





A National Crisis, A National Response

Canada is in the midst of a childhood obesity epidemic.

Childhood overweight and obesity has been rising steadily in Canada in recent decades. Between 1978/79 and 2004, the combined prevalence of overweight and obesity among those aged two to 17 increased from 15 per cent to 26 per cent. Increases were highest among youth, aged 12 to 17 years, with overweight and obesity more than doubling for this age group, from 14 per cent to 29 per cent. In addition, young people of Aboriginal origin (off-reserve) had a significantly high combined overweight/obesity rate of 41 per cent.

Childhood overweight and obesity has both immediate and long-term health outcomes. Increasingly, obese children are being diagnosed with a range of health conditions previously seen almost exclusively among adults, including high cholesterol, high blood pressure, Type 2 diabetes, sleep apnea and joint problems. Moreover, being overweight or obese in early childhood significantly increases the likelihood of being overweight or obese in adolescence and adulthood, with all the accompanying health problems.

More than **one-in-four** children and youth in Canada are overweight or obese.

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.

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. For example, young people in households where no members had more than a high school diploma were more likely to be overweight/obese than were those in households where the highest level of education was post-secondary graduation. The prevalence of poor health or poor health behaviours is less common at every step up the socio-economic scale. This is a critically important fact to acknowledge and address as programs that fail to address these factors can inadvertently increase disparities in health status or behaviours.

A complex and interacting system of factors contributes to

increasing rates of overweight and obesity—biological, behavioural, social, psychological, technological, environmental, economic and cultural—operating at all levels from the individual to the family to society as a whole. Examples of these factors include more sedentary "screen time" for children, uneven access to physical activity opportunities, the marketing of foods and beverages high in fat, sugar and/or sodium to children, and increased food availability and increasing portion sizes. These complex and interacting system factors are further complicated by a wide variety of policy decisions made in a number of different sectors that influence childhood obesity.

Canada is not alone. **Childhood obesity is an international epidemic.** In 2004, Canada endorsed the WHO *Global Strategy on Diet, Physical Activity and Health.* In May 2010, the United States White House Task Force on Childhood Obesity released a report to the President entitled *Solving the Problem of Childhood Obesity Within a Generation.* This presents an opportunity for Canada to build on existing relationships (e.g. with Mexico and the United States) to act on this urgent obesity problem from a North American perspective.

We must continue to learn from each other and find new ways to work together to identify and implement effective local, national and international solutions for action.

Effectively addressing this complex problem calls for a sustained, multi-sectoral response involving the public, private, health professional and non-governmental sectors. This includes visible leadership from Ministers working together. Important efforts have been made by many jurisdictions and sectors in various areas that affect childhood obesity (e.g. promotion of physical activity and healthy eating). For example, Ministers of Sport, Physical Activity and Recreation (SPAR) established physical activity targets for children and youth in May 2008. These targets have been adopted by every jurisdiction except Quebec. Also a joint policy statement Intersectoral Action on Children and Youth Physical Activity was endorsed by SPAR Ministers in August 2009 and by F/P/T Ministers of Health and/or Health Promotion/Healthy Living in January 2010. It is now necessary to build on these efforts and seek further joint and complementary action.

Vision

Canada is a country that creates and maintains the conditions for healthy weights so that children can have the healthiest possible lives.

Strategies

Evidence shows that childhood overweight and obesity can be influenced by several important factors, including:

- > the availability and affordability of nutritious food;
- the accessibility of proper nutrition and support to mothers during pregnancy;
- > the provision of baby-friendly health settings;
- > the protection of children from the marketing of foods and beverages high in fat, sugar and/or sodium;
- > the levels of physical activity and healthy eating within the school environment;
- the early identification of infants and children who are overweight or obese and referral to an effective child healthy weight program;
- > the supportive design of communities to encourage active living;
- > the levels of awareness, skills and knowledge of Canadians, including parents and caregivers, regarding the importance of healthy eating and physical activity;
- the need for children and their families to have positive mental health and have access to community or public health services.

Through this Framework for Action (the Framework), F/P/T Health and/or Health Promotion/Healthy Living Ministers agree to work collectively on three integrated strategies.

These strategies will build on work already underway on the Pan-Canadian Healthy Living Strategy, and the Declaration on Prevention and Promotion and will help shape sustained efforts over the next 10 years to curb obesity in children under the age of 18. F/P/T Ministers of Health and/or Health Promotion/Healthy Living will take a leadership role through their commitment to collectively champion the pressing public health issue of childhood obesity.

This Framework for Action is comprised of three integrated strategies:

I—Making childhood overweight and obesity a collective priority for action for F/P/T Ministers of Health and/or Health Promotion/Healthy Living, who will champion this issue and encourage shared leadership and joint and/or complementary action from government departments and other sectors of Canadian society.

II—Coordinating efforts on three key policy priorities:

- Supportive Environments: making social and physical environments where children live, learn and play more supportive of physical activity and healthy eating;
- > Early Action: identifying the risk of overweight and obesity in children and addressing it early; and,
- Nutritious Foods: looking at ways to increase the availability and accessibility of nutritious foods and decrease the marketing of foods and beverages high in fat, sugar and/ or sodium to children.

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

Strategy I

Making childhood overweight and obesity a collective priority for action for F/P/T Ministers of Health and Health Promotion/ Healthy Living, who will champion this issue and encourage shared leadership and joint and/or complementary action from government departments and other sectors of Canadian society.

The highest level of leadership in Canada is required to engage and mobilize all sectors of society. Given the magnitude of the problem of childhood obesity, its profound impacts, and its society-wide roots, a collective effort is required:

- > to marshal all sectors of society to combat the causes,
- > to create environments that make the healthy choice the easy choice for healthy eating and physical activity and,
- to promote opportunities for individuals, families and communities to take action and adopt positive behaviour changes by increasing physical activity and improving healthy eating.

F/P/T Ministers of Health and/or of Health Promotion/ Healthy Living will champion this pressing public health issue in the following ways:

- 1. become active and visible catalysts for change aimed at accelerating actions on this issue within their respective departments or ministries;
- become champions for horizontal government action with their colleagues in other departments or ministries to address the factors that contribute to childhood obesity which lie outside the mandate of health (e.g. infrastructure and education);
- act as mobilizers of societal-level engagement and support to inspire public, private, NGO and community leaders, children and youth, policy and decision-makers with a view to changing environments and public policy.

As one next step to this Strategy, F/P/T Ministers of Health and/or Health Promotion/Healthy Living will engage youth and multi-sectoral leaders across the country to help shape action plans to promote healthy weights in children.

Strategy II

Coordinating efforts on three key policy priorities:

- 1. Supportive Environments: Making social and physical environments where children live, learn and play more supportive of physical activity and healthy eating.
- 2. Early Action: Identifying the risk of overweight and obesity in children and addressing it early.
- 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.

2.1 Making social and physical environments where children live, learn and play more supportive of physical activity and healthy eating.

Actions must reach children throughout the various developmental phases of childhood, where they live, learn and play—in the family, at school and in the community. Healthy eating and physical activity are important for the healthy development of young children to reduce the risk of obesity later in life. For example, exclusive breastfeeding for at least the first six months of life can help to prevent overfeeding and reduce the risk of early childhood obesity.

Most children spend approximately half of their waking hours during the week in a school environment; therefore, school policies that may contribute to reducing obesity should be examined, including the types of foods and beverages served and sold in schools, the availability of physical activity and quality physical education opportunities, and the provision of active and safe transportation opportunities to and from school. Parents, schools, community organizations, local governments and other affected stakeholders should be encouraged to collaborate to devise strategies to reduce the amount of time children spend being inactive and encourage indoor and outdoor active play and activities.

Community design—in particular the built environment also has a major impact on physical activity levels and access to nutritious foods. Regional and urban planning decisions can advance or hamper public health goals; therefore, collaborative leadership between all levels of government and sectors, as well as effective partnerships across health, municipal governments and urban planning are required to promote active and safe communities.

For most children, parents provide the first opportunity for creating the social, physical and cultural environments that promote healthy growth and development in all aspects of a child's life, including both physical and mental health. Therefore engaging and supporting families early in children's lifespan is also a key area for addressing this issue.

2.2 Identifying the risk of overweight and obesity in children and addressing it early

Regular monitoring of infant and child growth is key to identifying the risk of obesity early. When children are identified as being at risk, a range of developmentallyappropriate interventions (e.g. building self-esteem, nutrition and physical activity) can offer children and their families a wealth of opportunities to address this important issue. Children who are at particular risk of obesity, or are already overweight and obese, need focussed support to change both their eating practices and physical activity levels in order to attain a healthy weight. Improving parental awareness, knowledge and skills of healthy eating, and physical activity are also key to addressing this issue effectively.

2.3 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

The healthy choice must be an available and easily recognizable option. Some communities in Canada are further challenged to adopt healthy eating practices—specifically, northern, rural and remote communities, which may not have the same access to nutritious foods. Social determinants of health, including income, also limits some families' ability to effectively make healthy choices. Furthermore, children are vulnerable, easily influenced, and have little control of their environments. Reducing their 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.

Strategy III

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

Three key components will support measurement and reporting on collective progress in reducing childhood overweight and obesity in Canada. First, it is important to continually inform policy options through existing information resulting from research, surveillance and other forms, both in Canada and internationally. Second, children's overweight and obesity should be tracked, including the factors influencing weight (e.g., food consumption, physical activity levels, awareness of healthy lifestyles and healthy living.) Finally, regular monitoring and reporting will gauge progress and allow for modification of approach, if required, in realizing the societal shifts necessary to curb childhood obesity.

Conclusion

Canada is in the midst of a childhood obesity epidemic that will have dramatic effects on the health of Canadians and our health care systems—for the first time in more than a century, the children of today may have less healthy and possibly even shorter lives than their parents. Canada is not alone, the epidemic of childhood obesity is an international concern. Unique and innovative solutions, with all levels of governments working together to share best practices and lead the implementation of effective policies and programs, will be required moving forward.

Not eating well or being active enough—the most visible causes of obesity—seem like easy problems to solve. But they are rooted in a complex set of social, psychological, technological, environmental and economic forces operating globally, nationally and in communities. The public, private, non-profit and community sectors, parents, school boards and municipal governments all have a role to play, and their collective efforts will form the basis of a significant society-wide shift that is needed in order to reverse the trend of childhood obesity. Canada's response to childhood obesity will require a broad social determinants of health perspective that recognizes and addresses the multitude of stakeholders involved.

This builds on the principles identified in the Pan-Canadian Healthy Living Strategy (PCHLS) and Declaration on Prevention and Promotion. Furthermore, this Framework for Action advances the key priorities and strategies identified in the PCHLS by taking leadership on the emerging epidemic of childhood obesity.

This Framework focuses on three key strategies for F/P/T Ministerial collaboration. In terms of next steps, F/P/T Ministers of Health and/or Health Promotion/Healthy Living will engage youth and multi-sectoral leaders across the country to help shape actions to promote healthy weights in children. F/P/T Ministers are committed to working together with all levels of government and with stakeholders to champion this issue and seek creative directions from across Canada.