Fitness a worthy goal but not with gimmicky tax credit - Globe and Mail

Summary

On Sunday, the Conservative Party announced an expansion of its suite of boutique tax credits. Previous analysis of boutique tax credits has been offered by Frances Woolley on Economy Lab here, and by Ben Sand and Peter Shawn Taylor here. I offer a slightly more academic discussion here. The dislike of these credits among public finance economists is near-universal.

There are several reasons for this: Adds complexity to the tax system: Boutique tax credits benefit those who can afford accountants to arrange their financial affairs, and lard our economy with extra burdens of filling in forms and shuffling paper.

Notes

Fitness a worthy goal – but not with gimmicky tax credit
KEVIN MILLIGAN
Globe and Mail Blog
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The dislike of these credits among public finance economists is near-universal.

There are several reasons for this:

- Adds complexity to the tax system: Boutique tax credits benefit those who can afford accountants to arrange their financial affairs, and lard our economy with extra burdens of filling in forms and shuffling paper.

- Costly to administer: The Department of Finance had to strike a committee to determine how much sweat you needed to excrete in order to qualify for the Children's Fitness Tax Credit.

- Low incomes miss out: Those Canadians struggling most with their budgets don't benefit, since non-refundable credits only help those who pay tax. This is not a trivial concern – more than eight million Canadians filed non-taxable returns in 2009.

- Incrementality: Much of the value of these credits goes to those already doing the activity; little increase in actual use. This means the incremental activity is achieved at great cost.

- Ineffective: See here for an analysis of the ineffectiveness of the Children's Fitness Tax Credit.

- Creates entrenched interests of beneficiaries that will lobby for further credits and complain about job losses if credits diminished.

In addition to the above more general concerns, the design of the new proposed Adult Fitness Tax Credit raises further specific questions. The goal of the credit is presumably to increase the health of Canadians. But it does this by subsidizing one particular channel to achieve that goal. Some people like running, going to their condo gym, or gardening to keep fit. Why should we subsidize one channel but not the others?

We also now have some evidence on the existing Children Fitness Tax Credit by a research team from Queen's and the University of Alberta. They found it to be ineffective.
Moreover, because it is too hard to administer daily passes for transit or gym usage, the credits favour monthly passes over day-use passes. This distorts people's decisions. Two Berkeley economists Della Vigna and Malmendier have found that people typically spend $600 too much by buying monthly over day-use passes, owing to over-optimism about future usage of the gym.

Improving the health of Canadians is a worthy goal for society to pursue. However, the pursuit of this goal through yet another gimmicky tax credit is unlikely the best way to achieve this goal.

What should be done instead? I know more about the tax system than public health, but I suspect programs aimed at education and targeted to at-risk communities would prove more effective. The Conservative press release mentions several interesting initiatives ranging from education tool-kits to targeted obesity programs. It is too bad that these initiatives are swamped -- by dollars and by campaign attention – by the new tax credits.

Kevin Milligan is Associate Professor of Economics at the University of British Columbia

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Summary

Imagine a world of higher food prices, an explosion of food-related lawsuits, an army of bureaucrats auditing the "healthiness" of what we eat and hundreds of lobbyists and health experts pushing for "special treatment" for their food products.

If these scenarios seem farfetched, think again. They are exactly what would transpire if the authors of a recent editorial in the Canadian Medical Journal got their way. They call upon the federal government to impose a tax on so-called "fatty foods." The authors argue the government needs to shrink Canadians' expanding waistlines - but the only thing that will get thinner is your wallet.

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Taxing fat an unhealthy idea

Kevin Lacey, National Post · May 9, 2011

Imagine a world of higher food prices, an explosion of food-related lawsuits, an army of bureaucrats auditing the "healthiness" of what we eat and hundreds of lobbyists and health experts pushing for "special treatment" for their food products.

If these scenarios seem farfetched, think again. They are exactly what would transpire if the authors of a recent editorial in the Canadian Medical Journal got their way. They call upon the federal government to impose a tax on so-called "fatty foods." The authors argue the government needs to shrink Canadians' expanding waistlines - but the only thing that will get thinner is your wallet.

And who would pay the most? Ironically, the poor. The greatest consumers of so-called "junk food" are lower income families. Fast food is often less expensive than fresh and organic choices, and in poorer neighbourhoods, it's also often more available. The cost of a fat tax would be thus be disproportionately borne by those on the bottom of the income scale, who already have difficulty buckling their food budgets.

A fat tax is also unlikely to slim us down. A report from Cornell University says even a high tax on fatty foods would have little impact on overall body weight: a 10% levy on percentage of fat would only reduce it by 0.48%. This means the average male would drop 0.92 pounds, while the average woman would shed 0.8 pounds.

These numbers have not deterred the anti-fat brigade. They point to sin taxes, such as those on tobacco and alcohol, which they claim reduced consumption rates and improved health. But these habits present a poor analogy: smoking and drinking are not necessities, while food is not a luxury item. Further, whereas a crackdown on smoking might be justified due to its impact on non-smokers, you cannot get "secondhand fat" from sitting next to someone eating a chocolate bar.

Even if everyone agreed a tax on "fatty foods" was a good idea, how would the government define such food? A hamburger, for example, is high in fat but also high in protein - so should it attract the tax or not? What if the burger is served on a whole wheat bun, or made with lean ground beef or accompanied by a garden salad? Would that mitigate the fat factor - and make for a healthy meal? What if that salad is drenched with fatty dressing - or covered in croutons?

This never-ending debate over what is "healthy" would launch a massive lobbying effort by individual food producers wishing to avoid the tax and its stigma. Do we really want lobbyists, health "experts" and governments deciding what is healthy for us? Do we even think they can?

Over the past century, we can name countless examples of food we once considered healthy, then suddenly deemed to be unhealthy - or vice versa. Eggs and red meat have been demonized, while greens and beans are now applauded. How many lawsuits will the Canadian government face from food producers who unfairly had their product slapped with
a "fat tax"? Or conversely, how many overweight people will sue the government for compensation for not taxing some product that turned out to be unhealthy?

Proponents of a fat tax use "healthy living" as a cover for the real dish: This is just another tax grab, based on the belief that government makes better decisions than its citizens. Pierre Trudeau famously said that the "government has no business in the bedrooms of the nation." We would add that the government has no place in our kitchens, either.

Kevin Lacey is the Atlantic Canada director for the Canadian Taxpayers Federation. Taxpayer.com
Summary

The Burger King restaurant inside Toronto's Hospital for Sick Children served its last Whopper this weekend, closing down after the hospital chose not to renew its lease.

The decision followed a bidding process for the food court slot at Canada's largest pediatric hospital that was meant to offer healthier food options to visitors and staff. It reflects rising consciousness in health institutions of the need to send consistent messages about nutrition and diet at a time when obesity rates across North America are at an all-time high.

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Doctors such as Sick Kids pediatrician Vishal Avinashi have become more vocal about this issue. Dr. Avinashi started a Facebook group a few weeks ago called "Burger King should NOT be allowed to operate at Sick Kids hospital", which has since gathered 258 members.

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Burger King loses foothold at Sick Kids

VANESSA FARQUHARSON

TORONTO— Special to Globe and Mail Update

Published Sunday, Mar. 20, 2011 6:24PM EDT

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The Burger King restaurant inside Toronto's Hospital for Sick Children served its last Whopper this weekend, closing down after the hospital chose not to renew its lease.

The decision followed a bidding process for the food court slot at Canada's largest pediatric hospital that was meant to offer healthier food options to visitors and staff. It reflects rising consciousness in health institutions of the need to send consistent messages about nutrition and diet at a time when obesity rates across North America are at an all-time high.

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How fancy can fast food get? Have we reached our burger limit? The $777 burger: more ridiculous than the Double Down?

Doctors such as Sick Kids pediatrician Vishal Avinashi have become more vocal about this issue. Dr. Avinashi started a Facebook group a few weeks ago called "Burger King should NOT be allowed to operate at Sick Kids hospital", which has since gathered 258 members. While the changes that pushed Burger King out were already well under way, the group drew comments from physicians and other medical professionals.

"I'd thought about doing it for a while," says Dr. Avinashi, "because the gut reaction among those in our workplace when they saw the Burger King was, 'I can't believe this place exists here.' "

As of Saturday at 4:30 p.m., it still existed, as did the sign in the hallway guiding visitors one way toward orthopedics and the other toward Burger King. Half an hour before it was scheduled to close, there was a lineup of four people at the counter and — aside from two of the meal combos being unavailable — it was business as usual. Workers will begin to dismantle all of the deep-fryers and milkshake machines over the course of the next two weeks.
Whatever some physicians may have thought of the burger chain's menu, the hospital has benefited from the association. According to a statement from Cameron Loopstra, senior marketing manager at Burger King Canada, the chain has raised more than $2.5-million for the Sick Kids Foundation since 1999, mostly through initiatives such as the Toonie Bear campaign.

Mr. Loopstra says Burger King will continue to raise money for the hospital throughout this year.

Stuart Howe, director of business services and development at Sick Kids, says that when he was hired last January, he reviewed the hospital's retail operations and surveyed staff to see what they wanted. Then, in June, an open bidding process began for a handful of leases; Burger King submitted a proposal, but didn't win.

"We found there was a very clear push for healthier options," says Mr. Howe. "Anecdotally, I do believe more and more hospitals are reevaluating their restaurant franchises, as they should. It's becoming an expectation."

It's not as if all traces of sugar or fat will be eradicated from Sick Kids —Pizza Pizza and Subway still operate in the main foyer.

Dr. Avinashi says it comes down to finding a balance, providing options, and allowing debate over how much focus should be placed on nutrition.

"It's funny," says Dr. Avinashi, "because we have a Shopper's Drug Mart at SickKids too, and they make this whole effort not to sell any formula because they want to encourage breastfeeding, and yet they still sell pop, Kool-Aid and chocolate bars. So are they concerned about a baby's nutrition but not that of an older child, or a mother?"

"I don't want to tell them to stop selling gummy bears," he adds, "but I do think we need to be more consistent in how we advocate better nutrition."

But as Dr. Avinashi admits, there's a line between encouraging good food habits and enforcing them. Sometimes even doctors want cheeseburgers.

"I've seen doctors remove their name tags when they're in line, ordering super-value meals," says Dr. Avinashi. "There's obviously some guilt associated with that."
(PETERBOROUGH) Children raised in a low-income family are the least likely to meet Public Health Agency of Canada's recommended 30 to 90 minutes of exercise a day.

City and county decision makers gathered at the Peterborough Lion's Club Tuesday (March 8) to discuss how to improve local access to recreational activities.

"We are trying to look at helping everyone. Not just the people living in poverty," explains Susan Mulhall, a public health nurse with the local health unit.

"We just want to help everyone realize that increased recreation and increased physical activity will decrease cost in health care, correction services and policing. There are cost savings that we are not tapping into because of our inactivity rates."

Tuesday's workshop was funded by Ontario's Healthy Communities Fund and hosted by the health unit, City of Peterborough and Peterborough YMCA. Ms Mulhall says the group identified the need to address access to recreation in Peterborough.

"When you look at the national statistics and Ontario statistics, inactivity rates are very high. There are so many benefits to physical activity and the highest group of inactivity is low income," she explains.

City recreationist Ellen Stewart says she'd like to see a working group or coalition come together to develop access to recreational policies.

"There are a lot of barriers to recreation as far as children and youth go. Cost, user fees and transportation are all barriers. For different families there's different barriers but what it comes down to is not being able to access recreational opportunities," tells Ms Stewart.

The workshop included a presentation from Active Living Northumberland program manager Brenda Whitehead. Active Living Northumberland formed as a community coalition more than 10 years ago and have been working to promote physical activity opportunities in the community. The coalition's focus has been on education and awareness, social marketing and now has a broad range of community partners that are dedicated to the cause. The coalition developed a website three years ago. The community can use the site to find cheap or free sports equipment and free activities happening in the community.

"As far as participation goes if you look at us in Northumberland County we have one of the high levels of activity, but don't know if we have done enough because we are still only three years (the website) in," explains Ms. Whitehead.
Ms Whitehead says people can't shouldn't be afraid to ask for help if they need it.

"They have to ask any organization what can be done for them. Unfortunately with the stigmas and stuff that is attached (with poverty) it doesn't necessarily happen that way."

Ms Mulhall says there's many subsidy programs in and around the city that people aren't aware of.

"There are programs going on that are so positive and so wonderful, but because of the patchwork nature we don't get to hear of them," she explains.

According to Ms Stewart, the city offers a recreational fee subsidy. Families residing in the city with an annual household income of $39,000 or less can recieve up $200 a year per child.

"Our subsidy program is well used and Jumpstart (Canadian Tire's program) is a wonderful program, so there are families out there in need. There are some families that are in need and aren't aware of our subsidy program," she explains.

Ms Mulhall says the next step will be to review a pre-workshop survey that has been sent out various community organizations. A second meeting is likely to happen in the next couple of months.

"You have to have people that want to be involved and want to move this agenda forward," she explains.

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Summary

The new animated children's movie Rango has a lot of characters smoking.

The main character, a chameleon voiced by Johnny Depp, swallows a cigar at one point and breathes fire in the plot that revolves around a lawless outpost in the Wild West.

Should this movie be restricted to those 18 and older in Ontario because it shows tobacco products?

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Should this movie be restricted to those 18 and older in Ontario because it shows tobacco products?

The Peterborough County-City Health Unit says yes — and endorses more restrictions on movies that depict any type of tobacco imagery including showing a pack of cigarettes on a table — because of studies showing that youth exposed to these movies are more likely to start smoking.

"We have to recognize the power of role models," said health promoter Jane Hoffmeyer of the health unit.

"And research shows that movies are much more powerful than one might expect."

The studies cited include those from the National Cancer Institute (The Role of the Media in Promoting and Reducing Tobacco Use 2008), World Health Organization (Smoke-Free Movies, from evidence to action 2009) and Physicians for Smoke-Free Canada (Tobacco Vector Report 2010).

The health board endorsed several recommendations, developed by the Ontario Coalition for Smoke-Free Movies, during Wednesday's board meeting.

The coalition, which formed last year, sent a formal request to the board in February, Hoffmeyer said.

At least 12 other health units across the province have also endorsed the recommendations from the coalition, which formed last year.
The Peterborough County-City Health Unit endorsed:

- Making any new movie, in Ontario, with tobacco imagery rated R unless the smoking is clearly meant to show the dangers of tobacco use or if smoking is necessary to represent a real historical figure.
- Ensuring a producer verifies on-screen that no one involved in the movie production got kickbacks for using or displaying tobacco.
- Ensuring there are "strong" anti-smoking ads shown before any movie that has smoking in it, regardless of rating and distribution channel.
- Ensuring tobacco brands are not identified.
- Ensuring movies with tobacco imagery assigned a G, PG or 14A rating not be eligible for government film subsidies.

The Canadian Media Production Association could not be reached for comment.

Hoffmeyer said the board wants restrictions to apply to any tobacco product including cigars, cigarettes, spit-and-chew or an unopened pack of cigarettes.

The tobacco industry tries to use the movie industry to advertise its products, she said.

It would be important to have producers verify on-screen, such as by an interview or a written message, that nobody got kickbacks for using tobacco products.

"It's to make things transparent," she said.

If anti-smoking ads are shown before the movie, they need to be very "powerful," Hoffmeyer said.

"We're aiming to make it clear that it needs to be quality advertising and not tokenism," she said.

Adding the local health board's voice to this initiative is important, she said, to influence provincial and national policies on films.

It would be up to the Ontario Coalition for Smoke-Free Movies to take the issue to regulators, she said.

"But it helps for them to have a strong, unified voice behind them," Hoffmeyer said.

The coalition could not be reached for comment.

NOTE: Members of the Ontario Coalition for Smoke-Free Movies include the Canadian Cancer Society Ontario Division, Heart and Stroke Foundation of Ontario, Non-Smokers' Rights Association/Smoking and Health Action Foundation, Ontario Lung Association, Ottawa Public Health expose, Physicians for a Smoke-Free Canada, Program Training and Consultation Centre Media Network and the Ontario Tobacco Control Area Networks.
Unintentional child injuries, deaths can be prevented, public health researchers say - Science Daily

Publication: Science Daily
Date: Friday April 29th, 2011
Audience: 2417000

Summary

ScienceDaily (Apr. 29, 2011) — Patricia Schnitzer, associate professor in the MU Sinclair School of Nursing, says that most unintentional child injury deaths of young children result from inadequate supervision or failure to protect children from harm. Although injuries to children may be unintentional, they can be prevented and should not be considered accidents.

"Persistent references to tragic, freak, and horrible accidents indicate there is still important work needed to frame unintentional injuries as preventable," Schnitzer said. "Understanding and addressing social norms about the circumstances for child injuries -- such as safe sleep environments for infants and the use of car seats, helmets and other safety devices -- is important to creating effective prevention strategies."

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According to the Centers for Disease Control and Prevention, approximately 7.1 million injury-related emergency department visits are made by children younger than 15 each year. In previous research, Schnitzer found that the majority of injuries to young children are not the result of physical abuse but are rather unintentional injuries including suffocation, being burned, ingestion of harmful substances, resulting from inadequate supervision. She encourages increased awareness by health care providers, social workers and others who work with families to identify children at risk of injury and provide interventions to help parents reduce injuries.

"What we know is that child injuries can be prevented," Schnitzer said. "The importance of intervention is huge; recognizing at-risk families -- those with low-income or education levels, and young or single parents -- can help care providers take proper action. Public health professionals, social workers and other care professionals can recommend parenting services and consider making reports to social services or family support agencies if inadequate supervision is suspected."

Parents, professionals and caregivers need to work together to facilitate injury prevention with the knowledge that injuries are preventable, Schnitzer said. Efforts aimed at improving caregiver skills can reduce unintentional harm to children. Currently there are no published guidelines for child supervision, beyond recommendations for constant supervision of toddlers and infants. Schnitzer and other researchers are developing strategies to help parents realistically provide adequate supervision for their children.

Schnitzer's most recent study, "Assessment of caregiver responsibility in unintentional child injury deaths: challenges for injury prevention," included surveys of child death review team members. Child death reviews are conducted by multidisciplinary teams that share information about the circumstances of child deaths, with one goal being to prevent future deaths. Supervision levels, failure to use safety devices, intent and patterns of previous neglectful behavior influenced
reviewers’ assessments of caregiver responsibility for unintentional injury deaths. The findings offer insights into how child death review teams might incorporate injury prevention messages and actions more effectively.

The study, published in *Injury Prevention*, was co-authored by Theresa Covington, director of the National Center for Child Death Review at the Michigan Public Health Institute, and Robin Kruse, research associate professor in the MU Department of Family and Community Medicine.