

# “MAKING HEALTHY CHOICES EASY CHOICES – FOR ALL OUR CHILDREN”

**Submission to:**  
*Our Health, Our Future –  
A National Dialogue on Healthy Weights*

**Date Submitted:**  
*July 28, 2011*

## **Executive Summary**

### *Introduction*

There is an urgent need for action to reduce childhood overweight and obesity in Canada, which contribute to heart disease and stroke, type 2 diabetes, high blood pressure and some cancers<sup>1 2</sup>. Rates of overweight and obesity in Canada for both children and adults are alarming:

- In 1978/79, 3% of children and youth (aged 2 to 17) were obese. By 2004, 8%, or an estimated 500,000 were obese<sup>4</sup>. An additional 18% of Canadian children and youth are overweight. Combined, one quarter of Canadian children and youth are either overweight or obese<sup>5</sup>.
- Nearly one quarter (23.1%) of adult Canadians, or 5.5 million people age 18 or older, are obese. An additional 36.1% (8.6 million) are overweight<sup>6</sup>.

Behaviours that reduce obesity and contribute to better health, including physical activity and healthy nutrition, begin at a young age and continue through life. Therefore, it is of vital importance that an emphasis on good health be initiated early. This includes pre and post natal care, available opportunities for healthy choices within a school setting, after school programs that reinforce healthy behaviours, and community design that provides spaces for safe, active play and for safe, active transportation.

### *The Heart and Stroke Foundation Submission*

The Heart and Stroke Foundation (HSF) applauds the federal/provincial/territorial consultations on childhood obesity, “Our Health, Our Future – A National Dialogue on Healthy Weights” and is pleased to support necessary policy, legislative, and programming (including public awareness initiatives) changes as a means to achieving healthy weights for Canadian children. As a leading health organization focused on heart health, the HSF is proud to contribute to the national dialogue on healthy weights.

### *Key Principles for Heart and Stroke Foundation Recommendations*

The HSF recommendations for curbing childhood obesity are founded on the following two key principles:

1. **Access:** For many children, certain physical environments and socio-economic environments result in a lack of access to healthy choices for physical activity and nutrition. To curb childhood obesity, civil society will need to address these factors in order to make healthy choices easily accessible to all children.
2. **Equity:** Evidence indicates that Canadians of low-socio-economic status compare unfavourably with middle and high income Canadians with respect to access to affordable, healthy and nutritious food, and extra-curricular physical activity opportunities and programs. Aboriginal populations are also disadvantaged in this respect. The effort to curb childhood obesity should pay particular attention to these priority groups, who have the most to gain from targeted interventions.

## Recommendations

The HSF is pleased to submit recommendations for governments to curb childhood obesity. As a research-based organization, we have provided recommendations that are based on the best available evidence and that identify specific short-term and long-term opportunities for curbing childhood obesity.

Specifically, HSF has identified recommendations based on the three integrated strategies identified in the Framework for Action section of the *Curbing Childhood Obesity Framework* document. Within each strategy, HSF has outlined several recommendations. These recommendations are based on action required across several settings (schools and communities) and involving diverse levels of needed interventions (policy, legislation, programming and investments). All three levels of government, where it is appropriate, need to be involved.

## Conclusion

As referenced in *Curbing Childhood Obesity: A Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights*, “Canada is in the midst of a childhood obesity epidemic.” It is the position of the HSF that this epidemic can be addressed through interventions involving policy, programming (including public awareness), legislation and investments across a variety of settings. Governments at all levels need to be involved and committed to making changes that are based on the best available evidence. Health organizations, such as the HSF, that are committed to working with government to make progress on these issues need to be involved in the solutions. The HSF is pleased to provide the recommendations offered in this submission as a contribution to the national dialogue on healthy weights.

## Summary – Recommendations

Framework Strategy	HSF Recommendation
<p>Framework Strategy 1: Making childhood overweight and obesity a collective priority for action.</p>	<p>The federal, provincial and territorial governments, working in partnership with civil society and the private sector should make childhood obesity a collective priority and develop a systematic and comprehensive approach to address this epidemic. This approach must involve coordination of roles and responsibilities within distinct jurisdictions, measurable targets, realistic goals, ongoing commitment, and appropriate investment.</p>
<p>Framework Strategy 2: Coordinate efforts on three key policy priorities</p> <p>Policy Area 1: Supportive Environments</p>	<ul style="list-style-type: none"> <li>Federal, provincial and territorial governments commit to policies, programs and investments that encourage physical activity, healthy nutrition, and health literacy. Accompanying monitoring processes also need to be implemented in order to assess</li> </ul>

for effectiveness.

- Provincial and territorial governments review their school siting guidelines and transportation policies to promote safe active transportation, including walking, biking or other forms of active transportation.
- Provincial and territorial governments examine their food and nutrition policies within the school setting to ensure there is affordable and easy access to healthy foods.
- Provincial and territorial governments examine their health-based curriculum to ensure quality daily physical activity, mandatory physical activity classes and high quality nutrition education are provided.
- Provincial, territorial and municipal governments ensure that schools can function as “community hubs” and are open to community groups who want to support and encourage after-school recreational programs.
- Federal, provincial, territorial and municipal governments implement policies and adequately fund programs, in a sustainable manner, that make it easier for families and children to access green spaces, playgrounds and other recreational opportunities, including individual and team-based sports.
- Federal government create a pan-Canadian fund to support health promoting, active transportation infrastructure across Canada.
- Provincial, territorial and municipal governments develop and implement sustainable community planning and the creation of built environments that link health and land use for healthier communities.
- Federal government make the Children’s Fitness Tax Credit refundable to make it

	<p>more equitable and accessible to children from low-income families, and then evaluate for effectiveness.</p>
<p>Framework Strategy 2: Policy Area 2: Early Action</p>	<ul style="list-style-type: none"> <li>• Provincial, territorial and municipal governments develop policies to ensure ongoing training for professionals to identify and support “at risk” children.</li> <li>• The federal government support research aimed at gaining a better understanding of environmental influences on childhood obesity.</li> </ul>
<p>Framework Strategy 2: Policy Area 3: Nutritious Foods</p>	<p>The federal government take the lead in the creation of a national food policy that is supported by the provinces and territories and that includes the following:</p> <ul style="list-style-type: none"> <li>• Federal, provincial, and territorial governments, working in conjunction with civil society and the food industry adopt policies, legislation and/or regulations that aim to prohibit or restrict the marketing of unhealthy foods and beverages to children.</li> <li>• Provincial and territorial governments support the accessibility of healthy foods for children in school and community settings, including increasing access to local community gardens for low income families (see policy area 1).</li> <li>• Federal, provincial, and territorial governments work with the food and beverage industry to ensure that nutritional information is available on all restaurant and food service menus.</li> <li>• Federal, provincial, and territorial governments address the issue of poverty and associated food insecurity.</li> <li>• The federal government establish regular, coordinated surveillance of food insecurity with consistent measures to allow monitoring of trends.</li> <li>• Governments ensure that agricultural policy and subsidies lead to the enhanced</li> </ul>

	<p>production and distribution of fresh, affordable fruit and vegetables.</p> <ul style="list-style-type: none"> <li>• Governments introduce a robust tax on sugar sweetened beverages and use some of the associated revenues to fund healthy living initiatives.</li> </ul>
<p>Framework Strategy 3: Measure and report on collective progress</p>	<p>The federal government work with and support all partners to create a shared framework and capacity for evaluation that includes measurable, long term goals and interim targets for increasing physical activity, improving nutrition and reducing childhood obesity.</p>

## Introduction

As identified in *Curbing Childhood Obesity: A Federal, Provincial, Territorial Framework for Action*, there is an urgent need to reduce childhood overweight and obesity in Canada. Unhealthy weights contribute to heart disease and stroke, type 2 diabetes, high blood pressure and some cancers<sup>7 8 9</sup>. Moreover, rates of overweight and obesity in children are increasing at a steady pace:

- In 1978/79, 3% of children and youth (aged 2 to 17) were obese. By 2004, 8%, or an estimated 500,000 were obese<sup>10</sup>.
- Overweight and obesity rates increase with age, climbing from 21.5% among children 2 to 5 years of age, to 25.8% among those 6 to 11 and 29.2% among those 12 to 17<sup>11</sup>. Off-reserve Aboriginal children are a particular cause for concern, as they have the highest rate of overweight and obesity, at 41.3%, compared to 26.3% for white children and youth<sup>12</sup>.
- Researchers have predicted that obesity-related diseases may negate the progress made over the past 100 years in average life expectancy, meaning that today's children and youth may not be as healthy, live as long, or enjoy the same quality of life as past generations<sup>13</sup>.

Healthy behaviours, including physical activity and nutrition, are needed if we are to slow and reverse obesity trends. When these behaviours begin at a young age, they are more likely to be sustained throughout the life of the individual. Therefore, to maximize the short and long-term impact of health-focused behaviour, it is of vital importance that an emphasis on good health be initiated as early as possible. Supportive policy, programming (including public awareness) and legislation focused on pre and post natal care, healthy options within schools, health literacy, and after school opportunities and programs that reinforce healthy behaviours are all examples of potential government-supported interventions that can contribute to reduced obesity in children. It is critical that all of these elements be addressed in an integrated manner. Additionally, community design that provides spaces for safe, active play and for safe, active transportation is essential to creating environments that curb childhood obesity. Finally, it is also important to note that the benefits of physical activity and good nutrition go beyond solely obesity reduction - impacting cardiovascular health directly.

## The Heart and Stroke Foundation Submission

The Heart and Stroke Foundation (HSF) applauds the federal/provincial/territorial consultations on childhood overweight and obesity and is pleased to provide input into the necessary policy, legislative, and programming (including public awareness) changes that support the achievement of healthy weights among Canadian children. As a leading health organization focused on heart disease and stroke, the HSF has been a long term contributor to the national dialogue on healthy weights.

In this submission, HSF provides specific recommendations for curbing childhood obesity. As a research-based organization, we believe in the value of ensuring that policy, legislation, and programming recommendations are evidence-based. That said, we are also cognizant that action can, and should take place on the basis of the "best available" evidence rather than the "best" evidence. For example, most of the gains in tobacco control were achieved by forging ahead with interventions and policies that appeared promising, but were not necessarily supported by a fulsome evidence-base at the time. However, following implementation and over time, the relevant evidence base was created for these various interventions and policies.

We have included in the Appendix an overview of our ongoing efforts nationally to address unhealthy weights and heart disease and stroke.

## Key Principles for HSF Recommendations

The HSF recommendations for curbing childhood obesity are founded on the following two key principles:

1. **Access:** Healthy behaviours are not simply a matter of individual choice. They are influenced by numerous factors including our physical, economic, social and cultural environments. For many children, these factors result in a lack of access to healthy choices for physical activity and nutrition. To curb childhood obesity it is imperative that as a society we address these factors.
2. **Equity:** Some groups of Canadian children face particular challenges with respect to the degree to which their social and physical environments protect against obesity and chronic disease. Evidence indicates that Canadians of low-socio-economic status compare unfavourably with middle and high income Canadians with respect to access to affordable, healthy and nutritious food, and extra-curricular physical activity programs. Aboriginal populations are also disadvantaged in this respect. Efforts to curb childhood obesity should pay particular attention to these groups, who have the most to gain from targeted interventions.

## Recommendations

Based on the principles highlighted in the previous section, the HSF is pleased to provide recommendations in the three areas identified within the Curbing Childhood Obesity Framework:

1. Making childhood overweight and obesity a collective priority for action.
2. Coordinating efforts on three key policy priorities: Supportive Environments, Early Action, and Nutritious Foods.
3. Measuring and reporting on collective progress.

### Framework Strategy 1: Making childhood overweight and obesity a collective priority for action.

It is the HSF's perspective that as a society we need to make childhood obesity/overweight a collective priority for action. With this collective focus, our next objective should be to develop a comprehensive approach to curb childhood obesity/overweight. Tobacco control efforts in Canada and across the world have demonstrated very clearly that a multi-pronged, comprehensive approach is fundamental to success. Given the variety of stakeholders, an approach that considers the following is critical:

- *Leadership and coordination:* Federal, provincial, and territorial governments each have specific roles and responsibilities that can have a direct impact on childhood obesity and as such are well-positioned to lead this endeavour. At the same time, cooperation and collaboration with health agencies, such as the HSF, will further strengthen these efforts.



- *Measureable targets:* In order to make progress, clear direction with measureable targets is needed to support and guide effective interventions.
- *Ongoing commitment:* In order to ensure progress in obesity control over the short, medium, and long term, we need a sustained and ongoing commitment from all levels of government.
- *Appropriate investment:* Targeted multi-year investments are critical to develop, maintain and refine a comprehensive approach to curb childhood obesity.
- *Partnerships:* To ensure success, partnerships are critical at all levels of society, these must include individuals, families, teachers, communities, businesses, and governments.

### **HSF Recommendation: Framework Strategy 1**

The federal, provincial and territorial governments, working in partnership with civil society and the private sector should make childhood obesity a collective priority and develop a systematic and comprehensive approach to address this epidemic. This approach must involve coordination of roles and responsibilities within distinct jurisdictions, measureable targets, realistic goals, ongoing commitment, and appropriate investment.

## **Framework Strategy 2: Coordinate efforts on three key policy priorities: Supportive Environments, Early Action, and Nutritious Foods**

### ***Policy Area 1: Supportive Environments***

#### *Schools*

School settings have enormous potential to support healthy weights among children, both internally and externally.

Internally, they can reach this potential through health-focused programming and policy-based options. For example, schools have the opportunity to provide daily physical activity programs and curriculum requirements that support health literacy and inform children about nutrition (including instruction on how to prepare healthy meals). We know that only 20% of Canadian children receive daily physical education in school, 41% receive one to two days per week, while 10% receive no physical education at all<sup>14</sup>. Through the implementation of policies, schools have the ability to further entrench their commitment to – and children’s understanding of – healthy choices by providing the right options within school food policies and programs, including cafeterias and vending machines and by mandating physical activity classes and active play opportunities throughout the school day. There is evidence to indicate that as children get older their physical activity levels decrease, to that end it is important to ensure that related physical activity programming takes this into account and provides an added focus on older children and youth, where appropriate.

Externally, after-school programming and recreational activities on school grounds provide a unique and valuable opportunity for school administrators to demonstrate leadership toward curbing childhood obesity. To that end, the school can be an important hub for the community. At the present time, according to the most recent Canadian Health Measures Survey, children are sedentary 59% of the time between 3 and 6 p.m. (effectively, the “after-school” period), and get

only about 14 minutes of moderate-to-vigorous physical activity during this period. As a result, this time frame has been identified as an ideal window of opportunity to promote physical activity to children. School settings also present an opportunity to reach children in their early years, e.g., through child care programs. Some provinces have recognized this and have developed programs in school settings to influence children in their early years. Moreover, schools and child care programs are in an excellent position to engage parents, given that parents may need support throughout the various stages of their children's development.

### *Communities*

For the purposes of this submission, we define community to include the external environment immediately surrounding the school as well as the broader environment where children live. Ensuring there is coordination between where schools are situated within a community and residential locations is extremely important for encouraging active forms of transportation. This point is supported by ENACT, a Nova-Scotia based research project funded by the Canadian Institutes for Health Research and the Heart and Stroke Foundation of Canada. ENACT was established with the goal of providing policy makers with information about the unique relationship between youth and the built environment<sup>15</sup>. The study affirms that active transportation as well as spontaneous play and recreational opportunities on school grounds are highly valued by children and youth. The study also noted that safe and continuous access along sidewalks and trails leading to school destinations were critical to ensure active transportation.

More broadly, active transportation and access to safe and appealing areas for physical activity beyond school settings are also important factors in making physical activity easy, fun, and accessible for children. Numerous studies have found a relationship between the design of a community and obesity levels. Specifically, these studies have demonstrated that people living in moderate to high density areas with a variety of land use types and interconnected street networks spend less time in cars, are more likely to meet recommended levels of physical activity, and are less likely to be overweight and obese than those living in low density, single use areas<sup>16</sup>.

### *Economic Policies*

Economic policies represent a potential means of encouraging physical activity. Existing evidence concerning the effectiveness of tax incentives at improving physical activity levels is mixed<sup>17</sup>. In particular, it has been noted that the federal Children's Fitness Tax Credit in its current form is not very accessible to children from low income households, given that it is a non-refundable tax credit. It has been suggested that this tax credit should be made refundable in order to make it easier for children from low-income households to benefit from the credit.

## **HSF Recommendations: Framework Strategy 2: Policy Area 1: Supportive Environments**

- Federal, provincial and territorial governments commit to policies, programs and investments that encourage physical activity, healthy nutrition, and health literacy. Accompanying monitoring processes also need to be implemented in order to assess for effectiveness.
- Provincial and territorial governments review their school siting guidelines and transportation policies to promote safe active transportation, including walking, biking or other forms of active transportation.

- Provincial and territorial governments examine their food and nutrition policies within the school setting to ensure there is affordable and easy access to healthy foods.
- Provincial and territorial governments examine their health-based curriculum to ensure quality daily physical activity, mandatory physical activity classes and high quality nutrition education are provided.
- Provincial, territorial and municipal governments ensure that schools can function as “community hubs” and are open to community groups who want to support and encourage after-school recreational programs.
- Federal, provincial, territorial and municipal governments implement policies and adequately fund programs, in a sustainable manner, that make it easier for families and children to access green spaces, playgrounds and other recreational opportunities, including individual and team-based sports.
- Federal government create a pan-Canadian fund to support health promoting, active transportation infrastructure across Canada.
- Provincial, territorial and municipal governments develop and implement sustainable community planning and the creation of built environments that link health and land use for healthier communities.
- Federal government make the Children’s Fitness Tax Credit refundable to make it more equitable and accessible to children from low-income families, and then evaluate for effectiveness.

## **Policy Area 2: Early Action**

*The Curbing Childhood Obesity Framework* recognizes the importance of early intervention. It is critical for professionals who work with children to be aware of obesity risk factors and to be able to identify those families who may need additional support to ensure access to physical activity and healthy nutrition. It is also important that these interventions be applied in a non-stigmatizing way.

More research is needed to fully understand all of the factors related to childhood obesity. It is also important to look beyond physical activity and nutrition. For example, recent research indicates that the urban physical environment (including urban environmental hazards) may contribute to negative health outcomes and health inequalities among Canadians of differing socio-economic status. The HSF has played a role in supporting research to examine the impact of early exposures to hazardous chemicals/pollution and its associations with chronic disease and obesity. In fact, there is a growing body of research linking early chemical exposure and obesity.<sup>18</sup>

## **HSF Recommendations: Framework Strategy 2: Policy Area 2: Early Action**

- Provincial, territorial and municipal governments develop policies to ensure ongoing training for professionals to identify and support “at risk” children.
- The federal government support research aimed at gaining a better understanding of environmental influences on childhood obesity.

### ***Policy Area 3: Nutritious Foods***

The development of a national level food policy that focuses on overall healthy nutrition for children is highly desirable and as noted below, represents the key HSF recommendation for this policy area. To be effective, such a policy must consider the broader context of factors which affect the ability to make healthy choices. Such factors include:

- The marketing of unhealthy foods and beverages to children
- Nutritional labelling in restaurants
- Food security
- Agricultural policies and subsidies for fruits and vegetables
- Sugar sweetened beverage consumption

Each of these areas and how they contribute to obesity levels among children are described in more detail below:

#### *Marketing of unhealthy foods and beverages to children*

Children are especially susceptible to the influences of marketing. For example, we know that the marketing of food and beverages to children affects their food and beverage choices. We also know that the majority of the foods and beverages that are marketed to children are unhealthy<sup>19</sup>. Furthermore, Canada's current, self-regulatory approach to marketing to children is insufficient and is in need of reform. Quebec currently has in place legislation that addresses the commercial marketing to children. The potential efficacy of this legislation is supported by the fact that Quebec has one of the lowest soft drink consumption rates in Canada<sup>20</sup>, among the highest fruit & vegetable consumption rates in Canada<sup>21</sup> and the lowest obesity rate in Canada among 6-11 year olds<sup>22</sup>. Given the above, it is critical that the impact of marketing to children be addressed.

#### *Nutritional labelling in restaurants*

The HSF has taken a leadership role in nutrition labelling through its Health Check program (for detailed information see appendix). The HSF's work in this area has found that a lack of nutrition labelling can act as a barrier for Canadians in making the healthy choice the easy choice. In fact, based on focus group discussions with target consumers,<sup>23</sup> we know that healthy selections are sometimes impeded by a lack of healthy menu options, and lack of nutrition information. The Heart and Stroke Foundation believes that the Health Check program is helpful in this regard, by effectively taking the guesswork out of healthy menu selection for consumers.

Addressing nutrition labelling in restaurants and foodservice establishments is important given the frequency with which children dine outside the home. For example the 2004 Canadian Community Health Survey found that 40% of children had eaten food that was not prepared at home on the day before the survey was taken<sup>24</sup>. Nutritional labelling that provides parents with information that they need to make informed decisions about their own choices as well as those of their children represents an important opportunity for federal, provincial, and territorial efforts to reduce obesity.

#### *Food security*

"Food security" is defined as the situation where "all people at all times have the economic and physical access to sufficient, safe and nutritious food necessary to meet their dietary needs and food preferences for an active and healthy life"<sup>25</sup>. For people struggling with food insecurity it is

often difficult and expensive to access healthy food – which typically costs more than nutrient poor, energy dense food. As such, low income people are invariably put in a position whereby they have to resort to cheaper, energy dense food, and consequently are at an increased risk of obesity. Improving access to local community gardens for low income families is one means of addressing fruit and vegetable insufficiency.

Children are particularly affected by food insecurity. In fact, 700,000 Canadian children (12.5% of the total number of children in Canada) were living in food insecure households in 2006, and children accounted for 41% of the more than 750,000 people in Canada who were assisted by food banks in that year<sup>26 27 28</sup>. Food insecurity is associated with increased rates of heart disease and other illnesses<sup>29 30</sup> and has been linked to health problems in Aboriginal populations<sup>31 32 33 34</sup> as well as children from low income families<sup>35</sup>. In Canada, poverty is widely viewed as the root cause of most individual and household level food insecurity. As a result, poverty reduction is a key strategy for addressing food insecurity.

#### *Agricultural policies and subsidies for fruits and vegetables*

Evidence indicates that subsidies provided to the agricultural industry for soybeans and corn have contributed to obesity by making ingredients such as sugar and fat cheaper than they otherwise would be<sup>36</sup>. Lower prices for and widespread availability of processed foods are believed to have contributed to the obesity crisis. Shifting agricultural subsidies toward the production and distribution of fresh fruit and vegetables will increase affordability, particularly in ways that benefit children and low-income Canadians. This could serve to increase the consumption of healthy food while decreasing consumption of unhealthy food.

#### *Sugar sweetened beverage consumption*

Strong evidence supports the association between the development of childhood obesity and the consumption of sugar-sweetened beverages (SSBs)<sup>37 38</sup>. For example, a Canadian study<sup>39</sup> found that children between 2.5 and 4.5 years old who consumed SSBs between meals were twice as likely to be overweight as children who did not. Furthermore, each additional 12 ounce serving of a SSB was found to increase the risk of obesity in middle school students by 60%<sup>40</sup>.

In Canada, consumption of SSBs increases with age. Ten percent of children between the ages of 1 and 3 had a regular soft drink the day before a Canadian Community Health Survey interview<sup>41</sup>, while 53% of boys between the ages of 14 and 18 had done so. For girls aged 14-18, the figure was 35%. The average Canadian drank 73.2 litres of soft drinks in 2008<sup>42</sup>.

A promising practice with respect to reducing consumption of SSBs is the use of taxation. In some cases, price/tax increases have been associated with reduced consumption. For example, when the price of a particular brand of soft drink was increased by 12%, sales were seen to drop by 14.6%<sup>43</sup>.

### **HSF Recommendations: Framework Strategy 2: Policy Area 3: Nutritious Foods**

The federal government take the lead in the creation of a national food policy that is supported by the provinces and territories and that includes the following:

- Federal, provincial, and territorial governments, working in conjunction with civil society and the food industry adopt policies, legislation and/or regulations that aim to prohibit or restrict the marketing of unhealthy foods and beverages to children.

- Provincial and territorial governments support the accessibility of healthy foods for children in school and community settings, including increasing access to local community gardens for low income families (see policy area 1).
- Federal, provincial, and territorial governments work with the food and beverage industry to ensure that nutritional information is available on all restaurant and food service menus.
- Federal, provincial, and territorial governments address the issue of poverty and associated food insecurity.
- The federal government establish regular, coordinated surveillance of food insecurity with consistent measures to allow monitoring of trends.
- Governments ensure that agricultural policy and subsidies lead to the enhanced production and distribution of fresh, affordable fruit and vegetables.
- Governments introduce a robust tax on sugar sweetened beverages and use some of the associated revenues to fund healthy living initiatives.

### **Framework Strategy 3: Measure and report on collective progress**

Establishing goals and targets are critical – these can provide a focus for our collective efforts and are necessary for the evaluation and continuous improvement of our interventions. When designing a measurement and monitoring system it is important to address the evaluation needs of all of the relevant key stakeholders that are involved in such a system. In particular, this system should be inclusive enough to accommodate the work of organizations like the HSF. It would be very inefficient and expensive for organizations to set separate goals, develop their own evaluation frameworks and their own data collection systems.

As outlined in the appendix, the Heart and Stroke Foundation is prepared to play a significant role in this area. Given our history as a funder of research and our active engagement across the country we are well positioned to bring action and science together. An example of this is our work with the *Propel Centre for Population Health Impact* at the University of Waterloo which aims to prevent chronic disease by conducting impact-oriented research, evaluation, and knowledge exchange in various areas, including youth health. Within the context of the Heart and Stroke Foundation’s Heart Healthy Children and Youth initiative (see appendix for more information) we plan to develop a research, evaluation and knowledge exchange plan and engage a pan-Canadian ‘core team’ to coordinate these activities to help inform and guide collective action.

#### **HSF Recommendation: Framework Strategy 3: Measure and report on collective progress**

The federal government work with and support all partners to create a shared framework and capacity for evaluation that includes measurable, long term goals and interim targets for increasing physical activity, improving nutrition and reducing childhood obesity.

## Conclusion

As indicated in *Curbing Childhood Obesity: A Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights*, “Canada is in the midst of a childhood obesity epidemic.” The HSF believes that this epidemic must be addressed through a comprehensive and multi-sectoral approach based on the best available evidence.

This comprehensive approach should include policies, programs, legislation/regulations and investments to address physical activity and nutrition. Governments at all levels, health organizations, the private sector and researchers need to be involved. We believe that this can be accomplished, in part, under the umbrella of a national food policy that could facilitate the creation of supportive school environments and communities that allow ***the healthy choices to be the easy choices for all our children.***

The HSF is pleased to provide the recommendations offered in this submission as a contribution to the national dialogue on healthy weights and we stand ready to partner with governments and other sectors to reduce the toll of childhood obesity in Canada.

## Summary Recommendations

Framework Strategy	HSF Recommendation
<p>Framework Strategy 1: Making childhood overweight and obesity a collective priority for action.</p>	<p>The federal, provincial and territorial governments, working in partnership with civil society and the private sector should make childhood obesity a collective priority and develop a systematic and comprehensive approach to address this epidemic. This approach must involve coordination of roles and responsibilities within distinct jurisdictions, measurable targets, realistic goals, ongoing commitment, and appropriate investment.</p>
<p>Framework Strategy 2: Coordinate efforts on three key policy priorities</p> <p>Policy Area 1: Supportive Environments</p>	<ul style="list-style-type: none"> <li>• Federal, provincial and territorial governments commit to policies, programs and investments that encourage physical activity, healthy nutrition, and health literacy. Accompanying monitoring processes also need to be implemented in order to assess for effectiveness.</li> <li>• Provincial and territorial governments review their school siting guidelines and transportation policies to promote safe active transportation, including walking, biking or other forms of active transportation.</li> </ul>

	<ul style="list-style-type: none"> <li>• Provincial and territorial governments examine their food and nutrition policies within the school setting to ensure there is affordable and easy access to healthy foods.</li> <li>• Provincial and territorial governments examine their health-based curriculum to ensure quality daily physical activity, mandatory physical activity classes and high quality nutrition education are provided.</li> <li>• Provincial, territorial and municipal governments ensure that schools can function as “community hubs” and are open to community groups who want to support and encourage after-school recreational programs.</li> <li>• Federal, provincial, territorial and municipal governments implement policies and adequately fund programs, in a sustainable manner, that make it easier for families and children to access green spaces, playgrounds and other recreational opportunities, including individual and team-based sports.</li> <li>• Federal government create a pan-Canadian fund to support health promoting, active transportation infrastructure across Canada.</li> <li>• Provincial, territorial and municipal governments develop and implement sustainable community planning and the creation of built environments that link health and land use for healthier communities.</li> <li>• Federal government make the Children’s Fitness Tax Credit refundable to make it more equitable and accessible to children from low-income families, and then evaluate for effectiveness.</li> </ul>
<p>Framework Strategy 2: Policy Area 2: Early Action</p>	<ul style="list-style-type: none"> <li>• Provincial, territorial and municipal governments develop policies to ensure ongoing training for professionals to identify</li> </ul>



	<p>and support “at risk” children.</p> <ul style="list-style-type: none"> <li>• The federal government support research aimed at gaining a better understanding of environmental influences on childhood obesity.</li> </ul>
<p>Framework Strategy 2: Policy Area 3: Nutritious Foods</p>	<p>The federal government take the lead in the creation of a national food policy that is supported by the provinces and territories and that includes the following:</p> <ul style="list-style-type: none"> <li>• Federal, provincial, and territorial governments, working in conjunction with civil society and the food industry adopt policies, legislation and/or regulations that aim to prohibit or restrict the marketing of unhealthy foods and beverages to children.</li> <li>• Provincial and territorial governments support the accessibility of healthy foods for children in school and community settings, including increasing access to local community gardens for low income families (see policy area 1).</li> <li>• Federal, provincial, and territorial governments work with the food and beverage industry to ensure that nutritional information is available on all restaurant and food service menus.</li> <li>• Federal, provincial, and territorial governments address the issue of poverty and associated food insecurity.</li> <li>• The federal government establish regular, coordinated surveillance of food insecurity with consistent measures to allow monitoring of trends.</li> <li>• Governments ensure that agricultural policy and subsidies lead to the enhanced production and distribution of fresh, affordable fruit and vegetables.</li> <li>• Governments introduce a robust tax on sugar sweetened beverages and use some of the associated revenues to fund healthy living initiatives.</li> </ul>

Framework Strategy 3:  
Measure and report on collective  
progress

The federal government work with and support all partners to create a shared framework and capacity for evaluation that includes measurable, long term goals and interim targets for increasing physical activity, improving nutrition and reducing childhood obesity.

## Appendix

### **The Heart and Stroke Foundation**

The Heart and Stroke Foundation is viewed as an authoritative voice and source for information on heart disease and stroke. Given the relationships with cardiovascular disease, we have dedicated a significant amount of resources over many years to addressing physical activity, healthy nutrition and obesity for children. We continue to be extremely well positioned in this area. Examples of our work include the following:

The HSF has a 30 plus year history of health promotion in schools that includes education to promote physical activity, healthy nutrition, and smoke-free living. For example, the HeartSmart Curriculum Guide provides teachers with lesson plans in areas including physical activity and nutrition.

The HSF has also been responsible for the creation of a number of physical activity programs such as Jump Rope for Heart, Dance for Heart and Hoops for Heart.

The Heart and Stroke Foundation is committed to making a significant contribution to ensuring Canadian children and youth are heart healthy. ***Heart Healthy Children and Youth***, our most current and comprehensive national level children's health initiative, aims to inspire individuals, families, communities and businesses to take collective action to help children become more physically active, eat healthier and be smoke-free where they live, learn and play. A plan has been developed which brings together Heart and Stroke Foundation staff and volunteers and partners all across the country to create more opportunities for Canadian children and their families to be physically active and eat healthier foods at school and in community settings. More specifically, our work will be directed at walking and wheeling, active play and learning about, preparing and eating healthy foods.

***Heart Healthy Children and Youth*** will build on the HSF's strong presence in schools, offering to partner with principals, teachers and parents and community partners to promote healthy schools. We will also focus on communities with the goal of ensuring more Canadian communities will make healthy eating and physical activity accessible for all children and youth. Further we will work with all levels of government to support appropriate public policies and to strengthen community capacity to address these issues. Our strategy will include communication to the public to ensure Canadians understand the urgency of this issue and the need for comprehensive action. We will also build on our history in research to support a strong link between learning and action.

For many years, the HSF has been a public policy leader in the promotion of physical activity, nutrition, obesity control, and the promotion of healthy community design, all of which are very applicable to children. Since 2006, the Heart and Stroke Foundation of Ontario invested over \$13M in *Spark Together for Healthy Kids*™, an initiative that includes a grants program to support community groups advocating for increased opportunities for physical activity and healthy eating for all children. To date, over 160 grants have been awarded. [www.heartandstroke.ca/spark](http://www.heartandstroke.ca/spark).

The HSF recently contributed \$14.6 million for research to examine the links between built environments and health. The HSF is also the recipient of a CLASP grant, "Healthy Canada by Design", which is studying the effectiveness of several different policy instruments for the creation of health-promoting communities. In 2010, the HSF developed a community design advocacy tool kit known as the "Shaping Active Healthy Communities Toolkit", which is a resource package to help motivated individuals influence urban planning in their communities.

Another tremendously successful program is the Heart and Stroke Foundation of Nova Scotia's *Walkabout* program, which has motivated thousands of Nova Scotians to discover walking for physical activity and health.

Finally, the HSF plays a leadership role in providing nutrition information and guidance to Canadians of all ages, most notably through our popular Health Check food information program, and also through other programs such as Kids in the Kitchen, which is an after-school program designed by the Heart and Stroke Foundation of Manitoba and its partners to teach Manitoba children about nutrition and how to prepare healthy meals. The HSF has also been providing heart-healthy recipes to Canadians for over 30 years.

## Endnotes:

- <sup>1</sup> Health Canada. *Canadian Guidelines for Body Weight Classification in Adults* (Catalogue H49-179) Ottawa: Health Canada, 2003.
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- <sup>4</sup> Shields, M. Nutrition: Findings from the Canadian Community Health Survey – Overweights Canadian children and adolescents (Catalogue 82-620-MWE2005001) Ottawa: Statistics Canada, 2005.
- <sup>5</sup> Shields, M. Nutrition: Findings from the Canadian Community Health Survey – Overweights Canadian children and adolescents (Catalogue 82-620-MWE2005001) Ottawa: Statistics Canada, 2005.
- <sup>6</sup> Tjepkema M, Shields M. *Nutrition: Findings from the Canadian Community Health Survey – Adult Obesity in Canada* (Catalogue 82-620-MWE2005001) Ottawa: Statistics Canada, 2005.
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- <sup>11</sup> 1. Shields, M. Measured Obesity. *Overweight Canadian children and adolescents*. Statistics Canada Cat. No 82-620-MWE2005001.
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- <sup>13</sup> Olshansky SJ *et al.* A potential decline in life expectancy in the United States in the 21st century. *New England Journal of Medicine* 2005;352:1138-45.
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- <sup>15</sup> Atlantic Health Promotion Research Centre. *The Environment, Activity and Nutrition Project*. 10 June 2011 <http://www.ahprc.dal.ca/projects/enact/>.
- <sup>16</sup> Heart and Stroke Foundation of Canada (commissioned paper). *Obesity relationships with Community Design: A Review of the Current Evidence Base*. September 8, 2005.
- <sup>17</sup> Spence JC, Holt NL, Dutove JK & Carson V: Uptake and effectiveness of the Children's Fitness Tax Credit in Canada: the rich get richer. *BMC Public Health* 2010, 10:356.
- <sup>18</sup> Newbold RR, Padilla-Banks E, Snyder RJ, Phillips TM, Jefferson WN. 2007. Developmental exposure to endocrine disruptors and the obesity epidemic. *Reprod Toxicol* 23(3):290–296.
- <sup>19</sup> Chronic Disease Prevention Alliance of Canada Position Statement: *Obesity and the Impact of Marketing on Children*. August 2008.
- <sup>20</sup> Sarah Carr, *Overweight in Canadian Children: Mapping the Geographic Variation* 40 (Sept. 3, 2004) (unpublished M.S. thesis, London School of Hygiene and Tropical Medicine, on file with author) (showing that in 1981, Québec residents began consuming fewer soft drinks than other Canadians, a new pattern that has remained consistent since the provincial advertising ban was enacted).
- <sup>21</sup> See Dietary practices, by sex, household population aged 12 and over, Canada, provinces, territories, health regions and peer groups, 2003, [http://www.statcan.ca/english/freepub/82-221-XIE/00604/tables/html/2188\\_03.htm](http://www.statcan.ca/english/freepub/82-221-XIE/00604/tables/html/2188_03.htm) (data compiled from Statistics Canada, Canadian Community Health Survey, cycle 2.1 (2003), available at [www.statcan.ca/bsolc/english/bsolc?catno=82C0025](http://www.statcan.ca/bsolc/english/bsolc?catno=82C0025) (order form)) (showing that Québec residents are more likely than residents of any other province to report consuming at least five servings of fruits and vegetables daily).
- <sup>22</sup> Statistics Canada, Canadian Community Health Survey, 2004.
- <sup>23</sup> Muldoon and Company, ON Restaurants Research, Oct. 2010
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- <sup>38</sup> Is Intake of sugar-sweetened beverages associated with adiposity in children? Nutrition Evidence Library, 2010. United States Department of Agriculture.
- <sup>39</sup> Ludwig DS, Peterson KE, Gortmaker SL. Relation between consumption of sugar-sweetened drinks and childhood obesity: a prospective observational analysis. *Lancet*. 2001 Feb 17;357:505-8
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- <sup>41</sup> Garriguet D. Beverage consumption of children and teens. *Health Reports: Statistics Canada*. January 2009.
- <sup>42</sup> Statistics Canada. *Canada Food Stats Highlights*. 2009.
- <sup>43</sup> Elasticity: big price increases cause Coke volume to plummet. *Beverage Digest*. November 21, 2008:3-4.