Actions Taken and Future Directions 2011

Curbing Childhood Obesity: A Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights

November 25, 2011
Executive Summary

Childhood obesity has both immediate and long-term negative health outcomes, and is strongly linked to various chronic conditions, including hypertension, type 2 diabetes, heart disease, gallbladder disease, stroke, and certain types of cancer, including breast and colon cancer. Addressing the factors that contribute to obesity early in a person’s life helps to reduce the likelihood of being overweight or obese in adolescence and adulthood. Health promotion and chronic disease prevention are key in reducing demand on health services and maintaining the sustainability of Canada’s health system.

There are numerous well-developed initiatives underway aimed at reducing childhood obesity and promoting healthy weights for children, in all jurisdictions in Canada. Despite the work that has been done, the prevalence of childhood overweight and obesity across Canada continues to increase.

The increasing rates of overweight and obesity are largely a result of decades of societal changes that have contributed to obesogenic environments. Effectively addressing this complex problem calls for a sustained, cross-governmental, multi-sectoral and multi-faceted response at all levels.

Canada is not alone. Several other countries of the Organization for Economic Cooperation and Development (OECD), including the United States, Mexico, the United Kingdom (UK) and Australia, are witnessing increasing rates of childhood obesity. The High Level Meeting of the United Nations General Assembly on the Prevention and Control of Noncommunicable Diseases (New York, September 19-20, 2011) offered an opportunity to bring political attention to noncommunicable diseases. Discussions at the meeting focused on cancer, chronic respiratory and cardiovascular diseases, and diabetes, and their common modifiable risk factors including tobacco use, the harmful use of alcohol, unhealthy diet and physical inactivity.

In September 2010, Federal, Provincial and Territorial Ministers of Health and/or Health Promotion/Healthy Living1 (Ministers of Health) strengthened their resolve to work on the Pan-Canadian Healthy Living Strategy by endorsing a Declaration on Prevention and Promotion (Declaration), committing to make the promotion of health and the prevention of disease, disability and injury a shared priority for action.

As the first commitment of the Declaration, Ministers of Health endorsed Curbing Childhood Obesity: A Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights (Framework), signalling a shared vision to work together and with other sectors on joint and/or complementary actions that will help Canadians live longer, healthier lives.

Ministers of Health also tasked officials to undertake action on two parallel and complementary pillars – the promotion of healthy weights in childhood (and reduction of childhood obesity) and the reduction of sodium in the Canadian diet. This report addresses the promotion of healthy weights (and the reduction of childhood obesity).

Since September 2010, F/P/T governments have been working together to further their efforts for a sustained, multi-sectoral response to address childhood obesity and support healthy weights and to identify joint and/or complementary actions on the identified Strategies of the Framework.

This report presents actions that have been taken to advance the Framework since September 2010 and proposes recommendations and actions that can be taken by Ministers of Health and their respective governments, as well as other sectors as appropriate, until the Fall 2012 and beyond, as they continue to demonstrate their commitment to curbing childhood obesity (please refer to Annex A for a summary of recommendations and actions).

---

1 It should be noted that although the Government of Québec shares the general goals of sodium reduction and healthy weights, it does not subscribe to a Canada-wide strategy in these areas. Québec intends to remain solely responsible for developing and implementing programs for promoting healthy living within its territory. However, Québec does intend to continue exchanging information and expertise with other governments in Canada.
Strategy 1

Making childhood overweight and obesity a collective priority for action for F/P/T Ministers of Health and/or Health Promotion/Healthy Living

Engagement and collaboration are a fundamental part of mobilizing collective action on all of the Strategies of the Framework. As a first step in advancing the Framework, Ministers of Health launched Our Health Our Future: A National Dialogue on Healthy Weights in March 2011. Our Health Our Future brought together a diverse group of individuals and organizations to help identify ideas and actions to address the issue. This multi-stream engagement was comprised of in-person dialogues, online consultation and social media engagement.

Discussion topics covered the policy areas within the Strategies of the Framework and generated a range of ideas for actions that could be taken by various stakeholders in Canada. Findings are outlined in the Our Health Our Future final report and will be further explored at a national multi-sectoral summit.

It is important to recognize efforts currently underway by various sectors in Canada, including those of key stakeholders who were engaged in the Our Health Our Future national dialogue - non-governmental organizations, industry, national Aboriginal organizations and media stakeholders. Other efforts to engage and collaborate across jurisdictions and sectors at all levels will continue to advance the goal of reducing childhood obesity and promoting healthy weights. There are multiple examples of this cross-collaboration, either planned or already underway (as addressed in subsequent sections of this report).

F/P/T governments are committed to championing this issue in each of their own ministries of health and/or health promotion/healthy living, and to working with other sectors as relevant, specifically sport, physical activity, recreation and education. Through a multisectoral meeting being planned for 2012 involving health, sport, physical activity, recreation and education sectors, F/P/T governments will identify collaborative opportunities to broaden efforts to increase physical activity in the after-school time period and promote supportive environments, with a view to reducing childhood obesity.

Recommendation(s):

1. Work with colleagues in sport, physical activity, recreation and education in particular, as well as other sectors, to explore ways to further support physical activity and healthy eating for children.

Strategy 2.1/2.2

Making social and physical environments where children live, learn and play more supportive of physical activity and healthy eating, identifying the risk of overweight and obesity in children and addressing it early

Actions to support change must reach children where they live, learn and play. Healthy eating and physical activity are important for the healthy development of young children to reduce the risk of obesity later in life. Regular monitoring of child growth is key to identifying the risk of obesity early so that children and their families have appropriate support to address this important issue.

Many sectors at all levels play a role in building supportive social and physical environments. Various existing and/or recent efforts can help guide future activities. Health outcomes can be considered in community planning; schools are recognized as a key setting to promote and support healthy eating; and physical activity plays an important role in the health, well-being and quality of life of Canadians, particularly children and youth.
Recognizing that all governments are implementing initiatives that are showing some success, and that this success could be replicated in other parts of the country or replicated more broadly, jurisdictions have agreed to work together to expand and build on what works. Several have volunteered to take on the role of Champion for initiatives that are showing early promise or ongoing success.

In addition, governments at all levels can play a critical role in supporting the development of healthy communities by using policy levers to build environments that enable families to access nutritious foods and be more physically active.

**Recommendation(s):**

2. Build on successful practices to promote supportive environments and early action across jurisdictions
3. Support multi-sectoral planning on healthy eating and physical activity in community design and the built environment

**Strategy 2.3a**

**Looking at ways to increase the availability and accessibility of nutritious foods**

This policy priority has focused on increasing the availability of nutritious foods (the supply of food to a region or community) and the accessibility of food (the ability of an individual or household to acquire nutritious foods). Both the availability and accessibility of food are necessary for healthy eating, an important factor in promoting healthy weights. To have an impact on children, actions should be taken to increase the availability and accessibility of nutritious foods at the household level, as well as the broader food system level, including the environments within which children live, learn and play.

An environmental scan of F/P/T initiatives aimed at increasing the availability and accessibility of nutritious foods was completed to provide a snapshot of work currently underway in Canada and to help identify opportunities for collaboration across jurisdictions. In addition, a conceptual model was designed and applied, along with analysis of research and practice in the Canadian context, to assess the impact of various levers and tools on food accessibility, availability and utilization.

Proposed actions will support collaborative efforts across sectors; support initiatives at the community level, such as community-led food assessments, working with municipalities and enhancing civic participation; and build on P/T guidelines, such as procurement policies, to help shift food environments in places where children gather.

**Recommendation(s):**

4. Support actions to improve the availability and accessibility of nutritious foods in urban, rural, remote and northern communities, particularly among vulnerable populations
5. Support cross-sectoral collaborative efforts to increase the availability of nutritious foods in places where children live, learn and play, including the development and implementation of guidelines for the provision and procurement of food
6. Work with colleagues in the education, sport, physical activity and recreation sectors to identify opportunities to enhance food skills and create supportive environments both at school and in the after-school time period
7. Promote awareness of and access to nutritious foods and beverages to make the healthier choice the easier choice
Strategy 2.3b

Looking at ways to decrease the marketing of foods and beverages high in fat, sugar and/or sodium to children

The marketing of foods and beverages is associated with children's weight. Reducing children's exposure to the marketing of foods and beverages high in fat, sugar and/or sodium will be key to decreasing consumption and assisting parents in making healthy choices with and for children.

Children are vulnerable to and easily influenced by the marketing of foods and beverages. In addition, children are currently exposed to a greater intensity and frequency of advertisements than previous generations.

As part of the efforts to advance this Strategy of the Framework, evidence and policy options were reviewed, including common guidelines for age groups, scope of marketing techniques and appropriate exposure to the marketing of foods and beverages.

Recommendation(s):

8. Work with industry to increase the effectiveness of the voluntary approach in decreasing the marketing of foods and beverages high in fat, sugar and/or sodium to children, and work toward the implementation of common guidelines

9. Facilitate broader implementation of existing policies, guidelines and tools to promote healthy eating and to decrease the marketing of foods and beverages high in fat, sugar and/or sodium in various media and in places where children gather

Strategy 3

Measuring and reporting on collective progress in reducing childhood overweight and obesity, learning from successful initiatives, and modifying approaches as appropriate

Measurement, monitoring and reporting on progress are key to curbing childhood obesity and promoting healthy weights, and to the overall success of the Framework.

An initial set of core indicators has been identified and will be confirmed in order to monitor childhood obesity trends in Canada. Efforts to advance the recommendations and actions that support the Strategies of the Framework will be monitored through the implementation of a measurement and monitoring plan. This plan will provide relevant information on obesity trends as well as progress on the actions of multiple sectors (e.g. health, education, recreation) and levels of government; support integrated planning, evaluation, research and surveillance; and improve understanding and communication of interventions that work.

Recommendation(s):

10. Report publicly every two years on childhood obesity trends (using identified indicators) and on the progress of actions taken to advance the Framework and provide progress updates to Deputy Ministers and Ministers on planned activities, through the Public Health Network Council
Preamble

In September 2010, Canada’s Federal, Provincial and Territorial Ministers of Health and/or Health Promotion/Healthy Living2 (Ministers of Health) reiterated their commitment to the promotion of health and the prevention of disease, disability and injury as a collective priority for action.

Ministers of Health also acknowledged the role of governments in working with all stakeholders to help create the conditions that make the healthier choice the easier choice, and tasked officials to undertake action on two parallel and complementary pillars – the promotion of healthy weights in childhood (and reduction of childhood obesity) and the reduction of sodium in the Canadian diet.

At the July 2011 meeting of the Council of the Federation, Premiers expressed support for the collaborative work that is underway on healthy weights and sodium, and encouraged Ministers to continue to work together on initiatives that could lead to greater overall health for Canadians and improved child and youth health.

This report addresses the promotion of healthy weights (and the reduction of childhood obesity). Healthy weights, physical activity and healthy eating are important factors in promoting health and helping Canadians live longer, healthier lives while preventing disease, disability and injury.

All sectors of Canadian society have roles to play in promoting healthy living. F/P/T governments are taking action to build and strengthen opportunities for collaboration between individual Canadians of all ages, all levels of government, communities, researchers, and the non-profit and private sector.

2 It should be noted that although the Government of Québec shares the general goals of sodium reduction and healthy weights, it does not subscribe to a Canada-wide strategy in these areas. Québec intends to remain solely responsible for developing and implementing programs for promoting healthy living within its territory. However, Québec does intend to continue exchanging information and expertise with other governments in Canada.
Introduction

Childhood obesity is a significant public health problem and requires innovative action at all levels. Chronic diseases remain the most significant cause of death and disability worldwide. Two out of five Canadians over 12 have at least one chronic disease and four out of five have at least one risk factor for chronic disease (CCHS 2005). Childhood obesity has both immediate and long-term negative health outcomes, and is strongly linked to various chronic conditions, including hypertension, type 2 diabetes, heart disease, gallbladder disease, stroke, and certain types of cancer, including breast and colon cancer. There will also be an increase in health care costs and a high risk of lost productivity in the Canadian economy as a result of an anticipated greater level of absenteeism and weight-related illnesses among Canada’s aging and more obese workforce. Addressing the factors that contribute to obesity early in a person’s life helps reduce the likelihood of being overweight or obese in adolescence and adulthood. Health promotion and chronic disease prevention are key in reducing demand on health services and maintaining the sustainability of Canada’s health system.

Highlights of Factors Influencing Childhood Obesity in Canada

- only 49% of youth eat fruit and vegetables more than five times daily (CCHS 2009)
- children see more than 50 fast food commercials on television each month (Neilsen Media Research 2010)
- 9.7% of households with children are food insecure as a result of financial challenges faced in accessing adequate food (CCHS 2007-08)
- 26% of students walk or cycle to school (PAM 2005)
- 70% of children are sedentary after school (PAM 2005)
- 37% of parents play active games with their children (PAM 2010)

As often reported, the prevalence of obesity in Canada has roughly doubled over the last two and half decades (CIHI/PHAC 2011). In parallel, childhood overweight and obesity rates have also risen steadily in Canada in recent decades, causing immediate and long-term negative health outcomes. The most recently released estimates for overweight and obesity in Canada, using International Obesity Task Force classifications, showed one in four children were overweight or obese (CIHI/PHAC 2011). And, according to newly released international body weight classifications developed by the World Health Organization, the prevalence of childhood overweight and obesity in Canada is estimated to be even higher – one in three children.

Childhood obesity must be addressed with sensitivity. It is important to be aware of and to avoid negative or unintended consequences (e.g. stigma). The psycho-social aspects of childhood overweight and obesity must be considered. A positive approach which supports healthy weights, physical activity and healthy eating can contribute to lifelong healthy living.

The increasing rates of overweight and obesity are largely a result of decades of societal changes that have contributed to obesogenic environments. A complex and interacting system of behavioural and environmental factors contributes to increasing rates of overweight and obesity. Effectively addressing this complex problem calls for a sustained, cross-governmental, multi-sectoral and multi-faceted response at all levels.

Although childhood overweight and obesity is a critical health issue across all socio-economic groups in Canada, like most other health problems, the influence of socio-economic status is clear. This is a critically important fact to acknowledge and address as programs that fail to take account of these factors can inadvertently increase disparities in health status or behaviours.

---

Canada is not alone. Several other countries of the Organization for Economic Cooperation and Development (OECD), including the United States, Mexico, the United Kingdom (UK) and Australia, are witnessing increasing rates of childhood obesity. In an effort to address this problem, many of them have established nationwide strategies that promote physical activity, healthy eating and improved social and physical environments\(^4\). Most countries strive to achieve this through multisectoral action including governments, non-government organizations and the private sector. The High Level Meeting of the United Nations General Assembly on the Prevention and Control of Noncommunicable Diseases (New York, September 19-20, 2011) offered an opportunity to bring political attention to noncommunicable diseases. Discussions at the meeting focused on cancer, chronic respiratory and cardiovascular diseases, and diabetes, and their common modifiable risk factors including tobacco use, the harmful use of alcohol, unhealthy diet and physical inactivity.

Last year, in September 2010, Canada’s Federal, Provincial and Territorial Ministers of Health and/or Health Promotion/Healthy Living\(^5\) (Ministers of Health) strengthened their resolve to work on the Pan-Canadian Healthy Living Strategy by endorsing a Declaration on Prevention and Promotion (Declaration), committing to make the promotion of health and the prevention of disease, disability and injury a shared priority for action.

As the first commitment of the Declaration, Ministers of Health endorsed Curbing Childhood Obesity: A Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights (Framework), signalling a shared vision to work together and with other sectors on joint and/or complementary actions that will help Canadians live longer, healthier lives. As part of the Framework, Ministers of Health agreed to become visible catalysts for change and to champion the horizontal government action and societal-level engagement and support that is required to address the factors that contribute to childhood obesity.

Since September 2010, F/P/T governments have been working together to further their efforts for a sustained, multi-sectoral response to address childhood obesity and support healthy weights and to identify joint and/or complementary actions on the identified Strategies of the Framework (please refer to Annex B for the key concepts of the Framework). In February 2011, F/P/T Ministers responsible for Sport, Physical Activity and Recreation (SPAR) also endorsed the Declaration and Framework, and agreed to work with Ministers of Health. The following table provides the key Strategies of the Framework.

---

\(^4\) Examples include the United States’ Solving the Problem of Childhood Obesity: White House Task Force on Childhood Obesity and the Let’s Move! Campaign (2010); Mexico’s National Agreement for Nutritional Health: Strategy Against Overweight and Obesity in Mexico (2009); the UK’s Healthy Weight, Healthy Lives (2008); and Australia’s Healthy Weight 2008: Australia’s Future - The National Action Agenda For Children And Young People And Their Families (2008).

\(^5\) It should be noted that although the Government of Québec shares the general goals of sodium reduction and healthy weights, it does not subscribe to a Canada-wide strategy in these areas. Québec intends to remain solely responsible for developing and implementing programs for promoting healthy living within its territory. However, Québec does intend to continue exchanging information and expertise with other governments in Canada.
**Strategies of the Framework**

<table>
<thead>
<tr>
<th>Strategy 1</th>
<th>Making childhood overweight and obesity a collective priority for action for F/P/T Ministers of Health and/or Health Promotion/Healthy Living</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategy 2.1</td>
<td>Making social and physical environments where children live, learn and play more supportive of physical activity and healthy eating</td>
</tr>
<tr>
<td>Strategy 2.2</td>
<td>Identifying the risk of overweight and obesity in children and addressing it early</td>
</tr>
<tr>
<td>Strategy 2.3a</td>
<td>Looking at ways to increase the availability and accessibility of nutritious foods</td>
</tr>
<tr>
<td>Strategy 2.3b</td>
<td>Looking at ways to decrease the marketing of foods and beverages high in fat, sugar and/or sodium to children</td>
</tr>
<tr>
<td>Strategy 3</td>
<td>Measuring and reporting on collective progress in reducing childhood overweight and obesity, learning from successful initiatives, and modifying approaches as appropriate</td>
</tr>
</tbody>
</table>

This report presents actions that have been taken to advance the Framework since September 2010 and proposes recommendations and actions that can be taken by Ministers of Health and their respective governments, as well as other sectors as appropriate, through the Fall 2012 and beyond, as they continue to advance their commitment to curbing childhood obesity (please refer to Annex A for a summary of recommendations and actions).
Strategy 1

Making childhood overweight and obesity a collective priority for action for F/P/T Ministers of Health and/or Health Promotion/Healthy Living

Ministers of Health agreed to make childhood obesity a collective priority, to champion this issue, and to encourage shared leadership. They also agreed to advance joint and/or complementary actions across jurisdictions to influence the physical and social conditions that promote healthy weights so that Canada’s children have the healthiest possible start in life.

Engagement and collaboration are a fundamental part of mobilizing collective action on all of the Strategies of the Framework. As a first step, Ministers of Health launched Our Health Our Future: A National Dialogue on Healthy Weights in March 2011. Our Health Our Future has been a core pillar of the work to engage Canadians on the issue of childhood obesity. The national dialogue aimed to raise awareness and visibility of the issue of childhood overweight and obesity, seek input on implementing the Framework and its supporting activities, and mobilize participants and seek their commitment to implement their own strategies for change. This national dialogue was a multi-streamed engagement process comprised of in-person dialogues, online consultation and social media engagement (please refer to Annex C for more information). Further discussions will be held at a national multi-sectoral summit.

Discussion topics covered the policy areas within the Strategies of the Framework and generated a range of ideas for actions that could be taken by various stakeholders in Canada. While these can be found in the Our Health Our Future final report, the following is a snapshot of key ideas:

a) Making social and physical environments where children live, learn and play more supportive of physical activity and healthy eating
   - Education and training – food preparation education in schools; accessibility and availability of education resources; and nutrition education and literacy
   - Built environment and infrastructure – community design which supports physical activity; community access to school facilities; and zoning legislation for improved access to nutritious foods
   - Changing behaviours and attitudes – integrating, enhancing and formalizing physical activity in schools
   - Shifting the focus away from weight; and increasing participation in sports and physical activity

b) Identifying the risk of overweight and obesity in children and addressing it early
   - Education and training – engaging parents and families and supporting practitioners
   - Maternal and baby health initiatives – encouraging breastfeeding and pre- and post-natal services
   - Further research – assessing health needs and risk factors; improving health monitoring and tools

c) Looking at ways to increase the availability and accessibility of nutritious foods
   - Food prices – government regulation; supporting individuals with low incomes; and supporting individuals living in the North
   - Building community capacity – community gardens; supporting local food production; and community kitchens and meals

d) Looking at ways to decrease the marketing of foods and beverages high in fat, sugar and/or sodium to children
   - Governments’ distinct role in regulation of marketing and advertising
   - Making the retail experience more supportive of nutritious foods
   - Media literacy for youth
   - Responsible product advertising and promotion
Actions can be taken by various sectors and jurisdictional levels across the country. For the purposes of this initiative, the outcomes of the national dialogue were reviewed to identify actions that could be taken by F/P/T governments in the coming year and beyond. This includes ideas such as the importance of community design, supporting food skills, and the after-school period as a critical time to support physical activity. The national dialogue has helped shape, align and confirm the proposed recommendations and actions in this report.

It is also important to recognize efforts currently underway by various sectors in Canada, including those of key stakeholders who were engaged in the Our Health Our Future national dialogue, such as non-governmental organizations, industry leaders, national Aboriginal organizations and media stakeholders. Other efforts to engage and collaborate across jurisdictions and sectors at all levels continue to advance the goal of reducing childhood obesity and supporting healthy weights. There are multiple examples of this cross-collaboration, either planned or already underway (as addressed in subsequent sections of this report).

**Recommendation:**

1. Work with colleagues in sport, physical activity, recreation and education in particular, as well as other sectors, to explore ways to further support physical activity and healthy eating for children

F/P/T governments are committed to championing the issue of healthy weights in each of their own ministries of health and/or health promotion/healthy living, and to working with other sectors as relevant, specifically sport, physical activity, recreation and education.

Through a multisectoral meeting being planned for 2012 involving health, sport, physical activity, recreation and education sectors, F/P/T governments will identify collaborative opportunities to broaden efforts to increase physical activity in the after-school time period and promote supportive environments, with a view to reducing childhood obesity.
Strategy 2.1/2.2

Making social and physical environments where children live, learn and play more supportive of physical activity and healthy eating; Identifying the risk of overweight and obesity in children and addressing it early

Actions to support change must reach children where they live, learn and play. Healthy eating and physical activity are important for the healthy development of young children to reduce the risk of obesity later in life. In addition, regular monitoring of child growth is key to identifying the risk of obesity early so that children and their families have appropriate support to address this important issue.

The Strategies on supportive environments (2.1) and early action (2.2) have been brought together as a set of complementary initiatives. A scan of current policies and programs across governments in Canada was completed to provide a better understanding of promising practices underway and to facilitate broader implementation of key initiatives where possible. (A dashboard has been designed to provide a graphic representation of initiatives currently underway and/or nearing implementation in P/Ts across the country - please refer to Annex D). This scan found numerous well-developed initiatives aimed at reducing childhood obesity and promoting healthy weights for children underway in all jurisdictions. The scan also demonstrated that the range and reach of successful initiatives vary significantly across the country. Despite the work that has been done, the prevalence of childhood overweight and obesity continues to increase. Efforts must be made to maximize the opportunities to learn from each other and to increase the impact of initiatives across Canada.

Many sectors at all levels play a role in building supportive social and physical environments. Various existing and recent efforts can help guide future activities.

Health outcomes can be considered in community planning. In 2009, F/P/T governments released a report on the built environment entitled Bringing Health to the Planning Table: A Profile of Promising Practices in Canada and Abroad. The report profiles case studies of Canadian and international communities where health outcomes are considered a key aspect in planning decisions relating to the built environment (visit http://www.publichealth.gc.ca/hl-vs-strat). Selected healthy behaviours have been shown to have increased in demonstration communities.

Schools are recognized as a key setting to promote and support healthy eating. School food guidelines and policies are one tool that can help shift the food environment to support healthy eating.

The F/P/T Group on Nutrition6 is exploring ways to improve consistency of school food guidelines across Canada and enhance implementation efforts. In addition, in their role as P/T Champion, the Government of Alberta is chairing a working group of the F/P/T Group on Nutrition to improve the consistency of school food and beverage criteria.

6 The F/P/T Group on Nutrition is not a part of the PHN structure. It is co-chaired by the Government of Canada (Health Canada) and a provincial/territorial government representative. Membership includes representatives from each P/T health ministry with responsibility for nutrition planning, programs and policies and from the federal government (Health Canada (Health Products and Food Branch and the First Nations and Inuit Health Branch)).
Physical activity plays an important role in the health, well-being and quality of life of Canadians, particularly children and youth, and helps to prevent chronic diseases like cancer, type 2 diabetes and heart disease. There are many ways to integrate physical activity in daily life — at home, at school and at play. In 2008, national physical activity targets for children and youth were established. In 2011, Ministers responsible for Sport, Physical Activity and Recreation identified the after-school period as an important area of focus to reduce physical inactivity among children and youth. Through a multi-sectoral meeting being planned for 2012, Ministers responsible for Sport, Physical Activity, and Recreation, Health/Healthy Living, and Education will identify opportunities to broaden efforts to increase physical activity in the after-school time period and promote supportive environments, with a view to reducing childhood obesity. In addition, a Multi-sectoral Framework for Action on the after-school time period is being developed that will focus on social and emotional development, student achievement and healthy active living.

**Recommendation:**

2. **Build on successful practices to promote supportive environments and early action across jurisdictions**

Recognizing that all governments are implementing initiatives that are showing some success, and that this success could be replicated in other parts of the country or replicated more broadly, jurisdictions have agreed to work together to expand and build on what works. Several have volunteered to take on the role of Champion.

As Champions, P/T governments will identify key implementation considerations of successful initiatives within their own jurisdiction, share information on implementation and facilitate expansion of successful initiatives with other interested jurisdictions. Progress updates will be provided on a regular basis. The seven specific initiatives (and respective lead jurisdictions) are the following.

a) **Supportive Environments**

**Initiative 1** - Food Guidelines in Child Daycare Settings / Alberta

In June 2008, the Government of Alberta released the *Alberta Nutrition Guidelines for Children and Youth*. The goal of these guidelines is ‘to equip facilities and organizations with the tools they need to provide children and youth with healthy food choices in childcare settings, schools, in recreation centres, at special events, and in the community at large’.

**Initiative 2** - School Food Guidelines / Alberta

The Government of Alberta did field testing in fall 2010 to see how many school districts have implemented the *Alberta Nutrition Guidelines for Children and Youth*. Three low literacy resources and the Healthy U Food Checker were developed to assist childcare, schools and recreation community centres to support the implementation of these guidelines in their facilities.

**Initiative 3** - Comprehensive Healthy Weights Program Mind, Exercise, Nutrition…Do it! (MEND) / Alberta

MEND is an international social enterprise founded in 2004 in the UK that offers weight management and healthy living programs at no cost to families of overweight children ages 5-7, 7-13, and children of any weight, ages 2-4 through public-private partnership funding. MEND is currently being revised by changing UK criteria to meet Alberta Nutrition Guidelines criteria and to be consistent with Canada's Food Guide. This will be piloted in Alberta in the fall of 2011 through March 2013.

**Initiative 4** - Increasing the Availability and Accessibility of Nutritious Foods in Remote and Northern areas / Manitoba

The Northern Food Prices Report 2003 (mandated by Manitoba's Healthy Child Committee of Cabinet) recommended ways to reduce the cost of accessing affordable nutritious foods in northern and remote Manitoba communities. The primary focus of the Northern Healthy Foods Initiative is food self-sufficiency. The initiative promotes a variety of northern food security programs in northern, remote and Aboriginal communities.
In September 2011, the Government of British Columbia launched a province-wide Healthy Families BC Communities initiative which will see Health Authorities working with local governments to support them in planning for chronic disease prevention and promotion of healthy weights. Municipal, regional and community stakeholders will be engaged in planning and developing policies that support a healthier built environment, increased food security, and more opportunities for healthy eating and physical activity.

**b) Early Action (Early Years)**

**Initiative 6 - Baby-Friendly Initiative / New Brunswick and Nova Scotia**

The Baby-Friendly Initiative is an international program of evidence-based practice for maternal and infant health that improves breastfeeding outcomes. The Baby-Friendly Initiative involves creating a health care environment where breastfeeding is the norm and focuses on improving the quality of care in health care facilities.

**Initiative 7 - Adaptation and implementation of WHO Growth Charts / British Columbia**

The key objectives are to increase the accuracy of assessing growth and to provide an infrastructure for sharing materials and for evaluating the interest in establishing a paediatric nutrition surveillance system in Canada. The WHO Growth Charts will be used to detect children at risk at an earlier age, thus increasing the potential for successful intervention. Other stakeholders such as the Dietitians of Canada may be involved in this initiative.

**Recommendation:**

3. **Support multi-sectoral planning on healthy eating and physical activity in community design and the built environment**

Governments at all levels can play a critical role in supporting the development of healthy communities by using policy levers to build environments that enable families to access nutritious foods and be more physically active. Several collaborative initiatives are underway that show the value of bringing the multi-sectoral perspective, including that of local health authorities, to the municipal and regional planning tables. Altering the built environment through strategies such as changing zoning bylaws to encourage the development of complete, appropriate-density communities and creating safe infrastructure for walking and bicycling can reduce the reliance on automobiles and encourage more active means of transportation.

P/T governments will work with various municipal and regional organizations on community design to promote healthy weights and address childhood obesity.

F/P/T governments will continue to promote a collaborative, multi-sectoral approach to planning to build health-promoting communities.

The Government of British Columbia, in their role as a P/T Champion, will share information and tools in this area, which could be adapted for use in other jurisdictions.
Strategy 2.3a

Looking at ways to increase the availability and accessibility of nutritious foods

This policy priority has focused on increasing the availability of nutritious foods (the supply of food to a region or community) and the accessibility of food (the ability of an individual or household to acquire nutritious foods). Both food access and food availability are necessary for healthy eating, an important factor in promoting healthy weights. To have an impact on children, actions should be taken to increase the availability and accessibility of nutritious foods at the household level, as well as the broader food system level, including the environments within which children live, learn and play.

A comprehensive, multi-faceted approach, which includes a range of actions, is needed to effectively increase access to and availability of nutritious foods. Challenges related to food availability are not homogenous across Canada. Availability of nutritious foods is a particular challenge in northern and remote communities. However, across Canada in both rural and urban communities, there are vulnerable populations for which regular access to food is a challenge.

An environmental scan of F/P/T initiatives aimed at increasing access to and availability of nutritious foods was completed to provide a snapshot of work currently underway in Canada and to help identify opportunities for collaboration across jurisdictions. The scan demonstrated that a range of policies and programs have been implemented or considered across Canada at the F/P/T and local levels. Many jurisdictions are addressing food access and availability through broader healthy eating and healthy living strategies, with some explicitly identifying food security as a key component of these strategies or as a core component of public health programs. While there are efforts underway across Canada, particularly at the community level, barriers to access and availability of nutritious foods remain.

Food access and availability can be positioned within the broader context of food security. Food security is commonly described as having three pillars: food availability at the broader food system level; food accessibility at the household level; and food utilization at the individual level. Using these three pillars, a conceptual model was designed to depict a wide range of factors or “influencers”, corresponding to each pillar, which can impact food security (please refer to Annex E). Nutritious foods need to be available and accessible before actions can have an impact on food utilization. The conceptual model illustrates how acting on a broad range of corresponding influencers aims to improve healthy eating and address the Pan-Canadian Healthy Living Strategy goals of reducing health disparities and improving overall health, as well as reduce the risk of chronic disease and obesity.

For some populations in Canada, the prevalence of household food insecurity is much higher than the average of 7.7% (CCHS 2007-08):

- 55.5% of households with social assistance as their main source of income
- 32.5% of households in the lowest income decile
- 25.0% of female lone-parents
- 20.9% of Aboriginal households (off-reserve)
- 17.2% of people not owning their dwelling

Specific joint and/or complementary actions have been proposed that aim to have an impact on the key influencers of food availability, accessibility and utilization, with a focus on remote and northern communities, as well as low-income and other vulnerable populations more broadly, including those living in urban centres. Consideration has been given to alignment with the Framework, potential for impact, compatibility with the mandates of Ministers of Health, and feasibility of implementation in the short or longer term.

The overall breadth of this issue is an important challenge. The environmental scan and conceptual model are particularly helpful in determining the scope of efforts that can be undertaken.
At the community level, the availability of nutritious foods in schools, daycares and recreation centres, in the retail environment and through food-based initiatives are key influencers of access to food. Enabling communities to assess local food environments to identify their own needs and implement potential actions that span the spectrum of the food system are key to ensuring sustainable and relevant solutions for increased availability of nutritious foods. Many levers that have the potential to impact on food access and availability fall outside of the health mandate, pointing to the importance of a multi-sectoral approach to addressing these issues. This includes working with municipalities, city planners and civil society to explore ways to increase the availability of nutritious foods in neighbourhoods, particularly among vulnerable populations. It is important to assess food environments at the local level to ensure that there are no barriers to accessing nutritious foods and, where necessary, adopt policy changes or programs so that households and communities can be more food secure. Also, influencing the types and amounts of foods served and sold in places where children gather is an important strategy for improving the food environment to support healthy eating.

**Recommendation:**

4. **Support actions to improve the availability and accessibility of nutritious foods in urban, rural, remote and northern communities, particularly among vulnerable populations**

P/T governments will encourage the advancement of initiatives at the local level by supporting community-led food assessments to enable communities to identify and implement their own solutions; supporting community-based food security initiatives; engaging municipal councils and planners to explore how by-laws and planning codes influence access to food; and enhancing civic participation in food issues through the creation of mechanisms, such as food policy councils. Finally, P/T governments will determine the best approaches to address the needs of the most vulnerable populations within their jurisdictions.

For its part, the F/P/T Group on Nutrition has selected the food retail environment as a key priority in 2011/2012. This group will explore a defined element of the food retail environment, which will include completing a scan of actions that are underway in Canada and internationally to address food retail availability and to understand limitations of current research. The Food Security Reference Group\(^7\) will develop a common framework that consolidates key actions of members and participating organizations that relate to increasing the accessibility and availability of traditional or country food and nutritious store-bought foods in First Nations and Inuit communities, in order to promote better linkage, coordination, collaboration and alignment of priorities.

In addition, F/P/T governments will enhance collaboration across northern and remote food subsidy and nutritious food initiatives, including Nutrition North Canada, and broaden engagement of food retailers, particularly in First Nations and Inuit communities. This will include exploring opportunities for collaboration with specific jurisdictions/sectors as relevant such as the Government of Manitoba as P/T Champion on the Availability and Accessibility of Nutritious Foods in northern and remote communities, the Food Security Reference Group, the F/P/T Group on Nutrition, and Aboriginal Affairs and Northern Development Canada (formerly Indian and Northern Affairs Canada).

The federal government will support culturally appropriate retail and community-based nutrition education initiatives in eligible isolated Northern communities that benefit from a federal retail subsidy for nutritious perishable foods under the Nutrition North Canada Program, which is led by Aboriginal Affairs and Northern Development Canada. The nutrition education activities will aim to increase knowledge of healthy eating, and develop skills to select and prepare healthy store-bought and traditional or country foods among eligible northern residents including First Nations, Inuit and Métis, and strengthen retail-community partnerships.

---

\(^7\) A senior-level group led by the Government of Canada (Health Canada’s First Nations and Inuit Health Branch), which brings together the Assembly of First Nations, Inuit Tapiriit Kanatami and federal government (Health Canada, Aboriginal Affairs and Northern Development Canada) in equal membership. It also involves First Nations and Inuit communities, researchers and academic experts, provincial and regional governments, territorial governments, as well as the Public Health Agency of Canada and Agriculture and Agri-Food Canada.
**Recommendation:**

5. **Support cross-sectoral collaborative efforts to increase the availability of nutritious foods in places where children live, learn and play, including the development and implementation of guidelines for the provision and procurement of food**

Governments can promote the acquisition and placement of healthier foods in public venues through their considerable combined public purchasing powers. Governments spend significant amounts of money on (or can influence the nature of) food and beverages that are consumed daily in schools, recreation centres, hospitals and other public buildings. The potential impact on eating behaviours is significant, for example, with approximately five million Canadian children consuming about one-third of their daily calories at school. As part of a broader strategy, comprehensive guidelines and policies for the provision and procurement of food are one tool that can help to shift food environments to support healthy eating. Working toward the development of consistent nutrient requirements for foods and beverages that can be sold and/or served in these venues, as part of comprehensive procurement guidelines, can have a significant impact on the types of foods available in these settings. Guidelines that are developed collaboratively with stakeholders across sectors have a greater chance of being implemented successfully and, therefore, have the potential to encourage the availability of and demand for foods consistent with a healthy pattern of eating.

Most P/T governments have implemented guidelines for foods served and/or sold in schools and many are developing guidelines for other settings such as daycares, hospitals and recreation centres. The F/P/T Group on Nutrition is working towards improving the consistency of school food guidelines across Canada and enhancing implementation efforts. The Government of Alberta, in its role as P/T Champion, is chairing a F/P/T Group on Nutrition working group which is currently developing a set of best-fit nutrition criteria for school food guidelines that could be used to inform consistent procurement guidelines for foods sold and served in schools across Canada. Provinces and territories are at different stages in the development, revision, implementation and evaluation of their guidelines. P/Ts are working collaboratively to improve consistency of school food guidelines as they develop and revise their guidelines over time, which includes identifying areas where consistency is desired and where differences are appropriate to suit jurisdictional needs. This is an evolving, long-term process that requires a flexible approach to adapt to the changing food supply, evolving evidence and the unique needs and circumstances of each jurisdiction. Given that the responsibility for school food guidelines differs across jurisdictions and is often shared between Ministries of Education and Health, the Joint Consortium for School Health (comprised of P/T officials from the health and education sectors across Canada) has been engaged in this work. The Government of Alberta has also assumed the role of P/T Champion for food guidelines in child daycare settings.

The federal government, through its work with the WHO, will continue to explore the development of an evidence-based nutrient profiling model that can potentially inform a range of applications across jurisdictions such as labelling, marketing, and procurement of foods served or sold to children in schools and other settings.

Methods to address the need for consistent approaches to improving nutrition in various “away from home” settings (e.g. provision of nutrition information in restaurants and food services) will continue to be explored collaboratively by F/P/T governments.
Recommendation:

6. Work with colleagues in the education, sport, physical activity and recreation sectors to identify opportunities to enhance food skills and create supportive environments both at school and in the after-school time period

Developing food skills is an important part of a comprehensive school health approach to improving healthy eating. Food skills education may already be delivered through courses such as culinary arts, however, opportunities to strengthen skill development may exist through other curricular, co-curricular and extra-curricular activities. Supportive environments are another key component of a comprehensive school health approach and involve actions that enhance social and physical environments as well as the development and implementation of healthy school policies. In addition, the after-school time period is a critical block of time that has a profound impact on the physical, social, emotional and intellectual development of children and youth. Conflicting schedules, limited supervision, transportation and other barriers make it difficult for parents to provide opportunities for healthy activities, prepare healthy meals and influence eating habits.

F/P/T governments will work with stakeholders in the education, sport, physical activity and recreation sectors to identify opportunities to create supportive environments and enhance food skills in the after-school time period.

P/T governments will explore ways to enhance food skills and supportive environments for healthy eating in schools.

Recommendation:

7. Promote awareness of and access to nutritious foods and beverages to make the healthier choice the easier choice

Promoting children’s, parents’ and caregivers’ awareness of and access to nutritious foods and beverages is critical to influencing their consumption and in moving towards creating an environment where the healthier choice is the easier choice. Many sectors can contribute to this effort, including industry, communities and schools. Organizations like the Canadian Produce Marketing Association, in collaboration with the Heart and Stroke Foundation and the Canadian Cancer Society, have initiated social marketing campaigns to promote nutritious foods. The Fruit and Veggies - Mix It Up! campaign is aimed at promoting fruit and vegetable consumption by all Canadians to improve their health.

F/P/T governments will work with a range of stakeholders to promote awareness of and access to nutritious foods and beverages.

F/P/T governments will work with industry and other stakeholders to review and assess progress in promoting awareness of and access to nutritious foods and beverages after two years, and determine next steps as required.
Strategy 2.3b
Looking at ways to decrease the marketing of foods and beverages high in fat, sugar and/or sodium to children

The marketing of foods and beverages is associated with children’s weight. Reducing children’s exposure to the marketing of foods and beverages high in fat, sugar and/or sodium will be key to decreasing consumption and assisting parents in making healthy choices with and for children.

Children are vulnerable to and easily influenced by the marketing of foods and beverages. In addition, children are currently exposed to a greater intensity and frequency of advertisements than previous generations.

In Québec, the government restriction on all commercial advertising (subject to limited exemptions) targeted to children is done under the Consumer Protection Act. At the national level, voluntary broadcast codes are overseen by the Canadian Radio-television and Telecommunications Commission (CRTC). The Canadian Children’s Food and Beverage Advertising Initiative (CAI) is a voluntary advertising initiative developed by the food and beverage industry that identifies the marketing standards and criteria to select the foods that are advertised to children by participating companies.

Children identify branded and fun-shaped foods as tastier than non-branded and non-processed foods and most of these foods are high in fat, sugar and/or sodium.

When foods in the CAI were examined, it was found that up to 62% of the food and beverage products promoted under the Canadian Children’s Food and Beverage Advertising Initiative would not be acceptable to promote to children by other national government nutrition standards that have been set for determining products to market to children (UK, Denmark, Brazil and New Zealand). The products often rejected were most of the ready-to-eat-cereals, ready-to-serve snacks and breakfast foods. Main items from fast food restaurants were often rejected on their own but generally accepted when evaluated as a whole meal.

There is international momentum aimed at decreasing the marketing of foods and beverages high in fat, sugar and/or sodium to children. One of the key activities for promoting healthy eating in the 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases is to put in place a framework or mechanisms to reduce the impact of marketing of foods “high in saturated fats, trans fatty acids, free sugars or salt.”

In May 2010, the World Health Organization released a set of recommendations on the marketing of foods and non-alcoholic beverages to children, calling for governments to consider appropriate policy mechanisms, lead the development of common guidelines and standards, make the settings where children gather free from all forms of marketing, and monitor and report on trends and progress to reduce the exposure of children to marketing of foods high in fat, sugar or sodium.

---

8 ‘Marketing’ refers to any form of commercial communication or message that is designed to, or has the effect of, increasing the recognition, appeal and or consumption of particular products and services. It comprises anything that acts to advertise or otherwise promote a product or service (World Health Organization, Set of Recommendations on the Marketing of Food and Non-Alcoholic Beverages to Children 2010).

9 Institute of Medicine, Food Marketing to Children: Threat or Opportunity, National Academy of Science, Washington, D.C., 2006

10 Elliot C. Marketing fun foods: A profile and analysis of supermarket food messages targeted at children, Canadian Public Policy, 2008;34: 259-73.

An increasing number of countries are reviewing or implementing various policy approaches. In April 2011, a federal U.S. interagency working group released proposed voluntary principles for public consultation. The proposed voluntary nutrition and marketing principles are designed to ‘encourage stronger and more meaningful self-regulation by the food industry and to support parents’ efforts to get their children to eat healthier foods.’

As part of the efforts to advance this Strategy of the Framework, evidence and policy options were reviewed, including common guidelines for age groups, scope of marketing techniques and appropriate exposure levels to marketing of foods and beverages.

**Recommendation:**

8. **Work with industry to increase the effectiveness of the voluntary approach in decreasing the marketing of foods and beverages high in fat, sugar and/or sodium to children, and work toward the implementation of common guidelines**

F/P/T governments will work towards common guidelines to decrease the marketing of foods and beverages high in fat, sugar and/or sodium to children. This will involve working with a range of stakeholders, including the food, beverage and broadcasting industries, non-governmental organizations, public health experts, consumers and academics.

Guidelines important to decreasing the marketing of foods and beverages high in fat, sugar and/or sodium to children include defining the scope of marketing techniques, children’s age and the methods to monitor progress. Multi-sectoral discussions will be encouraged to review marketing guidelines and their impact on children’s health.

F/P/T governments will work with industry and other stakeholders to review changes to voluntary marketing practices with regard to the marketing of foods and beverages high in fat, sugar and/or sodium to children, assess progress after two years, and determine next steps, as required.

**Table 1: Considerations for Guidelines**

This table summarizes the current considerations for the possible development of key policies and guidelines for decreasing the marketing of food and beverages high in fat, sugar and/or sodium to children (for further discussion).

<table>
<thead>
<tr>
<th>Related Guideline for Consideration</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Directed Marketing</td>
<td><strong>Children’s Age:</strong> currently defined as below the age of 13 in Québec and below the age of 12 for voluntary marketing practices</td>
</tr>
<tr>
<td></td>
<td><strong>Child Directed Event:</strong> an event that is dedicated, or a part is dedicated, to children below the age of 13</td>
</tr>
<tr>
<td></td>
<td><strong>Marketing message:</strong> intended for children or holds particular appeal to children and will be marketed using any media</td>
</tr>
<tr>
<td>Scope of Marketing Techniques</td>
<td>All marketing techniques that are used to promote products to children. Examples of techniques to be covered include: all digital media, sponsorship, billboards, movie promotions and purchased media</td>
</tr>
<tr>
<td>Monitoring of children’s exposure to food and beverage marketing</td>
<td>Monitor reach, frequency, context and integration of marketing messages using available data sources</td>
</tr>
<tr>
<td></td>
<td>Performance targets would need to be established</td>
</tr>
</tbody>
</table>

**Recommendation:**

9. Facilitate broader implementation of existing policies, guidelines and tools to promote healthy eating and to decrease the marketing of foods and beverages high in fat, sugar and/or sodium in various media and in places where children gather

P/T governments will build on existing guidelines and tools to promote healthy eating and decrease the marketing of foods and beverages high in fat, sugar and/or sodium in publicly-funded places such as schools, licensed childcare settings, libraries, parks and recreation centres.

F/P/T governments will work with sport, physical activity, recreation and education colleagues to implement actions that support healthy living and reduce unhealthy behaviour among children and youth in the after-school time period.

The Government of Alberta has identified itself as P/T Champion in this area, which could lead to broader implementation of existing tools and guidelines.
Strategy 3

Measuring and reporting on collective progress in reducing childhood overweight and obesity, learning from successful initiatives, and modifying approaches as appropriate

Measurement, monitoring and reporting on progress are key to curbing childhood obesity and supporting healthy weights, and in the overall success of the Framework. A measurement and monitoring plan will be implemented to provide relevant information on obesity trends as well as progress on the actions of multiple sectors (e.g. health, education, recreation) and levels of government; support integrated planning, evaluation, research and surveillance; and improve understanding and communication of interventions that work. The measurement and monitoring plan will include:

- Tracking childhood obesity indicators, building on targets established by Ministers of Health for the Pan-Canadian Healthy Living Strategy in 200513
- Monitoring and reporting on progress of actions, so that the course of action can be shifted as necessary.

Recommendation:

10. Report publicly every two years on childhood obesity trends (using identified indicators) and on the progress of actions taken to advance the Framework and provide progress updates to Deputy Ministers and Ministers on planned activities, through the Public Health Network Council

a) Selecting the indicators to track childhood obesity trends

There are many contributing factors to childhood overweight and obesity. It is important to gather information about the multiple conditions and identify actions that can be used to mitigate negative factors and enhance positive factors.

An initial set of core indicators has been identified based on the availability of existing data, the link to the evidence base regarding the factors that contribute to childhood obesity rates and/or their alignment with the Strategies of the Framework. Annex F provides the list of core indicators, the measurement tools, data sources and the current status of the indicators.

The baseline information on these indicators begins to describe some of the factors that contribute to childhood obesity in Canada. For example, in Canada only 26% of students walk or cycle to school, over 70% of children are sedentary after school while 60% of parents report that public facilities and programs meet their child’s physical activity needs. Also, 66% of boys and 52% of girls eat breakfast, children see more than 50 fast food and 30 cereal television advertisements each month on stations outside of Québec and only 49% of youth eat fruit and vegetables five or more times daily.

It is important to recognize that some of these indicators may not adequately describe the situation of childhood obesity in certain populations. For example, there is a high prevalence of childhood obesity in Aboriginal populations, yet some of the identified behavioural and environmental indicators of childhood obesity may have limited application to First Nations and Inuit and Métis populations, particularly in remote or northern communities. The frequency and consistency of data collection may also differ. At the same time, there is no routine data collection of other data which may be more culturally appropriate for these populations, such as traditional or country food consumption.

F/P/T governments will confirm and report on a core set of indicators (using existing, available data) to monitor childhood obesity trends in Canada. As efforts on the Framework advance, surveillance needs will be identified in order to report on new indicators as relevant.

13 In 2005, F/P/T governments released the Pan-Canadian Healthy Living Strategy to promote health and prevent chronic disease by developing a framework to help sectors align and coordinate efforts to address common risk factors. For this initiative, Ministers set targets to increase the number of Canadians who are at a healthy weight, make healthy food choices and participate in regular physical activity.
b) Monitoring Progress of Collective Action

While it is important to track changes over time by reporting on core indicators of childhood obesity, it is also important to monitor the efforts to advance the recommendations and actions within the Strategies of the Framework. Therefore, Deputy Ministers and Ministers will receive progress updates on planned activities through the Public Health Network Council.

F/P/T governments will implement a measurement and monitoring plan that will track performance and progress on actions and make course corrections as needed. The plan will:
• define outcomes to be achieved
• set criteria for measuring success of efforts
• set priorities for evaluation
• report on the progress of implementing actions and their impact where appropriate
• develop the method for identifying additional promising practices.

F/P/T governments will work with industry and other stakeholders to review changes to voluntary marketing practices with regard to the marketing of foods and beverages high in fat, sugar and/or sodium to children, assess progress after two years, and determine next steps, as required.
Conclusion

Healthy weights, physical activity and healthy eating are important factors in promoting health and helping Canadians live longer, healthier lives while preventing disease, disability and injury.

Over the past four decades, Canada has established a strong foundation for health promotion and chronic disease prevention. The task now is to build on that foundation and continue to learn and adapt. Canada can continue moving toward the vision of a healthy nation in which all Canadians experience the conditions that support the attainment of good health (Strengthened Pan-Canadian Healthy Living Strategy 2010).

F/P/T governments are committed to working collaboratively to curb obesity and promote healthy weights in children as an important step in reversing obesity trends in Canada. Governments will continue to learn through the implementation of successful initiatives across the country, and to share their expertise in order to expand and build on what works.

Everyone has a role to play in reducing the risk of disease, disability and injury, in promoting health, and in helping children and youth have the healthiest possible start in life. Collaboration is key — effectively addressing childhood obesity and supporting healthy weights calls for a sustained, cross-governmental and multi-sectoral, multi-faceted response at all levels.
### Annex A

**Proposed Recommendations and Actions At A Glance**

November 25, 2011

F/P/T Ministers of Health and/or Health Promotion/Healthy Living\(^\text{14}\) and their respective governments, as well as other sectors, as appropriate, will advance the following recommendations and actions in 2011, 2012 and beyond.

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Recommendation</th>
<th>Possible Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td><strong>Making childhood overweight and obesity a collective priority for action for F/P/T Ministers of Health and/or Health Promotion/Healthy Living</strong></td>
<td><strong>Recommendation 1:</strong> Work with colleagues in sport, physical activity, recreation and education in particular, as well as other sectors, to explore ways to further support physical activity and healthy eating for children. F/P/T governments will identify collaborative opportunities to broaden efforts to increase physical activity in the after-school time period and promote supportive environments, with a view to reducing childhood obesity.</td>
</tr>
</tbody>
</table>
| 2.1/2.2 | **Making social and physical environments where children live, learn and play more supportive of physical activity and healthy eating; Identifying the risk of overweight and obesity in children and addressing it early** | **Recommendation 2:** Build on successful practices to promote supportive environments and early action across jurisdictions. P/T governments will identify key implementation considerations of successful initiatives within their own jurisdiction, share information on implementation and facilitate expansion of successful initiatives with other interested jurisdictions. The key initiatives are:  
- food guidelines in child daycare settings  
- school food guidelines  
- comprehensive healthy weights program  
- increasing the availability and accessibility of nutritious foods in remote and northern areas  
- healthy communities  
- baby-friendly initiative  
- adaptation and implementation of World Health Organization Growth Charts. |
|          | **Recommendation 3:** Support multi-sectoral planning on healthy eating and physical activity in community design and the built environment | • P/T governments will work with various municipal and regional organizations on community design to promote healthy weights and address childhood obesity.  
• F/P/T governments will continue to promote a collaborative, multi-sectoral approach to planning to build health-promoting communities. |

\(^{14}\) It should be noted that although the Government of Québec shares the general goals of sodium reduction and healthy weights, it does not subscribe to a Canada-wide strategy in these areas. Québec intends to remain solely responsible for developing and implementing programs for promoting healthy living within its territory. However, Québec does intend to continue exchanging information and expertise with other governments in Canada.
**Strategy**

2.3a
Looking at ways to increase the availability and accessibility of nutritious foods

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Possible Actions</th>
</tr>
</thead>
</table>
| **Recommendation 4:** Support actions to improve the availability and accessibility of nutritious foods in urban, rural, remote and northern communities, particularly among vulnerable populations | • P/T governments will support community-led food assessments to enable communities to identify and implement their own solutions.  
• P/T governments will support community-based food security initiatives.  
• P/T governments will enhance civic participation in food issues through the creation of mechanisms, such as food policy councils.  
• P/T governments will determine the best approaches to addressing the needs of the most vulnerable populations within their jurisdictions.  
• P/T governments will engage municipal/local councils and planners to explore how by-laws and planning codes influence access to food.  
• The F/P/T Group on Nutrition will complete a scan of actions and research underway related to the food retail environment.  
• The Food Security Reference Group will develop a common framework that consolidates key actions of member and participating organizations, which relate to the accessibility and availability of traditional/country and nutritious store-bought foods in First Nations and Inuit communities.  
• F/P/T governments will explore opportunities for collaboration, and engage specific jurisdictions/sectors as relevant such as the Food Security Reference Group; the F/P/T Group on Nutrition; and Aboriginal Affairs and Northern Development Canada.  
• The federal government will support the implementation of retail and community-based nutrition education initiatives in eligible isolated Northern communities through the Nutrition North Canada Program, a retail-based subsidy program for nutritious perishable foods. |
<table>
<thead>
<tr>
<th>Strategy</th>
<th>Recommendation</th>
<th>Possible Actions</th>
</tr>
</thead>
</table>
| 2.3a     | **Recommendation 5:** Support cross-sectoral collaborative efforts to increase the availability of nutritious foods in places where children live, learn and play, including the development and implementation of guidelines for the provision and procurement of food | • P/T governments commit to build on existing tools to develop procurement guidelines that will result in the provision of nutritious foods in places where children live, learn and play.  
• The F/P/T Group on Nutrition will work towards improving consistency of school food guidelines and enhance implementation efforts.  
• The federal government, through its work with the WHO, will continue to explore the development of an evidence-based nutrient profiling model that can potentially inform a range of applications across jurisdictions such as labelling, marketing, and procurement of foods served or sold to children in schools and other settings. |
|          | **Recommendation 6:** Work with colleagues in the education, sport, physical activity and recreation sectors to identify opportunities to enhance food skills and create supportive environments both at school and in the after-school time period | • F/P/T governments will work with stakeholders in the education, sport, physical activity and recreation sectors to identify opportunities to create supportive environments and enhance food skills in the after-school time period.  
• P/T governments will explore ways to enhance food skills and supportive environments for healthy eating in schools. |
|          | **Recommendation 7:** Promote awareness of and access to nutritious foods and beverages to make the healthier choice the easier choice | • F/P/T governments will work with a range of stakeholders to promote awareness of and access to nutritious foods and beverages.  
• F/P/T governments will work with industry and other stakeholders to review and assess progress in promoting awareness of and access to nutritious foods and beverages after two years, and determine next steps as required. |
<table>
<thead>
<tr>
<th>Strategy</th>
<th>Recommendation</th>
<th>Possible Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.3b</td>
<td><strong>Recommendation 8:</strong> Work with industry to increase the effectiveness of the voluntary approach in decreasing the marketing of foods and beverages high in fat, sugar and/or sodium to children, and work toward the implementation of common guidelines</td>
<td>• F/P/T governments will work towards common guidelines to decrease the marketing of foods and beverages high in fat, sugar and/or sodium to children. • F/P/T governments will work with industry and other stakeholders to review voluntary marketing practices with regard to the marketing of foods and beverages high in fat, sugar and/or sodium to children, assess progress after two years and determine next steps as required.</td>
</tr>
<tr>
<td></td>
<td><strong>Recommendation 9:</strong> Facilitate broader implementation of existing policies, guidelines and tools to promote healthy eating and to decrease the marketing of foods and beverages high in fat, sugar and/or sodium in various media and in places where children gather</td>
<td>• P/T governments will build on existing guidelines and tools to promote healthy eating and decrease the marketing of foods and beverages high in fat, sugar and/or sodium in publicly-funded places such as schools, licensed childcare settings, libraries, parks and recreation centres. • F/P/T governments will work with sport, physical activity, recreation and education colleagues to implement actions that support healthy living and reduce unhealthy behaviour among children and youth in the after-school time period.</td>
</tr>
<tr>
<td>3.0</td>
<td><strong>Recommendation 10:</strong> Report publicly every two years on childhood obesity trends (using identified indicators) and on the progress of actions taken to advance the Framework and provide progress updates to Deputy Ministers and Ministers on planned activities, through the Public Health Network Council</td>
<td>• F/P/T governments will confirm and report on core indicators (using existing, available data) to monitor childhood obesity trends in Canada. • F/P/T governments will implement a measurement and monitoring plan that will track performance/progress on priority actions and make course corrections as needed. • F/P/T governments will work with industry and other stakeholders to review voluntary marketing practices with regard to the marketing of foods and beverages high in fat, sugar and/or sodium to children, assess progress after two years and determine next steps as required.</td>
</tr>
</tbody>
</table>
Annex B

**Key Concepts in Curbing Childhood Obesity: A Federal, Provincial and Territorial Framework to Promote Healthy Weights**

*Curbing Childhood Obesity: A Federal, Provincial and Territorial Framework to Promote Healthy Weights (Framework)* was endorsed by Federal, Provincial and Territorial Ministers of Health and/or Health Promotion/Healthy Living in September 2010. Various fundamental concepts form the basis for the *Framework*.

### Framework—Key Concepts

<table>
<thead>
<tr>
<th>Jurisdictions/ Sectors</th>
<th>Strategies (over 10 years)</th>
<th>Approaches</th>
<th>Levers (examples)</th>
<th>Populations</th>
<th>Desired Overall Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Endorsed by Federal, Provincial, and Territorial governments (except Québec) • Encourages leadership by other sectors of society</td>
<td>• Making childhood obesity a collective priority for action • Coordinating efforts on three key policy priorities • Measurement and reporting</td>
<td>• Public health • Health promotion • Chronic disease prevention • Obesity reduction • Attainment of healthy weight • Population health approach</td>
<td>• Leadership and coordination • Policy, legislation and regulation • Programs and services • Knowledge and information</td>
<td>• Children (0-18) and parents • Vulnerable populations • Family • School • Communities</td>
<td>• Reduced childhood overweight and obesity • Reduced health disparities • Improved overall health outcomes</td>
</tr>
</tbody>
</table>

### Areas of Focus

- Healthy weights
- Childhood obesity
- Physical activity
- Healthy eating

### Challenges

- Complex and interacting system of contributing factors
- Collective action from all sectors of society

### Platform

Healthy weights identified as first priority of the *Strengthened Pan-Canadian Healthy Living Strategy Framework (2010)*
First tangible action of the *Declaration on Prevention and Promotion*

---

15 It should be noted that although the Government of Quebec shares the general goals of sodium reduction and healthy weights, it does not subscribe to a Canada-wide strategy in these areas. Québec intends to remain solely responsible for developing and implementing programs for promoting healthy living within its territory. However, Québec does intend to continue exchanging information and expertise with other governments in Canada.
Annex C

Our Health Our Future: An Overview of the National Dialogue on Healthy Weights

Engagement Approach

The Our Health, Our Future initiative was a national dialogue that brought together a diverse group of citizens and stakeholders to discuss healthy weights. A multi-stream engagement strategy was designed to provide Canadians with different ways to become involved. The initiative was officially launched on March 7, 2011, and was followed by five months of dialogue across Canada, through three participant channels.

1. **In-person events:** Each dialogue was designed to allow participants to learn about childhood obesity and related issues, reflect on possible actions for addressing this challenge, and discuss their ideas, experiences and best practices with one another. To maximize the opportunity for participation, a mix of small breakout groups and larger plenary discussions were used. These events were held across the country with a range of stakeholder groups.

2. **Online conversations:** A set of web-based tools were designed to allow Canadians to share their ideas and engage in an online conversation on promoting healthy weights. An interactive, bilingual website was created at www.OurHealthOurFuture.gc.ca to act as a “hub” for online participation, where visitors could submit their ideas or comments through the Idea Forum and/or Submissions Area. Additionally, the broader objective of the website was to foster greater awareness and understanding of childhood obesity, as well as what is currently being done by F/P/T governments to address this challenge. As a result, the website contained a suite of learning resources to help people learn about the issue in greater depth.

3. **Social media engagement:** This initiative also used Facebook and Twitter, two leading social media platforms that offer excellent opportunities for collaboration. To gather input from the Facebook community online, a customized, bilingual presence was built for the Our Health Our Future initiative.

The following in-person events were held in March - September 2011.

<table>
<thead>
<tr>
<th>Contributors</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Non-Governmental Organizations: Childhood Obesity Network (CON)</td>
<td>Montreal, QC</td>
</tr>
<tr>
<td></td>
<td>Ottawa, ON</td>
</tr>
<tr>
<td>Canadian Partnership Against Cancer (CPAC)</td>
<td>Charlottetown, PEI / Saskatoon, SK / Winnipeg, MB / Whitehorse, YT / Detta, NWT</td>
</tr>
<tr>
<td>Provincial /Territorial Stakeholders</td>
<td>Vancouver, BC / Toronto, ON / Iqaluit, NU</td>
</tr>
<tr>
<td></td>
<td>Port Coquitlam, BC / St. John's, NL</td>
</tr>
<tr>
<td>Youth</td>
<td>Toronto, ON</td>
</tr>
<tr>
<td>Media</td>
<td>Ottawa, ON</td>
</tr>
<tr>
<td>After-school Program Staff/Caregivers</td>
<td>Ottawa, ON</td>
</tr>
<tr>
<td>Industry</td>
<td>Saskatoon, SK</td>
</tr>
<tr>
<td>National Aboriginal Organizations: Métis National Council (MNC)</td>
<td>Aklavik, NT</td>
</tr>
<tr>
<td>National Aboriginal Organizations: Inuit Tapiriit Kanatami (ITK)</td>
<td>Ottawa, ON</td>
</tr>
<tr>
<td>National Inuit Committee on Health</td>
<td>Ottawa, ON</td>
</tr>
</tbody>
</table>
Dashboard: Supportive Environments and Early Action
Summary of existing initiatives with various levels of P/T involvement

September 2011

<table>
<thead>
<tr>
<th>Area of Action</th>
<th>BC</th>
<th>AB</th>
<th>SK</th>
<th>MB</th>
<th>YK</th>
<th>NT</th>
<th>NU</th>
<th>ON</th>
<th>QC</th>
<th>NB</th>
<th>NS</th>
<th>PEI</th>
<th>NL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategy 2.1 SUPPORTIVE ENVIRONMENTS</strong>: Making social and physical environments where children live, learn and play more supportive of physical activity and healthy eating.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2.1 Nutritious Food Initiatives</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1.1.1 Baby-friendly initiative</td>
<td>C</td>
<td>C</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1.1.2 Infant feeding recommendations for health professionals in Canada</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1.1.3 Early prevention and intervention</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1.1.4 Food guidelines in child daycare settings</td>
<td>C</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1.1.5 Screening tool to identify preschoolers at risk for nutritional concerns</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1.1.6. Adaptation and implementation of WHO Growth Charts</td>
<td>C</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2.1.2 School Initiatives</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1.2.1 Active and safe routes to schools and travel planning</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1.2.2 Comprehensive school health initiatives</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1.2.3 School food guidelines</td>
<td>C</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1.2.4 Promotion of physical activity among youth in the after-school period</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2.1.3. Urban Planning and Rural Planning</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1.3.1 Community design initiatives</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1.3.2 Professional development and training for planners and public health professionals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Area of Action

<table>
<thead>
<tr>
<th>Area of Action</th>
<th>BC</th>
<th>AB</th>
<th>SK</th>
<th>MB</th>
<th>YK</th>
<th>NT</th>
<th>NU</th>
<th>ON</th>
<th>QC</th>
<th>NB</th>
<th>NS</th>
<th>PEI</th>
<th>NL</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1.3.3 Age-friendly cities/communities initiatives</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1.3.4 Healthy communities initiatives (to be further updated)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>C</td>
</tr>
</tbody>
</table>

### 2.1.4 Other Sectoral Initiatives

| 2.1.4.1 Stakeholder engagement on the availability and accessibility of nutritious foods in vulnerable communities | | | | | | | | | | | | | |

### 2.2 EARLY ACTION: Identifying the risk of overweight and obesity in children and addressing it early.

#### 2.2.1 Comprehensive healthy weights

| 2.2.1.1 Comprehensive healthy weights program | | | | | | | | | | | | | C |
| 2.2.1.2 Management and medical treatment of childhood obesity | | | | | | | | | | | | | |

### 2.3 NUTRITIOUS FOODS: Looking at ways to increase the availability and accessibility of nutritious foods and decrease the availability, accessibility and marketing of foods and beverages high in fat, sugar and/or sodium to children

#### 2.3.1 Availability and Accessibility of Nutritious Foods

| 2.3.1.1 Increase the availability and accessibility of nutritious foods in remote and northern areas | | | | | | | | | | | | | C |
| 2.3.1.2 Increase the availability and accessibility of nutritious foods in vulnerable communities | | | | | | | | | | | | | |
| 2.3.1.3 PHAC and P/Ts matched funding to NGOs promotes healthy eating and active living opportunities in the community setting | | | | | | | | | | | | | |

#### 2.3.2 Marketing to Children

| 2.3.2.1 Development and implementation of policy components to decrease marketing of foods and beverages high in fat, sugar and/or sodium to children in a Canadian context | | | | | | | | | | | | | |

---

**Legend:** Blue – activity in place/underway; Gray – activity under consideration and/or interest in collaboration. C = Identified as Champion
Annex E

Conceptual Model: Food Availability, Access and Utilization

**Pillars of Food Security**

- **Food Availability**
  - food harvesting
  - climate and environment (soil, land, water)
  - imports and trade

- **Food Accessibility**
  - prices (domestic and global)
  - income and social support systems

- **Food Utilization & Acceptability**
  - food skills (cooking, knowledge, literacy, traditional food practices, etc.)
  - culture, religion, family and ethics
  - preferences, allergies and restrictions
  - breastfeeding

**Influencers (examples)**

- community-based food initiatives
- institutional provisions (schools, hospitals, child care, recreation centres, LTC)
- retail availability (built environment)
- emergency food assistance (food banks, soup kitchens)
- traditional food sharing networks
- food production, processing, distribution, marketing
- food harvesting

**Healthy Eating**

**Increased Health of Population**

- Improved Health of Population
- Decreased prevalence of chronic disease and obesity
- Reduced Health Disparities

**Healthy Eating**

- Decreased prevalence of chronic disease and obesity
- Improved Health of Population
- Reduced Health Disparities
Annex F

Tracking Trends in Childhood Obesity

In September 2010, Canada’s Federal, Provincial and Territorial Ministers of Health and/or Health Promotion/Healthy Living\(^6\) (Ministers of Health) agreed to focus efforts on curbing childhood obesity and promoting healthy weights as a critical and tangible step in helping Canadians live longer, healthier lives.

As part of measurement and monitoring of the Framework, F/P/T governments will report on established targets for measuring overall progress on the Pan-Canadian Healthy Living Strategy and additional indicators for reporting on efforts taken through the Strategies of the Framework. An initial set of core indicators has been identified based on the availability of existing data, the link to the evidence base regarding the factors that contribute to childhood obesity rates and/or their alignment with the Strategies of the Framework.

It is important to recognize that some of these indicators may not adequately describe the situation of childhood obesity in certain populations. For example, there is a high prevalence of childhood obesity in Aboriginal populations, yet some of the identified behavioural and environmental indicators of childhood obesity may have limited application for First Nations, Inuit and Métis populations, particularly in remote or northern communities. The frequency and consistency of data collection may also differ. At the same time, there is no routine collection of other data which may be more culturally appropriate for these populations, such as traditional or country food consumption.

Table 1: Weight and Behavioural Indicators

<table>
<thead>
<tr>
<th>Weight and Behavioural Indicators</th>
<th>Measures</th>
<th>Baseline Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unhealthy Weight BMI</td>
<td>% of children, 2-17 years of age who are overweight or obese</td>
<td>35% of children 2-17 years of age are overweight or obese(^i) (Data source: CCHS 2004)</td>
</tr>
<tr>
<td>Physical Activity</td>
<td>% of children who meet the new physical activity guidelines of 60 minutes of moderate-to-vigorous physical activity per day (&gt;13500 average daily step count)</td>
<td>31% of children 6-19 years of age are attaining the daily recommended step count (13,500)(^ii) (Data source: CANPLAY 2009-10)</td>
</tr>
<tr>
<td>Amount of daily physical activity</td>
<td>% of parents that report playing active games with their children often or very often in the past year</td>
<td>37% of parents report playing active games with their children often or very often(^iii) (Data source: PAM 2010)</td>
</tr>
<tr>
<td>Families being active together</td>
<td>% of children and youth 5-17 years of age who use active modes of travel at least part of the time, as reported by parents</td>
<td>26% of Canadian parents report that their child walks or bikes to school(^iv) (Data source: PAM 2005)</td>
</tr>
</tbody>
</table>

\(^6\) It should be noted that although the Government of Québec shares the general goals of sodium reduction and healthy weights, it does not subscribe to a Canada-wide strategy in these areas. Québec intends to remain solely responsible for developing and implementing programs for promoting healthy living within its territory. However, Québec does intend to continue exchanging information and expertise with other governments in Canada.
### Weight and Behavioural Indicators

<table>
<thead>
<tr>
<th>Measures</th>
<th>Baseline Available</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sedentary Behaviour</strong>&lt;br&gt;Sedentary activities after school</td>
<td>% children who pursue sedentary activities (i.e. TV, reading, computer and video games) after school and before dinner (as reported by their parents)</td>
</tr>
<tr>
<td>Screen time</td>
<td>Amount of screen time per week outside of school hours for children and youth 11–15 years of age</td>
</tr>
<tr>
<td><strong>Eating Behaviours</strong>&lt;br&gt;Fruit and Vegetable Consumption</td>
<td>% of youth (12-19 years of age) eating fruits and vegetables at least 5 times daily</td>
</tr>
<tr>
<td>Breakfast Consumption</td>
<td>% of students 11-15 years of age that report eating breakfast on weekdays</td>
</tr>
<tr>
<td>Sugar-sweetened beverage consumption</td>
<td>% of students 11-15 years of age who report consuming soft drinks one or more times per day, everyday**</td>
</tr>
<tr>
<td>Breastfeeding</td>
<td>% of mothers reporting initiation of breastfeeding and % of mothers who report breastfeeding exclusively for 6 months</td>
</tr>
</tbody>
</table>

** Information on additional sugar-sweetened beverages will be added when data is available.
### Table 2: Environmental Indicators

<table>
<thead>
<tr>
<th>Environment and Indicator</th>
<th>Measures</th>
<th>Baseline Available</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Food Environment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Household food insecurity</td>
<td>% of households with children that report moderate or severe food insecurity</td>
<td>9.7% of Canadian households with children are food insecure as a result of financial challenges faced in accessing adequate food⁸ (Data source: CCHS 2007-08)</td>
</tr>
<tr>
<td><strong>Exposure to Food Advertising</strong></td>
<td>Number of and type of foods and beverage ads children view on TV each month</td>
<td>On average, children 2-11 years of age see more than 50 fast food TV ads, more than 30 cereal TV ads, and approximately 12 yogurt ads (tbc) per month on stations outside of Québec⁹ (Data source: Nielsen Media Research 2010)</td>
</tr>
<tr>
<td><strong>Physical Activity Environment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School policies</td>
<td>% of schools with programs designed to encourage active transportation</td>
<td>35% of schools have programs designed to encourage active transportation¹⁰ (Data source: HBSC 2009-10)</td>
</tr>
<tr>
<td>Active Transportation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical education</td>
<td>% of Canadian children 5-17 years of age who receive physical education classes each week, as reported by parents**</td>
<td>44% of Canadian students receive one day of physical education per week, 25% receive three to four days per week, and 22% receive daily physical education¹¹ (Data source: PAM 2005)</td>
</tr>
<tr>
<td>Public facilities/ programs</td>
<td>% of parents who report that the public facilities and programs meet their child’s physical activity needs well or very well</td>
<td>60% of parents report that the available public facilities and programs meet their child’s physical activity needs well or very well¹² (Data source: PAM 2005)</td>
</tr>
</tbody>
</table>

** Information on related measures will be shared when data is available.

**National Data Sources:**
- Canadian Community Health Survey (CCHS)
- Canadian Health Measures Survey (CHMS)
- Canadian Physical Activity Levels Among Youth (CANPLAY)
- Health Behaviours in School-aged Children Survey (HSBC)
- Nielsen Media Research
- Physical Activity Monitor (PAM)
(Endnotes)


viii. Statistics Canada. CANSIM Table 105-0546 - Household food insecurity measures, by presence of children in the household, Canada, provinces and territories, occasional (number unless otherwise noted). Accessed: September 15, 2011

ix. Analysis completed by the Public Health Agency of Canada

