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Overview of M2K Policy Recommendations from Across Canada and Areas of Alignment

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PLAN for TODAY



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- 1) Research Questions
- 2) Methodology
- 3) Results
- 4) Summary



RESEARCH QUESTIONS



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- What is the position on restricting M2K of various organizations in Canada?
- What are the commonalities and differences in these positions?

METHODOLOGY



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- Identified various organizations with M2K policy statements (n = 13)
 - Not a comprehensive review
 - Local
 - Toronto Board of Health
 - Provincial
 - Alberta Policy Coalition for Chronic Disease Prevention - Consensus Conference
 - Association of Local Public Health Agencies
 - Heart and Stroke Foundation (BC & Yukon)
 - Ontario Medical Association
 - Ontario Public Health Association
 - Ontario Society of Nutrition Professionals in Public Health
 - National
 - Canadian Medical Association
 - Center for Science in the Public Interest (Canada)
 - Childhood Obesity Foundation
 - Chronic Disease Prevention Alliance of Canada
 - Dietitians of Canada
 - Hypertension Advisory Committee

METHODOLOGY



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- Collected and read the positions of the various organizations
 - Two organizations did not have a policy documents but their position had been articulated elsewhere (i.e. advocacy materials etc.)
- Creation of summary table
 - Type of approach
 - self-regulatory
 - regulatory
 - Regulatory actor
 - Definition of M2K
 - Key recommendations
 - General rationale:
 - Why does M2K matter?
 - Rationale for specific recommendations:
 - Why we chose one approach over another?
 - Age recommendations
- Accuracy verification with each organization
- Analysis of commonalities/differences



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RESULTS



TYPE OF APPROACH



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TYPE OF APPROACH	ORGANIZATION
Legislation	Alberta Policy Coalition Association of Local Public Health Agencies Canadian Medical Association Center for Science in the Public Interest Childhood Obesity Foundation Chronic Disease Prevention Alliance of Canada Heart and Stroke Foundation (BC & Yukon) Hypertension Advisory Committee Ontario Medical Association Ontario Public Health Association Ontario Society of Nutrition Professionals in Public Health Toronto Board of Health
Self Regulation	Dietitians of Canada***

***DC recommended that a legislative approach be taken if self-regulation does not improve in 2-3 years.

REGULATORY ACTOR



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ORGANIZATION	Federal	Provincial
Alberta Policy Coalition	✓	
Association of Local Public Health Agencies	✓	✓
Canadian Medical Association	✓	
Center for Science in the Public Interest	✓	✓
Childhood Obesity Foundation	✓	✓
Chronic Disease Prevention Alliance of Canada	✓	✓
Heart and Stroke Foundation (BC & Yukon)	✓	✓
Hypertension Advisory Committee	✓	✓
Ontario Medical Association	✓	✓
Ontario Public Health Association	✓	✓
Ontario Society of Nutrition Professionals in Public Health		✓
Toronto Board of Health	✓	✓

DEFINING MARKETING/ ADVERTISING



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- Marketing – broad range of activities (promotion, price, placement, place)
- Advertising – promotion only
- Roughly half of positions specified “marketing”, others → “advertising”
- General agreement that regulations must reflect diversity/ intensity of modern marketing/advertising

KEY RECOMMENDATIONS



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KEY RECOMMENDATION	ORGANIZATION
No commercial marketing to children (Quebec model)	Association of Local Public Health Agencies Center for Science in the Public Interest Ontario Public Health Association Ontario Society of Nutrition Professionals in Public Health Toronto Board of Health
No commercial food or beverage marketing to children	Alberta Policy Coalition
No unhealthy food/beverage marketing	Canadian Medical Association Childhood Obesity Foundation Chronic Disease Prevention Alliance of Canada Heart and Stroke Foundation (BC & Yukon) Hypertension Advisory Committee Ontario Medical Association
Improved self-regulation	Dietitians of Canada

GENERAL RATIONALE



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ARGUMENTS

Food and beverage marketing associated with obesity, food intake, child requests

Children's cognitive vulnerability (M2K is manipulative)

High frequency of M2K in Canada and unhealthfulness of this marketing

High rates of childhood obesity (poor food intake, links with cancer, heart disease, stroke)

Industry self-regulation is not working

M2K undermines parents

M2K is unethical

M2K undermines public health

Public support for regulation



Majority
agreed

See Mum? Normal people
get to eat those tasty snacks
five times an hour...



Wilcox

RATIONALE FOR SPECIFIC RECOMMENDATIONS



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KEY RECOMMENDATION	ORGANIZATION
No commercial marketing to children (Quebec model)	Association of Local Public Health Agencies Center for Science in the Public Interest Ontario Public Health Association Ontario Society of Nutrition Professionals in Public Health Toronto Board of Health

- Unethical to advertise to children
- Such a ban would
 - Create an environment supportive of healthy choices
 - Would reduce loopholes for junk food ads
 - Would decrease ads for toys promoting sedentary play
- Advertising should be targeted at parents
- Nutrient based ban would be ineffective
 - Difficulty defining “unhealthy”
 - Would lead to loopholes
 - Would not lead to proliferation of ads for healthier foods
- Canada has legal and administrative structures in practice to implement

COMMENTARY: Quebec model



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PROS

- Has potential to reduce volume and power of marketing to children
 - Food and beverage
 - Sedentary activities
 - Sexualized toys
- Has potential to improve total health of children
 - Obesity/food intake
 - Physical activity levels
 - Mental health
- Pro-parent
- Evidence?
 - we have good data on Quebec and can improve on their experience

CONS

- Can not advertise healthy foods
- Economic impact
 - Companies advertising
 - Media
- Drawbacks of current Quebec legislation need to be avoided
 - define “directed at children” differently
 - i.e. child stations
 - Reduce no. of exceptions
 - Systematic surveillance
 - Bigger fines
- Politically more difficult to achieve?

RATIONALE FOR SPECIFIC RECOMMENDATIONS



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KEY RECOMMENDATION	ORGANIZATION
No unhealthy food/beverage marketing	Canadian Medical Association Childhood Obesity Foundation Chronic Disease Prevention Alliance of Canada Heart and Stroke Foundation (BC & Yukon) Hypertension Advisory Committee Ontario Medical Association

- Association between M2K and obesity/food intake
- Broader ban seen as
 - More difficult to achieve
 - Limits the ability of industry to market healthy foods to children
 - Not enough evidence to support this type of ban
 - Not enough evidence between M2K and sedentary behaviour
- In line with national position on M2K
- In line with WHO recommendations

COMMENTARY: No unhealthy food/beverage marketing



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PROS

- Reduces volume of junkiest food advertising
- May push industry to reformulate products
- Economic impact on corporations is potentially less
- Evidence?
 - data from the U.K. and we can improve on their experience
- Perception that it's easier to achieve politically
- Easy to justify from obesity/heart/stroke/cancer angle

CONS

- Defining “healthy”, “unhealthy”
- Need new enforcement agency
- Continuation of advertising of
 - food
 - sedentary activities
 - sexualized toys
- Not as pro-parent?

RATIONALE FOR SPECIFIC RECOMMENDATIONS



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KEY RECOMMENDATION	ORGANIZATION
No commercial food/beverage marketing	Alberta Policy Coalition

- Focus was child obesity, not broader commercialization
- Consistent with WHO Marketing Framework of 2012

COMMENTARY: No commercial food/beverage marketing



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PROS

- Reduction in volume of food/beverage marketing seen by children
- No need to define “healthy” and “unhealthy”
- Still allows non-commercial promotion of healthy foods
- Pro-parent
- Easy to justify from obesity/heart/stroke/cancer angle

CONS

- Continuation of advertising of
 - sedentary activities
 - sexualized toys
- Model hasn’t been implemented anywhere
- Economic impact on industry?
- Rationale may be more difficult to explain
 - Does not fit “unethical” or “improved child health” arguments

AGE RECOMMENDATIONS



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KEY RECOMMENDATION	ORGANIZATION
<18 years	Alberta Policy Coalition
<16/18 years	Center for Science in the Public Interest
<13 years	Association of Local Public Health Agencies Canadian Medical Association Hypertension Advisory Committee Ontario Medical Association Ontario Public Health Association Ontario Society of Nutrition Professionals in Public Health Toronto Board of Health
Not specified	Childhood Obesity Foundation Chronic Disease Prevention Alliance of Canada Dietitians of Canada Heart and Stroke Foundation (BC & Yukon)



SUMMARY



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CONSENSUS	TO BE WORKED ON...
Type of Approach <ul style="list-style-type: none">legislative	Key Recommendations <ul style="list-style-type: none">5/13 favour no commercial advertising to children (Quebec model)6/13 favour no unhealthy food/beverage advertising to children
Regulatory Actors <ul style="list-style-type: none">F /P governments	Age Recommendations <ul style="list-style-type: none">7/13 favour <13 years
Definitions of Marketing <ul style="list-style-type: none">Inclusive of all media formsPlaces where children gather	
General Rationale <ul style="list-style-type: none">Food and beverage marketing associated with obesityChildren's cognitive vulnerabilityHigh frequency of M2K in Canada and unhealthfulness of this marketingHigh rates of childhood obesity (poor food intake, links with cancer, heart disease)	

OBSERVATIONS



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- Lack of consensus rooted in differences in
 - understanding of the problem
 - desired outcomes
- Very few organizations assessed the feasibility of implementing their position
 - Legislative frameworks?
 - Enforcement infrastructure?
- Public positions did not address political climate at provincial or federal levels



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Thank you!