

# FOOD SECURE CANADA/SÉCURITÉ ALIMENTAIRE CANADA

## WORKING PAPER ON CHILDREN'S FOOD & NUTRITION

*The day will come when the progress of nations will be judged not by their military or economic strength, not by the splendour of their capital cities and public buildings, but by the well-being of their peoples: by their levels of health, nutrition and education.....and by the protection that is afforded to the growing minds and bodies of their children.*

The Progress of Nations, United Nations Children's Fund (2000)

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### **INTRODUCTION**

Sustained access to adequate amounts of safe and nutritious food is essential for optimal child health, including their development. However, the importance of food extends beyond nutrition. Food is embedded in human society, also serving symbolic, cultural, social and political roles. Food is what first connects mother and child. As children grow, food security becomes essential not only for optimal growth and functioning, but in facilitating healthy family functioning, social inclusion and cultural identity.

### **Summary**

In spite of Canada's wealth, many children go hungry, many more live in homes that are unable to meet their basic food needs, even more attend schools where nutrition programs are underfunded or non-existent, and all are subject to government policies and food system influences that promote the production, distribution and marketing of calorie dense, nutrient poor foods. All of these conditions represent a violation of multiple international declarations to which the Canadian Federal Government is a signatory.

### **Call to Action**

Food Secure Canada calls on governments at all levels to immediately implement economic, social and food policies that optimally support child health, development and functioning, that ensure zero hunger among Canada's children and address the dramatic increases in childhood obesity. Food Secure Canada also calls on individuals and civil society organizations to come together to transform Canada into a world leader in making safe and healthy food available to all children and reshaping social, cultural, economic and environmental influences to optimally support child health.

### **Recommendations**

Food Secure Canada recommends that:

1. The Federal Government develop and implement a national food strategy that will achieve:
  - Zero hunger among Canada's children;
  - Dramatic improvements in child health indicators, including obesity; and,
  - Changes to social, cultural, economic and environmental influences that will guarantee the fulfillment of commitments to food security agreed to under international declarations to which the Government is a signatory.

Food Secure Canada further recommends, in addition to, or in anticipation of a national food strategy, that:

4. Governments increase social assistance rates through a nutrition allowance to support all recipients' access to safe, nutritious and culturally acceptable foods adequate for optimal health;
5. Provinces eliminate the clawback<sup>1</sup> of the National Child Benefit Supplement from families in need without discontinuing existing community programs funded by the clawback;
6. The Federal Government increase funding to the Canada Prenatal Nutrition Program to levels sufficient to eliminate waiting lists and eliminate the need for external fundraising; and,
7. A Children's Food Bill be brought before Parliament to legislate changes to the quantity and quality of food available to all of Canada's children, including, but not limited to, the adoption of a federally funded universal school nutrition program based on locally sourced foods and encompassing cooking and growing skills, the implementation of national school nutrition standards, and a prohibition against all commercial advertising to children.

## **SELECTED ISSUES**

### **Poor Diet**

What Canada's children eat falls short of what is needed for optimal health, including development. Seven out of 10 children aged four to eight do not eat the recommended daily minimum of five servings of vegetables and fruit. More than a fifth (22.3%) of total calories consumed by 4-18 year olds and 18.2% of calories consumed by four to eight year olds come from the "other foods" category. A 2004 Statistics Canada survey found that one quarter (24.8%) of Canadian children aged 4-18 years had eaten food from a fast-food outlet in the previous day<sup>1</sup>. A higher percentage of school children in many countries, including France, Ireland, Portugal, Russia and Latvia eat breakfast every day than in Canada<sup>2</sup>.

Unhealthy eating habits during childhood may interfere with optimal growth and development while setting the stage for poor eating habits during adolescence and adulthood. Poor diet can predispose to a number of serious illnesses, such as cardiovascular disease and some cancers, and lead to a poorer quality of life. Increases in other nutrition-related risk factors for chronic disease in children such as hypertension, hypercholesterolemia and type 2 diabetes have also been observed<sup>3</sup>. Poor nutrition among school-age children has been linked to low academic performance, impaired social skills, classroom behaviour problems and low self-esteem<sup>4,5</sup>.

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<sup>1</sup> As part of the National Child Benefit initiative, provinces and territories are permitted to reduce the amount of social assistance received by low income families by the amount received via the NCBS. This practice is generally referred to as the "clawback".

## Obesity

Poor diet has also been implicated in the increases in child overweight and obesity. In 2004, 26% of Canadian children and youth aged 2-17 years were overweight or obese, including 8% who were obese. The prevalence of overweight and obesity doubled among 6-17 year olds between 1979 and 2004 and obesity tripled among adolescents aged 12-17 years<sup>6</sup>. Childhood obesity can have both short and long-term consequences for children's physical and emotional health and social functioning<sup>7</sup>. The U.S. National Academy of Sciences stated that the metabolic syndrome, which is associated with cardiovascular disease and type 2 diabetes, may present the greatest physical health threat of childhood obesity<sup>8</sup>. It is estimated that the economic cost of obesity among all ages in 2001 totaled \$4.3 billion<sup>9</sup>. This is likely an underestimate of the current economic cost based on more recent direct measures of obesity. If current trends in child and adult obesity continue, the economic costs in Canada will continue to escalate.

## Food Access

Many children in Canada live in food insecure households in spite of the fact that Canada is one of the world's wealthiest countries, with an overabundance of home-grown or imported food (3,552 calories/day for every person<sup>10</sup>) and available at some of the lowest prices in the world<sup>11</sup>. Approximately 10-14% of Canadians have reported food insecurity (including experiences of hunger and less severe experiences of dietary compromise)<sup>12</sup>. Children are the age group most likely to live in a food insecure household. Low-income households and households headed by a lone parent mother virtually always report the highest and second highest rates of food insecurity, respectively. Other vulnerable groups include those of Aboriginal status, recent immigrant households, renters (or those making housing payments of any kind) and households with a higher number of children.

Research has shown that parents will deprive themselves of food to protect their children's diets, with younger children being more protected than older children. Therefore, the prevalence of actual child hunger in Canada is relatively low, typically under 2%<sup>13</sup>. However, less severe compromises in diet are more prevalent. One in six parents of young children (under six years) in Toronto reported at least one indicator of children's food insecurity related to income inadequacy. This included 6.8% reporting not being able to provide child(ren) a balanced meal and 3.1% who reported their young child(ren) not eating enough. The prevalence was much higher among low-income, lone parent and/or recent immigrant households.

Recent research, primarily from the U.S., has started to reveal evidence of health outcomes for children living in food insecure households, regardless of whether the diets of children are affected. These children tend to have:

- Poorer health status<sup>14, 15</sup>
- More iron deficiency anemia<sup>16</sup>
- More frequent hospitalizations, stomach aches and headaches<sup>17</sup>
- Poorer health related quality of life<sup>18</sup>
- Poorer social interaction skills, impaired academic performance, and poorer emotional status including anxiety, aggression and difficulty getting along with other children<sup>19, 20, 21</sup>

These associations existed even when controlling for low income and in spite of the fact that very few respondents reported any experiences of child hunger<sup>22</sup>.

Research also suggests that parents of children in food insecure homes are profoundly affected and are vulnerable to poor physical health, as well as anxiety and depression. Parents can experience feelings of being stigmatized and embarrassed about not being able to feed their children, which itself can promote feelings of social exclusion and isolation from neighbours and the community<sup>23</sup>. Therefore, children's food insecurity is a serious concern for children themselves, their parents, and by definition, for the healthy functioning of society at large.

Food access issues are addressed in Canada primarily by an ad hoc range of independently run assistance programs rather than through a federally funded food assistance program. Numerous changes to social programs over the last fifteen years have dramatically reduced the supports available to lower income Canadians, including most significantly:

- The restructuring of unemployment insurance, with reduced numbers of workers eligible for benefits, lower benefit levels, and shorter benefit periods;
- Significant cuts in federal financial transfers to the provinces;
- Restricted eligibility and lower benefit levels for social assistance;
- Minimum wage rates that have not increased or not kept pace with inflation, leaving minimum wage earners well below the poverty line; and,
- The clawback of the National Child Benefit Supplement (NCBS) from families receiving social assistance in some provinces, including Ontario; and.

The administration of the NCBS by many provinces has been a particular focus of many children's advocates. The Supplement provides low income families with children under the age of 18 with funds in addition to the Canada Child Tax Benefit. As part of the NCB initiative, provinces and territories are permitted to reduce (or claw back) the amount of social assistance received by low income families by the amount received via the NCBS. In 2005, the only provinces that did not claw back were Newfoundland and Labrador, Nova Scotia, New Brunswick, Quebec and Manitoba. The money recouped from the clawback must be re-invested in programs and services that meet the NCB program objectives. Some provinces, including Ontario, have stopped clawing back the increases in the NCBS but most of the supplement continues to be clawed back from social assistance<sup>24</sup>. A 2004 Toronto Daily Bread Food Bank survey of social assistance clients with children found that 49% believed an increase in income equivalent to the clawed back portion of the NCBS would eliminate their need for food bank assistance. If true, this would mean that 13,500 children in Toronto alone would no longer have to rely on food banks<sup>25</sup>.

In spite of Canada's efforts to promote human rights globally and its ratification of a number of conventions related to food and nutrition, our economic and social policies do not yet ensure the right to adequate food for all children. The existence of hunger and less severe dietary compromises rooted in material deprivation represents a violation of the following international and national declarations to which our Federal Government is a signatory:

*United Nations Universal Declaration of Human Rights (1948)*

*Article 25*

“(1) Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services,…”

*United Nations Covenant on Economic Social and Cultural Rights (1976)*

*Article 11*

“1. The States Parties to the present Covenant recognize the right of everyone to an adequate standard of living for himself and his family, including adequate food, clothing and housing, and to the continuous improvement of living conditions.

2. The States Parties to the present Covenant, recognizing the fundamental right of everyone to be free from hunger,...

*United Nations Convention on the Rights of the Child (1989)*

*Article 24*

“States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures:

(c) To combat disease and malnutrition, including within the framework of primary health care, through, inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking-water, ..”

*Rome Declaration on World Food Security (1996)*

"We will implement policies aimed at eradicating poverty and inequality and improving physical and economic access by all, at all times, to sufficient, nutritionally adequate and safe food and its effective utilization."

*Canada's Action Plan for Food Security (1998)*

“Individuals and households must have access to sufficient, safe and nutritious food both in quantity and quality to meet their daily dietary requirements for a healthy and productive life.”

## **School Food**

Canada is one of the few Western nations without a nationally funded school nutrition program. Many school nutrition programs are available in different parts of the country, but are funded by parents, municipalities, provincial governments and with funds raised by Breakfast for Learning.

Concerns have been raised about the quality of foods available to children in schools. There are currently no national nutrition standards for school meals, vending machines or school fundraising activities. The Dietitians of Canada note that the biggest challenges for children in eating healthy at school are the availability of higher fat foods and sugary treats and limited access to nutritious foods<sup>26</sup>.

Evidence from Nova Scotia on the effectiveness of school nutrition programs shows that participating students had lower rates of overweight and obesity, higher consumption of fruits and vegetables, less calorie intake from fat, and higher dietary quality index scores<sup>27</sup>. These students also reported more participation in physical activities and less participation in sedentary activities. Student nutrition programs continue to serve multiple purposes to address a variety of health issues such as providing needed nutrients to food insecure children, acting as a vehicle for nutrition education for all children, modeling of healthier food choices and promotion of physical activity on a daily basis. The programs can play a role in reducing overweight/obesity and prevent early onset of nutrition-related chronic diseases such as heart disease, cancer and type 2 diabetes. A recent analysis based on preschool children in Quebec found that not eating breakfast

every day nearly doubled the odds of being overweight at age 4.5 years after controlling for mother's immigrant status, household income and the number of overweight/obese parents<sup>28</sup>.

## **Food Marketing**

The intensity and frequency of marketing to children has increased dramatically in the last 25 years. Figures are not available for Canada, but in the U.S., total annual spending by companies on all advertising and marketing directed at young people is now estimated at \$15 billion<sup>29</sup>. Large food companies, in particular, now spend enormous amounts. In 2005, Kraft Foods alone spent \$1.3 billion globally on marketing to all ages<sup>30</sup>, or \$400 million more than the total annual budget of the World Health Organization<sup>31</sup>. Many corporations devote substantial resources in promoting brand awareness to very young children. By the time children enter grade one they can be familiar with approximately 200 brands and Ronald McDonald's face is recognized by nearly 96% of children<sup>32</sup>.

Today's children represent a powerful economic segment, with increasing disposable income of their own. U.S. children aged 4-12 years spent \$30 billion in 2002. Children also play a big role in influencing household purchasing decisions. The purchase influence of U.S. children is currently estimated at \$500 billion annually for 2-14 year olds<sup>33</sup>.

Sophisticated research is undertaken to determine how to tap into this growing market. Marketers employ child psychologists, review academic literature on child development, send cultural anthropologists into homes, stores and fast food restaurants, organize focus groups, study children's drawings, dreams and fantasy lives, and apply the findings to ads and product designs<sup>34</sup>.

Marketing messages can now permeate every corner of children's lives. Over the last generation marketing has expanded dramatically into newer venues (schools, restaurants, public transit), media forms (Internet, mobile phones, music, advergimes<sup>2</sup>) and strategies (branded spokescharacters, tie-ins with movies and fast food, product placement<sup>3</sup>, industry-sponsored educational materials, viral marketing<sup>4</sup>). The Internet has become an area of particular interest for marketers. Spending on online ads in Canada was projected to reach \$500 million in 2006, a 48% increase on 2005 spending<sup>35</sup>.

A number of content analyses of marketing messages targeted to children on TV and the Internet in Canada, the U.S., Australia and Europe have found that calorie dense, nutrient poor foods predominate<sup>36, 37, 38</sup>. Very little information has been collected about the content of children's marketing messages in other media forms.

The most comprehensive systematic review of the influence of marketing on children and teens concluded in 2006 that there is strong evidence that it influences the preferences, purchase requests and short-term consumption of younger children in favour of calorie

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<sup>2</sup> An advergime is a product-centered video game with embedded brand messages such as product packaging, logos and/or brand characters.

<sup>3</sup> Product placement is a strategy by which marketers, either by direct payment or a barter arrangement, have their product or brand embedded within the content of TV programming, films, books, music or other media forms.

<sup>4</sup> Viral marketing uses pre-existing social networks to spread brand awareness, also called word-of-mouth marketing.

dense, nutrient poor foods. Most younger children (approximately age 8 years and under) do not effectively comprehend the persuasive intent of marketing messages and those age four and under cannot consistently tell the difference between television ads and programming. The review also found strong evidence of a link between TV ads and overweight or obesity among children and teens of all ages<sup>39</sup>.

Advertising to children in Canada (outside of Quebec) is primarily regulated by the industry itself. There are few specific references to food, nutrition or health in the industry's children's advertising codes. The current self-regulatory system also does not address the volume of advertising to children, only individual ads. It is focused on traditional advertising and, with the exception of TV ads, there is no prescreening.

In Quebec, all commercial advertising directed at children under the age of 13 has been prohibited by the province's Consumer Protection Act since 1980. The Supreme Court of Canada ruled in favour of the ban in 1989, stating that the law was reasonable and justifiable. The Court also commented on children's unique vulnerability to marketing messages, stating that "...advertising directed at young children is per se manipulative. Such advertising aims to promote products by convincing those who will always believe"<sup>40</sup> (Irwin Toy Ltd. v. Québec (AG), 1989).

Many provincial, federal and international organizations and government agencies are demanding better regulation of children's food advertising. This includes the Centre for Science in the Public Interest<sup>41</sup>, the Ontario Medical Association<sup>42</sup>, the Heart and Stroke Foundation of Canada<sup>43</sup>, the European Heart Network<sup>44</sup>, the International Association for the Study of Obesity<sup>45</sup>, and a coalition of 170 national organizations in the U.K.<sup>46</sup>

## **Conclusion**

Food Secure Canada's Children's Food and Nutrition Workgroup will continue to build a broad-based coalition of members that are passionate about Canada becoming a world leader in making safe and healthy food available to all children and reshaping food-related social, cultural, economic and environmental influences to achieve zero hunger and a just and sustainable food system. The Workgroup will continue to identify projects of national importance to children's food and nutrition and pursue collaborative solutions through advocacy, research, education and policy making.

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