



BC Healthy Living Alliance

working together to promote wellness and prevent chronic disease

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TO THE SELECT STANDING COMMITTEE ON FINANCE AND GOVERNMENT SERVICES THE BC HEALTHY LIVING ALLIANCE'S 2011 BUDGET SUBMISSION

The BC Healthy Living Alliance (BCHLA) is pleased to make our submission to the Select Standing Committee on Finance and Government Services. 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), Canadian Cancer Society, BC and Yukon Division, Dietitians of Canada, BC Region, Heart and Stroke Foundation of BC and Yukon, Public Health Association of BC and the Union of BC Municipalities.

BCHLA continues to stress that it is essential to take further action on those factors which influence the health of British Columbians and contribute to the ever growing health care costs. The costs of treating illness is taking up an ever increasing percentage of the total provincial budget and will continue to do so if we do not move ahead to provide the programs, incentives and tools to enable British Columbians to live healthier lives. Planning and further support is needed to ensure that the gains we have made are cemented.

Again this year we come to you at a financially challenging time. We do not underestimate the difficult task you will have to balance the demands on the provincial budget, however, we would continue to assert that healthy public policy coupled with long-term planning and prudent investments continue to be as important in challenging times as they are in more affluent periods. These are necessary if we are to retain the progress that has been made and to continue to develop and improve the quality of life of British Columbians, particularly at a time when the burden of chronic disease is on the increase.

RECOMMENDATIONS

BCHLA recommends that the members of the Finance and Government Services Committee integrate into the 2011/12 provincial budget, a range of measures we have outlined below to reduce the burden of chronic disease and improve health outcomes and the sustainability of the health care system in British Columbia. The causes of chronic disease include the usual suspects such as smoking and obesity but also include factors such as where we live, learn, work and play. It is important for all British Columbians to be able to fully contribute to society and reach their full potential at home, at school, at work and in health.

The following are the areas of highest priority for immediate action. Some recommendations have been proposed in earlier years but have not yet been implemented, while others are new recommendations based upon our experience and evidence from either BC or other jurisdictions. We have also included several recommendations that were outlined in our *Recommendations for Tackling Overweight and Obesity in BC* submitted to government earlier this year.

It should be noted that while the following recommendations all require financial investment, there are many recommendations that BCHLA has made over the years that are policy or regulatory based and would require limited investment but would make a substantial impact on the health of British Columbians.

HEALTH INEQUITIES

1. BCHLA recommends that the BC Government establish and fund a strategy with targets, investments and actions to improve health equity in British Columbia

In September 2009, BCHLA launched its report *Healthy Futures for BC Families – Policy Recommendations for Improving the Health of British Columbians* which included 45 recommendations to help improve health outcomes in BC and ease the burden on the health care system by addressing underlying social determinants and health inequities.

The social determinants of health include the basic financial resources and supportive environments necessary for a healthy life. Access to income, affordable housing, healthy food, education, early childhood development, and recreational opportunities influence our ability to make healthy choices and ultimately the state of our physical and mental health as well as life expectancy. These 'social determinants' are responsible for almost half of the variation in health outcomes within society and therefore act as a significant driver of health care costs.¹

BCHLA recommends that the BC government commit to reducing the burden of chronic disease by addressing health inequities with the establishment of targets for improving health outcomes of British Columbians of lower socio-economic status. A good start would be to establish the following targets:

- By 2017, a 50% reduction in the number of children and their families living in poverty; and
- By 2017, an improvement of 20% in the health status of children in BC (0 to 16 years) as measured by infant mortality, morbidity, premature mortality, and healthy weights and reduction in risk factors which contribute to childhood disease and ill health².

By supporting conditions in which today's and tomorrow's children can aspire to healthier lives, it should be possible to lessen the load on the health care system itself and reduce the rate of growth of health care spending. Specific targets, an action plan, investments and designated leadership are required to reach this goal.

It is vital that this strategy be produced in consultation with NGOs, business leaders and community organizations to ensure all sectors of society are aware of the importance of their role in reducing poverty and increasing health outcomes for British Columbians.

¹ Public Health Agency of Canada (2008). *The Chief Public Health Officer's Report on the State of Public Health in Canada*.

² At a Social Determinants of Health Workshop held on February 15, 2008, the BCHLA Coordinating Committee determined that a realistic target for improving health equity among BC children should be established. This target was ratified on May 22, 2008.

- 2. BCHLA recommends that the Ministry of Children and Family Development and the Ministry of Advanced Education and Labour Market Development reinvest in childcare capital and operation funding to provide incentives for the creation of more quality childcare spaces. Also increase training spaces and remuneration for early child educators and childcare workers, providing incentives for people to pursue, stay and value these careers and reduce turn-over.**

It is commonly acknowledged that a child's early experiences, education and development establish a foundation that will impact school readiness, educational achievement and high school completion which ultimately contribute to employment and income security.³ "Positive conditions during childhood not only support child health but have long lasting effects on health and the development of disease during adulthood."⁴

In the short-term, children who participate in quality early childhood education and care are provided healthy food choices and physical play in smoke-free environments. This health promoting environment gives children from all backgrounds the opportunity to develop healthy behaviours from positive role models. Longitudinal studies have also demonstrated that disadvantaged children who participate in quality early childhood development programs have significantly better outcomes.⁵

Unfortunately, the *15 by 15* report from the Human Early Learning Partnership⁶ stated that in BC there are only childcare spaces for 5% of children under the age of three and just over one third for children between the ages of three and five.⁷ Investment in childcare capital and operation funding to provide incentives for the creation of more quality childcare spaces is desperately needed to ensure all children are afforded equal opportunities for a healthy future. This opinion was recently supported by the BC Provincial Health Officer in his latest report *Investing in Prevention: Improving Health and Creating Sustainability*⁸ where he recommended that the BC Government recommit to early childhood development.

³ BC Healthy Living Alliance. (2009). *Healthy Futures for BC Families: Policy recommendations for improving the health of British Columbians*.

⁴ Raphael, D. and T. Bryant. (2006). Maintaining population health in a period of welfare state decline: political economy as the missing dimension in health promotion theory and practice. *Promotion and Education*. 13:236-242.

⁵ HighScope. (2005). *Lifetime effects: The HighScope Perry Preschool Study Through Age 40*.

www.Highscope.org/Content.asp?ContentID=219 Accessed August 30, 2010.

⁶ Kershaw, P., L. Anderson, B. Warburton and C. Hertzman. (2009). *15 by 15: A Comprehensive Policy Framework for Early Human Capital Investment in BC*.

⁷ Goelman H., L. Anderson, P. Kershaw and J. Mort. (2008). *Expanding Early Childhood Education and Care Programming: Highlights of a Literature Review, and Public Policy Implications for British Columbia*. Place Published: Human Early Learning Partnership, University of British Columbia.

⁸ British Columbia Provincial Health Officer. (2010). *Investing in Prevention: Improving Health and Creating Sustainability*. The Provincial Health Officer's Special Report.

3. BCHLA recommends that the BC Government utilize a health equity lens in assessing all policies and programs

At present in the City of Vancouver there can be a ten year difference in life expectancy between those living in the lowest income and highest income neighbourhoods. BCHLA believes that health outcomes for British Columbians of lower socio-economic status should improve to compare more favourably to those in the higher socio-economic demographic. In order to close this gap, BC government spending, whether on new policies and programs or when programs are reduced or eliminated, must be subject to a health equity assessment.

The policies and programs of all Ministries whether they be healthy living or agriculture, finance or forestry may impact individuals and communities differently. Just as policies and programs are subject to an environmental impact assessment, they should also be reviewed to highlight how they may impact on the health outcomes of individuals or groups in the province and whether there could be changes in such policies or programs which would improve the more equitable distribution of health and health outcomes for all British Columbians. There are existing methodologies for undertaking such assessment such as the 2004 framework published by the Australasian Collaboration for Health Equity Impact Assessment⁹.

4. BCHLA recommends that the Ministry of Health Services and Ministry of Healthy Living and Sport invest in integrated and collaborative approaches to health promotion and chronic disease prevention. As part of this investment, at least 6% of the health budget should be allocated to health promotion and chronic disease prevention.

BCHLA recognizes there are many individuals in our society who face major barriers to healthy lifestyle changes. While some of these individuals may understand the changes they need to make to lead a healthier life (healthier food, more physical activity) they may not have the resources or access to make these positive lifestyle choices. Broad-based population measures will bring about behaviour change that will prevent chronic disease and benefit everyone.

BCHLA has now completed fifteen health promotion initiatives in communities across the province. These initiatives were integrated, evidence-based, and targeted to populations and geographic areas where the need was high. They were designed to change the behaviour of British Columbians who have multiple barriers to healthy living and are hard to reach using traditional methods. This informed, collaborative and integrated approach is the BCHLA advantage.

Despite the difficult financial times, BCHLA would urge the government to continue to invest in integrated and collaborative approaches to health promotion and chronic disease prevention. Behaviour change take time and while the evidence is growing about the impact of healthy living on the prevention of chronic diseases — from cancers, diabetes, heart disease and lung disease — there is still much work to be done. It is important to focus on comprehensive and integrated strategies at a local level as well as maintaining traditional educational approaches to reach and influence behaviour. Health care costs will continue to escalate unnecessarily if we do not invest in prevention measures enabling individuals to live healthier lives.

⁹ Mahoney, M., S. Simpson, E. Harris, R. Aldrich and J. Stewart Williams. (2004). *Equity Focused Health Impact Assessment Framework*. Australasian Collaboration for Health Equity Impact Assessment (ACHEIA).

The BC Select Standing Committee on Health has twice made recommendations to ensure that six percent of the health budget be allocated to health promotion and chronic disease prevention initiatives.¹⁰ The returns on investments in healthy living are well documented and provide a persuasive economic justification.

HEALTHY LIVING

- 5. BCHLA recommends that the Ministry of Transportation and Infrastructure and the Ministry of Community and Rural Development work with local governments to invest in and support initiatives which will ensure the built environment is supportive of healthy eating and active living. This should include ensuring at least 7% of all infrastructure funding allocated for urban transit, road and other transportation construction is set aside for active transportation infrastructure.**

Environments should to be structured in ways that help people access healthy foods and easily incorporate physical activity into their daily routines. “Research is increasingly demonstrating links between the built environment and eating and physical activity behaviours¹¹.” Specific community factors such as access to healthy and affordable food and the ‘walkability’ of neighbourhoods have an influence on the choices people make in their daily lives.

The planning of built environments should consider such issues as ensuring that there is walking or cycling access to supermarkets where individuals can purchase affordable healthy food, space for community gardens, locations for farmers markets, and parks, walking and cycling trails for recreational use.

Healthy built environments cannot be achieved in isolation by any one organization or sector; it will require a coordinated approach and comprehensive effort by multiple stakeholders.

Evidence is increasingly clear that many chronic diseases can be prevented through lifestyle changes which include active transportation and regular physical activity. However, we need the supportive environment 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.

Research conducted by Dr. Larry Frank, Bombardier Chair in Sustainable Transportation at the UBC School of Community and Regional Planning, found that adults are 2.5 times more likely to engage in active transportation when living in compact and well connected neighbourhoods. They are also more likely to get the recommended amounts of daily physical activity.¹²

A report by the Provincial Health Services Authority found that “there is a growing consensus among public health experts that supporting more physically active modes of transportation and better access to

¹⁰ BC Select Standing Committee on Health. (2004). *The Path to Health and Wellness: Making British Columbians Healthier by 2010*. BC Select Standing Committee on Health. (2006). *A Strategy for Combatting Childhood Obesity and Physical Inactivity in British Columbia*.

¹¹ Healthy Eating Active Living Convergence Partnership. (2008). *Strategies for Enhancing the Built Environment to Support Healthy Eating and Active Living*.

¹² BC Recreation and Parks Association. (2009). *Physical Activity and Transportation Benefits of Walkable Approaches to Community Design in British Columbia*. Available at http://www.bcrpa.bc.ca/recreation_parks/active_communities/documents/BCRPA_Transportation_Study_2009.pdf

recreational opportunities offer the most effective ways to increase activity levels across the population. Walking and cycling are among the most popular physical activities, particularly among people who are overweight and/or inactive, while programs to promote physical activity through gym memberships, school activities and other interventions have had only limited success".¹³ The BC Government should support local governments to ensure that community environments are amenable to getting people active.

This particular recommendation has been a priority for BCHLA since 2007 and was recently recognized in the UK's *Active Travel Strategy*¹⁴ as a significant component to reducing obesity. BCHLA's Built Environment and Active Transportation initiative has provided small grants to increase the capacity of First Nations communities and local governments to plan for more active communities. There is a demonstrated need for more support of this kind so that small communities with a lack of infrastructure can move ahead.

6. BCHLA recommends that the Ministry of Education in partnership with local school boards invest in and support coordinated approaches to health and wellness in schools with appropriate programs targeted at different age groups

BCHLA would like to congratulate the BC Government on its recent funding contribution to continue the online tool, Brand Name Food List (www.brandnamefoodlist.ca), which has guided schools and parents by providing easy access to a constantly updated online list of foods and beverages that meet the *Guidelines for Food and Beverage Sales in BC Schools*. The Brand Name Food List has also been a valuable tool for the food industry in helping them to reformulate their products to meet these requirements.

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. Healthy eating and physical activity skills and knowledge should be instilled in children at an early age so that they have the necessary tools to make healthy choices throughout their life. While we are aware of the ever increasing demands on the school curriculum we feel that many of these lessons can be incorporated into the current curriculum.

Food skills and knowledge are slowly being eroded in our society as fewer people produce their own food and more people choose the convenience of prepared packaged food to fit their busy schedules. BCHLA's Sip Smart! and Farm to School Salad Bar initiatives were shockingly revealing of the lack of knowledge that today's children have about healthy beverages and their limited familiarity with so many vegetables. Sip Smart! was able to teach children about the amount of sugar in beverages they consume and why it was better to choose water or milk to quench their thirst instead of pop, sports drinks, or other sugary drinks. Farm to School Salad Bar helped bring back the basics of healthy eating to children. They were able to enjoy fresh local produce at least twice a week and enjoy a broad variety of vegetables.

Developing food preparation skills is critical in helping individuals eat a healthier diet. BCHLA's Food Skills for Families initiative worked to address this deficit. Over 90% of the sodium we consume is found in foods sold to us rather than added at meal times. That means that by preparing meals from scratch, we can substantially reduce our sodium intake.

¹³ Provincial Health Services Authority. (2007). *Creating a Healthier Built Environment in British Columbia*

¹⁴ Department for Transportation. (2010). *Active Travel Strategy*. UK Government publication.

<http://www.dft.gov.uk/pgr/sustainable/cycling/activetravelstrategy/pdf/activetravelstrategy.pdf>

While food skills and knowledge are of great importance, it is also vital that children get enough physical activity during the school day, particularly for those children who travel long distances to and from school, making it difficult for them to take part in after-school activities. We are encouraged by the BC Government's commitment to the daily physical activity requirement; however, schools and teachers will require continuous support from government to ensure the successful implementation and sustainability of this vision.

It is also important to teach children at school the importance of screen-time reduction. Studies have shown screen-time to be associated with obesity, inactive leisure time and a poor diet¹⁵ and a new report from Active Healthy Kids Canada¹⁶ has found that even before school age, over 20% of children are spending more than two hours a day watching television. This same report also found that youth are accumulating almost as much screen-time each day as their parents are spending at work – more than 6 hours of screen-time on weekdays and more than 7 hours per day on weekends.

In order to ensure that these initiatives are successful, schools and teachers will need continuous, long-term support from government. All of these combined teachings will help students on their way to a healthier lifestyle and reduce the burden of childhood obesity.

It is vital that these lessons be integrated into the curriculum and run continuously throughout the school years to reinforce messages. As such it will be necessary to ensure that the materials and programs are age-specific to keep children of all ages engaged.

7. BCHLA recommends that the BC Government, through the Ministry of Healthy Living and Sport and Ministry of Agriculture and Lands, continue to invest in improving access to healthy foods in rural and remote communities

We were encouraged by the BC Government's \$915,000 one year Produce Availability Initiative, announced in late 2009, to provide British Columbians living in remote communities with improved access to fresh fruits and vegetables. We would urge the Government to ensure that a continued investment is made to this important issue once the trial is complete and that the best practices from this experience are implemented on an on-going basis.

Other programs that require sustained funding and are of particular importance in northern and rural areas include the BC School Fruit and Vegetable Nutritional Program and the BCHLA Farm to School Salad Bar. These programs have helped children throughout the province get fruits and vegetables on a regular basis. In addition, the Farm to School Salad Bar initiative has also helped to link schools with their local farms, thus providing students with an improved understanding of the source of their food and the importance of local food production.

The research BCHLA undertook to inform our Healthy Eating Initiatives found that 14% of families in BC find themselves in situations where accessing enough healthy food is problematic. The new *Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights*¹⁷ also pointed out the need to

¹⁵ Shields, M., and M. Tremblay. (2008). Screen Time Among Canadian Adults: A Profile. *Health Reports*. Vol. 19, No 2.

¹⁶ Active Healthy Kids Canada. (2010). *Healthy Habits Start Earlier Than You Think. The Active Healthy Kids Canada Report Card on Physical Activity for Children and Youth*. Toronto, ON

¹⁷ Public Health Agency of Canada. (2010). *Curbing Childhood Obesity: An F/P/T Framework for Action to Promote Healthy Weights*.

ensure that nutritious foods are available and affordable to all Canadians, which can often be a challenge for those living in northern, rural and remote communities.

8. BCHLA recommends that the Ministry of Agriculture and Lands in partnership with other sectors – community and private business – continue to invest in and support local food production

While supporting food production and access in remote areas is vital, it is important to support local food production in all communities throughout the province. It is essential for the government to take a holistic food systems approach recognizing the link between food security, local food production and availability, healthy eating and obesity.

“Growing, producing and processing more local, healthy, safe food can contribute to a more food secure province by reducing BC’s dependence on imported food and improving access to healthy foods in those communities and neighbourhoods in which it may be limited¹⁸.” Local food systems can provide multiple benefits. Apart from the environmental and economic benefits to the community, local food systems can help to expand markets for and access to fresh produce, and help to reconnect people with their food by interacting with farmers and processors directly. The BC Provincial Health Officer’s 2005 report¹⁹ acknowledged that local food, when in season, is fresh, flavourful and nutritious. However, the report went on to note that in order for local farmers and producers to supply healthy, nutritious food for the population, there needs to be greater support to ensure the appropriate infrastructure is in place.

Evidence has shown that “energy-dense, nutrient-poor foods are chosen because they are cheap, produced safely, widely promoted and readily available²⁰.” We need to reverse this trend and make nutrient-rich, healthy foods the most promoted and readily available to British Columbians.

9. BCHLA recommends that the Ministry of Health Services and Ministry of Healthy Living and Sport work with the Ministry of Finance to introduce a substantial tax of at least 20% on all sugar sweetened beverages²¹

There are numerous studies that link sugar sweetened beverages to excess weight gain in both children and adults.²² The Rudd Center for Food Policy and Obesity has stated that “more than for any category of foods, rigorous scientific studies have shown that consumption of soft drinks is associated with poor diet, increasing rates of obesity, and risk for diabetes²³.” The consumption of sugar sweetened beverages has also been associated with higher energy intake and lower nutrient intake, thus increasing weight gain and the risk for obesity.²⁴ In addition, the BC Provincial Health Officer recently commented on the need to reduce the consumption of sugar sweetened beverage, particularly for children.²⁵

¹⁸ Dietitians of Canada. (2010). *Healthy Eating and Food Security: Promising Strategies for BC*.

¹⁹ British Columbia Provincial Health Officer. (2006). *Food, Health and Well-being in British Columbia*. Provincial Health Officer’s Annual Report 2005.

²⁰ World Health Organization. (1997). *Obesity: Preventing and Managing the Global Epidemic*. WHO Technical Report.

²¹ The Childhood Obesity Foundation of Canada lists the following as examples of sugar sweetened beverages: soft drinks (pop), fruit “beverages”, “punches” or “cocktails” (bought or homemade), flavoured milk, sports drinks and flavoured coffees.

²² 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.

²³ Rudd Center for Food Policy and Obesity. (2009). *Soft Drink Taxes: A Policy Brief*.

²⁴ Sturm, R. et al. (2010). Soda Taxes, Soft Drink Consumption, and Children’s Body Mass Index. *Health Affairs*. 29:5.

²⁵ British Columbia Provincial Health Officer. (2010). *Investing in Prevention: Improving Health and Creating Sustainability*. The Provincial Health Officer’s Special Report.

Interestingly, proponents for sugar sweetened beverage taxes believe that the low-income population may have the most to benefit from such a tax as they are likely to be more sensitive to higher prices and therefore likely to reduce their consumption substantially. As one study in the US found, among low-income households, a 10% increase in the price of sugar sweetened beverages was associated with an 8% reduction in consumption.²⁶

There are presently 33 states in the US where sugar sweetened beverages are taxed; however, the majority of the taxes are too small to make any significant impact on consumption and behavioural change of individuals as they often go unnoticed. That is why we are calling for the government to introduce a substantial tax of at least 20% on all sugar sweetened beverages. Although most sugar sweetened beverages have now become subject to an additional 7% tax due to the introduction of the HST, we do not believe that the combined sales tax of 12% will go far enough to hinder sales and consumption of such beverages.

In addition, a tax on sugar sweetened beverages should be incorporated into the shelf price of the product rather than a sales tax that is applied at the register. Studies have shown that taxes included in the shelf price have a greater impact on consumption than taxes applied at the register.²⁷

10. BCHLA recommends that the Ministry of Health Services subsidize smoking cessation initiatives such as nicotine replacement therapies with funds generated by increasing tobacco taxes

Smoking is still the single largest cause of preventable death, killing 6,000 British Columbians annually. Providing supports to people who want to overcome nicotine addiction will be an investment that pays dividends in lower health costs, healthier environments and a healthier population.

BCHLA was pleased that this government took an innovative step by supporting funding on an ongoing basis to QuitNow as well as providing nicotine replacement therapies for smoking British Columbians on income assistance; however more could be done.

A recent editorial in the Canadian Medical Association Journal called for all provincial governments across Canada to pay for proven smoking cessation therapies as is currently the situation in Quebec and countries like Australia and the United Kingdom.²⁸ This sentiment is supported by taxpayers. 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.”²⁹

²⁶ Andreyeva, T., M. W. Long and K. D. Brownell. (2008). The impact of food prices on consumption: A systematic review of research on price elasticity of demand for food. *American Journal of Public Health*. 100(2):216-22.

²⁷ Fletcher, J., D. Frisvold and N. Tefft. (2010). Taxing Soft Drinks and Restricting Access to Vending Machines to Curb Child Obesity. *Health Affairs*. May 2010, 29:5.

²⁸ Penz, E., B. Mann, P. Hébert and M. Stanbrook. (2010). Governments, pay for smoking cessation. *Canadian Medical Association Journal*. August 30, 2010.

www.cmaj.ca/cgi/rapidpdf/cmaj.101140v1?maxtoshow=&hits=10&RESULTFORMAT=&fulltext=smoking+cessation&searchid=1&FIRSTINDEX=0&sortspec=date&resourcetype=HWCIT Accessed: August 31, 2010

²⁹ Canadian Cancer Society, British Columbia and Yukon Division (2007). [*Submission to the Conversation on Health*](#).

Tobacco tax increases are a strong and proven disincentive to tobacco use. And yet, interventions should be responsive to the higher prevalence of tobacco use among lower income British Columbians who have fewer resources for quitting. Targeting cessation counselling and nicotine replacement therapies to low-income British Columbians may mitigate the burden of added taxes while providing an incentive to overcome the negative health effects and ongoing cost of tobacco addiction.

11. BCHLA recommends that the Ministry of Healthy Living and Sport, in partnership with other sectors, develop and implement appropriate social marketing campaigns to encourage British Columbians to engage in healthy living, concentrating efforts at the community level

In addition to the above recommendations, it is vital for the Provincial Government to reinforce these policies and programs with common messaging in the form of a public outreach social marketing campaign. This campaign should be developed jointly by government and health and consumer organizations, in addition to partnering with the business sector.

A good example of such an initiative is the UK Food Standards Agency's salt reduction campaign. This particular initiative took an integrated approach; working with retailers and manufacturers to reduce the salt levels in their foods, while at the same time the government spearheaded a comprehensive social marketing campaign explaining the dangers of a high salt diet and what people could do to reduce their salt intake. As part of this campaign the UK Government worked closely with health and consumer NGOs to spread the campaign messages and reach local communities. In addition, the government implemented a voluntary front-of-pack signpost labelling scheme that showed consumers, at a glance, whether the product they were purchasing had a high or low salt content.

For any of these new regulatory approaches to be effective, they will need consumer support. Public education and social marketing are key components of raising consumer awareness and encouraging consumers to take action and make healthier choices. It is also important for these campaigns to be focused at a community level as different communities have different and specific needs. The BCHLA initiatives have demonstrated tremendous success at working at the community level and engaging a wide range of sectors to work towards healthy communities.

CONCLUSION

It is recognized that the investments required to implement these recommendations will not, in many cases, come from the Ministry of Health or Ministry of Healthy Living and Sport but from other ministries. Over time, however, the provincial government and the people of British Columbia would benefit as the pressures on the health care system are alleviated as more citizens are able to live healthy lives and reduce their risk of early and preventable chronic disease.

We recognize the challenging financial times faced by governments and citizens alike. This government articulated a bold vision when the economy was healthy and we trust that the BC government will remain committed to this vision and its support of healthy living policies and programs. Indeed it is during difficult economic times that such support is most needed. At this juncture, there is a solid evidence base, in addition to significant public support, based on public opinion research commissioned by BCHLA, to justify investments in these actions. With an action plan and prudent investments, we can build a healthier future for all British Columbians.