

Primary Prevention Action Group

Environmental Scan of Primary Prevention Activities in Canada: Part 1 - Policies and Legislation

Executive Summary

ACKNOWLEDGEMENTS

Research and writing:

Brian Hyndman, MHSc
Consultant
The Alder Group



Steering Committee:

Lisa Petermann, PhD
Program Research Leader,
Researcher and Evaluation Unit
Cancer Prevention Program - Alberta Health Services

Jon Kerner, PhD
Chair, Primary Prevention Action Group
Senior Scientific Advisor for Cancer Control and Knowledge Translation
Canadian Partnership Against Cancer

Deb Keen, BScN, MPA
Program Director, Primary Prevention Action Group
Canadian Partnership Against Cancer

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Executive Summary

Introduction/Methodology

Healthy public policies, including legislation, taxation, mandated education, fiscal incentives and organizational change initiatives, are important components of a comprehensive cancer reduction strategy. The Canadian Partnership Against Cancer initiated an environmental scan of cancer prevention related legislation and policies implemented by all three levels of government (federal, provincial and local) and school boards over a ten year period (1997-2007). The objectives of this undertaking were:

1. To create a comprehensive list of federal/provincial/territorial, municipal and school-based policies and legislation in Canada addressing the key modifiable risk factors for cancer in order to provide CPAC with a Canadian 'snapshot' as context for its Coalitions Linking Action and Science for Prevention (CLASP) funding initiative to support coalitions of experts and front-line practitioners involved in the prevention of cancer and other chronic diseases in extending the reach and deepening the impact of existing evidence-based prevention programs;
2. To provide, in report format for consideration by CLASP participants, a critical analysis of the results of the policy scan, including gaps and areas of duplication in policies, potential efficiencies, jurisdictional linkages between current policies and other insights.

The scan focused on legislation and policies addressing the key modifiable risk factors for cancer, including tobacco, nutrition, physical activity, alcohol, and UV radiation. The scan also focused on policies and legislation concerning vaccination for Human Papilloma Virus (HPV), Hepatitis B and C, and screening policies for Helicobacter Pylori (H Pylori). Relevant examples of policies and legislation were obtained through on-line database searches, including the cumulative legislation index of the Canadian parliament and legislation index databases for the thirteen provincial and territorial assemblies. In addition, a review of the extant literature was conducted to compare current Canadian initiatives with identified 'best practices' in cancer prevention in Canada and other jurisdictions, and a series of key informant interviews were conducted to identify factors contributing to, and hindering, the development and sustainability of legislation/policies addressing nutrition, physical activity and alcohol. Interviews on the development of policies for the remaining risk factors were not conducted due to time and resource limitations.

Results

The scan revealed considerable adoption of legislation and policies addressing most of the key modifiable risk factors for cancer. In particular, the scan identified a number of areas where growing consensus and political will is beginning to result in policy-based responses. These include:

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- the adoption of advertising and promotion restrictions on tobacco products by most provincial and territorial governments that go beyond the federal limitations stipulated in the federal *Tobacco Act*;
- bans on smoking in enclosed public places and workplaces by all Canadian provinces/territories (with some variance in exemptions for Designated Smoking Rooms/Areas);
- growing interest in (and utilization of) policy options banning or restricting unhealthy food products in schools;
- increased number of provinces/territories implementing daily physical activity requirements in schools;
- increases in tax incentives aimed at encouraging young people to be physically active;
- a trend towards encouraging healthy eating and physical activity through provincial/territorial health promotion/healthy living strategies that include policy components;
- provincial Liquor License/Control Act amendments to reduce the risk of unsafe levels of alcohol consumption;
- the initiation of universal HPV vaccination programs in all Canadian provinces and one territory;
- some form of universal Hep B vaccination program (for infants and/or adolescents) in all Canadian provinces/territories.

The scan found only limited evidence of policy/legislation addressing UV radiation. At present, there are no Canadian policies addressing the prevention of H Pylori through screening or other measures. This may, in part, be due to inconclusive evidence for the efficacy and cost-effectiveness of mass or targeted interventions for H Pylori in developed countries such as Canada, where incidence rates are low compared to developing countries. There are no policies/legislation addressing Hep C vaccination, as an effective vaccine is still under development.

Canadian legislation and policies compare favourably with identified best practice policy options addressing tobacco and alcohol. Canadian jurisdictions have begun to implement some of the evidence-based policy options addressing the other modifiable risk factors for cancer (e.g., daily physical activity requirements in schools), but more work is needed to expand the reach and scope of these initiatives. A greater focus on documenting outcomes through evaluation is also required.

What Determines Policy?

Key informant interviews conducted as part of the scan aided in the identification of factors contributing to the development and sustainability of healthy public policies addressing nutrition, physical activity and alcohol. These included:

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- Persuasive evidence backed by strong science
- Political will, having key political allies
- Ability to influence political decision makers
- Credible stakeholders, who are able to collaborate with one another through networks and partnerships
- Strong public opinion in favour of the proposed policy change

Conversely, barriers to the development and sustainability of nutrition, physical activity and alcohol policies identified by key informants included:

- Existing structural division between federal and provincial/territorial levels of government results in a high level of 'patchwork' variance in risk factor reduction policies.
- Canada Health Transfer tax does not include provisions to ensure that public monies are used for preventive or other health promotion initiatives.
- Lack of evidence, including limited baseline data and lack of monitoring/reporting mechanisms for promising initiatives
- Lack of political leadership and ideological differences amongst parties
- Inability of decision makers to think long-term (i.e. 'beyond election 'window')
- Power of vested interests (e.g., industry)
- Lack of public support

In their response to a question about what could be done to overcome the systemic barriers to the development of healthy public policies, key informants cited more compelling and accessible evidence as a key priority. However, they were also conscious of the need to address the broader social, economic and political factors shaping policy decisions. The range of suggestions included:

- more awareness raising and educational efforts to build public support
- more work to identify and build on lessons learned from other jurisdictions
- more emphasis on incentives for healthy choices (i.e., 'carrots' rather than 'sticks')
- address the political impediments to a longer-term vision through an incremental approach emphasizing small successes in a strategic way that builds momentum for change (i.e., a tipping point)
- conduct advocacy through network models that involve researchers and practitioners working together.
- take a broader perspective on policy development that encompasses the social determinants of health rather than risk-factor specific approaches

Summary and Conclusions

There is some evidence that the prevailing climate of fiscal restraint over the past decade has eroded healthy public policies in key settings. The state of school-based health initiatives in Canada is a case in point. Progressive funding cuts by provincial and territorial governments have meant that school boards across Canada have had to economize. In response to a reduced funding base, many have chosen to eliminate

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regular physical activity programs. Unhealthy sugar and fat-laden foods are present in schools largely because many school boards have entered into deals with private corporations in order to make up shortfalls in public funding for education: by the winter of 2007, half of Canadian school boards had exclusive vending machine contracts with either Coke or Pepsi. This combination of reduced physical activity and increased exposure to unhealthy foods can be viewed as a “double-jeopardy” contributing to the overweight and obesity “epidemic” among the children and youth of Canada.

At the same time, there are some encouraging indicators of increased interest in, and support for, policy options, including school-based daily physical activity requirements and initial attempts to regulate the availability of high-fat, high sugar foods, as a means of addressing the key modifiable risk factors for cancer. Collectively, the scan results suggest a growing desire and dedication among Canadian policy makers to take action on the broad conditions contributing to poor health outcomes, including the modifiable risk factors for cancer.

The factors contributing to the development of healthy public policies addressing these key modifiable risk factors for cancer are many and involve multiple stakeholders. Responsibility for implementing effective policy solutions will need to be shared across key sectors, including government, business, industry, voluntary organizations and the general public. Expanded monitoring and surveillance mechanisms for tracking policy will enhance capacity to evaluate progress and identify effective approaches. Future initiatives should also focus on the determinants, implementation and impact of legislation and policy addressing the key modifiable risk factors contributing to the cancer burden in Canada.