



Chronic Disease Prevention Alliance of Canada

2016-2017 pre-budget submission to the House of Commons Standing Committee on Finance

February 10, 2016

The Chronic Disease Prevention Alliance of Canada (CDPAC) is pleased to submit this brief to the House of Commons Standing Committee on Finance as part of the 2016-17 pre-budget consultation.

CDPAC (cdpac.ca) is an alliance of Canada's major national health organizations sharing a common vision for an integrated system of research, surveillance, policies, and programs for the promotion of healthy living for the prevention of chronic disease.

The causes of chronic diseases are complex and require a comprehensive approach spanning multiple government ministries, civil society and the private sector. In 2011, the UN General Assembly unanimously endorsed the Political Declaration on the Prevention and Control of Non-Communicable Diseases - mainly cardiovascular diseases, some cancers, diabetes and chronic respiratory diseases. These non-communicable diseases (NCDs), also commonly referred to as 'chronic diseases' are largely preventable and are predominantly caused by a common set of avoidable risk factors, most notably: tobacco use and exposure to second hand smoke; unhealthy diet; insufficient physical activity; unhealthy weights; and, harmful use of alcohol. Further, the impacts of inadequate income cannot be overstated as one of the most significant social determinants of health.

In Canada, one half of people over the age of twenty live with one of these preventable diseases, and four out of five are at risk¹. Every year, over 150,000 Canadians die from them. Together, these preventable diseases account for 65% of all deaths in Canada.

While Canada has made some progress in the area of tobacco control over recent decades, there has been an increase in unhealthy weights. According to recent data, approximately 60% of adults and 32% of children and youth are overweight or obese.

Evidence shows that upstream prevention of unhealthy weights in children and youth will lead to a significant reduction in the rates of adulthood overweight and obesity. According to the OECD, unhealthy weights "foreshadow increases in the occurrence of health problems (such as type 2 diabetes, cardiovascular diseases and some cancers) and higher health care costs in the

future.”ⁱⁱ Health impacts from tobacco smoking, excess weight, physical inactivity and alcohol use were estimated to cost \$63.9 billion¹ in 2013.

CDPAC acknowledges the ongoing role the Government of Canada is playing, in partnership with the provinces and territories to develop and deliver comprehensive, culturally appropriate early intervention and prevention programs that promote the health and social development of vulnerable children in communities across Canada (notably, via the *Canada Prenatal Nutrition Program* and *Community Action Program for Children*).

The Government of Canada has committed to a number of specific objectives outlined in the Public Health Agency of Canada’s *Preventing Chronic Disease Strategic Plan 2013-2016* which support the accomplishment of goals outlined in the *Integrated Strategy on Healthy Living and Chronic Disease*. But much more could be done.

The mandate letters of several cabinet ministers align well with CDPAC’s perspectives and objectives. For example, we are encouraged by the Minister of Health’s mandated attention toward a much-needed updating and expansion of the Nutrition North Canada food subsidy program, and the commitment to poverty reduction, which will bring several ministers together for collaborative action.

Income security is considered one of the most important determinants of health because of the central role it plays in shaping living conditions, opportunities for healthy living and protecting against negative health outcomes. According to the most recent reports, “Child and family poverty still plagues Canada with 1,334,930 children (19%) living in poverty according to tax filer data (LIM-AT)”ⁱⁱⁱ.

Child tax benefits have been proven to effectively increase income security for Canadian children with high levels of disadvantage and heightened risk for ill health.^{iv,v} CDPAC supports the Government of Canada’s proposed Canada Child Benefit, which will provide an increased, streamlined and progressive benefit program.

CDPAC is also greatly concerned about the evidence linking consumption of soda pop/soft drinks and other sugar sweetened beverages² and the development of childhood obesity.^{vi,vii} Sugar sweetened beverages* are the largest source of sugar in our diet, carrying much energy but with little or no nutritional value. Marketing by the beverage and fast food industries has ‘normalized’ consumption of sugary drinks on a daily basis. Sugary drinks are known to be a leading driver of obesity, and they are independently related to an increased risk for type 2 diabetes. Recent results from jurisdictions such as Mexico show that price-related disincentives do have a significant impact on consumption. If the federal government implemented a tax of

¹ Health impacts from tobacco smoking, excess weight, physical inactivity and alcohol use are estimated to have cost \$63.9 billion in 2013, <http://resources.cpha.ca/CPHA/Conf/Data/2015/A15-163e.pdf> (slide 27) :

\$9.5 billion is attributable to physical inactivity
\$23.9 billion is attributable to excess weight
\$19.8 billion is attributable to tobacco smoking,
\$10.7 billion is attributable to use of alcohol

² * For this submission, sugary drinks are defined as any drink that has added sugar or other caloric sweeteners such as high fructose corn syrup. These include soda/soft drinks, fruit drinks (punch, cocktail), sport drinks, sweetened teas, vitamin waters and energy drinks. Exempted are sugar-free diet drinks, diet beverages, sugar free juice, and flavoured milk. From: Faulkner G, Grootendorst P, Nguyen VH, et al. *Economic Policy, Obesity and Health: A Scoping Review*. Report commissioned by the Heart and Stroke Foundation, July 2010.

five cents per 100 mL of sugary drinks, it could generate estimated revenues of \$1.8 billion annually.^{viii}

Recommendations:

As a pathway to reducing pressure on Canada's healthcare systems and improving Canadians' vitality and productivity, CDPAC urges the Government of Canada to strengthen its support for healthy living by including the following recommendations amongst its budget priorities:

1. **Canada Child Benefit:** CDPAC recommends that the federal government implement its proposed Canada Child Benefit, with a maximum of \$6,800 per child under 6 and \$5,800 for children aged 6-17 years.
2. **Excise tax on Sugary Drinks:** CDPAC recommends that the Government of Canada implement an excise tax of \$0.30-\$0.50 per litre on sugar sweetened beverages, and commit the funds generated to federal programs that support healthy living.
3. **Nutrition North Canada:** CDPAC recommends that the Government of Canada expedite the implementation of its commitment to increase investments in the Nutrition North program by \$40 million over four years and that it work with northern and remote communities to ensure that the program is more transparent, effective, and accountable to northerners and other Canadians.
4. **Guaranteed Minimum Income:** CDPAC recommends that the Government of Canada undertake a study of best practices for assuring a guaranteed minimum income for Canadians and that the evidence and innovations identified serve as the basis for a Canadian strategy and implementation plan.

We trust that the breadth of the CDPAC membership's collective knowledge and insight reflects the importance and credibility of our recommendations. We would be pleased to provide further information and evidence underlying them.

Sincerely,



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The Chronic Disease Prevention Alliance of Canada (CDPAC) is a network of national health organizations that have come together around the common cause of promoting healthy living for chronic disease prevention.

Mission

“Working primarily at the national level, CDPAC’s mission is to take an integrated, population health approach to influence policies and practices that will help prevent chronic disease. CDPAC has two inter-related functions – advocacy and mobilizing knowledge for action”.

Vision

“Canadians will be supported by a comprehensive, sufficiently resourced, sustainable, and integrated system of research, surveillance, policies, and programs that promote health and prevent chronic disease.”

Alliance Members

Alliance representatives provide strategic direction and oversight to CDPAC’s shared priorities for action on chronic disease prevention. The Chair of the Alliance is Ms. Lisa Ashley, Canadian Nurses Association. The Past-Chair is Ms. Mary Collins, BC Healthy Living Alliance. The Alliance Members are:

- The Arthritis Society
- BC Healthy Living Alliance*
- Canadian Alliance on Mental Illness and Mental Health
- Canadian Cancer Society
- Canadian Diabetes Association
- Canadian Medical Association
- Canadian Men’s Health Foundation
- Canadian Nurses Association
- Dietitians of Canada
- Heart and Stroke Foundation of Canada
- The Kidney Foundation of Canada
- Ontario Chronic Disease Prevention Alliance*
- YMCA Canada

*Representatives of the CDPAC Network of Provincial/Territorial Alliances.

ⁱ Public Health Agency of Canada. 2015. Centre for Chronic Disease Prevention Strategic Plan 2016-2019: Improving Health Outcomes, a Paradigm Shift. Available at <http://www.phac-aspc.gc.ca/cd-mc/assets/pdf/ccdp-strategic-plan-2016-2019-plan-strategique-cpmc-eng.pdf>

ⁱⁱ OECD, OECD Health System Briefing – Canada - 2014, p. 2, <http://www.oecd.org/els/health-systems/Briefing-Note-CANADA-2014.pdf> (accessed July 31, 2014)

ⁱⁱⁱ Family Service Toronto; Campaign 2000. Let's Do This. Let's End Child Poverty for Good. 2015 Report Card on Child and Family Poverty in Canada.

^{iv} Employment and Social Development Canada. Evaluation Directorate, Strategic Policy and Research Branch. Summative Evaluation of the National Child Benefit Final Report (2013) http://www.esdc.gc.ca/eng/publications/evaluations/social_development/2013/sp_1052_10_13_eng.pdf

^v House of Commons Report of the Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities FEDERAL POVERTY REDUCTION PLAN: WORKING IN PARTNERSHIP TOWARDS REDUCING POVERTY IN CANADA (2010)

^{vi} 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

^{vii} Sturm, R. et al. (2010). Soda Taxes, Soft Drink Consumption, and Children's Body Mass Index. *Health Affairs.*29:5.