‘A HEALTY RECOVERY’ - SUBMISSION TO THE 2022 BUDGET CONSULTATION BY THE BC ALLIANCE FOR HEALTHY LIVING

Living through this pandemic has been incredibly trying for all of us. Facing a fourth wave even as vaccination numbers climb and our world reopens, many British Columbians expect action to further support recovery and respond to what has been learned from our COVID-19 experience. In this context, the coming budget will be important for prioritizing investment in a healthy recovery that puts us in a stronger position for the challenges ahead.

Over the past eighteen months, we’ve come to realize that there is nothing more important than our health. We’ve had to make sacrifices in order to protect our collective health and face hard truths about equality, equity and the gaps that exist in our social safety net. This pandemic has put into sharp relief, the importance of a robust public health system; never in our lifetime have we witnessed more clearly how good public health practice and policy can save lives.

For BCAHL, this pandemic experience underscores the importance of continuing support to *prevent chronic disease – which affects one in three British Columbians*. Chronic diseases including cancer, type 2 diabetes and heart and lung diseases are the leading causes of premature death in BC and Canada. Much of that disease burden is avoidable – it is estimated that with good public health practice and policies between 50% and 80% of chronic disease could be prevented.

This past June, the Sentis Group on behalf of BCAHL surveyed British Columbians to understand how the pandemic has impacted their health and well-being and what policy measures they support to address some of the current challenges our society is facing. Not surprisingly, we saw there were both positive and negative impacts but many negative impacts were experienced more by people with low incomes, young adults, families and those from racialized communities. We have added the results from that public opinion research throughout this submission.

COVID-19 has illuminated gaps and challenges but adversity can also present opportunities to do things differently. The BC Alliance for Healthy Living can appreciate the multiple demands on the coming budget and the difficult choices members of the Standing Committee on Finance have before them but we kindly ask you to consider our recommendations for strengthening public health and making British Columbia more resilient in the future.

Summary of BCAHL Recommendations:

INVESTMENTS:

1) BCAHL recommends that the Ministry of Finance together with the Ministry of Social Development and Poverty Reduction work to ensure sufficient resourcing for TogetherBC, the Provincial Poverty Reduction Strategy, starting with increasing Income and Disability Assistance rates to the poverty line as determined by current Market Basket Measures Thresholds.
2) BCAHL recommends that the Ministry of Finance together with the Ministry of Health and Ministry of Education significantly increase funding for healthy eating programs and establish a Universal Healthy School Food program.
3) BCAHL recommends the Ministry of Finance work together with Ministry of Transportation and Infrastructure to allocate economic stimulus funding towards the implementation of the key activities outlined in the Move, Commute, Connect: Provincial Active Transportation Strategy.
4) BCAHL recommends the Ministry of Finance together with the Ministry of Health contribute $10M in renewed 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.

REVENUES:

5) BCAHL recommends the Ministry of Finance together with the Ministry of Health establish an annual cost recovery fee on the tobacco industry which can be used to fund BC's tobacco control efforts.
6) BCAHL recommends 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.
7) BCAHL recommends the Ministry of Health work with the Ministry of Finance extend the provincial sales tax to all non-carbonated sugary drinks and work with Federal / Provincial / Territorial partners to introduce a federal excise tax of at least 20% on all sugar sweetened beverages.

1) BCAHL recommends that the Ministry of Finance together with the Ministry of Social Development and Poverty Reduction work to ensure sufficient resourcing for TogetherBC, the Provincial Poverty Reduction Strategy, starting with increasing Income and Disability Assistance Rates to the poverty line as determined by current Market Basket Measure Thresholds. This will ensure that all British Columbians in need can access the basics required for health and wellness.

- The pandemic highlighted the vulnerability of low income British Columbians, many of whom were laid off or faced increased exposure to COVID-19 in frontline essential positions. We saw

low income families struggle to move to on-line schooling with no computers or internet access and food security worsen with rising food costs and increased demand at food banks.

- BCAHL has long advocated for stronger income security measures because of the evidence connecting income and health. A Statistics Canada study that linked health and income records for 16 years showed that British Columbians who live with the lowest incomes are between 24% and 91% more likely to die early from cancer (24%), respiratory diseases (53%), circulatory diseases (65%) and diabetes (91%) compared to people with average incomes.[i] These socio-economic inequities in health are estimated to increase healthcare costs by 20%.[ii]
- Food security is a growing concern and this heightens risk for diet-related chronic diseases. Health researchers are expecting this to grow with economic downturn in combination with rising food costs.
    - Recent data from food security research team, PROOF indicates that in 2017-18, 4.4 million Canadians, including over 1.2 million children, lived in food insecure households which was higher than any prior national estimate.[iii]
    - The literature shows food security is best solved with poverty reduction measures. Income supports such as the Canadian Child Benefit and Guaranteed Income Supplement, have contributed to improvements in household food insecurity.[iv,v,vi]
- Inadequate family income can take a substantial toll on the health of children and establish a negative trajectory for life-long health outcomes. Approximately 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%.[vii]
- Income assistance rates should adequately support those who are experiencing financial emergencies or face barriers to income through long–term unemployment. 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. 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)
    - 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 calls on government to follow the recommendations of the 'Expert Panel on Basic Income' and increase Income and Disability Assistance benefits to the poverty line as

determined by current Market Basket Measure thresholds in the short term. This will help to reduce food insecurity and the depth of poverty currently experienced by those who are not able to work. Based on their research the Expert Panel recommends: "increasing the maximum benefit amount:

  - for single people in the Severe-Persistent Disability, Moderate-Persistent Disability, and Temporarily Unable to Work categories by $500 per month, to $20,196 annually, and
  - for couples and other family types proportionately. For couples in which both people have a disability use a scale factor of 1.41, for an annual benefit amount of $28,560."[viii]

- 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. In the longer term, we would ask government to consider the other recommendations from the Expert Panel on Basic Income to address some of the well-documented issues of stigmatization and access with the current system.

- This pandemic has also highlighted that many under-valued, low-waged jobs are essential to our daily lives. 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 so that work provides a path out of poverty.

- 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.

- Broadly eight-in-ten British Columbians approve of increasing Disability and Income Assistance rates to keep up with the real cost of healthy food and rental housing; however, support for this measure is highest among those who understand what it likes to live with low income. Support jumps to 92% among those earning less than $30,000 annually.

2) BCAHL recommends that the Ministry of Finance together with the Ministry of Health and Ministry of Education significantly increase funding for healthy eating programs and establish a Universal Healthy School Food program.

- Since the start of the pandemic, BC residents are eating more homemade meals (59%) and more vegetables and fruit (47%) than before according to polling conducted in June. However, the average British Columbian's diet is still severely lacking in vegetables and fruit with only 7% eating the recommended 5+ daily servings.
  - On average, BC residents report eating less than 2 servings of vegetables and fruit per day in a given week.

- Less than half of parents reported that their children (aged 5-17) were eating the recommended 5 fruits and vegetables most days of the week and a third of parents report that their children eat processed snack foods most days of the week.
- 30% of British Columbians report that the cost of healthy foods such as fruits and vegetables, whole grains and proteins is not affordable and 50% of British Columbians overall feel that the pandemic has made food less affordable.

- Low fruit and vegetable consumption is highly problematic considering that it is a major risk factor for numerous chronic diseases including cardiovascular disease, type 2 diabetes and cancer.

- BCAHL encourages government to increase funding to expand and scale up successful health promotion initiatives that promote healthy eating such as Food Skills for Families, the Farmers Market Nutrition Coupon program, Generation Health, Appetite to Play and prenatal and family programs that support healthy pregnancies, breastfeeding and early childhood development. In addition to these established programs, grant funding should also be available for remote communities to address food access challenges and support local innovation.

- BCAHL encourages government to establish a Universal Healthy School Food program to ensure that children across BC have access to good nutrition so that they can focus on learning and build skills to lead healthy lives. Development of a Universal Healthy School Food Program can draw on the expertise of many knowledgeable leaders currently delivering successful programs such as BC's Farm to School initiative.

- Canada is the only G7 nation without a national school food program and yet the evidence has shown that they are effective for increasing students' knowledge about nutrition and health, fruit and vegetable consumption, and willingness to try new foods as well as improving students' focus and academic achievement. [ix,x, xi, xii, xiii, xiv]

- British Columbians are very supportive of programs to support healthy eating
  - 85% support expanding programs that teach food and cooking skills to promote healthy eating;
  - 80% support providing grants to support access to affordable healthy foods in remote areas of the province; and
  - 82% support providing healthy meals to students in all public schools through a Healthy School Food Program. Support for a Healthy School Food Program was especially strong among women and those with low incomes; 86% of women and 92% of those with incomes under $30K.

3) BCAHL recommends the Ministry of Finance work together with the Ministry of Transportation and Infrastructure to allocate economic stimulus funding towards the implementation of the key activities outlined in the Move, Commute, Connect: Provincial Active Transportation Strategy.

- Through this pandemic, bike sales have soared as British Columbians sought safe, healthy ways to travel and be active.[xv,xvi] With this strong public interest in active transportation, now is the time to allocate economic stimulus funds towards building the infrastructure as envisioned in BC's Active Transportation Strategy that put us on a path to a healthier, more active future.
- 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.
- Emissions from the transportation sector have acute and chronic effects on human health ranging from minor upper respiratory irritation to chronic respiratory and heart disease, lung cancer, acute respiratory infections in children and chronic bronchitis in adults, aggravating pre-existing heart and lung disease, or asthmatic attacks.
- 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.[xvii] 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.[xviii]
- Other global leaders are spending between $27 and $40 per person, per year.[xix] 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.
- 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. <u>Allocate $100M in active transportation per year over the next ten years. Prioritize investments in:</u>
    - 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.[xx,xxi]
    - 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.

- 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.
- The City of Vancouver has demonstrated the efficacy of planning and building active and public transportation capacity with 52% of trips currently being made by sustainable modes. Vancouver's Climate Emergency Plan has a target to reduce carbon pollution by 50% and to have 2/3 of trips in the city using active and public transportation modes by 2030 to achieve it.
- BCAHL is currently conducting research on active transportation in small towns across BC with populations between 1,000 to 30,000. Over 67% of municipalities responded to our survey and indicated that they are 'highly motivated to increase active transportation' (on a scale of one to ten representing how motivated their community is to increase active transportation, the median answer was seven and it was nine for the municipal staff respondents). 'Inadequate funding' was the number one barrier to implementing active transportation policies, programs and projects cited by 72% of municipal staff respondents.
- British Columbians are very supportive of investment in active transportation; 84% support building "more active transportation infrastructure – safe routes and trails for walking, biking and wheelchairs."

8) BCAHL recommends the Ministry of Finance together with the Ministry of Health contribute $10M in renewed 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.
    - According to polling conducted in June, less than half of parents report that their children are getting the minimal amount of daily physical activity for healthy development and one-third of people with low incomes do not move enough to achieve the basic health protection benefits of physical activity.
- 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 initiatives 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.

- The evaluation of the initiatives 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.
    - This translates into 52,746 British Columbians participating in physical activity.

- Earlier this year, BCAHL launched *EverybodyMoves* an on-line resource hub that pulls together quality materials to help physical activity leaders develop policies and practices that increase inclusion and accessibility in their programming and facilities. This addresses a need identified by the sector to engage those members of our communities that face additional barriers or challenges to participating in physical activity but requires ongoing additional funding for training and implementation support.

- Investments in physical activity and active transportation should be considered as part of BC's economic recovery plan. These investments would stimulate employment and get money circulating in the economy in the near but would also have a tremendous longer term return on investment.
    - An evaluation of the Provincial Physical Activity Strategy shows that the investment of $7M resulted in 52,746 British Columbians moving over three years.
    - According to estimates in a report by the Provincial Health Services Authority the cost of inactivity is $1B per year, which includes $350M in direct healthcare costs but by shifting 20,100 people to activity each year, BC would avoid $1.1B in direct healthcare costs by the year 2036.

- 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.

- British Columbians see the importance of investing in physical activity programs and infrastructure, over 80% support a range of physical activity initiatives, including:
    - 89% support Increase accessibility / adaptive equipment / programs so disabled individuals have opportunities to be physically active;
    - 86% support funding municipalities to update recreation facilities such as building new playgrounds, renovating aging pools and arenas, maintaining parks, tennis courts and sports fields;
    - 84% support funding for more low cost physical activity programming in community centres; and
    - 80% support subsidizing sport and organized physical activity programs for low-income families.

4) BCAHL recommends the Ministry of Finance together with the Ministry of Health establish an annual cost recovery fee on the tobacco industry which can be used to fund BC's tobacco control efforts.

- Tobacco use is the leading preventable cause of disease and death in British Columbia and in Canada, killing more than 6,000 British Columbians annually.[xxii]
- The annual economic burden of tobacco was calculated as $2 billion in 2013 which included $724 million in direct health care costs in BC.[xxii]
- While significant progress has been made, there are still 633,000 British Columbians who smoke and an unacceptably high number of youth who begin smoking each year.
    - According to BCAHL recent polling, 16% of BC residents said they had smoked or vaped in the past week.
    - 18% of British Columbians made a change to their smoking/vaping habits since the pandemic; 8% increased their smoking/vaping and 5% said they had decreased these habits.
    - Unfortunately, 12% of parents reported that their teenagers were smoking or vaping cannabis more often, 7% of parents said their teens were smoking tobacco and vaping with nicotine more often.
- BCAHL is deeply concerned about the vaping trend among youth, not only due to the inherent health risks associated with using vapour products but also because of evidence that shows that vaping increases the likelihood that users will transition to conventional cigarettes.[xxiii]
- While BC has made significant progress in tobacco control, given the lethality of tobacco products and associated health costs we can not afford to be complacent and must continue to strengthen efforts to bring down tobacco use especially given the recent youth trends.
- BCAHL recommends that BC government implement an annual cost recovery fee on tobacco manufacturers operating or selling in BC to fund our provincial Tobacco Control Strategy.

5) 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[xxiv], have included hazardous consumption of alcohol as a key risk factor for chronic disease, because of the overwhelming national and international evidence.[xxv]
- 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.[xxvi]
- The conclusions from the current evidence are that the net benefits of alcohol use are outweighed by the negatives.[xxvii] 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.[xxviii]
- Between 85-90% of younger people who drink, consume alcohol in excess of recommended guidelines set to reduce health harms. [xxix]
- The evidence shows that increased access to alcohol (whether through pricing, increased hours of operation or number of locations) leads to public health impacts.[xxx] 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.[xxxi]
- 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.

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

- In February 2020, BCAHL applauded the Minister of Finance for announcing that carbonated beverages that contain sugar, natural sweeteners or artificial sweeteners would be taxed PST. This was an important first step and we urge government to extend the provincial sales tax to non-carbonated sugary drinks as they are just as harmful and as popular as carbonated sugary drinks.

- Sugary drinks are the single largest contributor of added sugar in the Canadian diet.[xxxii] 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[xxxiii]. Added sugars provide extra calories but few or no nutritional benefits and are linked with a growing number of health problems.[xxxiv]

- Non-carbonated sugary drinks have plenty of sugar, and in some cases, more sugar than carbonated sugary drinks, strengthening the argument for inclusion in the PST. For example, Vitamin Water (orange) has 32 grams of sugar per 591 ml bottle, Kool-Aid Tropical Punch Drink has 16 grams of sugar per 237 ml serving, Snapple Raspberry Peach has 51 grams of sugar per 473 ml serving, and Starbuck's Bottled Mocha Frappuccino has 31 grams of sugar per 281 ml serving.

- 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.[xxxv] 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[xxxvi]. 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. [xxxvii] 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.

- Failing to intervene on non-carbonated sugary drinks is a lost opportunity to decrease sugar consumption over the long term. Many non-carbonated sugary drinks have seen a rise in sales over the past several years. Canadians are drinking non-carbonated sugary drinks in large quantities. Between 2004 and 2015, per capita sales volume increased for energy drinks (+638%), sweetened coffee (+579%), flavoured water (+527%), drinkable yogurt (+283%), sweetened tea (+36%), flavoured milk (+21%), and sports drinks (+4%), while sales volume decreased for regular soft drinks (-27%), fruit drinks (-22%), and 100% juice (-10%). In 2015, sales of flavoured water, flavoured milk, drinkable yogurt, and energy drinks accounted for approximately 18% of all sugary drink sales.[xxxviii]

- Though the regressive burden of taxes on food and beverage products is a concern, research demonstrated greater health impacts of taxation in lower income groups as compared to higher income groups.[xxxix ,xl]The authors suggested that taxes on unhealthy food and beverages may contribute to addressing health inequalities.[xl]

- People with less income may be more price-sensitive. Sugary drinks tax may start out as regressive, the shift in behaviour towards purchasing less sugary drinks by the more price-sensitive group suggests that over time, the regressivity would lessen as the burden of tax may shift to the wealthier consumers, as illustrated in Mexico.[xli]

- 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.[xlii]

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 "Healthy living for all British Columbians through every stage of life" and our **Mission** is: "To promote healthy living to prevent chronic disease by mobilizing leading health organizations to collaborate on health policy and programs throughout British Columbia."

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References

[i] Tjepkema M, Wilkins, R, Long A, Cause-specific mortality by income adequacy in Canada: A 16-year follow-up study Health Reports 2013 Vol. 24 no.7 pp. 14-22

ii Federal Provincial Territorial Advisory Committee on Population Health and Health Security. Reducing Health Disparities – Roles of the Health Sector: Recommended Policy Directions and Activities. Public Health Agency of Canada. ISBN: 0-662-69312-4., 2005.

[iii] Tarasuk V, Mitchell A. Household food insecurity in Canada, 2017-18. 2020; Available at: https://proof.utoronto.ca/.

[iv] McIntyre L, Dutton DJ, Kwok C, Emery JH. Reduction of food insecurity among low-income Canadian seniors as a likely impact of a guaranteed annual income. Canadian Public Policy 2016;42(3):274-286

[v] Brown EM, Tarasuk V. Money speaks: Reductions in severe food insecurity follow the Canada Child Benefit. Prev Med 2019;129:105876.

[vi] Tarasuk V. Implications of a basic income guarantee for household food insecurity. 2017; Available at: https://proof.utoronto.ca/resources/proof-annual-reports/implications-of-a-basic-income-guarantee-for-household-food-insecurity/.

[vii] First Call. 2018 BC Child Poverty Report Card. (November, 2018) https://still1in5.ca/wp-content/uploads/2014/11/First_Call_Report_Card_2018_web_Nov_20-1.pdf

[viii] Green, David; Kesselman, Jonathan; Tedds, Lindsay; Perrin, Daniel (28 December 2020). *"Covering All the Basics: Reforms for a More Just Society, Final Report of the British Columbia Expert Panel on Basic Income"*

[ix] MacKelvie, K., & Richardson, L. (2013, October 31). BC School Fruit and Vegetable Nutritional Program: Evaluation 2012—2013.

[x] Joshi, A., Misako Azuma, A., & Feenstra, G. (2008). Do Farm-to-School Programs Make a Difference? Findings and Future Research Needs. Journal of Hunger & Environmental Nutrition, 3(2–3), 229–246. https://doi.org/10.1080/19320240802244025

[xi] Evidence Brief: Impact of Food Skills Programs on Fruit and Vegetable Consumption among Children and Youth. (2016). Public Health Ontario. https://www.publichealthontario.ca/-/media/documents/E/2016/eb-food-skills.pdf?la=en

[xii] Stevens L, Nelson, M. The contribution of school meals and packed lunch to food consumption and nutrient intakes in UK primary school children from a low income population. In. Journal of Human Nutrition and Dietetics. Vol 242011.

[xiii] Muthuswamy, E. (2012). Feeding Our Future: The First and Second-Year Evaluation. Toronto District School Board.

[xiv] Brown, J. L., Beardslee, W. H., & Prothrow-Stith, D. (2008). "Impact of School Breakfast on Children's Health and Learning: An analysis of the scientific research." Retrieved from: http://us.stop-hunger.org/files/live/sites/stophunger-us/files/HungerPdf/Impact%20 of%20School%20Breakfast%20Study_tcm150-212606.pdf

[xv] https://cheknews.ca/bicycle-retailers-see-boom-in-business-during-covid-19-pandemic-664775/

[xvi] https://www.theglobeandmail.com/canada/british-columbia/article-bike-sales-surge-as-canadians-leave-their-cars-at-home/

[xvii] Frank L. D.& Kershaw, S. E. UBC School of Population and Public Health (2015) *Health Benefits of Transit Investment: Policy Brief* http://med-fom-spph-health-design.sites.olt.ubc.ca/files/2015/03/Health-Benefits-of-Transit-Investment-Summary-Mar-0515_ju.pdf

[xviii] Vancouver Coastal Health & Fraser Health. My Health, My Community. (2015*) Transportation and Health in Metro Vancouver*.www.myhealthmycommunity.org/Portals/0/Documents/MHMC%20Transportation%20and%20Health%20vPUBLIC%2012MAR2015.pdf

[xix] British Columbia Cycling Coalition. PROVINCIAL CYCLING STRATEGY: Enriching Families, Connecting Communities (2013) http://d3n8a8pro7vhmx.cloudfront.net/bccyclingcoalition/legacy_url/187/BCCC-Cycling-Strategy-2013.pdf?1408764296

xx Winters M, Davidson G, Kao DN, Teschke K. Motivators and deterrents of bicycling: Comparing influences on decisions to ride. Transportation 2011;38(1):153-68.
xxi Winters M, Babul, S et al. Safe Cycling: How Do Risk Perceptions Compare With Observed Risk? Can J Public Health 2012;103(Suppl. 3):S42-S47
[xxii] Office of the Provincial Health Officer. Taking the Pulse of the Population: An Update on the Health of British Columbians. (2019) www.health.gov.bc.ca/pho
xxiii Hammond,D, Reid,JL, Rynard,VL, Fong, GT et al. "Prevalence of vaping and smoking among adolescents in Canada, England, and the United States: repeat national cross sectional surveys." BMJ 2019;365:l2219 doi: https://doi.org/10.1136/bmj.l2219
xxiv Public Health Agency of Canada. Risk Factor Atlas http://www.phac-aspc.gc.ca/cd-mc/atlas/index-eng.php
xxv WHO, 2011http://www.who.int/substance_abuse/publications/global_alcohol_report/msbgsruprofiles.pdf; WHO, 2009, and Rehm J, Mathers, C.et al, "Alcohol and Global Health 1: Global burden of disease and injury and economic cost attributable to alcohol use and alcohol-use disorders," The Lancet 373: 2223-33, 2009.
xxvi Rehm et al. 2006 cited in the CPHA Position Statement on Alcohol (draft paper presented at CPHA 2011 conference in Montreal)
xxvii Butt, et al, in press; Rehm, et al., 2010.
xxviii Schutze, M. et al. Alcohol attributable burden of incidence of cancer in eight European countries based on results from prospective cohort study," British Medical Journal 2011;342:d1584.
xxix British Columbia. Promote, Protect, Prevent: Our Health Begins Here [electronic resource] BC's Guiding Framework for Public Health. (2013) http://www.health.gov.bc.ca/library/publications/year/2013/BC-guiding-framework-for-public-health.pdf
xxx Stockwell et al, 2011, Stockwell et al 2009. Babor et al 2010.
xxxi British Columbia. Office of the Provincial Health Officer. Public health approach to alcohol policy: an updated report from the Provincial Health Officer, December 2008
http://www.health.gov.bc.ca/library/publications/year/2008/alcoholpolicyreview.pdf
[xxxii] Langlois K and Garriguet D. Sugar consumption among Canadians of all ages. Statistics Canada September, 2011
[xxxiii] Guideline: Sugars intake for adults and children. Geneva: World Health Organization; 2015.
[xxxiv] http://www.heartandstroke.com/site/apps/nlnet/content2.aspx?c=ikIQLcMWJtE&b=4016859&ct=14183373
[xxxv]http://www.yaleruddcenter.org/resources/upload/docs/what/reports/Rudd_Policy_Brief_Sugar_Sweetened_Beverage_Taxes.pdf
[xxxvi] British Columbia Healthy Eating Population Health Survey, 2013: Technical Report
[xxxvii] Garriguet D. Beverage Consumpion of Canadian Adults. Statistics Canada. November 2008.
xxxviii Jones AC, Veerman JL, Hammond D. the Health and Economic Impact of a Tax on Sugary Drinks in Canada. Univ Waterloo [Internet]. 2017;1–77. Available from: https://www.diabetes.ca/getattachment/Newsroom/Latest-News/Will-a-sugary-drinks-levy-benefit-Canadians/The-Health-and-Economic-Impact-of-a-Sugary-Drinks-Tax.pdf.aspx

[xxxix] Kao K-E, Jones AC, Ohinmaa A, Paulden M. The health and financial impacts of a sugary drink tax across different income groups in Canada. Econ Hum Biol. 2020;100869.
[xl] Wright A, Smith KE, Hellowell M. Policy lessons from health taxes: A systematic review of empirical studies. BMC Public Health. 2017;17(1):1–14
[xli] Ng S, Rivera J, Popkin B, Colchero M. Did high sugar-sweetened beverage purchasers respond differently to the excise tax on sugar-sweetened beverages in Mexico? Public Heal Nutr. 2018;Dec(18):1–7
xlii 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.