



BC Healthy Living Alliance
working together to promote wellness and prevent chronic disease

Healthy Living in BC— The *Next* Generation

A Policy Paper of the BC Healthy Living Alliance
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Formed in February 2003, the BC Healthy Living Alliance (BCHLA) is a group of organizations that have come together with a mission 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. Our vision is a healthy British Columbia.

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Highlights

Chronic diseases such as cancer, diabetes, and heart and lung disease consume the largest proportion of healthcare costs and are the largest causes of death and disability in the province. At present, the 34% of the population with one or more chronic diseases consume 80% of the costs of Pharmacare, physician payments and acute (hospital) costs. With chronic diseases anticipated to increase by 58% over the next 25 years, it is clear that we need to do more today to prevent disease in the next generation.

Members of the BC Healthy Living Alliance have prioritized a number of health promotion measures to address the underlying risk factors of chronic disease in this policy paper. Many of the recommendations have been drawn from BCHLA's earlier papers and submissions which provide a more comprehensive list of policies and interventions based on evidence or promising practices.

This paper includes priorities which should be embarked on immediately by our Premier and Cabinet including:

- Developing a comprehensive, cross-government action plan to strengthen chronic disease prevention and reduce health inequities;
- Implementing regulatory measures and policies to increase access to healthy living and encourage better choices while discouraging unhealthy choices; and,
- Investing in programs that provide supportive environments for healthy living.

A comprehensive approach by government is required because the cost of chronic disease is high, inaction is more expensive and government holds the power to make a real difference.



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THE NEXT GENERATION

In February 2010, British Columbians came together to host the world at the 21st Olympic and Paralympic Winter Games. Presented with a positive message and common purpose, diverse people worked together to make it happen and this, by most accounts, is what made it such a tremendous success.

The BC Healthy Living Alliance was proud to play a role in fulfilling the government's commitment to make BC the healthiest jurisdiction to ever host the Olympic and Paralympic Winter Games. Leading up to the games BCHLA developed and led health promotion activities across the province. These healthy living initiatives were designed to help those who were not active become active, encourage smokers to quit, families to eat healthier and assist communities to develop support structures for healthy living.

Now that the Olympic and Paralympic Winter Games are behind us, it is time to turn our attention to healthy living for the *next generation*. We can create a healthier future by acting on knowledge and by building on our experience and success.

BCHLA supports health-promoting policies, environments, programs and services so that British Columbians have opportunities to be healthy. We have three papers that inform our policy work: *Leading British Columbia Towards a Healthier Future – Healthy Living Initiatives 2007 – 2010 (2010)*; *Healthy Futures for BC Families (2009)* and *The Winning Legacy, A Plan for Improving the Health of British Columbians (2005)*.

The Alliance has been pleased to see many of these recommendations put into action and we will continue to work towards the implementation of the remaining policies.

While we recognize it is not possible to do everything at once, we urge governments and other partners to continue moving the healthy living agenda forward. This paper presents a few of the many policy actions that BCHLA will focus on in 2011 and which have been identified for their potential to maintain the momentum for healthy living in BC.

One of the biggest challenges facing BC and other jurisdictions is healthy weights. Overweight and obesity pose a major risk for serious diet related chronic diseases, including type 2 diabetes, cardiovascular disease, hypertension and stroke, and certain forms of cancer.ⁱ While it is necessary to address the underlying issues at all stages of life, interventions aimed at children can stimulate health practices that carry into adulthood. Currently, one-quarter of 2 - 17 year olds in Canada are overweight or obese. The health implications of this trend are grave. It is estimated that 70% of 35-44 year olds will be overweight or obese in 20 years if nothing is changed.ⁱⁱ Although the problem is complex, there is a fairly broad consensus on some of the actions necessary to curb it. In very simple terms many are getting too many calories and not enough physical activity. However, this is not just a matter of discipline. To make progress on this issue we need to start shifting the physical and socio-cultural environments that shape our consumption and activity patterns.

There are some positive changes being made. For example, BCHLA has supported schools in BC with education and provision of healthier choices through our *Farm to School Salad Bar*, *School Food Guidelines Support* and *Sip Smart! Initiatives*. Incentives are needed to reinforce healthy choices and disincentives are needed to discourage sedentary lifestyles and over-consumption of junk foods. Schools are one key setting, but schools themselves cannot do it all either. The health behaviours of parents exert a strong influence on the health of children. There is much work that can be done to help parents live healthier lives and provide positive role models for the next generation.

Access, education and skills are three major components that support a shift to healthier living. Access refers to the availability of health promoting infrastructure or materials; for example, a nearby market with fresh and affordable produce or a safe cycling route and a bicycle. Education provides the knowledge base and the skills component puts the education into practice; it demystifies and helps people feel comfortable 'doing' and incorporating the skill into their regular routines. An integrated approach combines access, education and skills that enhance our motivation to maintain healthy habits.

Recognizing that funding is not without limits, BCHLA promotes targeting interventions to those who may be at higher risk of poor health. In terms of risk for chronic diseases, there is significant research that confirms that British Columbians who are socio-economically disadvantaged have both an increased susceptibility to a broad range of chronic conditions and are more likely to be living with chronic illness. These 'health inequities' in BC are most pronounced among children and families living in poverty, the working poor, the unemployed/ under-employed; those with limited education and/

or low literacy, Aboriginal Peoples, new immigrants, persons suffering from social exclusion, the homeless and people with addictions and/or mental illness.^{iii,iv,v,vi} This is vividly illustrated in both diabetes and heart disease. Among those with low incomes, diabetes is double the rate of those with high incomes and for heart disease it is almost double.^{vii,viii,ix}

It is clear that what are commonly known as the 'social determinants' as well as 'health inequities' must be addressed due to their significant impact on health. For example, even though the regulation and taxation of tobacco has significantly reduced smoking rates, it is still higher among those with lower incomes. Overweight and obesity is often linked to and a product of lower income families who do not have the resources – time or money – to buy fresh ingredients and prepare healthy meals. The availability and cost of fresh produce in rural and remote communities is challenging and this too is often linked to the higher rates of overweight and obesity in areas outside urban centres.

There are opportunities in a variety of settings – such as schools, workplaces and communities - to put in place policies, programs and environments that support healthy living. In developing our response to the current challenges, it is important not to lose sight of the broader picture. In order to improve the prospects of those with the highest risk for poor health and to realize continual improvements in health outcomes, BC must develop a long-range vision and plan using a whole of government, whole of society approach.

BCHLA recommends:

- The provincial government develop a comprehensive, cross-government action plan with specific targets to address health inequities arising from socio-economic disadvantage;
- The provincial government review policies throughout government with respect to their impact on the reduction of inequities in health and strengthening chronic disease prevention and that these activities be included in all Ministry Service Plans and be evaluated;
- The Ministry of Health Services invest in population based health promotion and disease prevention strategies by raising public health funding to 6% of the total health budget from its current funding of approximately 3%;
- The provincial government recommit to a ‘whole of government’ approach to healthy living by coordinating inter-governmental activities to reduce barriers to health; and,
- The provincial government engage with other sectors of society – non-profit organizations, business, academia, labour, media, other levels of government and agencies - in developing a coordinated and integrated ‘whole of society’ approach to healthy living.

LONG-RANGE VISION AND PLANNING

Chronic disease arising from socio-economic inequities is a costly economic drain in terms of lost productivity, foregone tax revenue, reduced consumer spending and higher public expenditures. Population based health promotion and disease prevention strategies that take an integrated approach to the risk factors are needed in conjunction with broader measures to improve social conditions for disadvantaged British Columbians.

Action Plan to Address Health Inequities

The challenge of health inequities requires a strategic approach. With leadership from the Premier, it should be possible to develop a plan in partnership with Ministers, all levels of government as well as other sectors of civil society, to look at opportunities to address the underlying conditions which impair the health of certain segments of the population.

As a first step, the province should review policies throughout government with respect to their impact on the reduction of inequities in health and strengthening chronic disease prevention. The activities that arise out of the review should be included in all Ministry Service Plans and evaluated. Purposeful planning and evaluation can provide accountability and continued progress. The commitment of the Premier and members of Cabinet would ensure the success of such a long-range vision and plan.

Investing in Public Health

Public health departments in health authorities deliver many important services that promote wellness and prevent disease by addressing their underlying issues. The expected result is that people will be healthier and less in need of more expensive acute services. Health promotion delivery has the advantage of being based on local population data and targeted to address regional needs.

Public health departments provide a range of healthy living supports including tobacco cessation, food security programs, and activities to promote healthy weights and physical activity. They also deliver many pre- and post-natal programs which influence one of the most critical health determinants: early childhood development. The returns on investments in healthy living are well documented and provide a persuasive economic justification. One report concluded that an investment of \$10 per person per year in proven community-based programs to increase physical activity, improve nutrition, and prevent tobacco use could start to pay off within five years.^x

Whole of Government, Whole of Society Approach

By introducing a ‘whole of government’ approach to healthy living, barriers can be reduced between departments and new understandings developed among all ministries of the role they play in improving the health of British Columbians. The World Health Organization has recognized the model of ActNow BC

for its inter-governmental approach to health promotion and recommended other jurisdictions consider this integrated practice. However, there is concern that this approach has not been utilized as effectively as it could be. It will require strong leadership to put into practice this new way of thinking.

The provincial government also needs to engage with other sectors of society – non-governmental organizations, business, academia, labour, media, other levels of government and agencies - in developing a coordinated and integrated approach. Over the past three years, BCHLA has brought together opinion leaders, local professionals and community organizers from across the province to participate in discussions about how to improve the health of our communities. In every community, there are people who are committed to building a healthier future and BCHLA believes this is a rich resource which should be supported.

BCHLA recommends:

- The provincial government coordinate actions to improve access to healthy food and food skills in rural and remote communities;
- The provincial government work with the federal government to limit the marketing of unhealthy foods and beverages to children;
- The provincial government increase information on options by requiring nutritional labeling on the menus of large-scale restaurant chains; and
- The provincial government discourage unhealthy choices by applying taxes to food and drinks high in sugar, salt and fat that have minimal nutritional value.

THE ABILITY TO MAKE GOOD FOOD CHOICES

Making healthy food choices is essential to good health and yet in today's food environment it can be difficult to make the right ones. Children in particular need healthy food in order to achieve optimal development, to succeed in school and to develop habits that will contribute to health as adults. An integrated approach to food security includes access, education and skills development. However, the limited availability of healthy foods in some areas; lack of nutrition information; waning cooking skills; and the seduction of junk foods with their massive advertising budgets and reach, all present real challenges.

Healthy Food Access and Skills

BCHLA is supportive of the BC Government's Produce Availability Initiative, announced in late 2009, to provide British Columbians living in remote communities with improved access to fruits and vegetables including knowledge and skills in choosing healthy foods. Once the Produce Availability Initiative trial is completed and evaluated, we urge the provincial government to adopt the best practices

from this experience and implement them on an on-going basis.

Limit Marketing of Unhealthy Food and Beverages to Children

Food advertising and marketing, much of which is for unhealthy products, plays an important role in encouraging unhealthy eating habits in children.^{xi} Young children have been shown to lack the ability to critically assess advertising messages, to understand their persuasive intent and to differentiate between advertising and programming.^{xii,xiii} According to the Dietitians of Canada, "Efforts by the food industry to self-regulate have produced very small changes in the nutritional quality of foods and beverages advertised to children."^{xiv}

An effective way to restrict the marketing of unhealthy food and beverages to children would include, but not be limited to: banning television advertising of unhealthy food and beverages during programming viewed by children aged 12 and under; banning or restricting unhealthy food at grocery store checkouts; banning the use of celebrities or cartoon characters to promote a product (includes front-of-package and free

toy promotions); restricting companies that promote unhealthy foods and beverages from sponsoring events attended by children; banning advergames; banning unhealthy products advertised for children's lunches or with child friendly packaging shapes; and banning all sponsorship or marketing of unhealthy foods and beverages within school settings. This would address, in part, the commitment made by the Federal-Provincial Territorial leaders to "[look] at ways to increase the availability and accessibility of nutritious foods and decrease the marketing of foods and beverages high in fat, sugar and/or sodium to children", in their Framework for Action on Curbing Childhood Obesity.^{xv}

Nutritional Labeling on Menus

Although consumers generally have the option of reading nutritional labeling on packaged products this is rarely an option when eating at food service establishments. By labeling menu items with the fat, sugar, sodium and calorie content, consumers will have an easier means by which to choose the healthier option. The current Heart and Stroke Foundation Health Check program for restaurants encourages the food service industry to offer healthier choices by providing branding to those menu items that meet specific nutrient criteria. This voluntary program is a step in the right direction, but needs to be taken further. BCHLA would recommend that nutritional labeling be applied to all menu items, so that consumers can make an informed choice – which requires information on unhealthy options, as well as, the healthier ones

Nutritional labeling should be required in food service establishments that have the capacity to support it. Other jurisdictions have established specific criteria to ensure that small businesses are not negatively impacted. For example, among the many cities across the US that have implemented mandatory calorie or nutritional labeling; New York City's law affects only

those food chains that have 15 or more outlets nationwide, while Seattle's affects those with 10 or more outlets across the country. In Ontario, where this issue is being explored, it has been suggested that the criteria for compliance include only those restaurants or chains with annual revenue of over \$5 million so as not to impact too heavily on small businesses.

Tax Unhealthy Choices

There are numerous studies that link junk foods and sugar sweetened beverages to excess weight gain in both children and adults. A taxation regime applied to non-nutritive foods and beverages could limit overconsumption in the same way that tobacco taxes reduced smoking rates. "Investigate the feasibility of new junk food taxes on non-nutritive foods and beverages" was one of the recommendations to come out of the 2006 Select Standing Committee on Health's *A Strategy for Combating Childhood Obesity and Physical Inactivity in British Columbia Report*. The *Guidelines for Food and Beverage Sales in BC Schools* provides a framework to identify foods high in sugar, fat and sodium which should not be consumed regularly in a healthy diet. This could be used as a guide for assessing which foods and beverages should be taxed.

One study in the US found, among low-income households, that an increase in the price of sugar sweetened beverages was associated with a correlating reduction in consumption.^{xvi} Although most junk foods and sugar sweetened beverages were subject to an additional 7% tax in July 2010 due to the introduction of the HST, we do not believe that the combined sales tax of 12% goes far enough to hinder sales and consumption. In addition, it is preferable if the tax is incorporated into the shelf price of the product rather than as a sales tax that is applied at the register. Studies have shown that taxes included in the shelf price have a greater impact on consumption than taxes applied at the register.^{xvii}

BCHLA recommends:

- The Ministry of Education support Screen Time Education for children;
- The Ministry of Labour together with ActNow BC support Healthy Workplaces; and,
- The provincial government (in particular, Ministries of Community, Sport and Cultural Development; Transportation and infrastructure; and Environment) work together with the federal government to support municipalities to revitalize aging recreation facilities

SUPPORTIVE ENVIRONMENTS

Healthy choices do not happen in a vacuum; they happen in real places where we live, work, learn and play. Much is being done at the municipal level to create environments where physical activity is built into the fabric of the community and these efforts need to be sustained. The actions in this realm need to be reinforced in others, for example in the workplace, and with the private sector. When people can find healthy food choices or opportunities to be active in their neighbourhood, at work or at school and when they see others living healthy lifestyles, then healthy living becomes the norm.

Using Time Wisely – Screen time or Play time?

Studies have shown screen time to be associated with overweight and obesity, inactive leisure time and a poor diet. A report from Active Healthy Kids Canada has found that even before school age, over 20% of children are spending more than two hours a day watching television. This same report also found that youth are accumulating almost as much screen time each day as their parents are spending at work – more than six hours of screen time on weekdays and more than seven hours per day on weekends.^{xviii} The Canadian Pediatric Society

guidelines recommend no more than two hours of screen time a day for children.

The Childhood Obesity Foundation introduced a *Screen Smart* program in select BC schools in 2011. This program was modeled on BCHLA's successful *Sip Smart BC!* Initiative and is funded by the Canadian Partnership Against Cancer's Coalitions Linking Action and Science for Prevention (CLASP). We are encouraged by the BC Government's commitment to ensure children get a minimum of 30 minutes of physical activity each day; however, schools and teachers require continuous long-term support to ensure the successful implementation and sustainability of this requirement.

There is no one particular classroom solution to reducing childhood obesity and the education sector can only be part of the solution, but all of these combined teachings and examples will help students on their way to a healthier lifestyle.

Healthy Workplaces

Sixteen million Canadians spend half their waking hours at work.^{xix} Given that adults rank limited time as the biggest barrier to physical activity, the workplace is a logical setting to deliver information and resources to improve activity rates and other health behaviours that

influence the potential risk of chronic disease. A healthy workforce is good for business too; it reduces absenteeism, insurance and worker compensation claims, turnover and increases productivity. A smoking employee can cost a business over \$3,300 per year due to losses in productivity and absenteeism.^{xx} "As early as the 1970's, a study at Canada Life found a return of \$1.95 - \$3.75 per employee per dollar spent on corporate wellness programs."^{xix}

BCHLA encourages the government to build on the work being done in this province to create healthier workplaces through wellness programs such as those delivered by the BC Recreation and Parks Association and Canadian Cancer Society, BC & Yukon as well as those offered by the private sector.

Revitalizing Recreation Facilities

The local recreation centre is a central hub for physical activity in communities across BC. Parks, trails, pools, arenas and community centres are often the first place people who want to be active seek out opportunities. They are inclusive, diverse and strive to welcome and engage the community. However, they are increasingly challenged to deliver what communities require. According to the BC Recreation and Parks Association's report *A Time for Renewal*, almost three quarters of BC's recreation, parks and sports facilities are 25 years of age and older and half are over 35 years old, and "in urgent need of renewal or replacement."^{xxi} These inefficient, aging facilities are not only environmentally wasteful but also consume substantial resources just to maintain. "More than replacement, it is imperative that we ensure a sufficient and appropriate stock of recreation facilities exist to support healthy living, adapting our facilities so that the demographic, cultural, heritage and health needs of the population are met."^{xxi}

Well-planned multi-purpose facilities, outdoor spaces and trails draw people in. This buzz builds momentum and encourages people of all ages and backgrounds to embrace physical activity. Municipalities have invested in the well-being of their citizens but they need the support of other levels of government. A concerted commitment and long-term investment is required from provincial and federal governments if this infrastructure is to support British Columbians to live healthy lives.

S M O K E - F R E E I N T H E N E X T G E N E R A T I O N

Over the past several decades tremendous progress has been made in reducing tobacco consumption rates. Even so, more than 600,000 people in BC continue to smoke and 16 British Columbians die from it every day. Smoking continues to exact a high price; in fact, it costs the BC economy more than \$2.7 billion annually in direct and indirect healthcare costs. There are ways we can build on our successful record and continue moving toward a smoke-free future.

Smoke-free Housing

Although the majority of British Columbians are non-smokers, many continue to be affected by second-hand smoke in their homes. This is particularly difficult for families with young children and those living with respiratory illness or other chronic diseases. Among infants and children, second-hand smoke increases the risk of ear infections and causes bronchitis and pneumonia, and more frequent and severe attacks in asthmatics. The World Health Organization's 2010 Report on second-hand smoke recommends, "the inclusion of complementary educational strategies, like voluntary smoke-free home policies, for countries which already have smoke-free laws."^{xxii}

BCHLA recommends:

- The Ministry of Social Development and Ministry of Public Safety and Solicitor General work with BC Housing and the private sector to expand Smoke-free Housing
- The Ministry of Health Services and the Ministry of Social Development provide 'quit support' to those with the highest risk of tobacco addiction

BCHLA has been working on this issue through the Smoke-Free Housing initiative and “found that over one-third of British Columbians living in apartments and condominiums have experienced second-hand smoke seeping into their homes. Despite strong public support and demand for smoke-free homes, there is a significant shortage of smoke-free buildings for British Columbians who want and need to live smoke-free.”^{xxiii}

BCHLA recommends that the BC Government create incentives that would facilitate more smoke-free housing options (such as tax incentives) and by amending the Residential Tenancy Act to include second-hand smoke as an example of a breach to a tenant’s “right to quiet enjoyment”.

Quit Support

Among certain groups, smoking rates remain stubbornly high. These include First Nations, those with mental illness, low incomes and young adults between 19 and 29 years old where smoking continues to exert serious health risks. Children, who are raised among smokers and more likely to be exposed to second-hand smoke, are at greater risk to develop asthma and to become smokers later in life.

Targeted efforts can help to stomp out smoking in BC. ‘Quitters Unite!’ was a campaign that BCHLA developed to reach young adults because of their

higher rate of tobacco use. Theirs is much higher than the provincial average (27% compared to the provincial average of 18%) and this demographic is also a key target of tobacco marketers.

In 2007, the Ministry of Employment and Income Assistance ran a pilot project that provided nicotine replacement therapy to clients on income assistance. The preliminary results indicated that 75% of participants felt the program was beneficial and 30% quit.^{xxiv} Unfortunately, despite its success, the pilot was never expanded into an ongoing program. If British Columbia is to continue to be a leader in tobacco control, then it is imperative to ensure those groups with higher tobacco usage have programs that are designed to reach out to them and provide proven cessation aids.

2011 AND BEYOND

With leadership, a plan and a collaborative, multi-sectoral approach, it should be possible to reduce the burden of chronic disease, slow the growth rate of healthcare spending and create a more sustainable healthcare system and healthier province. The BC Healthy Living Alliance looks forward to working with the provincial government and other partners to make British Columbia a healthier place now and for the next generation.

Endnotes

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