



June 15, 2023

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**Subject:** Health Canada Consultation on **restricting food advertising primarily directed at children** on television and digital media.

Dear Prime Minister Trudeau and Minister Duclos:

We thank you for your continued commitments to supporting healthy eating initiatives including the recent announcements on a policy update for restricting food advertising to children and proposed regulatory changes.

Ontario Dietitians in Public Health (ODPH) is the independent and official voice of Registered Dietitians (RDs) working in Ontario's public health system. We are writing to offer additional considerations for the policy and future regulatory frameworks.

It is the position of ODPH to support a ban on commercial advertising of all food and beverages to children and youth under the age of 18 ([M2K Backgrounder 2019](#)).

Additionally, it is our position that focusing this policy on obesity prevention exacerbates weight bias which contributes to discrimination, oppression and social injustices ([Addressing Weight Bias](#)). Instead the focus should be on creating a supportive food environment for children and youth.

Health Canada should consider:

1. Restricting food advertising of **all foods** not just foods that are high in sodium, sugars and saturated fats
2. Broadening the definition of children to include all children under the age of 18

3. Expanding restrictions to include other forms of advertising beyond television and digital media
4. Reframing this policy away from obesity prevention which exacerbates weight bias and subsequent consequences.

(1) We strongly encourage Health Canada to consider restricting advertising of all foods to have a stronger impact. All forms of marketing to children and youth is an ethical concern because it intentionally takes advantage of the inability of children and youth to understand the intent of the advertising and make an informed decision (ODPH, 2019). Restricting advertising to certain categories of food will moralize food choices and reinforce harmful dietary attitudes and behaviours that are major risk factors for the development of eating disorders and growth issues (Haines et al., 2006; Hilbert et al., 2014; Larkin et al., 2005; Stice et al., 2017). Creating criteria for what can and cannot be advertised to children does not support the development of a positive relationship to food among children and youth, and opens the door for loopholes and further manipulation of food products and the criteria.

(2) ODPH also recommends that Health Canada broaden the definition of children to encompass individuals under the age of 18. Children are targeted because they are unable to critically assess advertisement messages, they can influence family spending, and they provide an opportunity to establish brand loyalty at a young age (ODPH, 2019). However, it is crucial to acknowledge that adolescents are equally susceptible to the influence of food marketing (Quttenia, De Backer & Smits, 2019). Due to their ongoing brain development and the vulnerable nature of adolescence, they tend to make impulsive decisions and may rely on brands and materialism to enhance their self-esteem (Harris et al., 2021; Quttenia, De Backer, & Smits, 2019; Truman & Elliot, 2019). We know that industry uses this additional vulnerability intentionally. Furthermore, industry is likely to increase intensity of advertising to older children in response to restrictions on food marketing to younger children (Powell et al, 2013; The Regional Office for Europe, 2018). Moreover, it is worth noting that marketing efforts targeting older children, youth, and/or adults often reach younger children. Consequently, a narrow age definition may not adequately safeguard the interests of younger children (Hawkes, 2004), warranting an extension of the age restriction to all under the age of 18.

(3) Although television remains the main source of advertising targeting children, food and beverage manufacturers use multiple channels and locations to strategically target children and influence their purchasing requests. We encourage Health Canada to consider broadening the restrictions to include other forms of advertising beyond television and digital media (e.g., product packaging, print, radio, signage, promotional items) and settings (e.g., child care, schools, cinemas, recreation centres) to align with past versions of Health Canada's policy proposal that were more comprehensive.

The policy should also include brand advertisements (even if no identifiable food is shown or referenced by name). Advertising works to raise awareness of brands and instilling brand loyalty is a commercial interest (Elliot, 2012). Children are explicitly targeted with using a brand logo or mascot without reference to a specific food because this tactic can be influential on children's purchase requests (Wilking 2011). Restaurants frequently use brand advertisements with

missing nutritional information (Potvin Kent et al., 2023) and are likely to continue to take advantage of this policy loophole.

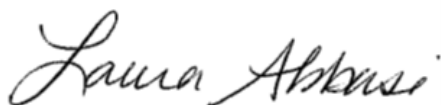
4) Finally, it is our position that focusing this policy on obesity prevention exacerbates weight bias which contributes to discrimination, oppression and social injustices (ODPH, 2018). Weight bias, stigma and discrimination are independently linked to poorer mental and physical health including for children (Public Health Agency of Canada, 2019). Additionally, it ignores the fact that all children and youth regardless of body size can benefit from improved nutritional intake (Alberga et al., 2018).

As part of ongoing monitoring and evaluation on the impact of the policy, we suggest Health Canada consider using the Healthy Eating Food Index (Brassard et al., 2022) to measure changes in dietary patterns of children (e.g. decreased consumption of salt, sugar and saturated fat and/or improved overall diet quality), which is the overall goal of the policy. The focus on obesity and obesity related metrics (i.e. BMI) should be removed from all aspects of the policy and/or legislation ([Bill C-252](#)). Removing the focus on obesity prevention would ensure a healthy public policy and the creation of supportive environments for children.

Children need to be protected from advertising and harmful industry tactics. Moving forward on this federal commitment to begin restricting food advertising will help protect children from manipulative advertising strategies and support families and caregivers. We encourage Health Canada to continue their efforts to expand beyond television and digital media and to include children and youth under 18 years of age.

Thank you for the opportunity to provide our feedback on this very important public health issue and look forward to participating in the next phase of consultation.

Sincerely,



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Co-Chair ODPH Executive



Elizabeth Smith, MPH RD  
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