng/statistics/surveys/capacity2004.php>

Remove the Cap on Municipal Rural Infrastructure Fund for 'Community Projects'

BCHLA recommends removing the cap of \$2million from senior governments on Municipal Rural Infrastructure Fund for 'Community Projects'.

At the community level, removing the cap for “community projects” would go a long way in assisting smaller communities to expand and upgrade physical activity infrastructure and environments. The total cap of \$2 million from senior governments, instead of the usual 2/3rd funding formula places community projects at a significant disadvantage in comparison with other projects.

Provide Supports that will Ensure Student Participation in the Daily Physical Activity Requirement Mandated by the Ministry of Education

BCHLA recommends that the Government establish a program that will ensure that students from low income families have access to the personal gear required to participate in physical activity.

Members of the alliance were pleased at the Ministry of Education’s recent announcement that requires all students to have 30 minutes of daily physical activity. In order for this policy to be successful, broad consultation and supports for implementation are necessary. For example, in addition to the policy requirements, we recommend the development of an implementation strategy that would consider community supports and other means of providing physical activity opportunities to all students.

BCHLA recommends removing sales tax and providing tax incentives/credits support for British Columbians to be more physically active.

Tax incentives and credits for equipment and/or gear and sessions (i.e.: classes, passes and memberships) would be welcomed by many British Columbians. A provincial tax deduction for sporting fees and goods should not be limited to children 16 and under. It should be available to everyone, regardless of age; and the amount should be higher than the federal deduction, preferably \$1500 per year per individual or \$6000 per family. In addition, given the health benefits of regular exercise BCHLA also recommends removing the provincial sales taxes from sports and recreation equipment, such as bicycles, skates, swimsuits, running shoes, etc.

At the individual and family level we know that there are many in our province who do not have the financial means to access the right equipment or gear to allow them to participate physical activity. This is an issue of access and we hope that this Government will see a way to assist low income families in getting the basics for participation (it could be as simple as a pair of running shoes or a swimsuit).

5. Expand School Health & Wellness Initiatives

The World Health Organization has identified a health promoting school environment as one of five key strategies for addressing growing trends in obesity and overweight. Our province is fortunate to have three internationally recognized programs that promote healthy and active lifestyles in BC schools.

The BCHLA recommends that the BC Government increase funding to expand School Health and Wellness Initiatives such as the School Fruit & Vegetable program, Action Schools! & Way to Go!

The BC School Fruit and Vegetable Snack Program is part of ActNowBC. Similar programs in the UK and US have been very successful and positively received by children, parents and teachers¹⁵. The fresh and nutritious fruits and vegetables to be served in this program are grown in BC, subject to availability. Serving BC grown fruits and vegetables enhances the market for locally produced food products, contributes to the sustainability of rural communities and economies and raises awareness of the importance of maintaining local agriculture as a source of food.

Action Schools! BC is a best-practices physical activity and healthy eating model designed to assist elementary schools in creating individualized action plans to promote healthy living. According to an evaluation of Action Schools! “One-third of Canadian children aged 2 to 11 were overweight in 1998/99.¹⁶ Inactivity and unhealthy eating habits are the major contributing factors to these staggering trends.¹⁷ These trends are of concern because of the growing evidence linking healthy child development to chronic disease prevention.”

The Way to Go! Program provides school communities with the tools required to develop traffic safety awareness and to increase the opportunities for students to walk, cycle, rideshare or take transit to school making the school journey safer, healthier and more environmentally responsible¹⁸.

These programs are in high demand and have made tremendous progress despite their stretched resources. Schools are important places to focus resources as most children live within walking or cycling distance of school and youth is a formative time in the development of eating and activity behaviours. Dedicated and ongoing funding for multiple year programming is required to enable organizations to influence behaviour shifts in target populations.

¹⁵ US information: <http://www.ers.usda.gov/AmberWaves/November03/findings/freefruitandveggies.htm>

UK information: <http://www.foodinschools.org/>, <http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/FiveADay>

¹⁶ Statistics Canada, The Daily, October 18, 2002.

¹⁷ World Health Organization. (1997). Obesity: Preventing and managing the global epidemic – report of a WHO consultation on Obesity.

¹⁸ Way to Go! Information available at: <http://www.waytogo.icbc.bc.ca/>

Who We Are

Established in 2003, the BC Healthy Living Alliance (BCHLA) represents the largest health promotion team in BC history. Our members include the BC Lung Association, BC Pediatric Society, BC Recreation and Parks Association, Canadian Diabetes Association (Pacific Area), Canadian Cancer Society (BC and Yukon Division), Dietitians of Canada (BC Region), Heart and Stroke Foundation of BC & Yukon, Public Health Association of BC and the Union of BC Municipalities.

Our vision is “a healthy British Columbia” and our mission is:

“To improve the health of British Columbians through leadership that enhances collaborative action to promote physical activity, healthy eating and living smoke free. While the Alliance recognizes there is a wide range of chronic diseases, our primary focus is on the common risk factors and underlying determinants that contribute significantly to cancer, cardiovascular disease, chronic respiratory disease and diabetes”