



# Consultation Report: Restricting Marketing of Unhealthy Food and Beverages to Children in Canada



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**Health Canada is the federal department responsible for helping the people of Canada maintain and improve their health.** We assess the safety of drugs and many consumer products, help improve the safety of food, and provide information to Canadians to help them make healthy decisions. We provide health services to First Nations people and to Inuit communities. We work with the provinces to ensure our health care system serves the needs of Canadians.

This report presents a summary of what we heard from the consultation on restricting marketing of unhealthy food and beverages to children. Ipsos analysed and reported on feedback submitted by participants via an online document between June 10, 2017 and August 14, 2017.

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Rapport de la consultation sur la restriction de la publicité des boissons et des aliments mauvais pour la santé des enfants au Canada

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## 1.0 Executive Summary

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### 1.1 Context

Health Canada held an online consultation from June 10<sup>th</sup>, 2017 to August 14<sup>th</sup>, 2017. The aim was to seek feedback on Health Canada's proposed approach to restricting the marketing of unhealthy food and beverages to children. The consultation was open to the public, health organizations, industry, and other interested stakeholders.

A consultation document was made available to explain Health Canada's proposed approach and supporting evidence for restricting marketing of unhealthy food and beverages to children. Contributors were asked to respond to the following key elements of the proposed approach:

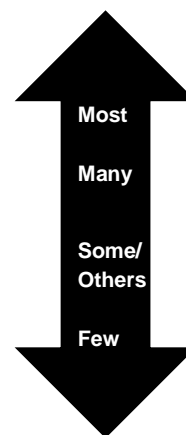
- Defining “Unhealthy Food and Beverages”
- Determining “Child-Directed” Advertising
- Identification of Marketing Techniques and Communication Channels to be included or exempt from restrictions

The online consultation workbook was completed by 1,146 individual contributors.

This report is a summary and thematic overview of the feedback provided by those who participated in the consultation. These viewpoints, however, do not necessarily represent the views of all stakeholders as the contributors are not statistically representative of the broader collection of organizations, professionals and members of the public in Canada.

Individuals who participated in the online consultation are referred to in this report as “contributors”. The audiences identified throughout the report include: “members of the public”; “professionals”, “industry”, and “organizations”.

Some qualitative descriptors such as “most”, “many”, “some/others”, and “few” are used throughout the report to denote the number of contributors commenting on major themes. The graphical representation provides a sense of the degree of separation of these terms, but these are not meant to quantify the results.



### 1.2 Summary of Key Findings

Overall, the proposed approach and supporting evidence for restricting marketing of unhealthy food and beverages to children were well received. Many contributors understood and appreciated why the Government was proposing to implement this initiative and felt that it was a positive step towards improving the diets of Canadian children. Most expressed agreement regarding the impact of marketing on children and a desire to lessen their exposure to advertisements of unhealthy products. There were some suggestions and feedback regarding the implementation, definition, and focus of the restrictions.

A few contributors opposed any attempts to restrict marketing to children. Some felt that this type of intervention was incompatible with their position on the role of government. Others suggested that food choice decisions should be left up to the parent and that marketing to children is inconsequential, contending that children do not have buying power.

The economic impact on industry, in particular the marketing and food manufacturing industries, was also mentioned as a potential issue. Some felt these restrictions could impact industry's ability to reach adult audiences, which is not the intention of the initiative. This was particularly a concern among industry organizations and some professionals, who perceived these proposed restrictions as having a direct impact on their business interests.

Other comments suggested the government should be promoting and educating Canadians about healthy eating, including eating unhealthy foods in moderation, as opposed to and/or in addition to discouraging unhealthy eating habits.

### **Defining “Unhealthy Foods and Beverages”**

Most contributors agreed with the focus of the restrictions on nutrients of concern (i.e., sodium (salt), sugars, and saturated fats). Some indicated that the focus could be expanded to include other factors such as the level of processing, portion sizes, calories, or other negatively impactful nutrients or food additives such as caffeine and trans fat. Some were opposed to focusing on the nutrients identified in the consultation document, saying there are foods high in sodium, sugar, and saturated fats that contain positive nutrients (e.g., full fat dairy products), while others low in these nutrients may provide little nutritional value.

A few contributors commented on the use of “unhealthy” within the proposal and suggested that the terminology be reframed from “unhealthy/healthy” to language such as “food allowed to be marketed/food not allowed to be marketed”. This would support the notion that although these foods cannot be marketed to children, they are still available for sale and can be consumed.

Most contributors agreed with the stricter threshold for nutrients of concern proposed in Option 1. Of those supporting Option 1, some felt this stricter threshold would further protect children and support healthier food choices.

Others preferred the less strict Option 2. For some, Option 2 was more appropriate as it allows some whole foods (e.g., calorie-reduced cheese) to be permitted, even though they are naturally higher in the target nutrients.

Some, however, felt that using the daily value percentage as a measurement for this threshold might not be the best approach because it does not account for other nutrients in the food or reflect overall dietary patterns.

The proposed restriction to the marketing of non-sugar sweeteners to children was very positively received, overall. Most agreed with the proposal, especially when it came to artificial sweeteners like aspartame and sucralose. Others were concerned that it did not consider perceived potential benefits of natural non-sugar sweeteners (e.g., stevia) which should perhaps

be permitted. Other comments included the potential positive benefits of non-sugar sweeteners as alternatives to sugar, for example, related to dental caries or calorie intake. There was also some concern expressed regarding the evidence base for supporting the restriction of non-sugar sweeteners to children. While some felt there was no evidence these sweeteners do harm and therefore should be allowed, others felt that the lack of evidence of long-term benefit to health suggests they should be restricted.

### Determining “Child-Directed” Advertising

The proposed definitions of ‘Child-Directed’ for TV and Internet advertising were appealing to many contributors as a simple and fair approach. Of those who did not support the proposed definitions, many consumers and health professionals felt they were **not broad enough** and suggested that the definitions be expanded to include longer periods during the day or to expand to cover channels or techniques beyond those included in the presented definition.

Industry stakeholders felt that the proposed definitions were **too broad** due to a risk that advertising to adults would be inadvertently restricted. In addition to concerns about the economic impact of an overbroad definition, a few identified possible infringement to freedom of expression under the **Charter of Rights and Freedoms**. Some also expressed concerns regarding implementation and enforcement due to the borderless nature of the digital environment and the ambiguity in defining online marketing.

### Identifying Marketing Techniques and Channels

Many contributors suggested that definitions for marketing techniques and communication channels included within the restrictions should be flexible enough to allow for the shifting marketing environment and emerging innovations in techniques and digital channels.

Some suggestions for additions to the identified list of marketing techniques and communication channels included vending machines, fundraisers, in-store flyers or displays and transportation advertisements. Online surveys and advergames were also of concern to many contributors, reinforcing the importance of having a broad definition of digital marketing techniques.

Some health stakeholders suggested that the proposed marketing techniques and communication channels should align with those identified by other international bodies such as the World Health Organization.

Sponsorship of sports, charity events, and school activities were mentioned as potential areas for exemption given the benefits they provide to children and the positive impacts they can have, especially for families with limited financial resources. The Quebec model, where limited elements of sponsorship are allowed but more visible elements - such as the use of a logo or mascot - are restricted, was often cited as a preferred approach to addressing sponsorship. Fundraising involving unhealthy food was also identified by some as a potential exemption to the marketing restrictions.

Most, particularly health professionals, felt strongly that no exemptions should be made to best protect our children and to prevent industry from finding loopholes to circumvent the restrictions.

## Other Feedback

Contributors also provided additional comments and feedback on the proposal to restrict marketing of unhealthy food and beverages to children. A summary of some of the comments received include: the suggestion that public awareness campaigns be developed to support the marketing to children initiative; the call to develop monitoring, enforcement and evaluation programs and ensure adequate resources to carry out these activities; and, although the issue of age was not an area of inquiry for this consultation, there were some comments concerning the inclusion of children between 13 and 17 years of age. Most contributors supported the rationale to include this age group. Industry representatives and a few members of the public felt that children over 12 years of age should not be included.

## 2.0 Introduction

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### 2.1 Background/Context

Health Canada's Healthy Eating Strategy aims to help Canadians make healthier choices by improving the food environment through several linked and complementary initiatives. Restricting the marketing of unhealthy food and beverages to children is one commitment of this strategy, given the growing concern about the negative impact that this marketing has on the nutritional health of children.

To fulfill this commitment to Canadians, Health Canada, with the support of Ipsos, held a consultation from June 10, 2017 to August 14, 2017. Through this consultation, the public, health organizations, industry, and other interested stakeholders offered their feedback on Health Canada's proposed approach.

A consultation document was made available to contributors to outline Health Canada's proposed approach and supporting evidence for restricting marketing of unhealthy food and beverages to children. It provided background and context around each element of the proposed approach. For reference, the consultation document is available on the [Ipsos](#) website.

Contributors were asked to respond to the following key elements of the proposed approach:

- Defining “Unhealthy Food and Beverages”
  - A focus on nutrients of concern (sodium (salt), sugars, and saturated fat).
  - Two proposed options for identifying which foods to restrict based on the level of sodium, sugars, and saturated fat they contain.
  - The inclusion of non-sugar sweeteners in the criteria for restrictions.
- Determining “Child-Directed” Advertising. Two definitions for specific media were proposed:
  - Marketing on **television** includes all unhealthy food and beverage marketing aired on weekdays from 6:00 a.m. to 9:00 a.m., and from 3:00 p.m. to 9:00 p.m., and on weekends between 6:00 a.m. and 9:00 p.m.
  - Marketing on the **internet** includes all unhealthy food and beverage marketing on websites, platforms, and apps that are popular with children, even when these

digital channels are intended for adults.

- Identification of Marketing Techniques and Communication Channels to be included or exempt from restrictions.
- Other relevant feedback concerning the proposed initiative.

Children were defined as under the age of 17 for the proposed approach. While the issue of age was not included in the consultation, many contributors provided feedback on this aspect of the initiative.

## 2.2 Purpose

The input received through the consultation will be used to inform the development of draft regulations to restrict marketing of unhealthy food and beverages to children.

## 2.3 What is Included in This Report?

This report outlines the feedback received during the consultation that relate to the key elements presented in the consultation document and on the online consultation platform.

To provide a sense of proportionality among those contributing, some qualitative descriptors have been used throughout the report to denote the number of contributors commenting on the major themes. These include words such as “most”, “many”, “some/others”, and “few”. “Some” and “others” have been grouped as they represent similar proportions with opposing or outlying viewpoints within the contributions.

## 3.0 Consultation Approach

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The consultation workbook was structured as a web version of the consultation document and questions were inserted into the appropriate sections to allow contributors to reference the information contained in the consultation document when providing feedback. All questions within the workbook were optional, except a select number of demographic questions used to assist in the analysis of the information received. Note that five contributors did not provide their “contributor type” (member of the public, individual in a professional capacity, on behalf of an organization). In addition, not all contributors who participated in the consultation answered every question or section. Most responded to, at minimum, the close-ended questions while many provided feedback and explanations within the open-ended questions.

### 3.1 Contributor Profile

The online consultation workbook was completed by 1,146 contributors. Following is a breakdown of the types of contributors who participated in the consultation.



**Table 1 - Contributor Profile**

<b>Contributor Type</b>	<b>Count</b>
<b>As a member of the public</b>	<b>601</b>
A parent or guardian of a child /youth under 17 years of age	288
A youth 17-24 years of age	97
A child/youth under 17 years of age	2
Other	195
Prefer not to disclose	19
<b>As an individual in a professional capacity</b>	<b>426</b>
Health professional	320
Academic / researcher	47
Other	55
Prefer not to disclose	3
No response	1
<b>On behalf of an organization</b>	<b>114</b>
Non-government organization representative	43
Industry representative:	
Food manufacturer/Food service	18
Advertising or broadcasting	8
Other	6
Government representative	20
Other	15
Prefer not to disclose	1
No Response	3
<b>No response</b>	<b>5</b>

### 3.2 Methodology

The results presented in this report provide a summary and thematic overview of the feedback provided by those who participated in the consultation. Please note that this report summarizes these views and does not necessarily reflect evidence-based feedback in all instances.

Individuals who participated in the online consultation are referred to in this report as “contributors”. The audiences identified throughout the report include: “members of the public”; “professionals”, “industry”, and “organizations”.

The consultation workbook consisted of both close-ended and open-ended questions. The close-ended questions should be considered directional in nature and have been presented as counts. As a result, the feedback received is directional in nature only. The open-ended questions provided an opportunity for contributors to further expand upon their position.

This report provides an overview of the input received through the online consultation across seven core consultation questions (available in Appendix B). It also provides insight into the feedback provided by organizations, professionals, and members of the public. A diverse set of viewpoints were expressed and, where relevant, we have highlighted key differences across

audiences. **These viewpoints, however, do not necessarily represent the views of all stakeholders as the contributors are not statistically representative of the broader collection of organizations, professionals, and members of the public in Canada.**

The approach for the analysis of the open-ended feedback was two-pronged and included the following:

- 1) **Manual Coding of Verbatim (specific comments provided by contributors)** – The full set of verbatim were coded by a team of Ipsos trained coders to provide a detailed analysis of results.
- 2) **Qualitative Thematic Analysis** – Ipsos qualitative analysts reviewed selections of open-ended responses, filtered by audience, to build a set of themes and provide more context to the narrative analysis.

The results of the analyses were verified by Health Canada.

### 3.3 Additional Feedback

In addition to the key areas where contributors were asked to provide feedback as noted above, several contributors included comments and feedback on the larger scope of the initiative, and general comments concerning Health Canada's overall approach. These comments have been noted in the "Other Feedback" section of the key findings as detailed in Section 4.5.

## 4.0 Key Findings

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### 4.1 General Support for Proposed Approach

**There was substantial support across the different elements of the proposed approach to restrict marketing of unhealthy food and beverages to children.**

Many contributors acknowledged that children need to be protected from the development of unhealthy eating habits, and that marketing to children of unhealthy food and beverages can play a role in the formation of poor eating habits early in life.

"It is more important to encourage healthy eating choices than to protect a company's bottom line, and such a prohibition might also encourage companies to begin to sell more healthy foods so as to comply with the standards without losing money. I can't see any negative consequences to the proposed definitions."

Many contributors among the public and health professional audiences believed that advertising of unhealthy food and beverages has an impact on the types of foods that children consume. They felt that restricting advertising could reduce consumption of such products.

Health professionals and members of organizations noted that children are extremely susceptible to advertising. Reducing the amount of advertising may have a positive impact on children's health, including positive health outcomes beyond dietary considerations (i.e., oral health).

**Some contributors went further and suggested stricter restrictions**, such as the exclusion of marketing of **all** foods and beverages to children, or expanding the restrictions of unhealthy food marketing to include marketing to adults as well. Others felt the reference to ‘children’ may not be inclusive of older teens and suggested the proposed guidelines be expanded to explicitly include this group as well.

“The restrictions should apply to all food and beverages. We know that children do not understand that they are being marketed to, as such marketing to children is unethical.”

**Some contributors noted their opposition to the proposed restrictions on marketing food and beverages to children.** Some were concerned about potential negative economic impacts for industry. Others were concerned about the extent to which the government should intercede in the lives of Canadians when it comes to marketing of food and beverages. Some felt that the eating habits of children should rest with the parent and that ultimately the purchase decision is made by the parent; that it is not Health Canada’s role to interfere; or that a restriction on advertising to children will not solve the problem. Others indicated that restrictions will not prevent children from eating unhealthy foods, nor eliminate children’s exposure to foods high in sodium, sugars and saturated fats.

“To restrict Internet and TV marketing opportunities within the control of the Canadian government only harms and disadvantages Canadian companies and organizations. The exposure of these products to kids will continue by non-Canadian companies.”

“Canada is a free country and families should be allowed to make choices, preferably informed ones. Kids will never learn what is appropriate if they are only told what to do and never given the choice to make their own decisions.”

“It is the parents’ place to make decisions for their children not the government’s.”

Those who felt that restricting marketing to children may not be entirely effective suggested other techniques such as including additional labels on products and education.

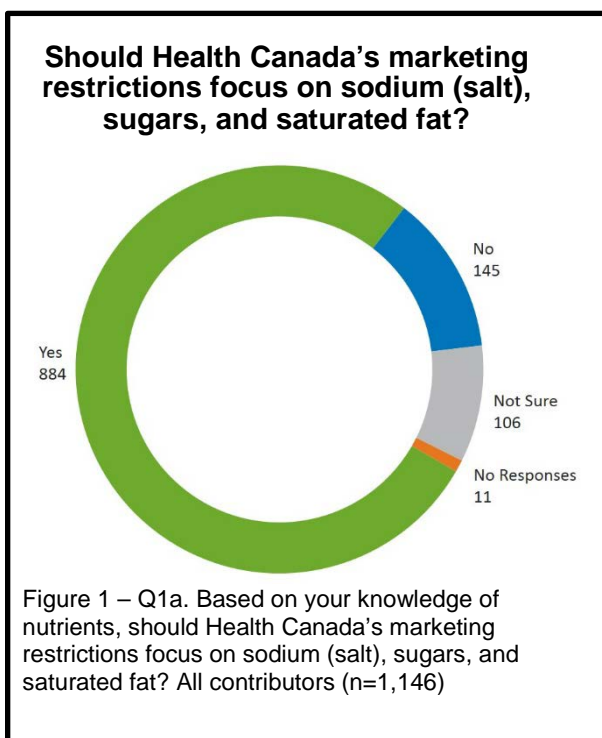
## **4.2 Defining “Unhealthy Food”**

An important part of the proposed approach to restricting marketing of unhealthy food and beverages to children lies in defining what is meant by “unhealthy food”. This includes identifying criteria such as which nutrients should be the focus of the restrictions and the appropriate level of restriction. Health Canada proposed a focus on three nutrients of public health concern: sodium (salt), sugars, and saturated fat, as well as two “threshold” options for the level of restriction based on Daily Values of ~5% and 15%. They also proposed the inclusion of non-sugar sweeteners in the criteria for restrictions, in part, to avoid the potential impact of cross-marketing with similarly branded sugar-sweetened products.

## Focus of Restrictions

**Most contributors agree with focusing restrictions on sodium (salt), sugars and saturated fat.**

Among those who did not agree or were uncertain about including restrictions on sodium, sugars, and saturated fat, some felt that there should be no restrictions on marketing (generally, or of food specifically) to children, while others suggested alternative approaches to achieving the objectives of this policy or a different focus for the marketing restrictions. For example, some were concerned that the proposed focus was not broad enough and should include more nutrients or criteria for different food categories; some felt a nutrient approach might oversimplify the complex food environment in Canada and that the healthfulness of food is about more than these three nutrients alone.



**Expanding the scope to encompass a broader range of criteria in addition to the level of sodium, sugars, and saturated fats they contain was suggested by a number of contributors.** There was also debate around the inclusion of saturated fats, which some viewed as a nutrient that children need or at least that is not as bad as sugar and sodium. Contributors also proposed additional criteria for the restrictions such as:

- Level of processing
- Portion sizes
- Moderation
- Calories
- Caffeine
- Additives
- Trans fats
- Added or free sugars
- Carbohydrates

Some contributors were concerned that the **proposed approach oversimplified the healthfulness of food and the food environment in Canada.** Some were concerned with using criteria to define foods as either 'healthy' or 'unhealthy' when it is the overall dietary pattern that is healthy or unhealthy. Many felt not all food low in these nutrients is necessarily 'healthy' and that some foods high in these nutrients are beneficial because they contain other positive nutrients. One suggestion received was to amend the terminology from "unhealthy/healthy" to language such as "foods allowed to be marketed/foods not allowed to be marketed" as one might assume anything allowed is healthy, while the food environment and dietary considerations are a more complex interaction of many factors.

“The major role these new regulations will play is forming healthy habits for the future, if slightly unhealthy foods will still be allowed to be marketed to children, this will create bad habits going forward based on the TYPE of food being advertised and told to them it is okay to eat.”

“It would be wise to limit restrictions to foods of poor or no nutritional value and for nutritious foods, such as dairy products, to be exempted. We should not be limited to categorizing foods according to a few “negative” nutrients, since this is very reductive and not indicative of the nutritional value of a food.” (Translated)

“Although sugars, saturated fat and sodium are key nutrients of concern for Canadians, there is more nutritional value to a product than being low in negative nutrients.”

Others indicated that **saturated fat should not be included in the focus for these restrictions**, as they felt that saturated fat is not ‘unhealthy’ for children and products containing this nutrient would be unnecessarily restricted. Some expressed concern that the proposed focus equates saturated fat with sugar which in their opinion has a stronger negative impact on health.<sup>1</sup>

Many health professionals and some members of the public felt alternative approaches such as promoting healthy foods or positive characteristics of the food should be considered, such as nutrients to be encouraged in a healthy diet (e.g., fibre, calcium) and focusing on whole foods and unprocessed or fresh foods. These themes are further discussed in Section 4.5.

#### Level of Restriction: Daily Value Threshold Options

Contributors were presented with two threshold options for the proposed restrictions, each based on a percentage of daily values (%DV) of sodium, sugars and saturated fats. Option 1 restricts foods with more than ~5% (equivalent to “low in”) of the %DV of sodium, sugars, or saturated fat, while Option 2 restricts foods with more than 15% of the %DV.

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<sup>1</sup> Health Canada’s review of evidence has concluded that lower intakes of saturated fat, through replacement with unsaturated fat, help reduce the risk of cardiovascular disease. Available at: <https://www.canada.ca/en/health-canada/services/publications/food-nutrition/evidence-review-dietary-guidance-summary-results-implications-canada-food-guide.html>

**Figure 2 – Examples of Foods Not Allowed to be Advertised Under Each Option**

<b>Option 1 (~5% DV)</b>			
Foods allowed to be advertised		Foods <b>not</b> allowed to be advertised	
FOUNDATIONAL FOODS	OTHER FOODS		
<ul style="list-style-type: none"> <li>- vegetables and fruit with no added fat, sugars or sodium</li> <li>- whole grains, like barley, popcorn, quinoa, brown rice, and oats</li> <li>- protein-rich foods, like beans, lentils, nuts, nut butters, and eggs</li> <li>- milk</li> <li>- plain yogurt</li> </ul>	<ul style="list-style-type: none"> <li>- club soda</li> <li>- pasta</li> </ul>	<ul style="list-style-type: none"> <li>- plain “animal” cookie</li> <li>- frosted wheat cereal</li> <li>- graham cracker</li> <li>- “fish” cheese-flavoured cracker</li> <li>- granola bar</li> <li>- potato chips</li> <li>- french fries</li> <li>- calorie-reduced cheese</li> </ul>	<ul style="list-style-type: none"> <li>- regular soda</li> <li>- most cookies, cakes, pies and sweets</li> <li>- pudding and ice cream</li> <li>- chocolate and candies</li> <li>- juice</li> <li>- most sugar-sweetened cereals</li> <li>- instant sugar-sweetened oatmeal</li> <li>- cheese</li> <li>- sugar-sweetened yogurt</li> <li>- frozen waffles</li> <li>- bagel</li> </ul>

<b>Option 2 (15% DV)</b>			
Foods allowed to be advertised		Foods <b>not</b> allowed to be advertised	
FOUNDATIONAL FOODS	OTHER FOODS		
<ul style="list-style-type: none"> <li>- vegetables and fruit with no added fat, sugars or sodium</li> <li>- whole grains, like barley, popcorn, quinoa, brown rice, and oats</li> <li>- protein-rich foods, like beans, lentils, nuts, nut butters, and eggs</li> <li>- milk</li> <li>- plain yogurt</li> </ul>	<ul style="list-style-type: none"> <li>- club soda</li> <li>- pasta</li> </ul>	<ul style="list-style-type: none"> <li>- plain “animal” cookie</li> <li>- frosted wheat cereal</li> <li>- graham cracker</li> <li>- “fish” cheese-flavoured cracker</li> <li>- granola bar</li> <li>- potato chips</li> <li>- french fries</li> <li>- calorie-reduced cheese</li> </ul>	<ul style="list-style-type: none"> <li>- regular soda</li> <li>- most cookies, cakes, pies and sweets</li> <li>- pudding and ice cream</li> <li>- chocolate and candies</li> <li>- juice</li> <li>- most sugar-sweetened cereals</li> <li>- instant sugar-sweetened oatmeal</li> <li>- cheese</li> <li>- sugar-sweetened yogurt</li> <li>- frozen waffles</li> <li>- bagel</li> </ul>

Overall, **Option 1 was strongly preferred** by contributors, compared to Option 2. Many cited the stricter threshold presented for Option 1 as driving their choice. Some were concerned that a threshold on daily value percentage would not be sufficient to limit other ‘unhealthy’ foods, however considered this as the preferred choice of the two options presented.

“I feel that allowing advertising of foods containing more than 5% of the DV of sugar makes it too easy for children to engage in dietary patterns far exceeding the recommended daily intake. The lower the threshold the better.”

Some indicated that Option 1 is better aligned with other policies (e.g., Canada's Food Guide), while others suggested more needs to be done to coordinate the threshold definitions with other Canadian and international models in this area. Mentions of other policies included the Agriculture and Agri-Food Canada Food Policy as well as other Health Canada Healthy Eating Strategy initiatives. Other models suggested included those published by the World Health Organization (WHO), the Pan-American Health Organization (PAHO), and Provincial and Territorial school food guidelines.

“Option 1 better fits to existing standards for low in salt/saturated fat/sugar; and is more consistent with health standards outlined by Canada's Food Guide.”

Contributors acknowledged that advertising is effective and agreed that restricting advertisements of food and beverages based on the criteria in Option 1 could have a positive impact on limiting children's consumption of these types of foods.

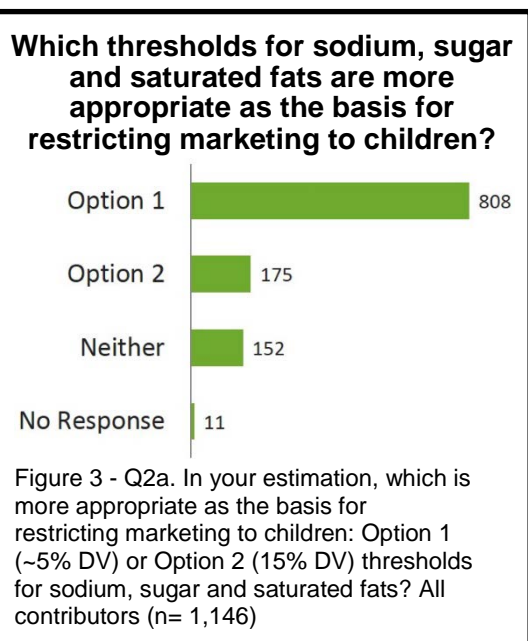
Many contributors indicated that Option 1 would help teach and support children to eat healthier and aid in protecting the health of children. Some felt that Option 1 would assist in changing the public's attitudes and how Canadians think about food choices for children.

Those who preferred **Option 2** indicated that it strikes a good balance. Some contributors within the public audience appreciated this option as a softer approach, rather than the stricter Option 1.

“I chose two because it is less restrictive. I think it is important for Canadians to eat properly. I don't think it is right for the government to restrict what can and can't be marketed.”

Some contributors indicated that they felt Option 2 was a good starting point for restrictions. However, it should be noted that some of these comments seem to indicate that some participants thought the sale of these foods would be restricted, rather than only the marketing of the foods.

Others expressed a greater concern about the stricter nature of Option 1. There was concern that this would identify some whole foods or other nutrient-rich foods as 'unhealthy' for which marketing could potentially be permitted with the higher threshold of 15% in Option 2. For



example, some contributors were concerned about the exclusion of calorie-reduced cheese and other foods which have positive nutritional content, but that would exceed the ~5% DV threshold presented in Option 1. Others were concerned about unintended consequences of nutrient-lacking foods (that are low in the targeted nutrients but also low in other nutrients) replacing restricted foods in ‘child-directed’ marketing, and thus perhaps within the diets of Canadian children as well.

“This will target foods that may be high in these nutrients yet still provide other essential nutrients. Help Canadians move towards choosing foods based on ALL nutrients, not just focusing on negative nutrients.”

Contributors also shared other general concerns about the threshold approach to determining which foods are restricted. For example, there was a concern that these regulations may expose consumers to manipulation, where the product may be low in the three nutrients of concern but still may not be considered “healthy” for other reasons.

“By focusing only on sodium, sugar, and saturated fat, we may miss opportunities to control other nutrients or additives such as caffeine in energy drinks that do not contain the three nutrients of concern, but also have a negative impact on children’s health.”

Others were concerned that the serving sizes might be manipulated by industry to meet these daily value targets.<sup>2</sup>

Using the **% Daily Value of these nutrients** as the threshold was also a concern for some contributors. Some indicated perhaps a wider breadth of evidence should be considered in developing these thresholds. Others were concerned the focus on Daily Value is too narrow and does not consider other food habits (e.g., processed foods, moderation, other nutrient value), or the complexity of dietary patterns and the food environment.

“I still think that marketing to children should be banned and not just for food. Thresholds just open the door for marketing agencies to be more creative. But if you must pick a threshold, please go with the lowest threshold.”

“It is important to me that in addition to nutrients (sodium, sugar, fats), that the degree of processing is also considered as a threshold for limiting marketing to children. I like Option 1 because it disallows advertising for many highly-processed foods.”

“Both approaches would exclude whole, natural foods, all of which should be considered foundational. According to the information provided in the discussion paper, foods allowed to be marketed in each option include vegetables, fruit, whole grains and protein-rich foods. However, the last category would result in the ridiculous situation of eliminating some very foundational foods. [...]”

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<sup>2</sup> Reference Amounts (RAs) and criteria to express serving of stated size of packaged foods are set out in *Nutrition Labelling – Table of Reference Amounts for Food*. Available at:

<https://www.canada.ca/content/dam/hc-sc/healthy-canadians/migration/eating-nutrition/label-etiquetage/regulatory-guidance-directives-reglementaires/reference-amounts-food-quantites-reference-aliments/alt/reference-amounts-food-quantites-reference-aliments-eng.pdf>



Many contributors discussed **even stricter options** and **alternative approaches** to promoting healthy eating. Some professionals suggested the restrictions include other nutrients such as trans-fat and total fat; to focus on “added” sugar/salt as opposed to “total”; and to include food category-specific criteria and/or restrict the advertisement of entire food categories, such as in other models (e.g., WHO Europe Nutrient Profile Model).

“Our strongest recommendation, albeit ambitious, is for Health Canada to develop a more robust profiling system that better discriminates against products within and across food categories and that can consider a larger number of the characteristics of a food.”

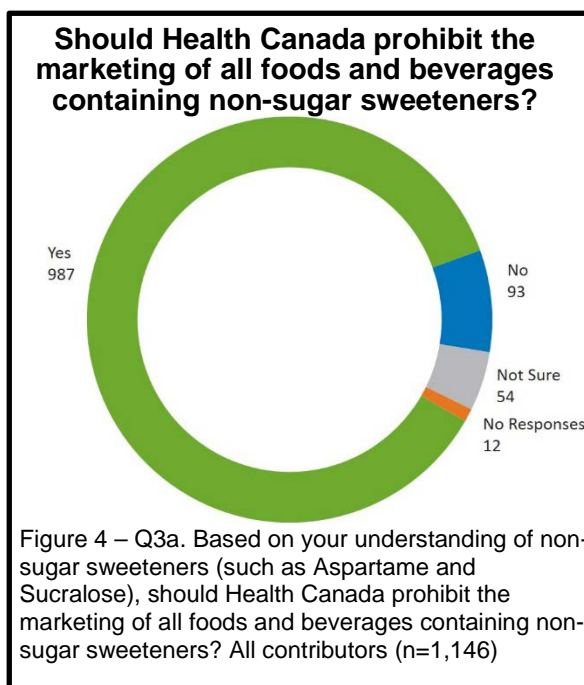
“We would have preferred that all commercial advertising of foods targeting children be banned; advertising aimed at children is a non-ethical practice and we should not encourage advertising of foods that should only be eaten occasionally with this audience.” (Translated)

### Restrictions of Non-Sugar Sweeteners

Health Canada proposed restricting the promotion of food and beverages containing non-sugar sweeteners because marketing of these products, in part, may influence children’s preference for other sugar sweetened products within the same brand. Most contributors agreed with the proposal to restrict marketing of unhealthy food and beverages containing non-sugar sweeteners.

Some contributors from among members of the public noted that some highly-processed foods (e.g., diet soda) have low levels of non-sugar sweeteners, but could still be considered unhealthy due to impacts of other included ingredients. When asked about including restrictions on non-sugar sweeteners, contributors felt that their inclusion would aid in restricting the marketing of processed foods. Others felt that including restrictions of non-sugar sweeteners would encourage less consumption of unhealthy foods, and would lessen the desire of children for sweet products. Such restrictions would also minimize cross-brand marketing, such as associations children draw between products of the same brand that may have more added sugar than those with non-sugar sweeteners.

Some contributors noted that the evidence is limited on the long-term impact of non-sugar sweeteners on children. In the absence of such evidence, some contributors suggested restricting marketing of these products to children would be appropriate.



“The scientific literature has not yet proven the long-term health impact of sweeteners. In addition, the consumption of artificially sweetened foods is likely to encourage a preference for sweet foods in children.” (Translated)

“Health halos such as "diet" and "sugar-free" often create the misconception that these foods are healthy options for children. By not including non-sugar sweeteners in marketing restrictions, this misconception may be further perpetuated.”

“Current evidence suggests that the marketing of these products may influence a child’s preference for other sugar sweetened beverages in the same brand.”

A few contributors also noted that not all non-sugar sweeteners are equal and suggested that perhaps some should be allowed. For instance, natural sweeteners (e.g., stevia) were cited as favourable alternatives. A few health professional and organization contributors noted that marketing of foods containing specific non-sugar sweeteners (e.g., aspartame and sucralose) should not be permitted.

Other contributors perceived non-sugar sweeteners to be a positive addition to a diet and that foods containing these should not be restricted from marketing. Some indicated that they can be more healthy than other processed sugars and a positive way to assist with weight management and to avoid tooth decay.

“Sweeteners approved for use by Health Canada are safe to use in products for adults and children, including Aspartame and Sucralose. There is an innate preference for sweet taste across the lifespan, and non-sugar sweeteners provide consumers with additional product choices to help meet individual lifestyle and health needs.”

Some industry contributors were concerned about the impact across the industry. They commented on the corporate social responsibility of Canadian companies to participate in educating the public on safe consumption of their products and current efforts by their organizations to meet this responsibility. Others mentioned the impact of restricting a company’s ability to advertise products with non-sugar sweeteners based on brand association with an unhealthy product.

“Many 'offending' companies are now taking steps to ensure their products are consumed responsibly - and use their sponsorship opportunities to promote that, just the way beverage alcohol companies add disclaimers to their products through regulation.”

### 4.3 Determining “Child-Directed” Advertising

Definitions will be set for “child-directed” settings, communication channels, and marketing techniques. Contributors were presented with definitions of “child-directed” advertising for two communication channels, one that proposed time-based restrictions on television, and a second that proposed restrictions on the internet, based on child popularity of websites, platforms and apps. Many contributors supported these approaches. A smaller number opposed these approaches, while some were not sure about their position on this definition.

**Figure 5 – Proposed Definitions of “Child-Directed” Advertising for TV and Internet**

“Child-directed” marketing on **television** includes all unhealthy food and beverage marketing aired, on weekdays from 6:00 a.m. to 9:00 a.m. and from 3:00 p.m. to 9:00 p.m., and on weekends between 6:00 a.m. and 9:00 p.m.

“Child-directed” marketing on the **internet** includes all unhealthy food and beverage marketing on websites, platforms and apps that are popular with children, even when these digital channels are intended for adults as well.

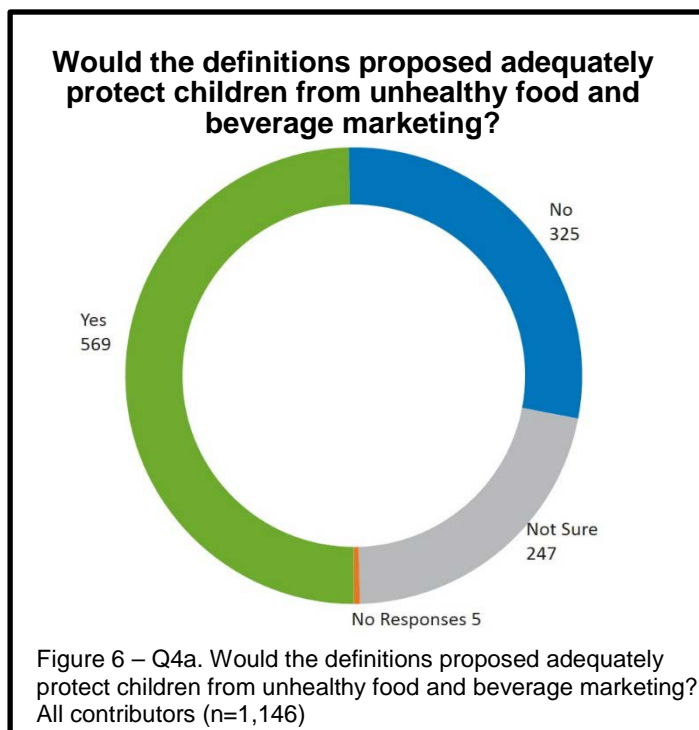
Contributors **in support of the proposed definitions** indicated that the definitions:

- were easy to follow;
- provided adequate protection;
- may motivate companies to produce healthier foods;
- were a good/fair balance; and
- were a good starting point.

“Restrictions on marketing of food and beverages based on time of the day rather than a threshold of the audience is going to provide more comprehensive protection.”

Some contributors expressed **concerns with the proposed definitions of child-directed advertising**, indicating the approach was not broad enough, or conversely, they felt the approach was too broad or overly restrictive.

Of those contributors who felt that they were **not broad enough**, some called for advertising to be banned altogether. Consumers and health professionals were



concerned the proposed restrictions may fail to protect children when they are home during the day (e.g., preschoolers), and some expressed concern that a 9:00 pm cut-off would not adequately protect adolescents up to 17 years of age. They suggested that the hours for television marketing be extended to include longer periods during the day and to take into account children who have access to television stations across multiple time zones.

“Restricted time slots should be 6am to 9pm EVERY day of the week. There are multiple professional development days, weather-related school closures, sick days, holidays and so on, so kids can watch TV between 9am and 3pm weekdays. I would really limit exposure 365 days a year. » (Translated)

“With respect to television, if a channel from one province is broadcasted in another province, depending on time zone, the definitions may not be effective. For instance, if a child-directed marketing ad is broadcasted on Global in Alberta at 2pm and this channel is viewed in Newfoundland, a child who is watching that channel at 5:30 will see this ad.”

While Health Canada expressed its intent to develop similar guidelines for other channels, some contributors reiterated the importance of expanding the focus beyond television and internet. They were concerned it might leave out important marketing techniques and communication channels where children are exposed to marketing, such as product placement within stores and other digital marketing techniques.

“This only addresses marketing on internet and television. It does nothing to address tactics at grocery stores, such as stocking high-added sugar products near the checkout line or at child height, or fast food restaurant tactics like packaging unhealthy foods with toys or in fun, appealing packages.”

Among those concerned that the definitions were **too broad or overly restrictive**, industry stakeholders in particular felt it would limit access to information about new products. Some stated a preference for audience thresholds, rather than the proposed time-of-day restrictions. Concerns cited by industry participants included potential loss of revenue from advertising and undue impact on adult marketing. Some participants stated that a time-of-day restriction would violate freedom of expression under the **Charter of Rights and Freedoms**. Others suggested that the financial impact could compromise media suppliers’ ability to deliver Canadian content for children.

“During the evening/prime time programming blocks it should be noted that commercials, including food and beverage advertisements, shown during programs that are targeted to adults will be commercials that are targeted to adults as well. We do not believe that that type of adult-targeted advertising should be prohibited under Health Canada’s new restrictions, nor do we believe that that is the government’s intention. However, that is exactly what will happen under the proposed time block approach.”

#### 4.4 Marketing Techniques and Communication Channels

Health Canada will define which marketing techniques and communications channels should be subject to these restrictions. Health Canada recognizes that it may not be desirable to restrict all marketing techniques, nor all communication channels.

In the feedback on both marketing techniques and communications channels, health stakeholders suggested regulations on specific marketing techniques would limit the ability to adjust the approach as new marketing methods emerge. They suggested that the policies and/or regulations should be flexible enough to allow for potential changes in future marketing trends and tactics.

“All forms of communication that can be used to reach children and promote unhealthy foods should be considered, not just television and the Internet.” (Translated)

“There may be new inventive techniques that will come forward to influence children. It would be important to have some flexibility to address these new marketing techniques.”

#### Marketing Techniques and Communication Channels to Include

Contributors were presented with a list of techniques and communication channels that are commonly used to market food and beverages to children. They were asked to present any other techniques and channels that influence children and should be considered as a part of the

**Figure 7 – Marketing Techniques and Communication Channels Identified by Health Canada**

Traditional Marketing Techniques	Digital Marketing Techniques
<ul style="list-style-type: none"> <li>• packaging and labelling</li> <li>• use of characters and celebrities (on packages, in ads, at events, etc.)</li> <li>• sponsorship (of sports teams, events, school supplies)</li> <li>• sales promotions/premiums (e.g., toy give-away, contests)</li> <li>• branding (logo, symbol, word or images associated with a food product)</li> <li>• advertisements (commercials, direct appeal)</li> <li>• product design</li> <li>• content (e.g., colours, voices, images)</li> <li>• product placement</li> </ul>	<ul style="list-style-type: none"> <li>• advertisements (e.g., banner ads, popup ads)</li> <li>• advergames (video game that advertises a branded product as part of the game)</li> <li>• buzz marketing (peer-to-peer)</li> <li>• word-of-mouth (“liking”, sharing, tweeting)</li> <li>• marketing “influencers” through</li> <li>• blogging, vlogging (blogging with video), or social media</li> <li>• neuromarketing (emotional analysis through sensors)</li> <li>• behavioural advertising (informed by analytics use of shared personal data or tracking through cookies, device fingerprinting, geo-location)</li> </ul>
<p><b>Communication Channels</b></p>	
<ul style="list-style-type: none"> <li>• television</li> <li>• radio</li> <li>• print media (e.g., youth magazines, comic books)</li> <li>• billboards</li> <li>• DVDs</li> <li>• video games</li> <li>• digital channels (e.g., websites, social media platforms, game platforms, apps)</li> <li>• mobile devices (e.g., texting)</li> </ul>	

restrictions.

Most participants felt the lists were complete and could not identify any other marketing techniques or channels that should be included.

Those who had suggestions to add to the lists put forward techniques and channels such as vending machines, taste tests, fundraising, movies, store flyers/displays, public transit ads, and vehicles with sponsorship ads. Sports team sponsorship, branded clothing, and toys were also frequently mentioned.

Some contributors felt that the World Health Organization's list of marketing techniques<sup>3</sup> should be adopted. Some also supported Health Canada's proposal that the restrictions could cover child-directed settings, such as schools, daycares, public places, and restaurants.

A few felt the focus should be on the message rather than the medium, meaning that regardless of method of delivery, there should be a broader restriction on what is communicated to children, rather than the mechanism or pathway in which it is delivered.

A few suggested that restrictions of these marketing techniques and channels would have little impact as marketing is all around us.

### **Figure 8 – Additional Marketing Techniques and Communication Channels Identified by Contributors**

- recommendations from health professionals/public/parents/friends
- vending machines
- taste tests
- fundraising
- print media (e.g., youth magazines, comic books)
- philanthropy/charity (from the food industry)
- kid flavours
- brand merchandise
- tv/radio advertisements
- surveys to get prizes/pop ups promising points (incentive or rewards programs)
- movies
- store flyers/displays
- transportation & vehicle ads (e.g., wraps, signs)
- sports teams/events
- clothing/accessories
- toys/merchandise
- free samples
- recreation/community centres
- product packaging
- school supply/stationery
- celebrity endorsements
- mascots

<sup>3</sup> World Health Organization. A framework for implementing the set of recommendations on the marketing of foods and non-alcoholic beverages to children. 2012: Available at: [http://www.who.int/dietphysicalactivity/framework\\_marketing\\_food\\_to\\_children/en/](http://www.who.int/dietphysicalactivity/framework_marketing_food_to_children/en/)

## Possible Exemptions from Marketing Restrictions

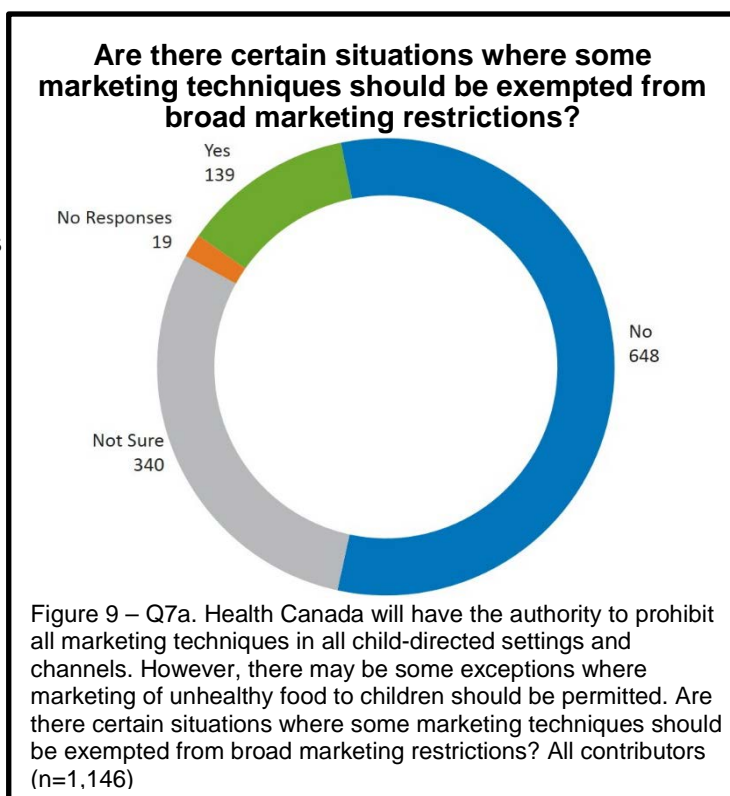
After reviewing the marketing techniques and communication channels above, contributors were asked if there should be any exemptions for specific marketing techniques or situations where marketing restrictions should not apply. In other words, are there circumstances where marketing unhealthy food to children should be allowed?

Most contributors felt that no exemptions should be allowed for marketing restrictions. This was particularly popular among health professionals and health-related organizations. Some were concerned that allowing exemptions would create **loopholes** for industry. Other contributors who opposed any exemptions suggested that a lack of consistency in how the restrictions are applied across mediums would add confusion and complexity to the policies and regulations. They advocated for a clear and consistent policy across the board.

Of those who did suggest exemptions to marketing restrictions, the following were put forward:

- Sponsorship
  - in general
  - sport teams and events
  - community events
  - school events/activities
- Ads related to special occasions
- Non-commercial marketing/ PSA campaigns
- Fundraising
- Branding
- Premiums
- Movie theatre ads

The most commonly referenced exemptions for marketing restrictions to children were **sponsorships of sporting events/sports activities, fundraising, and charity partnerships** (such as joint fundraisers for children's causes sponsored by a company). Many expressed support for the Quebec approach where regulations allow for some elements of sponsorship. Specifically, the sponsor can discreetly mention a name, but cannot present a message in a manner that would arouse the interest of children. Further, the sponsor cannot use a logo or mascot.



Of those suggesting exemptions, many focused their comments regarding exemptions on the restriction of events or activities that provide a benefit to children such as at school (e.g., breakfast programs) and within the community (e.g., team sponsorship). For example, some indicated that the **benefits** of sponsoring these activities (such as removing financial barriers for some children and their families to participate in activities) **outweigh the negatives** of marketing to children through these avenues.

“Sport associations are scraping by and often will take any sponsorship that they can get, as government at all levels does a poor job of funding amateur sport.”

Others supported restricting sponsorships but recognized concerns.

“While I support restricting sponsorships within recreation/sport facilities/events/teams involving marketing from companies associated with unhealthy food/beverages, consideration needs to be given to the impact these lost sponsorship revenues. [...] Recreation and sport support the health of Canadians physically, mentally and socially, so we don't want to create a situation where communities (primarily small and rural communities) will no longer be able to offer opportunities for their residents. [...]”

**Other marketing techniques suggested** for exemption included advertising associated with special occasions (e.g., marketing candy for Easter, Christmas, Halloween), advertisements found in movie theatres, non-commercial marketing (e.g., foundational causes, educational purposes), and product packaging.

Other contributors suggested that restricting cross-brand marketing will reduce the reach of healthy alternatives to counter the targeted unhealthy foods. Exempting some of these larger branding initiatives that promote healthy alternatives was suggested by a small number of industry organizations.

#### 4.5 Other Feedback

Many contributors included additional context and suggestions for Health Canada concerning the proposed marketing to children approach as well as other healthy eating issues and approaches. A summary of this other feedback is highlighted below.

##### Coordination with Other Policies

Many contributors suggested this proposal to restrict marketing of unhealthy food and beverages to children should be coordinated with other similar policies and regulations to provide consistency in messaging and approach. They referenced the Province of Quebec's **Consumer Protection Act**, Canada's Food Guide, Agriculture and Agri-Food Canada's Food Policy as well as the EU Pledge and recommendations of the World Health Organization and other international bodies.



“Setting a threshold allows unhealthy foods to be considered healthy, while other products such as juice, vegetable drinks, flavored and sweetened milk and yogurt, and cheese are unfairly targeted. If we want to limit advertising aimed at children, we should do it in the same way as it is done here in Quebec.” (Translated)

“A good diet is not predicated on fruit, vegetables and whole grains alone, and to pursue this principle through food policy would undermine the concept of a foundational diet in most cultures, as well as presenting most people with a substantial challenge to achieve nutritional adequacy. Finally, it would be agriculturally unsustainable.”

“Use similar criteria by categories as with the EU Pledge criteria that is better aligned with dietary guidelines.”

### Defining the Age Restrictions

The issue of age was presented within the consultation document, where Health Canada defined children as under the age of 17 for the proposed approach. While not an area of inquiry for the consultation, some contributors provided feedback on this aspect of the approach. Strong support was expressed for the proposal to target children under 17 years of age by many consumers and health stakeholders, with some going farther to suggest a full restriction on marketing of unhealthy foods and beverages across all age groups (including adults).

“Teens consider themselves invincible and are more autonomous; anything that can be done to decrease their exposure is helpful.”

“Teens have wider access to TV and internet and many are accessing content that would be deemed adult oriented. To protect teen audiences I feel these definitions need to be considered further.”

Most industry contributors felt the inclusion of teens within the restrictions would have a negative impact on adult-directed marketing and, by extension, programming.

“The proposed definition of “child-directed” marketing on television is too broad. Because teenagers and adults watch much of the same programming, the proposed definition would effectively ban advertising of food and beverages during prime-time and weekend programming.”

### Alternative Approaches to Meet Objectives

Some contributors **suggested alternative approaches** to positively impact the healthy eating habits of Canadian children. Some examples are identified below.

**The promotion of healthy eating was frequently mentioned.** Some felt this should be done in cooperation with the proposed restrictions while others suggested it should be done instead of the proposed restrictions. Several professionals and organizations noted that developing healthy eating habits at a young age is important for children as they grow into teenagers and adults.

“If we educate kids to limit sodium, sugars and fats, we should have healthy kids and healthy adults. Healthy people can choose for themselves what is healthy and what is not.”

For health professionals, healthy eating could be promoted by building positive relationships with food and our own health. They recommend that there should be a focus on foundational foods to support eating habit changes by emphasizing overall food quality and supporting real food. Other suggestions included promoting the consumption of local foods and unprocessed foods.

“Advertising directed to children shouldn't include "less bad" options. Children need to hear messages of good health that will help them internalize life-long messages around healthy eating and lifestyles.”

“Defining foods as healthy or unhealthy is fraught with potential harm to people's relationships with food (rigidity, guilt, disordered eating, body image issues, etc.) and will undermine a balanced approach to eating well that allows people to enjoy eating a variety of foods that are nutrient-rich as well as including "other" foods in moderation.”

**Several contributors felt that there should also be an education component to the approach taken**, whether it be teaching children what types of foods are healthy, food preparation, or educating parents on healthy eating choices and habits for themselves and their families. Others suggested educating children about the consequences of eating unhealthy food. Some suggested incorporating healthy eating education more uniformly within the school curriculum. A few contributors noted the need to promote public awareness and education concerning the restrictions, nature of advertising, and its impact on children.

“Dietitians should be part of curriculum development and actually return to schools to teach foods and nutrition as part of "life skills" courses. [This proposed approach] does not address the root problem.”

“I think there should be more education to the public done on salt and sugar and trans fats.”

Some felt the focus should be on influencing the decisions at the parental level, perhaps with messaging in stores to educate parents. **Front-of-package labelling** was another suggestion to educate the public regarding what foods are high in the target values and to influence purchasing decisions.

**Other suggestions** included a gradual approach to restricting marketing of unhealthy food and beverages or required disclaimers on advertising of foods with higher daily values of targeted nutrients.

“Perhaps a graduated approach to assess the success/failure rate after the first option. Marketing to small children is very different to adolescents. Small children have no

money and therefore it is parental decision to purchase. Adolescents do have their own buying power.”

“It’s okay to advertise Option 2 if the advertisements also include a disclaimer about eating some foods in moderation (foods higher in the recommended dv).”

### **Monitoring, Enforcement, Evaluation, and Implementation**

Others were concerned about implementation and the future of the proposal. A large number of consumers, youth, and health stakeholders reinforced the need to include strong evaluation, monitoring and enforcement components, as well as sufficient resources to undertake these activities. Some suggested starting with a lenient approach (e.g., Option 2 – 15% of the DV) and measuring the impact, while others suggested starting with the stricter approach and adjusting as needed. The expectation that an evaluation of the approach would be undertaken after a particular period of time was implied by a number of contributors and some called for an independent evaluation.

“Policies and regulations need to be: independently evaluated, every three years, to ensure the expected effects are achieved; independently monitored to ensure compliance; and fully resourced and enforced.”

Concerns about enforcing cross-border programming were raised by some stakeholders, including whether uneven restrictions could potentially put Canadian-centered brands at a disadvantage to those advertised on U.S. media.<sup>4</sup>

“The ban on internet marketing would apply to all “unhealthy” food marketing on websites, platforms and apps that are “popular with children”, even when these digital channels are intended for adults as well. These blunt untargeted bans that ignore content, intended audience or audience thresholds, would prevent almost all processed food products from advertising on television in times and on Canadian channels where the advertisements would be directed primarily at adults, and on essentially all Canadian popular internet websites and platforms.”

“To restrict Internet and TV marketing opportunities within the control of the Canadian government only harms and disadvantages Canadian companies and organizations. The exposure of these products to kids will continue by non-Canadian companies.”

Other issues concerning the enforcement and ambiguity of child-directed media content, especially online, was of concern to some contributors. For example, some advergames may not clearly be identified as an advertisement or as marketing.

“The internet definition would not protect children because it would be nearly impossible to enforce this rule and it would not capture everywhere that a child would go online.”

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<sup>4</sup> Regulations designed to protect Canadian advertisers minimize Canadians’ exposure to U.S.-placed television ads. Available at: <https://crtc.gc.ca/eng/television/publicit/america.htm>

## 5.0 Conclusions

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Overall, Health Canada’s proposed approach to restrict marketing of unhealthy food and beverages to children was well received by members of the public and health professionals. For the most part, industry representatives were not supportive of the proposed approach. A small number of contributors opposed any attempts to restrict marketing to children and some felt that food choice decisions should be left up to the parent.

The vast majority of consumers and health professionals support the strictest option (~5% threshold) for defining “unhealthy” food. For some, Option 2 was more appropriate as it allows some whole foods such as calorie-reduced cheese to be permitted even though they are naturally higher in the target nutrients. Industry stakeholders did not support either proposed threshold for defining “unhealthy”; some felt both options are too restrictive while others would prefer that all foods are restricted.

Consumers and health professionals support stronger limits than the proposed ‘time of day’ TV marketing restrictions. Industry stakeholders oppose the proposed definitions for TV and Internet “child-directed” marketing, claiming they are too broad and would unduly restrict marketing to adults. Industry stakeholders would prefer using an audience threshold.

A number of industry stakeholders would like to see exemptions for a wide range of marketing restrictions, particularly product packaging and sponsorship of activities and events that confer social benefit (e.g., sport teams, school feeding programs, children’s groups). While many consumers and health professionals prefer “no exemptions” to marketing restrictions, some support certain exemptions for sport and school sponsorship. The Quebec model is often cited as a preferred approach to addressing sponsorship, where limited elements of sponsorship are allowed but more visible elements, such as the use of a logo or mascot, are restricted.

Many stakeholders identified the need for flexible definitions that will be applicable to future marketing environments and techniques. A large number of consumers, youth, and health stakeholders reinforced the need to include strong evaluation, monitoring, and enforcement components, as well as sufficient resources to undertake these activities.

## 6.0 Next Steps

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Health Canada will use the results of this consultation along with other inputs such as updated evidence and information from experts and stakeholders, to inform the development of regulations to restrict marketing of unhealthy food and beverages to children. Regular updates will be provided to provinces and territories, health, and industry stakeholders, as well as the public.

## 7.0 Appendix A – Consultation Approach

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The consultation was comprised of a consultation document with consultation questions embedded. This document was available through an online platform. A registration element acted as a contributor identifier and mitigated the risk of multiple or duplicate submissions.

The consultation was qualitative in nature and was made up of a series of close-ended questions followed by open-ended questions related to restricting marketing of unhealthy foods and beverages to children. A print version of the consultation document was made available for those who requested an alternative format for responding due to internet access limitations.

Ipsos utilized in-house personnel to code all open-ended feedback. A code frame, or series of themes, were created, and checked internally among the Ipsos project team as well as confirmed with the team at Health Canada. The codes were then populated, as counts, based on the number of times a response was categorized under a particular code. In some cases, contributors' comments were applied to multiple codes.

The Ipsos project team separately analyzed the comments as the primary point for analysis of the major themes within this report, to ensure consistency in the codes, and to select quotes that would best serve the analysis in this report.

### 7.1 Limitations

This report is based on ideas and perspectives as submitted by contributors to the online public consultation via the Ipsos platform. Due to the nature of public consultations, those who have a vested interest or who are active in discussions on the policy subject are more likely to participate in the consultation. The views presented in this document are limited to those of various stakeholders who took part in the consultation process and therefore should not and cannot necessarily be seen as representative of the industry nor Canadians' views in this area.

### 7.2 Promotion of the Consultation

An invitation to participate was sent through the Health Canada Consultation and Stakeholder Information Management System (CSIMS). In addition, a comprehensive social media strategy was used to promote participation in the consultation. The Canada's Food Guide consultation, running concurrently to the Restricting Marketing to Children consultation, also served as an additional promotion for the initiative.

### 7.3 Treatment of Duplicate and Multiple Contributions

In processing contributions, care was taken to review contributions that appeared to have very similar or identical text. Where submitted by the same registrant, these were removed from the data. For those who made multiple contributions, their most recent response to the close-ended questions was used while all verbatim contributions provided were taken into consideration in the analysis. Similarly, in the case of registrants who used the same account to respond from different viewpoints (i.e. on behalf of different organizations and/or as a consumer), each submission was treated as coming from a unique contributor.

## 8.0 Appendix B – Consultation Questions

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The following is a summary of the questions asked as a part of the online consultation. These were embedded within the consultation document to allow contributors an opportunity to review detailed information about each proposed approach and issues surrounding the different themes within the consultation.

### 8.1 Demographics

#### DEM01

Are you answering this questionnaire...

- On behalf of an organization
- As an individual in a professional capacity
- As a member of the public

#### DEM02

What is the name of your organization?

- Name of organization \_\_\_\_\_
- Prefer not to disclose

**NOTE: If you would prefer not to disclose the name of your organization, you are not required to answer this question.**

#### DEM03a

What sector do you represent?

- Government representative
- Industry representative
- Non-government organization representative
- Other
- Prefer not to disclose

#### DEM03b

What sector do you represent?

- Academic / Researcher
- Health professional
- Other
- Prefer not to disclose

#### DEM04

Which part of the industry do you represent?

- Food manufacturer / food service

- Advertising or broadcasting
- Other
- Prefer not to disclose

#### DEM05

Are you...

- a parent or guardian of a child / youth under 17 years of age
- a child / youth under 17 years of age
- a youth 17 – 24 years of age
- other
- prefer not to disclose

Thank you for your interest, as you are under 17 years of age we ask that you complete this with your parent/guardian.

#### DEM06

Which level of government do you represent?

- Municipal
- Provincial / territorial
- Federal
- Prefer not to disclose

## 8.2 Main Questions

### Q1a.

Based on your knowledge of nutrients, should Health Canada's marketing restrictions focus on sodium (salt), sugars, and saturated fat?

- Yes
- No
- Not sure

### Q1b.

Please explain.

### Q2a.

In your estimation, which is more appropriate as the basis for restricting marketing to children: Option 1 (~5% DV) or Option 2 (15% DV) thresholds for sodium, sugar and saturated fats?

- Option 1
- Option 2
- Neither

**Q2b.**

Please explain.

**Q3a.**

Based on your understanding of non-sugar sweeteners (such as Aspartame and Sucralose), should Health Canada prohibit the marketing of all foods and beverages containing non-sugar sweeteners?

- Yes
- No
- Not Sure

**Q3b.**

Please explain.

**Q4a.**

Health Canada proposes the following definitions for “child-directed” marketing:

“Child-directed” marketing on television includes all unhealthy food and beverage marketing aired, on weekdays from 6:00 a.m. to 9:00 a.m. and from 3:00 p.m. to 9:00 p.m., and on weekends between 6:00 a.m. and 9:00 p.m.

“Child-directed” marketing on the internet includes all unhealthy food and beverage marketing on websites, platforms and apps that are popular with children, even when these digital channels are intended for adults as well.

**Would the definitions proposed adequately protect children from unhealthy food and beverage marketing?**

- Yes
- No
- Not Sure

**Q4b.**

Please explain.



### Q5INFO.

Marketing **techniques** that influence children include traditional and digital tactics.

Traditional	Digital
<ul style="list-style-type: none"><li>• packaging and labelling</li><li>• use of characters and celebrities (on packages, in ads, at events, etc.)</li><li>• sponsorship (of sports teams, events, school supplies)</li><li>• sales promotions/premiums (e.g., toy give-away, contests)</li><li>• branding (logo, symbol, word or images associated with a food product)</li><li>• advertisements (commercials, direct appeal)</li><li>• product design</li><li>• content (e.g., colours, voices, images)</li><li>• product placement</li></ul>	<ul style="list-style-type: none"><li>• advertisements (e.g., banner ads, pop-up ads)</li><li>• advergames (video game that advertises a branded product as part of the game)</li><li>• buzz marketing (peer-to-peer)</li><li>• word-of-mouth (“liking”, sharing, tweeting)</li><li>• marketing “influencers” through blogging, vlogging (blogging with video), or social media</li><li>• neuromarketing (emotional analysis through sensors)</li><li>• behavioural advertising (informed by analytics use of shared personal data or tracking through cookies, device fingerprinting, geo-location)</li></ul>

### Q5a

Based on your experience, are there any **other marketing techniques** that influence children and should be considered as part of the marketing restrictions?

- Yes
- No

### Q5b

Please specify.

### Q6INFO.

The following **communication channels** are commonly used to market food and beverages to children.

- television
- radio
- print media (e.g youth magazines; comic books)
- billboards
- DVDs
- video games
- digital channels (e.g., websites; social media platforms; game platforms; apps)
- mobile devices (e.g., texting)

**Q6a.**

Based on your experience, are there any other channels used for marketing to children that should be considered as part of the marketing restrictions?

- Yes
- No

**Q6b.**

Please specify

**Q7a.**

Health Canada will have the authority to prohibit all marketing techniques in all child-directed settings and channels. However, there may be some exceptions where marketing of unhealthy food to children should be permitted.

**Are there certain situations where some marketing techniques should be exempted from broad marketing restrictions?**

- Yes
- No
- Not sure

**Q7b.**

Please explain.

**Q8.**

Do you have any other feedback?

## 9.0 Appendix C – Numerical Results

Responses to the consultation consisted of both open-ended and close-ended feedback. The written submissions included in the open-ended feedback were of particular importance in illustrating and understanding the positions of various contributors regarding the issues discussed. There were seven close-ended questions included within the consultation for measurement of an overall opinion ahead of the opportunity to provide additional feedback.

The following tables summarize the responses to these close-ended questions. The comments associated with each response are reflected in the overall discussion under section 4.0 Key Findings. For further reference regarding the context of the questions, the consultation document is available on the [Ipsos](#) website.

### Q1a. Based on your knowledge of nutrients, should Health Canada's marketing restrictions focus on sodium (salt), sugars, and saturated fat?

	Total	Contributor Type			No Responses
		Organization	Individual Professional	Member of the Public	
ALL CONTRIBUTORS	1146	114	426	601	5
Yes	884	43	317	523	1
No	145	40	63	42	-
Not Sure	106	26	43	36	1
No Responses	11	5	3	-	3

### Q2a. In your estimation, which is more appropriate as the basis for restricting marketing to children: Option 1 (~5% DV) or Option 2 (15% DV) thresholds for sodium, sugar and saturated fats?

	Total	Contributor Type			No Responses
		Organization	Individual Professional	Member of the Public	
ALL CONTRIBUTORS	1146	114	426	601	5
Option 1	808	47	307	452	2
Option 2	175	19	65	91	-
Neither	152	42	53	57	-
No Responses	11	6	1	1	3

**Q3a. Based on your understanding of non-sugar sweeteners (such as Aspartame and Sucralose), should Health Canada prohibit the marketing of all foods and beverages containing non-sugar sweeteners?**

	Total	Contributor Type			No Responses
		Organization	Individual Professional	Member of the Public	
ALL CONTRIBUTORS	1146	114	426	601	5
Yes	987	66	378	540	3
No	93	29	23	41	-
Not Sure	54	11	24	19	-
No Responses	12	8	1	1	2

**Q4a. Would the definitions proposed adequately protect children from unhealthy food and beverage marketing?**

	Total	Contributor Type			No Responses
		Organization	Individual Professional	Member of the Public	
ALL CONTRIBUTORS	1146	114	426	601	5
Yes	569	26	219	321	3
No	325	59	103	163	-
Not Sure	247	25	103	117	2
No Responses	5	4	1	-	-

**Q5a. Based on your experience, are there any other marketing techniques that influence children and should be considered as part of the marketing restrictions?**

	Total	Contributor Type			No Responses
		Organization	Individual Professional	Member of the Public	
ALL CONTRIBUTORS	1146	114	426	601	5
Yes	319	39	129	149	2
No	790	66	278	444	2
No Responses	37	9	19	8	1

**Q6a. Based on your experience, are there any other channels used for marketing to children that should be considered as part of the marketing restrictions?**

	Total	Contributor Type			No Responses
		Organization	Individual Professional	Member of the Public	
ALL RESPONDENTS	1146	114	426	601	5
Yes	354	39	132	183	-
No	761	66	285	407	3
No Responses	31	9	9	11	2

**Q7a. Are there certain situations where some marketing techniques should be exempted from broad marketing restrictions?**

	Total	Contributor Type			No Responses
		Organization	Individual Professional	Member of the Public	
ALL CONTRIBUTORS	1146	114	426	601	5
Yes	139	38	44	57	-
No	648	41	251	352	4
Not Sure	340	27	126	186	1
No Responses	19	8	5	6	-