Report to Rapport au:

Ottawa Board of Health Conseil de santé d'Ottawa 3 April 2017 / 3 avril 2017

Submitted on March 27, 2017 Soumis le 27 mars 2017

Submitted by

Soumis par:

Dr. / D^r Isra Levy, Medical Officer of Health / Médecin chef en santé publique

Contact Person

Personne ressource:

Gillian Connelly, Manager/Gestionnaire

Health Promotion and Disease Prevention/Promotion de la santé et prévention des maladies

613-580-2424, ext./poste 28971 Gillian.Connelly@ottawa.ca

Ward: CITY WIDE / À L'ÉCHELLE DE LA File Number: ACS2017-OPH-HPDP-VILLE 0003

- SUBJECT: HEALTHY EATING, ACTIVE LIVING: PROTECTING VULNERABLE POPULATIONS THROUGH RESTRICTIONS IN MARKETING OF FOODS AND BEVERAGES
- OBJET: SAINE ALIMENTATION ET VIE ACTIVE : PROTÉGER LES POPULATIONS VULNÉRABLES AU MOYEN DE RESTRICTIONS RELATIVES À LA COMMERCIALISATION DES ALIMENTS ET DES BOISSONS

REPORT RECOMMENDATIONS

That the Board of Health for the City of Ottawa Health Unit

1. Receive for information the list of policy options at the municipal level in the area of marketing to children and youth, as outlined in Document 1;

1

- 2. Approve the consultation plan, as outlined in the report; and
- 3. Approve that the Chair of the Board of Health write a letter to Minister Philpott and Senator Greene Raine in support of Bills S-228 and C-313.

RECOMMANDATIONS DU RAPPORT

Que le Conseil de santé de la circonscription sanitaire de la Ville d'Ottawa :

- 1. Reçoive, à titre informatif, la liste des options stratégiques au palier municipal en ce qui a trait aux publicités destinées aux enfants et aux adolescents, comme en fait foi le document 1;
- 2. Approuve le plan de consultation proposé, décrit dans le présent rapport;
- Consente à ce que le président du Conseil de santé écrive une lettre à l'intention de la ministre Philpott et du sénateur Greene Raine en soutien aux projets de loi S-228 et C-313.

EXECUTIVE SUMMARY

At the Board of Health meeting of February 13, 2017, Board Members approved Motion 14/02 to direct staff to bring forward a report outlining policy options at the municipal level further to the Heart and Stroke Foundation of Canada's "<u>Report on Health of</u> <u>Canadians – The Kids Are Not Alright</u>", as well as a plan for engaging the community and stakeholders.

Research demonstrates that marketing and easy access to unhealthy foods high in fat, sugar, salt and calories, and sugar-sweetened beverages have contributed to rising caloric intake in many populations. Children and youth are developing lifelong health habits in an environment where direct and indirect marketing of food and beverages is increasingly prevalent. The evidence shows that unhealthy food marketing is an important and independent causal factor in the childhood obesity epidemic. The regular consumption of sugar-sweetened beverages, including energy drinks, is not conducive to a healthy diet. Studies show that foods children eat and ask their parents to buy can be influenced by advertising. Food advertisements are often for products that are high in salt, fat, sugar and calories.

While many personal and environmental factors influence food and drink choices, an encompassing response from governments at all levels is necessary to effectively address our current obesity epidemic. Consequently, in 2010 the World Health Organization (WHO) released a set of recommendations on the marketing of foods and

non-alcoholic beverages to children. They called on governments worldwide to reduce the use of powerful marketing techniques exposing children to advertising messages that promote foods and beverages high in saturated fats, trans-fatty acids, free sugars or sodium. All levels of government, including municipally, have a role to play in establishing policies and legislation to create supportive environments that enable people to make healthy choices.

From a public health perspective, policies focused on improving our food environments, such as restricting the marketing of food and beverages targeting children and youth, can help improve Canadians' eating habits. OPH supports the restriction of marketing of food and beverages to children and youth and the initial steps taken by the Heart and Stroke Foundation and Health Canada in addressing marketing to children and youth. OPH's work with municipal partners to date has shown that changes can be made in municipal settings; however additional actions could be taken to further change the environments.

Upon approval from the Board, OPH will consult with the general public, community groups and stakeholders, on five possible policies:

- Restrict food and beverage marketing to children on municipal property, such as childcare settings, libraries, public transit, recreation centres and parks
- Restrict food and beverage marketing in schools
- Limit access to food and beverages high in salt, fat, sugar or calories on municipal property.
- Reviewing zoning restrictions close to child-focused settings including schools and playground.
- Limit sole-sourced contracts with food and beverage companies to ensure the healthfulness of food and beverage options. This would include the numbers, content and placement of vending machines in child-focused settings.

In addition to the consultation, OPH will continue to advance healthy public policies related to OPH's Healthy Eating and Active Living strategic direction. This includes supporting Bill C-313 that aims to amend the federal *Food and Drugs Act* to prohibit the marketing of food and beverages to children under 13, and Bill S-228 calling for the development and implementation of a national strategy on advertising to children and amendments to the *Broadcasting Act*.

RÉSUMÉ

Au cours de la réunion du Conseil de santé qui s'est tenue le 13 février 2017, les membres du Conseil ont approuvé la motion 14/02 en vertu de laquelle le personnel doit présenter un rapport décrivant les options stratégiques à adopter au palier municipal, qui fait suite à la publication du <u>Rapport sur la santé des Canadiens – Les enfants sont bombardés</u> de la Fondation des maladies du cœur et de l'AVC du Canada, de même qu'un plan pour favoriser la participation de la communauté et des parties prenantes.

Les recherches montrent que la commercialisation et l'accessibilité des boissons sucrées et des aliments malsains, hautement caloriques et riches en gras, en sucre et en sodium contribuent à l'augmentation de l'apport journalier en calories au sein de nombreuses communautés. Les jeunes et les adolescents adoptent des habitudes de vie dans un environnement où un nombre toujours croissant de publicités directes et indirectes sont diffusées. Ainsi, les données indiquent que l'épidémie d'obésité infantile est une conséquence directe de la promotion d'aliments malsains, et ce, indépendamment de tous les autres facteurs. La consommation fréquente de boissons sucrées, notamment de boissons énergisantes, n'est pas propice à une saine alimentation. Des études ont montré que la publicité a une incidence sur la consommation alimentaire des enfants de même que sur les aliments qu'ils réclament à leurs parents. En effet, les publicités alimentaires font souvent la promotion de produits hautement caloriques, riches en gras, en sucre et en sodium.

Bien que nos choix d'aliments et de boissons reposent sur une multitude de facteurs, qu'ils soient personnels ou environnementaux, les instances gouvernementales se doivent d'adopter une intervention globale afin de contrer efficacement l'épidémie d'obésité à laquelle nous faisons actuellement face. Pour ce faire, l'Organisation mondiale de la Santé a produit en 2010 une série de recommandations relatives à la commercialisation d'aliments et de boissons non alcoolisées destinés aux enfants. L'Organisation a tenu à rappeler aux gouvernements de partout dans le monde l'importance de s'opposer aux puissantes techniques de marketing qui exposent les enfants à des messages publicitaires faisant la promotion d'aliments et de boissons à teneur élevée en gras saturés, en gras trans, en sucres et en sodium. Toutes les instances gouvernementales, y compris les instances municipales, ont un rôle à jouer dans la mise en œuvre de politiques et de règlements visant à créer des environnements favorables à la conscientisation de la population relativement à l'adoption de saines habitudes de vie. Du point de vue de la santé publique, les politiques axées sur l'amélioration de l'offre alimentaire, comme celles qui consistent à diminuer le nombre de publicités d'aliments et de boissons visant les enfants et les adolescents, peuvent aider les Canadiens à adopter de saines habitudes alimentaires. SPO soutient les efforts déployés pour restreindre la commercialisation d'aliments et de boissons visant les enfants et les adolescents et appuie les mesures préliminaires entreprises par la Fondation des maladies du cœur et de l'AVC et Santé Canada pour éradiquer les publicités visant cette clientèle. Les travaux réalisés par SPO et ses partenaires municipaux, à ce jour, ont révélé que des changements peuvent être apportés dans les milieux municipaux. Toutefois, il est possible de prendre des mesures supplémentaires afin d'en élargir la portée.

Avec l'approbation du Conseil, SPO consultera le grand public, les groupes communautaires et les parties prenantes quant à la mise en œuvre possible de cinq politiques :

- Limiter les publicités destinées aux enfants dans les lieux appartenant à la Ville, comme les services de garde, les bibliothèques, les installations et les véhicules de transport en commun, les centres récréatifs et les parcs;
- Limiter les publicités d'aliments et de boissons dans les écoles;
- Limiter l'accès aux aliments et aux boissons hautement caloriques et présentant une teneur élevée en gras, en sucre et en sodium dans les lieux appartenant à la Ville;
- Réévaluer les zones de restriction publicitaire à proximité des lieux fréquentés par les enfants, comme les écoles et les terrains de jeux;
- Limiter les contrats à fournisseur unique avec des entreprises d'aliments ou de boissons, et ce, afin de faire en sorte que l'offre d'aliments et de boissons repose sur des choix santé. Cette mesure s'étendra au nombre de distributrices automatiques disposées dans des lieux fréquentés par les enfants, à leur contenu et à leur emplacement.

Parallèlement à la tenue des consultations, SPO continuera de mettre en avant de saines politiques publiques relativement à son orientation stratégique, Saine alimentation et vie active. SPO donnera notamment son aval au projet de loi C-313, qui vise à modifier la *Loi sur les aliments et drogues* du gouvernement fédéral en vue d'interdire la diffusion de publicités d'aliments et de boissons destinées aux enfants de

moins de 13 ans. SPO soutiendra également le projet de loi S-228, qui vise à concevoir et à mettre en œuvre une stratégie nationale relative aux publicités destinées aux enfants et à modifier la *Loi sur la radiodiffusion*.

BACKGROUND

Ottawa Public Health's (OPH's) Strategic Plan for 2015 – 2018 identifies a series of strategic directions to advance health for people who live, learn, work and play in our communities. Strategic Direction #1 – Inspire and Support Healthy Eating and Active Living (HEAL), aims to inspire and support Ottawa residents to make it easy to eat more healthy foods (i.e. food low in salt, fat, sugar and calories) by increasing their knowledge, confidence and skills while also improving healthy eating environments through the implementation of healthy food policies.

At the Board of Health meeting of February 13, 2017, the Medical Officer of Health's verbal update included a review of a recent report from the Heart and Stroke Foundation of Canada titled "<u>Report on Health of Canadians – The Kids Are Not</u> <u>Alright</u>", which examines how industry is marketing unhealthy food and beverages directly to children and youth in Canada and how this affects their choices and hence their health.

Following the Medical Officer of Health's remarks Board Members approved Motion 14/02, as outlined below:

Moved by Member Taylor

WHEREAS on February 1, 2017, the Heart and Stroke Foundation released its report titled "<u>Report on Health of Canadians – The Kids Are Not Alright</u>", which examines how industry is marketing unhealthy food and beverages directly to our children and youth and how this affects their preferences and choices, their family relationships and their health; and

WHEREAS the Heart and Stroke Foundation's report includes a list of recommended actions for municipal governments, including:

- Conducting a review of food and beverage marketing in child-focused settings;
- Reviewing zoning restrictions close to child-focused settings including schools and playgrounds;
- Restricting food and beverage marketing to children on municipal property, such as childcare settings, schools, libraries, public transit, recreation centres and parks;

- Educating people about the risks associated with unhealthy food and beverage consumption through public awareness campaigns; and
- Reviewing and limiting sole-sourced contracts with food and beverage companies to ensure the healthfulness of food and beverage options. This would include the numbers, content and placement of vending machines

WHEREAS at its meeting of April 20, 2015, the Ottawa Board of Health approved its <u>Strategic Plan for 2015 – 2018</u>, which includes a priority related to Healthy Eating and Active Living; and

WHEREAS the Board of Health's Healthy Eating and Active Living strategic priority seeks to increase healthy eating and safe physical activity among people of all ages, among other things; and

WHEREAS in February 2016, Prime Minister Justin Trudeau's <u>mandate letter</u> to the Minister of Health called for her to promote public health by, among other things, "introducing new restrictions on the commercial marketing of unhealthy food and beverages to children, similar to those now in place in Quebec"; and

WHEREAS on October 24th, 2016, Health Canada released their <u>'Vision for a Healthy</u> <u>Canada'</u>, which identified actions for helping people achieve and maintain good physical and mental health, including Health Canada's new <u>Healthy Eating Strategy</u>; and

WHEREAS Health Canada's Healthy Eating Strategy aims to help make the healthier choice the easier choice for Canadians by protecting vulnerable populations, including restricting the commercial marketing of unhealthy foods and beverages to children; and

WHEREAS in his October 2016 Verbal Update, the Medical Officer of Health talked about the introduction of Bills S-228 and C-313, which address the issue of marketing to children and aligned with the Federal Mandate letter referenced above; and

WHEREAS the Board of Health is in receipt of a number of Communications on the topics of nutrition and marketing to children; and

WHEREAS all of the above developments provide evidence of a growing momentum for introducing real changes aimed at making it easier for Canadians to make healthier choices with respect to their diet and nutrition;

THEREFORE, BE IT RESOLVED THAT the Board of Health direct staff to bring forward a report at the next meeting of the Ottawa Board of Health outlining policy

options at the municipal level as well as a plan for engaging the community and stakeholders with respect to same.

The Issue

Overweight and obesity continues to be a local issue, specifically in children and youth. In a 2013 survey of Ottawa students in Grades 7 through 12, 15 percent identified as being overweight (10,300) and 8 percent identified as obese (5,800).¹ In 2012 to 2013, 31 percent of Canadian children and youth aged 5 to 17 were overweight or obese, based on their measured body mass index.² While a multitude of factors contribute to obesity and overweight, there is a web of complex influencers, including biological, behavioral, social, psychological, technological, environmental, economic and social factors, which are well documented in the literature and severely compound the challenge of addressing obesity.³

Factors Contributing to Childhood Obesity: Consumption and access to foods high in fat, sugar, salt and calories

Research demonstrates that marketing and easy access to unhealthy foods high in fat, sugar, salt and calories, and sugar-sweetened beverages have contributed to rising caloric intake in many populations.⁴ These factors and sedentary lifestyles have all been identified, with convincing evidence, to be risk factors for obesity.⁵ Research has also shown that there are significant associations between access to food outlets and children's eating habits - the shorter the distance between home and some food outlets (fast-food restaurants and convenience stores), the lower the likelihood of children consuming fruit daily.⁶ There is also an association between density of convenience stores and lower daily consumption of vegetables.

Consequently, the food environment - the physical way our communities are designed through the built environment - has a significant impact on physical activity and access to healthy foods. People living in walkable neighbourhoods are more physically active through active transportation and have healthier weights than those living in less walkable neighbourhoods.⁷

In terms of consumption of foods, children and youth who consume five or more servings of vegetables and fruit a day are less likely to be overweight or obese.⁸ According to the Public Health Agency of Canada, one-quarter of children and youth aged 5 - 19 say they consume sugar-sweetened beverages every day⁹ and with every additional sugar-sweetened beverage a child drinks daily, the odds of becoming obese increase by 55 percent.¹⁰ Children who consume sugar-sweetened beverages during

infancy are more likely to have obesity within six years.¹¹ Sugar-sweetened beverages typically include non-diet carbonated soft drinks, ready-to-drink sweetened teas and coffees, energy drinks, sports drinks, flavored bottled water, and 'fruit drinks' with less than 100% fruit juice. Between 2004 and 2015, per capita sales volume for non-diet soft drinks, fruit drinks and 100% juice decreased while sales for energy drinks increased by 638 percent, making it the top rising sugar-sweetened beverage in Canada.¹² There is some concern regarding the consumption of these beverages due to their caffeine and sugar content. One serving can contain up to 400 mg of caffeine and 16 teaspoons of sugar. Youth aged 13 years and more should not exceed 2.5 mg/kg body weight of caffeine per day. Children and youth are more likely than adults to experience undesirable effects from consuming caffeine.¹³ In Canada, approximately 13 percent of the total daily calorie intake comes from added sugars.¹⁰ This level of consumption exceeds the <u>2015 World Health Organization (WHO) recommendation</u> to limit free sugar consumption to 10 percent of total energy intake to reduce the risk of overweight, obesity, and tooth decay.¹⁴

Furthermore, while childhood obesity has tripled since 1979 in Canada, consumption of processed and ultra-processed foods has doubled in the last 70 years, accounting for up to 60 percent of the average family's food purchases.^{9,15} Processed foods¹ include: canned fruits and vegetables; and processed meat and fish such as ham, bacon, and smoked fish. Ultra-processed foods² are high in salt, fat, sugar and/or calories. Examples include: breakfast cereals; cookies; candies; soft drinks; various packaged snack products; and pre-prepared dishes such as pizzas.¹⁶

Factors Contributing to Childhood Obesity: Marketing to Children and Youth

Increased consumption of ultra-processed foods is correlated to changes in obesity rates and can be attributed to increased availability and marketing of these foods and beverages.^{17,18} "*Marketing refers to any form of commercial communication or message that is designed to, or has the effect of, increasing the recognition, appeal and/or consumption of particular products and services. It comprises anything that acts to advertise or otherwise promote a product or service.*"¹⁹ Children and youth are developing lifelong health habits in an environment where direct and indirect marketing of food and beverages is increasingly prevalent. As much as 90 percent of food and beverages marketed on television are high in salt, fat, sugar or calories.²⁰ However,

 ¹ Processed foods include products that have been altered in ways that introduce substances that substantially change the nature or use of the original foods.
 ² Ultra-processed foods are formulations made from substances extracted or refined from whole foods

² Ultra-processed foods are formulations made from substances extracted or refined from whole foods (e.g., oils and fats, flours and starches, variants of sugar, and cheap parts or remnants of animal foods. ¹⁶

marketing of foods and beverages goes beyond advertising found on television. The WHO reported that although television remains an important medium, food and beverage marketing uses multiple messages in multiple channels and focuses on branding and building relationships with consumers. The WHO lists a vast array of techniques including sponsorship of sport events, use of characters and athletes popular with children and youth, brand mascots and more.¹⁹ With the increasing number of screens in children and youth's daily living, they are increasingly the target of online marketing. The most frequently advertised products on children and youth's favorite websites are sugary snacks, sugary cereal and energy drinks.⁹ The widespread use of the Internet has resulted in novel food marketing strategies such as "advergaming", the use of neuro-marketing research is also allowing advertisers to appeal to the subconscious and emotional effects of food and beverage products, to which children may be particularly vulnerable.²¹ Energy drink companies also use non-traditional marketing methods such as social networking sites, contests, sponsorships and partnerships with sporting events and video games.²² The use of viral or 'buzz' marketing allows them to leverage existing social networks to promote a product or service; while guerilla marketing is the advertising of products, services, or brands using unconventional and often inexpensive methods. Common examples of guerilla marketing include: the use of free street giveaways; large scale sample distribution; or using chalk to write a marketing message on a sidewalk. Guerilla marketing techniques can be very effective in reaching a potential target group while their implementation or impact can be difficult to monitor. Marketing of energy drinks puts emphasis on the appeal of their stimulating effects and uses strategies that fit with youth culture by exploiting themes linked to rebellion, risk-taking and adventure, which often appeal to teenagers.^{13,23} In 2013, Ottawa students were asked how often they had drunk alcohol mixed with an energy drink in the past year. Mixing alcohol with energy drinks, which contain large amounts of caffeine (and often sugar), can increase the risk of harm including alcohol poisoning, injury, anxiety and insomnia because the stimulant effects of caffeine can mask the feeling of alcohol intoxication.²⁴ Approximately 21% of students drank alcohol mixed with an energy drink at least once in the past year. Twenty-five percent of students in grades 9 to 12 reported drinking alcohol mixed with energy drink versus the 7% of the grades 7 to 8 students. There were no significant differences between Ottawa and the rest of Ontario, or between boys and girls.¹ The marketing of energy drinks may lead one to assume that these products can be consumed in unlimited quantities without any regard for the consumer's age or state of health.¹³ The Canadian Centre on Substance Abuse warns that drinking alcohol and caffeine together can put people at greater risk of harm than drinking alcohol alone because caffeine keeps people awake and drinking alcohol for longer periods than they otherwise

would.²⁵ The evidence shows that unhealthy food marketing is an important and independent causal factor in the childhood obesity epidemic.⁴ The regular consumption of sugar-sweetened beverages, including energy drinks, is not conducive to a healthy diet. These drinks provide an excess of sugar that may promote weight gain and the consumption of sugar-sweetened beverages has been repeatedly linked to obesity and other health problems.¹³

Studies show that foods children eat and ask their parents to buy can be influenced by advertising.^{26,27} Food advertisements are often for products that are high in salt, fat, sugar and calories. The Institute of Medicine (IOM) has conducted a systematic review on the issue and concluded that food and beverage marketing is a "likely contributor to less healthful diets and may contribute to negative diet-related health outcomes and risks among children"²⁶.

The Heart and Stroke Foundation's recent report *The Kids Are Not Alright* examined how industry is marketing unhealthy food and beverages directly to our children and youth, and how this is affecting their preferences and choices, their family relationships and their health.⁹ It revealed new data on the volume of food and beverage advertising online to Canadian children and youth, and the quality of the products. The average child watches 2 hours of television per day and sees 4-5 food and beverage advertige: 1) exposure (volume of ads across different media); and 2) power (impact of different techniques used to make the ads more appealing to children and youth, like using animation or featuring an athlete that they like in an act).

Regulating Marketing to Children

While many personal and environmental factors influence food and drink choices, an encompassing response from governments at all levels is necessary to effectively address our current obesity epidemic. Consequently, in 2010 the WHO released a <u>set of recommendations on the marketing of foods and non-alcoholic beverages to children</u>.¹⁹ They called on governments worldwide to reduce the use of powerful marketing techniques exposing children to advertising messages that promote foods and beverages high in saturated fats, trans-fatty acids, free sugars or sodium.

In 2016, Canada's federal government, through mandate letters and the Healthy Eating Strategy, committed to introducing new restrictions on the commercial marketing of unhealthy food and beverages to children. The Heart and Stroke Foundation's recent report aligns with the federal Healthy Eating Strategy as both recommend establishing a multi-prong strategy, which would include legislation restricting food and beverage marketing to children, improved food labeling and information, better access to affordable healthy food, public awareness and skill building, and policies to reduce sugar consumption. An overview of the Healthy Eating Strategy and OPH's consultation recommendations were recently shared with the Board by means of a <u>memo</u>.

The Heart and Stroke Foundation and the Childhood Obesity Foundation, supported by nine additional organizations, are collectively advocating through the Stop Marketing to Kids Coalition for restrictions on commercial marketing of all food and beverages to children and youth age 16 years and younger. Restrictions would include all forms of marketing, with the exception of non-commercial marketing for public education. The Stop Marketing to Kids Coalition also developed the "Ottawa Principles", a document meant to guide food and beverage marketing to children and youth policy in Canada. To date, these principles have been endorsed by 55 organizations.²⁸

Plans laid out federally align with OPH's current strategic plan. The creation of social and physical environments that enable people to improve their health is central to supporting healthy eating. Fostering healthy habits starts early in life and preventing marketing to children not only makes parents' jobs easier, it also supports the development of healthy habits.

At the provincial level in Ontario, there has been an attempt to legislate the WHO recommendations with <u>Bill 175</u>, *Consumer Protection Amendment Act* (Protecting Children from Targeted Advertising of Unhealthy Food and Drink). There was a further push for provincial action when the 2012 Healthy Kids Panel report recommended to "Ban the marketing of high-calorie, low-nutrient foods, beverages and snacks to children under age 12".²⁹ This recommendation has not yet been acted upon, and there have been no further actions since Bill 175 was in first reading in 2011.

Since 1980, the province of Quebec's Consumer Protection Act has prohibited commercial advertising targeted to children under 13 years.³⁰ Compared to children in the rest of Canada, children in Quebec see fewer food advertisement on television and in their schools.³¹ This type of regulation in Quebec is associated with decreased fast food consumption. Quebec has one of the highest vegetables and fruit consumption rates and the lowest childhood obesity rates among 6-11 year olds in Canada. Further to this, the 2016 Senate Report on Obesity in Canada also recommended that the federal government "immediately conduct a thorough assessment of the prohibition on advertising food to children in Quebec" and "design and implement a prohibition on the advertising of foods and beverages to children based on that assessment".³²

All levels of government, including municipally, have a role to play in establishing policies and legislation to create supportive environments that enable people to make healthy choices.

OPH's Work to Advance Healthy Eating Environments at the Municipal Level

OPH has engaged City partners to explore a range of options to promote access to healthier drinks in municipal facilities, including the Request for Proposal (RFP) for pouring rights at recreation centers. Partnership with the Recreation Facilities Cultural Services department also involved the successful removal of energy drinks from vending machine in recreation centres in 2013, which builds on the previous success of the Eat Smart! Program, which increased healthier choices in vending machines. In child care settings, a partnership between OPH and the City of Ottawa's Community and Social Services Department resulted in the establishment of the Healthy Eating and Active Living (HEAL) Child Care policy. The successful development and implementation of the HEAL Child Care guidelines in municipal settings has led to the adaptation of these guidelines for after school programs. Several programs across the city have attended the trainings to build their skills to allow them to implement these guidelines. OPH has also worked with the Ontario Network for Education's (ONFE) breakfast program, for a number of years, training staff to implement guidelines to improve the food offered to school age children. OPH's work with municipal partners to date has shown that changes can be made in municipal settings; however additional actions could be taken to further change the environments. OPH will continue to seek opportunities to work with relevant departments on initiatives to advance this work.

DISCUSSION

No single intervention can ensure optimal nutrition or solve the obesity epidemic on its own. Obesity prevention and treatment requires a whole-of-government approach in which policies across all sectors systematically take health into account, avoid harmful health impacts, and thus improve population health and health equity. Healthy public policy is a foundation to health promotion. While public awareness and skill building are important components to enabling individuals to make healthy choices, policies and programs that improve access to healthy food all contribute to enabling healthy eating and active living.

From a public health perspective, policies focused on improving our food environments, such as restricting the marketing of food and beverages targeting children and youth, can help improve Canadian eating habits. OPH supports the use of fiscal policies to reduce consumption of foods high in fat, salt, sugar and calories. The WHO reported

that taxation of certain foods and drinks, particularly those high in saturated fats, trans fat, free sugars and/or salt appears promising, with existing evidence clearly showing that increases in the prices of such products reduces their consumption. OPH has also reviewed the Ottawa Principles in detail and supports the set of definitions, scope, policy recommendations and principles, which will guide Canadian policies and/or regulations with respect to marketing to children and youth. OPH supports the Ottawa Principles and the initial steps taken by the Heart and Stroke Foundation and Health Canada in addressing marketing to children and youth. OPH does not engage in the commercial marketing of foods and/or beverages to children and will work with local partners towards ensuring that actions are taken at the municipal level. The next steps that can be taken by municipalities, as recommended by Heart and Stroke, include assessing feasibility at the local level and consultations with the community.

Recommendation #1: Receive for information the list of policy options at the municipal level in the area of marketing to children and youth outlined in Document 1.

As previously noted, in 2010 the WHO released a set of recommendations on the marketing of foods and non-alcoholic beverages to children. One of these recommendations states that "Settings where children gather should be free from all forms of marketing of foods high in saturated fats, trans-fatty acids, free sugars, or salt." The WHO further recommends that:

- The policy aim should be to reduce the impact on children of marketing of foods high in saturated fats, *trans*-fatty acids, free sugars, or salt; and
- The overall policy objective should be to reduce both the exposure of children to, and power of, marketing of foods high in saturated fats, *trans*-fatty acids, free sugars, or salt.

Further to the WHO recommendations, the Heart and Stroke Foundation provided potential actions for all levels of governments and for citizens.⁹ Document 1 lists the Heart and Stroke Foundation's options along with a description of what these options might entail. Policy on food marketing to children involves a wide range of stakeholders and cuts across several sectors. To date, the food industry has been 'self-regulating' on marketing to children. Each company has its own definitions of marketing to children, children programming and healthy foods. Several studies have demonstrated that this self-regulation is not working.³³

The main objective of OPH's proposed consultations is to ensure that Ottawa residents, City of Ottawa departments and other interested parties have the opportunity to provide input on the potential for reducing marketing to children through municipal actions. OPH will seek, from the general public, community groups and stakeholders, opinions to assess perspectives on the possible policy options presented in Document 1 or other options that might be suggested. The consultation period will begin in April 2017 and end in June 2017. During this time, the following consultations will take place: a bilingual online survey; a randomized telephone survey with Ottawa residents; and interviews with stakeholders, including representatives from City of Ottawa departments. A promotional strategy is planned, using earned and social media to drive people to the OPH's website and/or to encourage responses to the randomized telephone survey.

A. General Public Consultation Plan

Community Consultation

OPH will gauge public support on the possible policy options presented in Document 1 to restrict food and beverage marketing to children on municipal property via randomized telephone survey.

Public Consultation

OPH will post a survey on Ottawa.ca and Ottawa.ca/health to obtain additional public input. The online survey will be promoted through social media channels and OPH's website. Ottawa residents will also have the option of calling the Ottawa Public Information Line (OPHIL) to provide input on the matter.

B. Stakeholders Consultation Plan

Restricting food and beverage marketing to children on municipal property (including pouring, naming and sponsorship rights and limiting sugar-sweetened beverages sole-sourced contracts may have implications for certain groups. As a result, OPH will communicate directly with all stakeholders listed in Document 2. These include, but are not limited to school boards, child and youth community organizations, health care sector organizations and others.

C. City of Ottawa Departments

OPH will work with City of Ottawa departments and other stakeholders to explore the feasibility of restricting food and beverage marketing to children on municipal property to quantify implementation, enforcement resources and legal implications. OPH will work with Ottawa Public Libraries; By-Law Regulatory & Services; Legal Services; the Planning, Infrastructure and Economic Development; Ottawa Community Housing; and Recreation Facilities Cultural Services.

Recommendation #3: Approve that the Chair of the Board of Health write a letter to Minister Philpott in support of Bills S-228 and C-313.

The Board Chair has previously sent a letter to support the priorities outlined in the Federal Minister of Health Mandate Letter to promote public health, including introducing new restrictions on the commercial marketing of unhealthy food and beverages to children. A subsequent letter was sent to applaud the commitments outlined in Health Canada's Healthy Eating Strategy, which includes an initiative to protect vulnerable populations, including restricting the commercial marketing of unhealthy foods and beverages to children.

The Board can further demonstrate its position on limiting marketing of food and beverages to children and youth by writing a letter to support <u>Bill S-228</u>. This proposed legislation would amend the federal *Food and Drugs Act* to prohibit the marketing of food and beverages to children under 13 through labelling, packaging and advertising directed at children. Updates on the *Child Health Protection Act* are shared on Senator Greene Raine's <u>website</u>.

The health units of Windsor-Essex County and Peterborough have both written letters to Canada's Minister of Health in support of Bill S-228. This bill was presented on September 27th, 2016 by the Honourable Senator Greene Raine. A second reading speech was given by Senator Chantal Petitclerc in November 2016 and on December 6, 2016; Bill S-228 was adopted at second reading in the Senate and referred to the Senate Committee on Social Affairs, Science and Technology.

A separate bill on this issue was presented by Member of Parliament Peter Julian. <u>Bill</u> <u>C-313</u>, introduced and read on October 5, 2016, is a private member's bill calling for the development and implementation of a national strategy on advertising to children and amendments to the *Broadcasting Act* with respect to the Canadian Radio-television and Telecommunications Commission's regulatory power. This national strategy would address, through consultations:

• The establishment of proper limits on advertisements that are aimed at children below an age to be established.

- The development of programs to teach children about media literacy.
- The implementation of measures to prohibit commercial advertisers from targeting children through sponsorships and other promotional means, such as through school activities, sport sponsorships and the internet.

Bill C-313 has not been scheduled for second reading.

In addition to the actions outlined above, OPH will continue to seek and/or to take advantage of any opportunities that may arise by advocating for healthy public policies to advance the Board of Health's Healthy Eating and Active Living strategic priority.

RURAL IMPLICATIONS

There are no rural implications associated with this report.

CONSULTATION

Consultation with the community, with municipal partners and with stakeholders will be conducted, as described in this report.

LEGAL IMPLICATIONS

There are no legal impediments to the implementation of the report recommendations.

RISK MANAGEMENT IMPLICATIONS

There are no risk implications associated with this report.

FINANCIAL IMPLICATIONS

The public consultation process described in this report will be conducted within the existing budget envelope.

ACCESSIBILITY IMPACTS

There are no accessibility impacts associated with this report.

ENVIRONMENTAL IMPLICATIONS

There are no environmental implications associated with this report.

SUPPORTING DOCUMENTATION

Document 1 – Municipal Policy Options

Document 2 – Stakeholders' List

DISPOSITION

Upon approval of this report, OPH will implement the community consultation plan to assess various policy options. Furthermore, OPH will complete a full review of potential policies outlined in Document 1 and report back the results of the consultation in the fall of 2017.

It is expected that Health Canada will have an open consultation on marketing to children in the spring of 2017. OPH will participate in this consultation, as it has for all open consultations for the Healthy Eating Strategy thus far. OPH looks forward to lending its voice and support to the collective effort that will improve the health of Canadian children and youth.

Document 1 – Municipal Policy Options

Table 1: Municipal Policy Options

Policy options	Description	Other jurisdictions
Option 1	Marketing refers to any form of commercial	Toronto: Toronto Public Library has
Restrict food and beverage marketing to children on municipal property, such as childcare settings, libraries, public transit, recreation centres and parks. Source: World Health Organization 2010, Heart and	 communication or message that is designed to, or has the effect of, increasing the recognition, appeal and/or consumption of particular products and services. It comprises anything that acts to advertise or otherwise promote a product or service. The 4 Ps of marketing = product, price, placement (in the sense of distribution) and promotion. This policy option includes modifying pouring, 	restriction on marketing to children in its policies on <u>Display and Distribution of</u> <u>Information to the Public</u> . While the Toronto Transit Commission and Public Realm (street furniture) section have " <u>informal practices</u> " restricting marketing that is targeted to children under 13.
Stroke Foundation 2017	naming and sponsorship rights.	
Option 2 Restrict food and beverage marketing in schools.	This policy option includes any form of commercialism in schools such as advertising, sponsorship of school programs, exclusive agreements, sponsorship of incentive programs,	Spain: In 2011, the Spanish Parliament approved a law on Nutrition and Food Safety, which stated that kindergartens and schools should be free from
Source: World Health Organization 2010, Heart and Stroke Foundation 2017	appropriation of space on school property, sponsorship of supplementary educational materials, fundraising, and digital marketing.	advertising. US: In 2007, the state of Maine passed a law prohibiting brand-specific advertising
	Schools have broad authority to control commercial messages on their campuses. School boards can approve a board-wide policy that restricts	of certain unhealthy foods and beverages on school grounds, at any time. The ban applies to "foods of minimum nutritional

Policy options	Description	Other jurisdictions
	advertising on campus, bans the advertising of all foods or beverages on campus, or bans the advertising of those foods and beverages that the district does not allow to be sold on campus.	value" as defined by federal law. Ontario: School Food and Beverage Policy (PPM 150) School boards are required to ensure that all food and beverages sold on school premises for school purposes meet the requirements of this memorandum. The nutrition standards apply to all food and beverages sold in all venues (e.g., cafeterias, vending machines, tuck shops), through all programs (e.g., catered lunch programs), and at all events (e.g., bake sales, sports events).
Option 3 Limit access to food and beverages high in salt, fat, sugar or calories on municipal property. Source: Heart and Stroke Foundation 2017, Dietitians of Canada 2016	Some localities can restrict the availability of food and beverages high in salt, fat, sugar and calories in childcare centers, as part of their power to license and regulate these centers. While the province has the authority to set nutrition standards for childcare. Another approach to this policy option is a healthy vending policy. The broadest approach is a healthy procurement policy that covers all food and beverages sold in City facilities, whether they are served in vending machines, meetings, or public facilities like community and recreation centres.	Ottawa: The province has the authority to set nutrition standards for childcare. OPH childcare guidelines address food and beverages and are mandatory in municipal child cares while some community based centers have voluntarily adopted the guidelines. Similar nutrition guidelines were developed for after school programs. British Columbia: <u>The Healthier Choices in</u> <u>Vending Machines</u> in BC Public Buildings Policy was introduced in 2006 to replace

Policy options	Description	Other jurisdictions
Policy options Option 4 Reviewing zoning restrictions close to child-focused settings including schools and playground.	Communities can consider prohibiting fast food restaurants and mobile food vendors from locating near schools through the zoning by-law. This long- term zoning strategy could help promote a healthier environment around schools. This type of zoning	junk food with healthy food and beverages in vending machines. Vending machines in Public Buildings will contain at least 50% Sell Most and up to 50% Sell Sometimes food and beverage choices within a vending machine or bank of vending machines in any given location according to the Nutrient Criteria. Vermont: Does not allow billboards anywhere. In other states, local communities have restricted billboard locations so they are not in residential neighborhoods or near schools. Examples
Source: Heart and Stroke Foundation 2017	could also impact fast-food restaurants that focus on healthier options (i.e. fast food restaurants that sell salads and sandwiches.).	include Charleston, SC, Charlotte, NC, Little Rock, AR, Raleigh, NC, Tampa, FL, and Washington, D.C.
	In addition to addressing access to food, zoning can be used to limit marketing and advertising venues such as billboards and signs.	A Montreal neighbourhood, Côte-des- Neiges—Notre-Dame-de-Grâce, has sought to implement a bylaw to prevent fast food chains from opening close to schools.
Option 5	This would mean that there would be more than one	To be explored further.
Limit sole-sourced contracts	person or company that can provide food and	

Policy options	Description	Other jurisdictions
with food and beverage	beverages, so there would be limited contracts that	
companies to ensure the	would only result in one person or company bidding	
healthfulness of food and	on it.	
beverage. options. This would		
include the numbers, content		
and placement of vending		
machines in child-focused		
settings.		
Source: Heart and Stroke		
Foundation 2017		

Document 2 – Stakeholders

Please note this listing is not exhaustive, other stakeholders may be identified during the course of the consultation.

- Ottawa-Carleton District School Board
- Ottawa Catholic School Board
- Conseil scolaire de l'Est ontarien
- Conseil des écoles publiques de l'Est de l'Ontario
- Ottawa Child and Youth Initiative Growing Up Great
- Aboriginal Centres
- Boys and Girls Club
- Ottawa Sport Council
- Sport Associations
- Community Health and Resource Centres
- Children's Hospital of Eastern Ontario
- Academy of Medicine of Ottawa/Family Physicians
- Heart and Stroke Foundation
- Ontario Society of Nutrition Professionals in Public Health
- Stop Marketing to Kids Coalition
- Champlain Cardiovascular Disease Prevention Network
- YM-YWCA
- Food service vendors
- Child care centres, agencies and associations
- Community associations in partnership with City of Ottawa
- Businesses partnering with City departments
- Minor sports
- Sports clubs
- Community associations
- Hockey associations
- Pouring rights and sponsorship

REFERENCES

¹ Ottawa Public Health. Ottawa Student Drug Use and Health Report, 2014. Ottawa (ON): Ottawa Public Health; 2014.

² Statistics Canada. Body mass index of children and youth, 2012 to 2013. Retrieved from: http://www.statcan.gc.ca/pub/82-625-x/2014001/article/14105-eng.htm

³ Obesity in Canada - Healthy Living - Public Health Agency of Canada. (n.d.). Retrieved from <u>http://www.phac-aspc.gc.ca/hp-ps/hl-mvs/oic-oac/determ-eng.php</u>

⁴ World Health Organization. Commission on Ending Childhood Obesity. (2016). Report of the Commission on Ending Childhood Obesity.

⁵ Swinburn, B., Caterson, I., Seidell, J., & James, W. (2004). Diet, nutrition and the prevention of excess weight gain and obesity. Public Health Nutrition, 7(1a). doi:10.1079/phn2003585

⁶ Institut National de Santé Publique du Québec. (2009). Geographical Indicators of the Built Environment and Services Environment Influencing Physical Activity, Diet and Body Weight. Retrieved from: <u>https://www.inspq.qc.ca/sites/default/files/publications/1155_geoindicabuiltenvironservactidietweight.pdf</u>

⁷ Creatore, M., Glazier, R., Moineddin, R., Fazli, G., Johns, A.,Godrya, P., Matheson, F., Kaufman-Shriqui., Rosella, L., Manuel, D., Booth, G. Association of Neighborhood Walkability with Change in Overweight, Obesity, and Diabetes. Journal of the American Medical Association. 2016;315(20):2211-2220. Available at http://jamanetwork.com/journals/jama/fullarticle/2524191

⁸ Rolls B, Ello-Martin MS, Tohill BC. (2004) What can intervention studies tell us about the relationship between fruit and vegetable consumption and weight management? Nutrition Reviews; 62(1):1-17.

⁹ Heart and Stroke Foundation. (2017). The kids are not alright. How the food and beverage industry is marketing our children and youth to death. 2017 Report on the Health of Canadians. Retrieved from Heart and Stroke Foundation of Canada website: <u>http://www.heartandstroke.ca/what-we-do/media-</u>centre/report-on-health

¹⁰ Brisbois T, Marsden S, Anderson H, Sievenpiper J. Estimated intakes and sources of total and added sugars in the Canadian diet. Nutrients. 2014;6(5):1899–912.

¹¹ Pan L, Li R, Park S, Galuska DA, Sherry B, Freedman DS. A longitudinal analysis of sugar-sweetened beverage intake in infancy and obesity at 6 years. Pediatrics 2014; 134; S29-35.

¹² Jones AC, Veerman JL. Hammond D. The health and Economic Impact of a tax on sugary drinks in Canada (Summary) JANUARY 2017. Accessed at: <u>http://www.heartandstroke.ca/-/media/pdf-files/canada/media-centre/the-health-and-economic-impact-of-a-sugary-drink-tax-in-canada-summary.ashx?la=en&hash=69765598FF624EE7D8586EBAD7BCF96835F3FA10</u>

¹³ Plamondon, L. (2013). Energy drinks: Threatening or commonplace? an update. Retrieved from Institut national de santé publique du Québec website:

https://www.inspq.qc.ca/pdf/publications/1669_BoissonsEnergisantes.pdf

¹⁴ World Health Organization. WHO Guideline: Sugars intake for adults and children. World Health Organization. 2015:1-49. Available from: http://www.who.int/nutrition/publications/guidelines/sugars_intake/en/

¹⁵ Heart and Stroke Foundation. (2014) Position Statement: Sugar, Heart Disease and Stroke. Heart and Stroke Foundation of Canada. Available from: <u>http://www.heartandstroke.com/site/c.ikIQLcMWJtE/b.9</u>

¹⁶ Moubarac, J., Batal, M., Martins, A. P., Claro, R., Levy, R. B., Cannon, G., & Monteiro, C. (2014). Processed and Ultra-processed Food Products: Consumption Trends in Canada from 1938 to 2011. Canadian Journal of Dietetic Practice and Research, 75(1), 15-21. doi:10.3148/75.1.2014.15

¹⁷ Mendonça, RD, Pimenta AM, Gea A, Arrillaga CF, Martinez-Gonzalez MA, Lopes ACS, Bes-Rastrollo M. (2016). Ultraprocessed foods consumption and risk of overweight/obesity: The SUN cohort study. AJCN (Oct 12. pii: ajcn135004).

¹⁸ PAHO. (2015). Ultra-processed food and drink products in Latin America: Trends, impact on obesity, policy implications. Washington, D.C.: Pan American Health Organization.

¹⁹ World Health Organization. Set of recommendations on the marketing of foods and non-alcoholic beverages to children. Geneva: WHO; 2010. Available at: http://www.who.int/dietphysicalactivity/publications/recsmarketing/en/

²⁰ Coon KA, Tucker KL: Television and children's consumption patterns. A review of the literature. Minerva Pediatrics, 2002, 54:423-436.

²¹ Anjali Jain (2010) Temptations In Cyberspace: New Battlefields In Childhood Obesity . Health Affairs 29, no.3 (2010):425-429

²² Simon, M, and J Mosher (2007). Alcohol, Energy Drinks, and Youth: A Dangerous Mix, Marin Institute, [on line], http://alcoholjustice.org/images/stories/EnergyDrinkReport.pdf

²³ Agriculture et Agroalimentaire Canada (2008). "Le segment des boissons énergisantes en Amérique du Nord," Agriculture et Agroalimentaire Canada, [on ligne], <http://www.ats.agr.gc.ca/info/4387-fra.htm>

²⁴ O'Brien, M. C., McCoy, T. P., Rhodes, S. D., Wagoner, A. and Wolfson, M. (2008), Caffeinated Cocktails: Energy Drink Consumption, High-risk Drinking, and Alcohol-related Consequences among College Students. Academic Emergency Medicine, 15: 453–460.

²⁵ Canadian Centre on Substance Abuse. (2017). Alcohol and Caffeine. Retrieved from <u>http://www.ccsa.ca/Eng/topics/alcohol/Alcohol-and-caffeine/Pages/default.aspx</u>

²⁶ McGinnis, J.M. Gottman, J.A., Kraak, V.I. (Eds.) Food Marketing to children and youth: threat or opportunity? Committee on Food Marketing and the Diets of Children and Youth, Institute of Medicine of the National Academies. Washington, D.C.: The National Academies Press; 2006.

²⁷ Hastings G, McDermott L, Angus K, Stead M, Thomson S. The Extent, Nature and Effects of Food Promotion to Children: A Review of the Evidence. Geneva, Switzerland: World Health Organization; 2006.

²⁸ Stop Marketing to Kids Coalition. *The Ottawa Principles* <u>http://stopmarketingtokids.ca/the-ottawa-principles-2/</u>

²⁹ Healthy Kids Panel (2012). No time to wait: The healthy kids strategy. Available from: <u>http://www.health.gov.on.ca/en/common/ministry/publications/reports/healthy_kids/healthy_kids.pdf</u> ³⁰ Advertising Directed at Children under 13 Years of Age Guide to the Application of Sections 248 and 249 Consumer Protection Act

http://www.opc.gouv.qc.ca/fileadmin/media/documents/consommateur/sujet/publicite-pratiqueillegale/EN Guide publicite moins de 13 ans vf.pdf

³¹ Dhar, T. & Baylis, K. (2011). Fast food consumption and the ban on advertising targeting children: the Quebec experience. Journal of Marketing Research XLVII, pp 799-813.

³² Senate Report (2016). Obesity in Canada A Whole-of-Society approach for a healthier Canada. Available from: <u>https://sencanada.ca/content/sen/committee/421/SOCI/Reports/2016-02-</u> <u>25_Revised_report_Obesity_in_Canada_e.pdf</u>

³³ Potvin-Kent, M., Dubois, L., Wanless, A. (2011). Self regulation by industry of food marketing is having little impact during children's preferred television. International Journal of Paediatric Obesity, early online, ppp.1-8.