



BC ALLIANCE FOR HEALTHY LIVING SUBMISSION TO THE 2020 BUDGET CONSULTATION

The BC Alliance for Healthy Living (BCAHL) is pleased to make our submission to the Select Standing Committee on Finance and Government Services again this year. We kindly ask members of this committee to consider a range of proposals that have the ability to reduce chronic disease by addressing risk factors common to numerous chronic conditions.

Prioritizing investment in disease prevention measures today can improve the health and wellness of British Columbians and thereby reduce demand for healthcare services in the long-term.

The most recent Provincial Health Officer's report on the health of British Columbians, states that "[i]n BC, the largest proportion of total health care costs is directly or indirectly attributable to chronic disease." The importance of investing in disease prevention and health promotion is explained as, "offer[ing] substantial benefits for health care system expenditures...[; for] example, it is estimated that a one percent reduction in risk factor prevalence (smoking, excess weight and physical inactivity) until 2036 could result in a cumulative \$15 billion in direct and indirect health care costs avoided in BC."ⁱ

Additionally, social and material conditions contribute to health outcomes. British Columbians who live in our poorest communities are between 24% and 91% more likely to die early from cancer (24%), respiratory diseases (53%), circulatory diseases (65%) and diabetes (91%).ⁱⁱ These socio-economic inequities in health are estimated to increase healthcare costs by 20%.ⁱⁱⁱ Improving living standards for disadvantaged citizens and communities will improve not just health outcomes but will also have a positive effect on productivity and the economy.

Over the past year, we have been encouraged to see the development of 'TogetherBC', the provincial poverty reduction strategy and 'Move, Commute, Connect', BC's active transportation strategy. BCAHL had previously advocated for both these strategies because they have the ability to shift chronic disease trajectories. With adequate funding, these strategies, together with the provincial physical activity strategy, 'Active People, Active Places', can make a tremendous contribution to disease prevention.

With these opportunities in mind, the BC Alliance for Healthy Living urges members of this committee to consider the evidence-informed policy and program proposals below.

Summary of BCAHL Recommendations:

REVENUES:

- 1) The Ministry of Finance together with the Ministry of Attorney General shift alcohol taxes so that they are based on the percentage of absolute alcohol in a standard drink in combination with a minimum unit price per standard drink.
- 2) The Ministry of Health work with the Ministry of Finance to add provincial sales tax to all sugary drinks and work with Federal/Provincial/Territorial partners to introduce a federal excise tax of at least 20% on all sugar sweetened beverages.

INVESTMENTS:

- 3) BCAHL recommends that the Ministry of Finance together with the Ministry of Social Development and Poverty Reduction work to ensure sufficient resources are allocated to reduce both the depth and breadth of poverty through TogetherBC, the Provincial Poverty Reduction Strategy.
- 4) BCAHL recommends the Ministry of Finance work together with the Ministry of Health, and the Ministry of Transportation to invest in the implementation of the key activities outlined in the Move, Commute, Connect: Provincial Active Transportation Strategy.
- 5) The Ministry of Finance together with the Ministry of Health renew funding for the Phase 2 Action Plan to further develop and build on the momentum of BC's Physical Activity Strategy, Active People, Active Places.

1) BCAHL recommends that the Ministry of Finance together with the Ministry of Attorney General shift alcohol taxes so that they are based on the percentage of absolute alcohol in a standard drink in combination with a minimum unit price per standard drink.

- BCHLA, along with agencies such as the World Health Organization and the Public Health Agency of Canada^{iv}, have included hazardous consumption of alcohol as a key risk factor for chronic disease, because of the overwhelming national and international evidence.^v
- The potential population burden of alcohol on chronic disease will be equal or greater than that of tobacco as rates of smoking decline due to health promotion measures which have included taxation, regulation and education.^{vi}
- The conclusions from the current evidence are that the net benefits of alcohol use are outweighed by the negatives.^{vii} Even consumption lower than 'problem drinking' levels –

just one to two standard drinks per day over a long period - can increase risk for some chronic diseases.^{viii}

- Between 85-90% of younger people who drink are consuming alcohol in excess of recommended guidelines set to reduce health harms.^{ix}
- The evidence shows that increased access to alcohol (whether through pricing, increased hours of operation or number of locations) leads to public health impacts.^x Studies have shown that a 10% increase in price correlates to a 5% reduction in drinking, including for problem drinkers, but pricing is especially effective with youth.^{xi}
- Shifting the method of the Provincial liquor mark-up so that it is based on the percentage of alcohol (volumetric pricing) in the product can achieve two things: it can reduce consumption by price-sensitive consumers, such as youth, while also discouraging producers from creating higher alcohol products marketed to young adults.

2) BCAHL recommends that the Ministry of Health work with the Ministry of Finance to apply the provincial sales tax to all sugary drinks and with Federal/Provincial/Territorial partners to introduce a federal excise tax of at least 20% on all sugar sweetened beverages.

- Sugary drinks are the single largest contributor of added sugar in the Canadian diet.^{xii} The World Health Organization (WHO) and the Heart and Stroke Foundation have recommended limiting added sugar to no more than 5 to 10% of total daily caloric intake or about 100 to 200 calories per day^{xiii}. Added sugars provide extra calories but few or no nutritional benefits and are linked with a growing number of health problems.^{xiv}
- More than for any other food, rigorous scientific studies have demonstrated that overconsumption of sugary drinks is linked to heart disease, diabetes and hypertension in individuals with healthy weights.^{xv} In addition, excessive consumption raises the risk of obesity and all the associated health risks correlated with obesity.
- British Columbians drink large quantities of sugary drinks. Consumption for British Columbians between the ages of 1 and 18 years averages 250 mls of sugary drinks per day^{xvi}. However, averages are misleading as some Canadians rarely drink any. Canadian data indicate that 600 mls was the average volume consumed by those aged 14 to 30 years who reported drinking a sugary drink the previous day.^{xvii} For those aged 31 to 50 years of age, volumes averaged over 500 mls. Even at age 71 years and above, those who drank sugary drinks consumed volumes in excess of 300 mls per day.

- In keeping with the ideal that the provincial sales tax should be applied to non-essential items to fund services for citizens, BCAHL recommends applying the provincial sales tax to sugary drinks since they are not essential groceries and as they do exert cost pressures on the healthcare system.
- Over the longer term, BCAHL supports a federal excise tax of at least 20% on sugar sweetened beverages as this would relate to portion size, remove the incentive for discounted super-size servings and would be significant enough to have an impact on consumption.
- Research has shown that taxes included in the shelf price have a greater impact on consumption than taxes applied at the register.^{xviii}
- Taxation of sugary drinks, like tobacco taxes, should be designed to reduce consumption among those who consume to excess. Revenues collected from additional sales taxes also provide an opportunity to target health program funding to initiatives such as healthy school food programs, fruit and vegetable subsidy programs for those with low incomes and enhanced physical activity programming.

3) BCAHL recommends that the Ministry of Finance together with the Ministry of Social Development and Poverty Reduction work to ensure sufficient resources are allocated to reduce both the depth and breadth of poverty through TogetherBC, the Provincial Poverty Reduction Strategy.

- Income security is a serious concern to BCAHL because it is a strong predictor of health outcomes. In BC, those in the lowest income quintile have twice the risk for heart disease and diabetes.^{xix, xx, xxi, xxii}
- Inadequate family income can take a substantial toll on the health of children and establish a negative trajectory for life-long health outcomes. According to First Call's 2018 Child Poverty Report Card, 172,550 or 1 in 5 BC children – are growing up in poverty, including half of all children in lone-parent families, most of them female-led. A higher proportion of the Aboriginal families have low incomes which leaves 31% of Aboriginal children who are off-reserve living in poverty. The rate of poverty among new immigrant children is 45%.^{xxiii}
- The Child Opportunity Benefit introduced with the Poverty Reduction Strategy is significant progress and something upon which to build. This benefit needs to be increased so that all children in BC have the basic necessities for healthy growth and development.
- Income assistance rates should adequately support those who are experiencing financial emergencies or face barriers to income through long-term unemployment. The rate increase introduced in 2017 provided much needed relief. Moving ahead, BC can build a stronger system of support for persons with disabilities, special needs, children at risk,

and seniors by ensuring that income assistance rates are based on, and keep pace with, the actual cost of living. As a starting point we'd like to see the strategy look at gaps and see policy responses that are designed to address real life challenges. For example:

- On food security, the income assistance rates do not provide enough to purchase a healthy diet. According to research by Provincial Health Services Authority: in 2017, the average monthly cost of healthy groceries to feed a family of four was \$1019.
- On affordable housing, income assistance rates should be informed by data on real market costs of rental housing – according to the Canadian Housing Mortgage Corporation, the BC average rental ranged from \$924 for a bachelor suite up to \$1379 for 3-bedroom suite in 2016 (and this is much higher in Vancouver)
- BCAHL supports the BC Poverty Reduction Coalition's recommendation to base income assistance rates on the Market Basket Measure to ensure that people can live with dignity.
 - Calculated by Statistics Canada, the Market Basket Measure represents a basic standard of living and is based on the actual cost of purchasing shelter (including utilities), a nutritious diet, clothing and footwear, transportation costs, and other necessary goods and services. Currently, this ranges from \$1477 to \$1669 a month in BC for a single person and from \$2953 to \$3337 for a family of four depending on the size of their community.
- BCAHL also supports increasing earning exemptions so that income and disability assistance recipients can gain the benefits of employment and work experience with transitional support.
- When it comes to earned income, British Columbians employed full time should earn enough to afford healthy basic needs including safe, adequate shelter, healthy food, household amenities, childcare, clothing, transportation and recreation. BCAHL supports regular, predictable raises in the minimum wage and indexing the minimum wage to inflation so that work provides a path out of poverty.
- Continue to enhance and build on the Single Parent Employment Initiative. Use the lessons from this model to inform the development of transition supports for other populations.
- Recognizing that Income Assistance is just one policy lever, and that other policy levers are needed to reduce poverty among low income citizens who are employed, BCAHL would also encourage the BC government to consider using GST credits, climate action tax credits and child benefits as targeted measures to lift people out of poverty.

4) **BCAHL recommends the Ministry of Finance work together with the Ministry of Health, and the Ministry of Transportation to invest in the implementation of the key activities outlined in the Move, Commute, Connect: Provincial Active Transportation Strategy.**

- BCAHL has worked with other partners to develop a positive, shared vision for a transportation system that supports healthier communities. The ‘Communities on the Move’ Declaration has been endorsed by 139 organizations – including representation from seniors and students, people with disabilities, urban municipalities and towns, villages and regional districts across the province as well as business associations, cycling groups and environmental and health organizations.
- The benefits of public transit and active transportation investments are multiple - and come from increases in physical activity and accessibility, and reductions in traffic congestion, injuries, localized air pollution and greenhouse gas emissions that contribute to climate change. These benefits align with multiple government priorities and commitments to addressing climate change, affordability and disease prevention.
- Research has shown that community planning and infrastructure has a significant influence on whether people in a community are regularly active and have healthy weights.^{xxiv} For example, a recent study in Metro Vancouver found those that took transit were 22% less likely to be an unhealthy weight and those who commuted by bike or on foot were 48% less likely.^{xxv}
- Other global leaders are spending between \$27 and \$40 per person, per year.^{xxvi} An equivalent investment in BC would be approximately \$100M annually. Although this is a significant investment, it is not out of scale when compared to other transportation projects.
 - The current amount budgeted for the BikeBC fund in the Ministry of Transportation Service Plan for 2018/19 is \$10.9 million, although that figure does not include the investment in cycling projects that are part of highway projects.
 - In December, 2017, the Ontario government announced that it would be investing \$93 million in the coming year on cycling infrastructure in towns and cities across the province. The investment is part of Ontario's Climate Change Action Plan and is funded by proceeds from the province's cap on pollution and carbon market.
- BCAHL recommends investing in a fund to implement the key activities outlined in the Move, Commute, Connect: Provincial Active Transportation Strategy. This would align policy and investment in the development of local infrastructure within a larger provincial network for people to walk, bike or roll. Allocate \$100M in active transportation per year over the next ten years. Prioritize investments in:

- Walking and rolling facilities which include enhancements such as traffic-calming and safe street crossings, benches, lighting and way-finding as these are important to meet the needs of those in wheelchairs as well as the growing demands of an aging population.
- Multi-use facilities that separate highway vehicle traffic from pedestrians and cyclists who are traveling between regional centres and outlying communities that are connected by provincial highways.
- Triple 'A' (all ages and abilities) cycling facilities which have been shown to motivate higher numbers of people to travel by bike (including seniors and women with children), while also reducing risk of injury for all users.xxvii,xxviii
- Active School Travel Planning – including education and programming as well as street design and end-use facilities for healthy, active children.
- Education Initiatives with a focus on increasing safety, removing barriers and motivating more British Columbians to try active transportation.
- An ongoing program for auditing, planning and upgrading cycling and walking facilities on provincial roads and bridges.
- The World Health Organization identifies evidence-based “best investments” for physical activity, which includes transport policies and systems that prioritize walking, cycling and public transport.
- As well as the return on investment in health, there are local economic benefits that can come from a Provincial Route that is attractive to visitors as well as locals. For example: tourists cycling in Oregon “generated approximately \$400 million in 2012.” Another study found that, cyclists spent a total of \$95.4 million on the province-wide Route Verte network in Quebec.

6) BCAHL recommends the Ministry of Finance together with the Ministry of Health renew funding for the Phase 2 Action Plan to further develop and build on the momentum of BC’s Physical Activity Strategy, Active People, Active Places.

- Regular physical activity is a key part of a healthy life and protective factor against chronic disease. HOWEVER:
 - 1.5 MILLION British Columbians are classified as inactive (not active enough to achieve health benefits); highest at risk are new Canadians, people living in remote areas, people with disabilities, and those with low incomes and low levels of education.
- The costs of inactivity are high: Excess weight costs \$612M and inactivity costs \$335M in direct healthcare costs annually in British Columbia.

- Recognizing the importance of regular physical activity to chronic disease prevention and overall health and wellness, the Ministry of Health brought together academics and health leaders with expertise in physical activity to develop the provincial Physical Activity Strategy, Active People, Active Places which was finalized in 2015.
- BCAHL has worked alongside the Ministry of Health since 2016 to provide implementation and evaluation support for initiatives¹ that were designed to help British Columbians be physically active in environments that support and encourage active living. These were funded with an initial investment of seven million dollars and include:
 - Aboriginal Healthy Living Activities: Capacity building for healthy living leaders to increase physical activity opportunities and participation across First Nations communities in BC. (delivered by Indigenous Sport, Physical Activity Recreation Council of BC)
 - Cultural Learning: Increasing the cultural understanding across provincial sport organizations in BC to better include First Nations athletes. (delivered by Indigenous Sport, Physical Activity Recreation Council of BC)
 - Active Communities: A grant program intended to increase the availability of physical activity opportunities in BC communities through improved access and inclusivity, healthy community design, and healthy public policy. (delivered by BCAHL, BC Healthy Communities supported by BC's Health Authorities)
 - Appetite to Play: Training early years providers across BC to incorporate physical literacy learning opportunities and healthy eating in early years settings. (delivered by Child Health BC)
 - Active and Safe: An online resource for sport and physical activity injury prevention information and strategies for athletes, coaches, officials, teachers, parents, and health professionals. (delivered by BC Injury Research and Prevention Unit)
 - Mind Fit: Building mental and physical competency and confidence through a combined mental health and physical activity program for youth who have symptoms of mild to moderate depression. (delivered by YMCA of Greater Vancouver)
 - All Youth Matter: Building capacity within the recreation sector to include marginalized youth in physical activity. (delivered by viaSport)
 - Physical Literacy for Communities – BC: Training and mentoring of community champions, educators, and health professionals to build physical literacy in BC communities. (delivered by Sport for Life)

¹ Choose to Move is another initiative that was funded and evaluated separately through the Centre for Hip Health and Mobility (CHHM). It is a choice-based physical activity planning and coaching program for inactive older adults. The Active Aging grants program was also led by CHHM and United Way of the Lower Mainland to increase physical activity opportunities for older adults.

- Physical Activity for Health Collaborative: Brings together 21 sport, recreation and health organizations aligned with a goal to foster inter-sectoral collaboration to improve physical activity levels in BC (supported by BCAHL)
- The evaluation of the initiatives that were completed by March, 2019 (although several initiatives have yet to be completed), shows the strong foundations, capacity and reach that has been built through the phase one initiatives:
 - 52 communities supported with Active Communities grants which created 737 activity opportunities that got 41,238 people moving
 - 1396 In-person opportunities – including physical activity programs in communities as well as training for staff to improve their ability to provide quality and inclusive physical activity.
 - 9166 participants received training and support to improve their ability to deliver quality and inclusive physical activity.
 - 1195 partnerships were created among organizations working together to promote physical activity.
 - This translates into 52,746 British Columbians participating in physical activity.
- Currently BCAHL is leading work to develop an on-line resource hub that will pull together quality materials to help physical activity leaders develop policies and practices that will increase inclusion and accessibility in their programming and facilities. This will address a need identified by the sector to engage those members of our communities that face additional barriers or challenges to participating in physical activity.
- BCAHL is also supporting the Ministry of Health and members of the Physical Activity for Health Collaborative to develop the second Action Plan to support the objectives of the Physical Activity Strategy based on evidence, alignment with recognized best practices, gaps and building on the foundations of the first Action Plan.
- BCAHL together with our partners in the Physical Activity for Health Collaborative are committed to increasing physical activity opportunities for all British Columbians but these efforts require sustainable funding support. We respectfully request that an investment of at least \$10 million be made towards the 2nd Action Plan of the Physical Activity Strategy to expand the reach and build on the foundations that have been established so that all British Columbians are given the opportunity to be active and healthy.

Conclusion

In this submission we have highlighted a selection of budget measures which could be taken to reduce the prevalence of risk factors for chronic disease and improve the health outcomes of British Columbians. Population health evidence tells us that we need action on behavioural risk factors such as encouraging physical activity, reducing consumption of drinks high in sugar or alcohol while also addressing the social elements of health by promoting income security and food security to bridge the gap between disease and wellness.

It is also important to recognize the linkages between good physical and mental well-being and ensure that policies and programs address the holistic needs of individuals and communities.

BC Alliance for Healthy Living is committed to our partnership with government, with communities and with British Columbians across this great province – working together, we can create health promoting environments that will make it easier for people to be active, healthy and well.

Submitted by BCAHL:

Who We Are

Established in 2003, BCAHL represents the largest health promotion team in BC history. Our **Vision** is “a healthy British Columbia” and our **Mission** is: “To improve the health of British Columbians through leadership and collaboration to address the risk factors and health inequities that contribute significantly to chronic disease.”

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