

Honourable Minister Margaret Best
Ministry of Health Promotion
777 Bay Street, 18th Floor
Toronto, Ontario
M7A 1S5

July 2nd, 2008

Dear Honourable Minister Best,

I am writing to you on behalf of the Ontario Chronic Disease Prevention Alliance (OCDPA; Alliance), the collective voice on effective chronic disease prevention and policy in Ontario. The OCDPA is a collaborative of over 30 member agencies from non-governmental health organizations, professional groups and associations, provincial and regional networks, research and academia. Together, and with a united voice, the Alliance works to keep Ontario healthy by promoting a comprehensive, coordinated province-wide chronic disease prevention system.

The OCDPA applauds the provincial government for its bold investment in targeting childhood obesity prevention. Childhood obesity is not the job of a single organization or sector; rather, stakeholders, such as OCDPA member organizations, the public health system, other non-government organizations and networks, as well as the government, must collaborate to develop and implement a coherent, coordinated plan of action to address this issue provincially. Regardless of how much money is spent, if a systematic approach to childhood obesity is not in place to direct and align organizational activities, the impact of the strategy will not be maximized to its full potential.

Ontario needs a foundation upon which it can enhance the health of its citizens and its children; this holds true especially in chronic disease prevention. In order to do this the OCDPA encourages the Ontario government to take a staged approach in designing and implementing its Childhood Obesity plan in Ontario. The Alliance recommends part of the \$10 million investment be used to develop and address systems elements to prevent childhood obesity, including the creation of a vision, developed by the government with key experts, to inform childhood obesity agendas in policy, research, knowledge exchange and capacity building. This approach must include a process whereby provincial and regional stakeholders are engaged within policy and program development and implementation.

We are encouraged by the Ministry of Health Promotion's action to pull together experts to advise the Ministry on its direction for addressing childhood obesity. To further a comprehensive approach to tackle childhood obesity, the OCDPA recommends the following 'next steps' in order to reduce childhood obesity in Ontario: establish an ongoing panel of experts to advise and develop a comprehensive childhood obesity prevention vision and agenda for action within a chronic disease prevention and management framework; establish a childhood obesity

prevention research and policy engagement agenda for Ontario and develop indicators and measurements to evaluate activities implemented under the plan; develop a comprehensive knowledge exchange plan for stakeholders whose work relates to childhood obesity prevention; and finally, develop a plan to build regional capacity to implement effective programs and policies to reduce the incidence and prevalence of childhood obesity in Ontario. The OCDPA has included a number of policy and programming for consideration which are applicable to implement in multiple settings, including after-school and recreation based programming across Ontario.

Ultimately, the development a chronic disease prevention system that is well funded, sustainable and fully integrated into government policies, programs and services should begin as soon as possible to ensure the on-going prevention of childhood obesity and chronic disease in this province. It is essential for the health of Ontarians today and tomorrow, as well as for Ontario's future.

The enclosed document and its content has been reviewed and approved by OCDPA member organizations for submission. The OCDPA appreciates your review and consideration of its submission on Childhood Obesity, and looks forward to working with the government of Ontario, through our Alliance and members, in future, to address chronic disease and its prevention, including childhood obesity within Ontario.

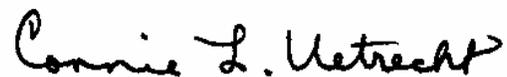
For further information on the OCDPA, its history and mandate, please visit our website at www.ocdpa.on.ca . Our staff can be contacted at 416-367-3313 ext 251 or 225. Linda Stewart can be reached at the Association of Local Public Health Agencies, (416) 595-0006 x 22, or at linda@alphaweb.org. Connie Uetrecht can be reached at the Ontario Public Health Association, (416) 367-3313 x 226, or at cuetrecht@opha.on.ca .

Thank you.

Sincerely,



Linda Stewart,
Co-Chair, OCDPA



Connie Uetrecht.
Co-Chair, OCDPA

Executive Summary

Childhood obesity has literally become an “epidemic” in Canada.¹ Physical inactivity and poor eating habits contribute to the rising rate of childhood and adolescent overweight and obesity. Obesity increases the risk of developing many chronic diseases and has a negative impact on physical health, social interactions as well as mental health status of children. Taking immediate action on a strategy to target childhood obesity will help create a healthier Ontario.

The Ontario government, through multiple Ministry engagement, and in conjunction with provincial and regional stakeholders, must work together to develop a vision and accompanying system plan to address the prevention of childhood obesity whereby policies and planning, research and evaluation, surveillance and monitoring, and provincial and individual practitioner capacities are aligned and coordinated to ensure maximum impact and success. Therefore, the OCDPA recommends the Ontario government invest part of the \$10 million investment to develop and address a systems plan, with accompanying infrastructure, to efficiently and effectively reduce childhood obesity.

OCDPA's "*Moving the Healthy Eating and Active Living Strategy Forward in Ontario: Priorities for Action and Recommendations - A Consultation Document*"², proposes four priorities for action necessary to advance and move forward Ontario's Action Plan for Healthy Eating and Active Living (HEAL). The four priorities for action were identified based on discussion on the success behind the Smoke Free Ontario Strategy; these priorities are applicable to healthy public policies beyond Ontario's Action Plan for HEAL and are transferable to the development of other government initiatives, including the provincial government's plan to target childhood obesity in Ontario. The OCDPA strongly recommends that the government act upon these priorities in order to create a strong foundation and comprehensive strategy to reduce and prevent childhood obesity in Ontario:

1. Establish a HEAL Expert Panel to recommend a comprehensive agenda for action within a chronic disease prevention and management framework;
2. Establish a HEAL research and policy engagement agenda for Ontario;
3. Develop a comprehensive HEAL knowledge exchange plan for Provincial and Regional Stakeholders;
4. Develop a plan to build regional capacity to implement effective HEAL programs and policies.

Thought and attention is required to ensure healthy public policies and programmes are in place to address childhood obesity and its prevention on a population-wide scale. Through its systems plan, the government of Ontario should consider investments in policies and programs that will enhance and

¹ Canadian Parliamentary Standing Committee on Health. (2007) Healthy Weights for Healthy Kids. Seventh Report.

² Ontario Chronic Disease Prevention Alliance. (2008). Moving Forward the Healthy Eating and Active Living Strategy Forward in Ontario: Priorities for Action and Recommendations - A Consultation Document

sustain both regional and provincial actions on childhood obesity. With input from experts from the childhood obesity field, policies should be developed on a provincial scale, such as school based policies and guidelines to promote healthy eating, and have environmental supports and programs available to assist in meeting goals and objectives and for maximum impact. In addition, policies should provide flexible options, such as the delivery and promotion of physical activity for secondary school students, where local and regional solutions can be developed, supported and encouraged within a provincial standard and framework. The OCDPA recommends that selected policies and programs should be delivered in settings most likely to have broad-based, population impact, including schools and the community. The Alliance has suggested a number of policies and programs related to active living and healthy eating that could be applied to school and community settings. Overall, any investments in a chronic disease prevention system to target childhood obesity will be beneficial to the health of Ontario's children as well as the health of all Ontarians, through its ability to mobilize capacity and leverage resources to effectively reduce and better manage a host of chronic diseases.³

As a unique network that provides a united voice on chronic disease prevention, the Alliance and its member organizations are well-positioned to provide strategic and operational leadership in several areas (e.g. research and evaluation, programs and policies).

³ Ontario Health Quality Council. Monitor Report 2007.

I. BACKGROUND: TARGETING CHILDHOOD OBESITY IN ONTARIO

Risk Factors for Chronic Disease

Lack of adequate nutritious food and physical inactivity has been associated with an increased risk of chronic disease. Healthy eating, physical activity and maintenance of appropriate body weight can prevent between 30% to 40% of all cases of cancer¹, and about 50% of all cancer deaths are related to tobacco use, diet and physical activity². Evidence for diabetes and coronary heart disease projects that as much as 90% of type 2 diabetes and 80% of premature coronary heart disease could be avoided by maintaining a healthy weight, exercising regularly, eating healthy foods, not using tobacco and avoiding second hand smoke and drinking only in moderation, if at all.^{3,4}

Childhood Obesity in Canada

Childhood obesity has literally become an “epidemic” in Canada.⁵ Canada has one of the highest rates of childhood obesity in the developed world, ranking fifth out of 34 in the Organisation for Economic Co-operation Development (OECD) countries⁶. Studies indicate that 26% of young Canadians aged 2 to 17 years are overweight or obese.⁷ Between 1981 and 1996, the number of obese children in Canada between the ages of 7 and 13 tripled; over the past decade, this has contributed to a dramatic increase in serious chronic diseases.⁸ Such conditions as heart disease, asthma, some cancers, and type 2 Diabetes, have seen as much as a 10-fold increase in childhood diagnosis.⁹ Obesity costs Ontario approximately \$1.6 billion annually, including \$647 million in direct costs and \$905 million in indirect costs.¹⁰

Physical inactivity and poor eating habits contribute to the rising rate of childhood and adolescent overweight and obesity. Three out of five Canadian children are not physically active enough for optimal growth and development; as they age, children’s activity levels decline, and girls tend to be less active than boys.¹¹ This level of physical inactivity has a potential negative impact on their life expectancy and on our health care system. Moreover, poor eating habits, as a result of lack of access to healthy foods or related to unhealthy food choices, in childhood are likely to be carried into adulthood and increase the risk of chronic diseases such as cancer and cardiovascular disease.¹²

Obesity has a negative impact on physical health, childhood social interactions and mental health status with social discrimination as an immediate consequence of overweight as perceived by children. In addition, there is a strong association between overweight and psychosocial issues, including poor self-esteem, anxiety and depression¹³ and social isolation¹⁴.

Importance of Childhood Behaviour

Early life experiences, including food behaviour and activity level, impact on children's health in later life.¹⁵ Targeting healthy eating and physical activity early in childhood can help children maintain healthy practices to reduce the risk of developing chronic disease.

Good eating habits developed in childhood have a beneficial effect on school performance and also help to maintain a healthy adult lifestyle. Children and youth who eat fruits and vegetables at least five times a day are less likely to be overweight.¹⁶ Well-nourished children are more likely to be better prepared to learn, be active, and maintain their health as adults.¹⁷ However, statistics show that more than 50 % of children fail to eat the minimum number of fruits and vegetables, as suggested by Canada's Food Guide and 75% of children do not consume the recommended amount of grain products.¹⁸

Similar to healthy eating, physical activity has beneficial effects on both school performance and health of children. Students who participate in team sports are less likely to drop out of school¹⁹, have higher averages in school and are more likely to graduate from post-secondary education²⁰. In addition, increased participation in physical education is associated with improved classroom behaviour, as well as increased enthusiasm towards school and schoolwork.²¹ Physical activity can increase life expectancy by as much as two years and reduces the risk of chronic disease. Yet 90% of Canadian children and youth are not meeting the guidelines set forth by Canada's Physical Activity Guides for Children and Youth as determined by objective measures set by the Canadian Fitness and Lifestyle Research Institute (CFLRI).²²

According to the Conference Board of Canada, a one-percentage-point increase in physical activity could potentially result in annual Canadian savings (1993 dollars) of \$10.2 million for ischemic heart disease, \$877,000 for type II diabetes and \$407,000 for colon cancer.

II. A COMPREHENSIVE APPROACH TO REDUCING CHILDHOOD OBESITY IN ONTARIO

Ontario needs a comprehensive, multiple-Ministry approach in order to develop a coordinated, multi-dimensional campaign with legislative and policy elements, financial incentives, well-funded programs at the provincial, regional and local levels, as well as school and community interventions aimed at improving nutritional intake and increasing physical activity to reduce childhood obesity.²³ Initiatives should be aimed at schools and the community, and work to change broader societal norms and structures that influence individual and population behaviours, in order to target childhood obesity and other chronic disease risk factors. Policies and program initiatives related to childhood obesity should have a strong vision and be developed and implemented under existing national and provincial chronic disease prevention frameworks and initiatives. This approach should be sustainable through strong systems planning and investments to develop and support system infrastructure.

The Need for a Systems Plan to Prevent Obesity in Ontario

There is no single agent or “magic pill” that will solve Ontario’s obesity problem. In addition to biological controls and influences, there are environmental and societal factors that contribute to obesity.²⁴ Obesity is a complex issue which is recognized as a societal issue that requires support from all levels of the community, from schools to health care professionals and teams, and all levels of the government.²⁵ Canadian experts and researchers agree that there is a real need for developing and implementing a comprehensive prevention strategy²⁶ to address and successfully reduce the burden of childhood obesity. Therefore, the Ontario government must invest part of the \$10 million funding in a system which can efficiently and effectively tackle childhood obesity.

“Thinking Like A System: The way forward to prevent chronic disease in Ontario” proposes a system consisting of six elements (best practices identification, capacity development, evaluation, policy and program implementation, research, surveillance and monitoring) that, when developed through three processes (advocacy, communication, and planning and coordination), would address socio-behavioural risk factors and the underlying determinants of health, including socio-environmental conditions²⁷. When supported with appropriate resources and investments in Ontario’s chronic disease prevention infrastructure, this system will enable effective, coordinated planning, delivery and continuous improvement of health promotion and chronic disease prevention interventions at a population level. It is clear that efforts to address and enhance healthy and active living for children and youth will help grow a generation of healthier Ontarians and build a culture of health and well-being throughout the province.²⁸ Consistent with the Government’s policy pronouncements, lessons for obesity prevention should be derived from tobacco control experience in Ontario, mutually reinforce the Smoke-Free Ontario strategy, and not detract from it.

In order to successfully address and target the childhood obesity issue across Ontario, leadership from the Government of Ontario and collaborative efforts from field

stakeholders are required to implement effectively the six elements of the chronic disease prevention system; the Ontario government in conjunction and consultation with related stakeholders (decision makers, health professionals, field practitioners, researchers, NGOs and high-risk communities) should identify a comprehensive, multi-sectoral strategy and population-based agenda to target childhood obesity through broad-based planning and coordination of efforts; effective knowledge exchange processes; and enhancement and expansion of local practitioner capacities.

The Ontario Chronic Disease Prevention Alliance (OCDPA)'s "*Moving the Healthy Eating and Active Living Strategy Forward in Ontario: Priorities for Action and Recommendations - A Consultation Document*", which builds on the "*Thinking like a System*" report, proposes four priorities for action necessary to advance and move forward Ontario's Action Plan for Healthy Eating and Active Living (HEAL). The four priorities for action were identified based on discussion on the success behind the Smoke Free Ontario Strategy; these priorities are applicable to healthy public policies beyond Ontario's Action Plan for HEAL and are transferable to the development of other government initiatives, including the Ontario government's plan to target childhood obesity. The OCDPA strongly recommends that the government act upon these priorities in order to create a strong foundation and comprehensive strategy to reduce and prevent childhood obesity in Ontario:

1. Establish a HEAL Expert Panel to recommend a comprehensive agenda for action within a chronic disease prevention and management framework;
2. Establish a HEAL research and policy engagement agenda for Ontario;
3. Develop a comprehensive HEAL knowledge exchange plan for Provincial and Regional Stakeholders;
4. Develop a plan to build regional capacity to implement effective HEAL programs and policies.

Investments to develop, expand and enhance ongoing research, evaluation, surveillance, performance monitoring, program and policy development, and coordination and infrastructure are critical to the sustainability of a comprehensive prevention strategy.²⁹ Most importantly, programs and policies must be fully implemented in order to allow accurate data collection and reporting as well as to ensure that evaluation findings are truly reflective of the programs that support the strategy.

Overall, any investments in a chronic disease prevention system to target childhood obesity will be beneficial to the health of Ontario's children as well as the health of all Ontarians, through its ability to mobilize capacity and leverage resources to effectively reduce and better manage a host of chronic diseases.³⁰

III. INVESTMENT AND IMPLEMENTATION TO SUPPORT A COORDINATED APPROACH TO TACKLING CHILDHOOD OBESITY IN ONTARIO

A. Schools

School-based policies and interventions are important to address the physical activity, nutritional and mental health status of all Ontario students. As noted in tobacco control, school-based tobacco prevention programs have been shown to work more effectively if parallel community-based programs are setup to complement the school programs. Implementation of a comprehensive (whole school, provincial) approach to provide a healthy learning environment for children fits well within the Foundations for a Healthy School Framework, a collaborative, cross-ministry initiative between Ministry of Education and Ministry of Health Promotion. Initiatives that build upon this work and assist in meeting its objectives will help shape positive childhood behaviour and contribute to reducing the incidence and prevalence of childhood obesity.

Physical Activity in Schools

The Ministry of Education's Policy/Program Memorandum (P/PM) 138 requires all students in Grades 1 - 8 to participate in 20 minutes of daily physical activity (DPA). This opportunity to be physically active should be extended to Kindergarten students through amendments to the current legislation and to include specific recommendations provided to engage students of this age group in physical activity.

The government should build on this requirement by developing DPA standards and guidelines for students of Kindergarten to grade 12 in all schools. These standards and guidelines must offer flexible approaches and delivery mechanisms to engage students in physical activity and should include a menu of opportunities and choices that offer both competitive and non-competitive activities and options. All schools should create supportive environments in which students can develop health and fitness skills and positive attitudes. For secondary schools in particular, this could include school-based support and encouragement to choose a second Health and Physical Education credit; alternately this could include creating opportunities for students to engage in leadership courses and workgroups that allow meaningful participation in directing and designing physical activity opportunities that meet their needs.³¹

The School Health Action Planning and Evaluation System (SHAPES) should be expanded to all schools across Ontario, including a robust sample for longitudinal data analysis, to evaluate the impact of multi-faceted approaches to increase healthy eating and physical activity levels of students in the school setting.³² Moreover, data from SHAPES should be used to inform decision making in related issues. In addition, a random sample of both elementary and secondary schools at the health unit region level should be required, in partnership with local health units, to implement the School Health Environment Survey (SHES) as a planning, monitoring and evaluation tool to guide effective healthy eating and physical activity policy in schools.

The Ministry of Health Promotion, as a Foundations for a Healthy Schools Healthy Schools partner, should advocate for changes in policy and guidelines that further encourage healthy living and promote a comprehensive approach to student health. The Ministry of Health Promotion should work in conjunction with the Ministry of Education and stakeholders to ensure that physical activities are well integrated in schools and students are engaged within them.

Should the government choose to act upon its platform promise and implement an Ontario Fitness Challenge, this initiative should be developed and planned within the context of a comprehensive and integrated approach to increase physical activity levels of children and youth within the school setting. In order to successfully engage children and youth in physical activities, the Ontario Fitness Challenge must be built on the principles identified by the Canadian Association for Health, Physical Education, Recreation and Dance (CAHPRED)³³ and designed to strengthen children's feelings of competence, social support, enjoyment and awareness of their own fitness levels.³⁴

The OCDPA recommends the following policy and program options be considered by the provincial government to increase students' physical activity in schools as part of its strategy to reduce childhood obesity:

- ensuring 20 minutes of physical activity every day from Grades K-8, with an amendment to the current policy to include specific recommendations for Kindergarten students;
- offering—through quality curriculum and other school-based options such as intramurals, daily physical education, active and safe routes to school opportunities, organized active recess programs, and availability of qualified and credentialed physical education specialists in schools—opportunities to develop individualized health and fitness skills and attitudes and to encourage intramurals, group play and active games;
- providing and promoting flexible options and choices to secondary students to engage in physical activity and recreation programs, including youth leadership courses and workshops and the promotion and delivery of Health and Physical Education credits with non-competitive options ;
- requiring a random sample of both elementary and secondary schools at the health unit region level, in partnership with local health units, to implement SHES as a planning, monitoring and evaluation tool to guide effective healthy eating and physical activity policy in schools; and
- expanding SHAPES to schools across Ontario, including a robust sample for longitudinal data analysis, and ensuring that the data collected are being used to inform decision making in related issues.

Healthy Eating in Schools

In Ontario's Chief Medical Officer of Health's 2004 report, *Healthy Weights, Healthy Lives*, she recommended schools and school boards promote healthy eating by

“developing guidelines for foods available in Ontario school cafeterias and vending machines, on special food days, and for fundraising”.

The OCDPA was pleased to see the recent government announcement of Bill 8, the *Healthy Food for Healthy Schools Act* which includes the *Trans Fat Standards Regulation* requiring all food available in schools to meet the prescribed amounts of trans fat. In addition, Bill 8 gives the Minister of Education the power to create policies, guidelines and regulations governing nutritional standards for all food and beverages provided on school premises or in connection with a school-related activity. The OCDPA strongly supports the creation of nutritional standards for all foods and beverages sold and served on all school premises (e.g., in school cafeterias, vending machines, food sold in tuck shops, on special food days, for fundraising and during school events). As a starting point for developing the nutrition standards for Ontario, the OCDPA recommends the government use a resource entitled *Nutrition Tools for Schools A Toolkit for Ontario Public Health Units to Support Elementary Schools In Creating Health Nutrition Environment* (developed by Ontario public health dietitians) as well as the school nutrition standards developed by the U.S. Institute of Medicine.

In order to ensure the successful implementation of the nutrition standards, it is essential that support be given to schools to assist them in menu planning and nutrition label reading. Public health units across Ontario are well-positioned to support the implementation of nutrition standards because they currently work with schools and school boards to create supportive school food environments using two resources: Eat Smart! and *Nutrition Tools for Schools A Toolkit for Ontario Public Health Units to Support Elementary Schools In Creating Health Nutrition Environment*.

Eat Smart! is a voluntary program that was launched in the absence of provincial nutrition standards to promote healthy choices. Twenty-five public health units are currently implementing Eat Smart! in schools, reaching approximately two hundred and thirty-five Ontario schools. The strength of Eat Smart! is that it relies upon engages students on the process to promote healthy choices in schools. The principles of Eat Smart!, in particular the youth engagement component, should be built upon to support the implementation of the new nutrition standards under Bill 8.

In addition, the government should use the comprehensive toolkit, *Nutrition Tools for Schools A Toolkit for Ontario Public Health Units to Support Elementary Schools In Creating Health Nutrition Environment*, to support implementation of Bill 8. To date, thirty Ontario health units have purchased *Nutrition Tools for Schools A Toolkit for Ontario Public Health Units to Support Elementary Schools In Creating Health Nutrition Environment* to meet their mandate when working with schools. The toolkit contains a comprehensive set of food standards that many schools and school boards are using to in the absence of provincially mandated standards. To reduce duplication and build on the support from public health and schools, the government should use this comprehensive toolkit to support implementation of Bill 8.

Investment in schools is necessary to support healthy eating in the school setting. The government should invest in the expansion of the Northern Fruits and Vegetables

Pilot Project to promote healthy eating in high-risk populations. Additionally, students should be exposed to educational opportunities to develop food selection and preparation skills in schools. Most importantly, all schools need adequate resources to obviate the need for fundraising through bake-sales and pizza days and to implement fully these existing and proposed policies on healthy eating.

The Ministry of Health Promotion should work in conjunction with the Ministry of Education and provincial stakeholders to ensure that revisions and enhancement to the current education curriculum are undertaken to include a life skills component which supports healthy living and to integrate healthy living concepts within the current curriculum subjects. The curriculum should be implemented starting early in elementary school and continued to be offered as a secondary school credit. The credit should be promoted to secondary school students as an important and complimentary academic course that supports independent living and enhance life skills.

The OCDPA recommends the following policy and program options be considered by the provincial government to support healthy eating in schools as part of its strategy to reduce childhood obesity:

- promoting a comprehensive approach and building on existing programs that support schools to create a healthy school nutrition environment;
- fully implementing Bill 8 by developing a comprehensive set of detailed nutrition standards that apply to all foods and beverages being offered and/or sold in schools, including food sold in tuck shops, on special food days, and during school events meets food standards;
- continuing to invest in Eat Smart! to support the implementation of Bill 8;
- expanding the Northern Fruits and Vegetables Pilot Project to elementary and secondary school students and to children and youth in high-risk communities;
- requiring that food in tuck shops, on special food days, and during school events meets food standards;
- integrating a healthy living, life skills component within the elementary school curriculum and offered in secondary schools as an academic credit;
- working with local food sector sources to enhance food education (field trips, voluntary opportunities, family studies classes) and food selection (sourcing of local food for cafeterias, expansion of tuck shops and snack programs to include local, seasonal items);
- encouraging local businesses to provide resources and investments to develop and enhance healthy living/healthy eating initiatives in school settings; and
- providing schools with adequate resources and alternate options for fundraising so they don't need to raise money from food drives and sales.

B. Communities

For the first time, our children's life expectancy could be shorter than their parents³⁵. Moreover, health care costs are outpacing inflation and population growth. Ontario's health care costs eat up 46% of the provincial budget and could be over 50% in fewer than 10 more years.

Ontario needs effective health promotion and chronic disease prevention programming to reduce dependence on traditional medicine, to reduce the strain on hospitals and post-operative care facilities, and to lower per capita health care costs. As noted in tobacco control, school-based tobacco prevention programs work more effectively if there are parallel community-based programs in place.^{36 37 38 39 40} Moreover, Ontario requires policies that positively impact the built environment and address community infrastructures which support and encourage physical activity, healthy eating and promote social capital. Provincial and municipal attention towards the local landscape and built environment is necessary, with investments required in community planning and redesign, addressing and improving community infrastructure and green space development.

Active Living in the Community

Over the past twenty years, researchers have noted significant changes in children's activity levels, with links to changes in the built environment.⁴¹ In particular, children today are much less likely to walk to the park, to school or to their friends' house; instead they are more likely to travel by car than they were in the early 1970s, due to changes in the built environment.⁴² People who have access to safe places to be active, walkable neighborhoods, and local markets that offer healthful food, are likely to be more physically active and to eat more healthful food—two types of behavior that can lead to good health and may help avoid obesity.⁴³ Researchers also note an increased prevalence in sedentary lifestyles among socially disadvantaged groups, including women, seniors, aboriginals, persons living with disabilities and particularly persons with lower levels of education and limited income.⁴⁴

Ontario needs adequate facilities and programs to promote sports, recreation and physical activity participation to help people live longer, healthier and independent lives; The Ontario government needs to support community sports and recreation programs and facilities to ensure that Ontarians have every opportunity to lead healthier and more active lives.

The municipal recreation infrastructure where our children and youth can be physically active is aging. Municipalities should not have to make choices between supporting physical activity (e.g., putting a new roof on the arena) or highway maintenance (e.g., replacing the bridge at the north end overpass)—they should be able to do both. The Ontario government should establish a dedicated sports and recreation infrastructure fund to help municipalities avoid facing these choices. Between 30% and 50% of Ontario's recreational facility stock (arenas, pools, community centres) is at or approaching the end of its useful life. Smaller municipalities with more aged facilities—especially arenas—face an immediate capital

crisis in terms of funding requirements to either retrofit or replace deteriorating stock. The estimated capital repair and replacement cost of existing municipally owned community centres, arenas, indoor and outdoor pools is approximately \$5 Billion in 2005 dollars⁴⁵.

The OCDPA recommends the following policy and program options be considered by the provincial government to encourage active living by children and youth within the community as part of its strategy to reduce childhood obesity:

- integrating current healthy living initiatives (including Not Gonna Kill You, Stupid.ca, Pause to Play, Active 2010, and Eat Right Ontario) and investing in a mass media campaign to raise awareness about the need for physical activity;
- strengthening the *Day Nurseries Act* to improve the regulations in order to increase and promote physical activity of children in care;
- making available adequate funding for community sport and recreation programs for children and youth to overcome affordability and accessibility barriers;
- providing economic boosts to physical activity such as providing mechanisms for economically disadvantaged families to benefit;
- addressing health equity within policy options and requiring similar policies at the local level to enhance recreational opportunities among groups/populations with the least access to resources and most at risk for sedentary lifestyles;
- establishing a dedicated fund for recreational infrastructure to provide places to play particularly in communities with vulnerable populations;
- providing incentives to municipalities to redesign safe neighborhoods, including paths, trails and bike lanes, that encourage and promote the use of active transportation to school, shops and work;
- providing incentives to municipalities to offer programs, such as the active and safe routes to school program, that encourage and promote the use of active transportation;
- integrating and expanding credentialed physical activity specialists and health promoter roles and functions within community settings to develop, implement and evaluate local programs that promote and reinforce physical activity for families and children; and
- increasing awareness among primary care and Family Health Teams of programs and recreation activities available within the community.

Healthy Eating in the Community

Each year since 1999, Ontario's 36 Boards of Health have collected detailed information on the Cost of a Nutritious Food Basket in their communities. A detailed Ministry of Health and Long-Term Care protocol (*Monitoring the Cost of a Nutritious*

Food Basket, 1998), based on recommendations found in Canada's Food Guide to Healthy Eating, is used to survey local prices for a specific list of nutritious foods. Data are analyzed to account for gender and age-related nutritional requirements, providing minimum costs for a range of family sizes and individuals. These data are in turn reported to Ontario's Chief Medical Officer of Health, and individual boards of health are encouraged to share the results of their annual survey with local stakeholders (food banks, school-based meal programs, shelters, charitable agencies, etc.) in order to develop local initiatives to increase access to nutritious food, and advocacy efforts to increase support for them. The government's progress in the area of healthy eating (i.e. Not Gonna Kill You, EatRight Ontario, Foodland Ontario) is encouraging; however, unless strategies are implemented to ensure that healthy choices are within reach of all Ontarians, dietary interventions for the prevention and management of diseases and promotion of overall health may remain out of reach for those who are most at risk.

Access to healthful, nutritious food is often out of the reach of many, according to Canada's Action Plan for Food Security⁴⁶. Food insecurity is almost exclusively caused by lack of money, and children who live in the following family situations are most likely to be affected by low incomes and food insecurity: Aboriginal, single parent, experiencing disabilities, newcomer and those who have limited education⁴⁷. In 2004, 322,911 individuals visited Ontario food banks, representing a 5% increase in food bank use since 2003. Inadequate income impacts an individual's food choices as 54% of Canadians who visited food banks reported social assistance as their primary source of income⁴⁸. The majority of food banks depend on non-perishable food items that exclude fresh fruits and vegetables and have a high reliance on both prepackaged and starch-based foods⁴⁹. The provincial government should ensure that Ontarians can afford the full range of basic life necessities by ensuring adequate living wages for all Ontarians as part of the province's poverty and chronic disease prevention strategy.

The built environment has dramatically altered eating habits among Ontario's population. Urbanization has created dramatic changes to the built environment, and with it, challenges to food access. According to *People, Place, and Health*⁵⁰, these changes in the built environment have a great effect on access to the nutrition environment, the roads and bus routes to restaurants, grocery and food stores. This has a huge impact on food choices and availability; with the rise of fast food establishments, especially in low income neighborhoods, and convenience foods in the supermarket and less access to fruits and vegetables, coupled with aggressive fast food marketing and super sized food portions, nutrition is suffering⁵¹. Attention to the built environment is essential in promoting healthy eating and physical activity across Ontario.

Social factors also have an impact on an individual's eating habit. Shifts made in family work schedules, coupled with an increased number of single and two-parent families working outside of the home, have created a greater reliance on the food industry and prepackaged, ready-prepared food items⁵². It is suggested that 80% of North Americans rely on packaged and processed foods⁵³.

The OCDPA recommends the following policy and program options be considered by the provincial government to encourage healthy eating by children and youth within the community as part of its strategy to reduce childhood obesity:

- expanding and integrating current healthy living initiatives (including Not Gonna Kill You, Stupid.ca, Pause to Play, Active 2010, and Eat Right Ontario) raise awareness about the need for healthy eating, with coordinated support of these campaigns locally to ensure and increase their impact;
- controlling unhealthy food advertising aimed at children;
- ensuring adequate living wages for all Ontarians; for those who rely on social assistance, social assistance rates must be measured against the costs of adequate nutrition based on the Canada's Food Guide, shelter, transportation, clothing, personal care and other basics;
- providing economic boosts to / tax incentives on healthy food such as reducing prices and taxes on healthy foods, and enhancing a Food Mail Program⁵⁴ for northern and remote communities in collaboration with the Federal program;
- expansion of the Northern Fruits and Vegetables Pilot Project to promote consumption of fruits and vegetables by children and youth in high-risk communities;
- strengthening the *Day Nurseries Act* to improve the regulations in order to improve nutrition choices of children in care;
- supporting programs that encourage healthier food choices such as Eat Smart! Programs operating in workplaces, restaurants and recreational centres and the Health Check™ in restaurants;
- addressing health equity within policy options and requiring similar policies at the local level to enhance healthy eating and increase access to nutritious foods, particularly among groups/populations with low access to resources and most at risk for obesity and chronic disease (i.e. Aboriginal, low-income, disability, etc.);
- providing incentives to municipalities to redesign neighborhoods that encourage and promote the use of active transportation to grocery shops and to local community gardens, as well as to promoting space for community gardens and local farmers markets;
- enhancing the potential and offerings of community gardens and community-supported agriculture through the promotion of local farmers markets and Foodland Ontario; and
- integrating and expanding dietetic roles and functions within the Family Health Teams, primary care, public health and community settings.

IV. A CHRONIC DISEASE PREVENTION SYSTEM THAT TACKLES CHILDHOOD OBESITY IN ONTARIO (KEY SYSTEM ELEMENTS ...)

Ontario hosts a variety of organizations and networks whose work addresses and supports chronic disease prevention within the province. Unfortunately, Ontario's health systems approach to chronic disease prevention is fragmented⁵⁵, inconsistent and uncoordinated⁵⁶, with much of the work occurring in silos. Ontario needs to build and promote a systems plan where organizations can participate and better coordinate and/or their align resources to maximize their impact and outcomes.

Infrastructure

Childhood obesity is not the job of a single organization or sector, rather, stakeholders, such as OCDPA member organizations, other non-government organizations and networks, as well as the government, must collaborate to develop and implement a coherent plan. Based on discussions on the success behind the Smoke Free Ontario Strategy⁵⁷, an infrastructure that supports collaborative efforts from the government and stakeholders is required to align activities and resources with provincial goals and objectives within the developed strategy. For example, at a local level, networks modeled after Tobacco Control Area Networks (TCAN) should be established to better coordinate efforts locally and provincially to tackle childhood obesity.

Program Evaluation and Best Practice Identification

Program evaluation enables the identification of effective programs and components essential for success.⁵⁸ Upon identification of effective interventions, they may then be replicated or adapted to specific contexts⁵⁹ and circumstances, scaled up, and widely disseminated⁶⁰. Unfortunately, program evaluation is often not practiced consistently across program areas. Accordingly, the Centre for Disease Control proposed a program evaluation framework composed of six steps that must be taken in any evaluation: engage stakeholders; describe the program; focus the evaluation design; gather credible evidence; justify conclusions; and ensure use and share lessons learned, and four standards for quality evaluation: utility; feasibility; propriety; and accuracy.⁶¹ A similar approach must be adopted within Ontario to ensure childhood obesity programs are successfully meeting set goals and objectives. Evaluations should be made public and available for review to identify and share promising and best practices to address childhood obesity across fields and within various settings.

Surveillance and Monitoring

Data from surveillance and monitoring the incidence and prevalence of obese children can help support planning and evaluation to tackle childhood obesity. As recommended by Health Canada, in order to impact and monitor the health of

Canadian children and youth, government and related stakeholders involved in data collection and surveillance should collaborate efforts to ensure that⁶²:

- resources are leveraged with little duplication;
- correct and relevant data are collected via a template platform;
- comparable data is collected across jurisdictions;
- full data is shared and accessible; and
- data sets can be linked to maximized data collectors' or users' benefits.

Moreover, Health Canada recommends that "rigorous performance-based indicators and outcome measures be introduced into all child and youth program evaluation... and that emphasis must shift from measuring efforts and process to measuring the outcomes and results."⁶³

Knowledge Exchange to support Research and Capacity Development

A comprehensive knowledge exchange plan is required to support capacity building within the field and to help build connections amongst local stakeholders, provincial organizations and the government in order to tackle childhood obesity. "Effective knowledge exchange involves interaction between decision makers/practitioners/research users and researchers and results in mutual learning through the process of planning, producing, disseminating, and applying existing or new research in decision-making."⁶⁴ An effective knowledge exchange mechanism will provide access to expert knowledge and shared learnings on the prevention of childhood obesity. "Ontario has established structures and processes to support the knowledge to action critical functions of workforce development, applied research and knowledge exchange."⁶⁵ However, there exists a "need for a system with clearly defined expectations that optimize effectiveness, efficiency and system actors' accountability."⁶⁶ Accordingly, action on the priorities as stated in OCDPA's *Moving the Healthy Eating and Active Living Strategy Forward in Ontario: Priorities for Action and Recommendations - A Consultation Document* can help identify, advance and implement a knowledge exchange plan to target childhood obesity in Ontario.

V. FINAL NOTE

Approaches that address multiple risk factors have the potential to improve overall population health and to increase patient satisfaction⁶⁷, and information about the effects of multiple risks has a two-fold benefit for disease prevention through a reduction of known risks and by addressing health inequities⁶⁸. Investing in a comprehensive chronic disease prevention system for Ontario that supports and promotes healthy eating and physical activity for children and youth will help reduce the burden of childhood obesity and other chronic disease and create a healthier Ontario.

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