



**Preventing obesity:  
Essentials for a  
successful  
government plan**

## **The Canadian Experience**

*Andrew Pipe, CM, MD  
Director, Prevention and Rehabilitation Centre  
University of Ottawa Heart Institute*

### **Obesity Trends Among Canadian Adults HPS, 1985**

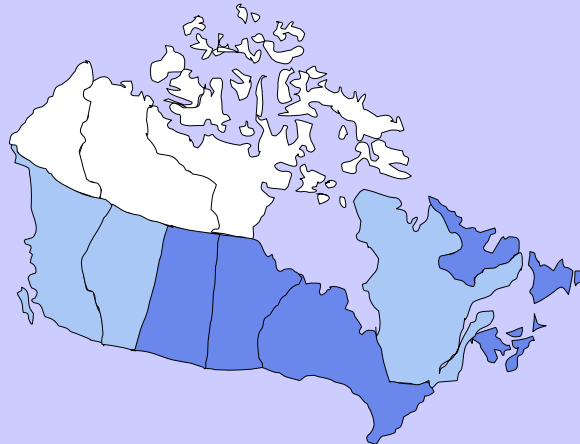


**No Data**  **<10%**  **10%-14%**  **15-19%**  **≥20%**

Source: Katzmarzyk PT. *Can Med Assoc J* 2002;166:1039-1040.

Cette présentation a été effectuée le 23 octobre 2006, au cours du Symposium "Prévenir l'obésité : les ingrédients d'un plan gouvernemental fructueux" dans le cadre des Journées annuelles de santé publique (JASP) 2006. L'ensemble des présentations est disponible sur le site Web des JASP, à l'adresse <http://www.inspq.qc.ca/jasp>.

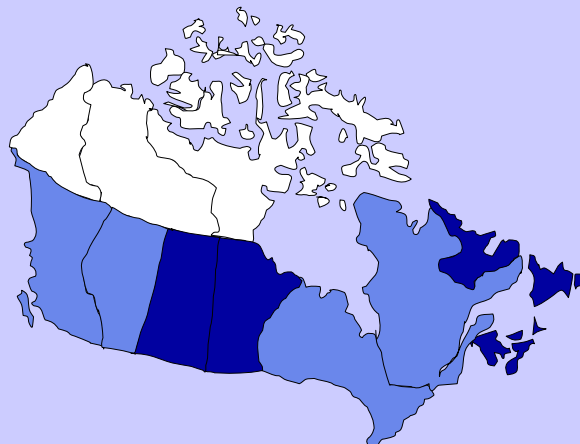
## Obesity Trends Among Canadian Adults HPS, 1990



No Data <10% 10%-14% 15-19% ≥20%

Source: Katzmarzyk PT. *Can Med Assoc J* 2002;166:1039-1040.

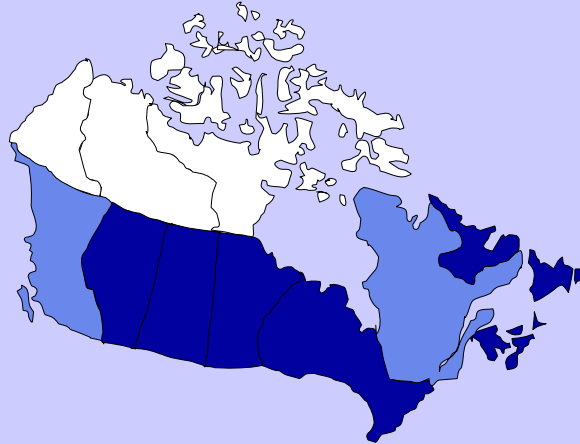
## Obesity Trends Among Canadian Adults NPHS, 1994



No Data <10% 10%-14% 15-19% ≥20%

Source: Katzmarzyk PT. *Can Med Assoc J* 2002;166:1039-1040.

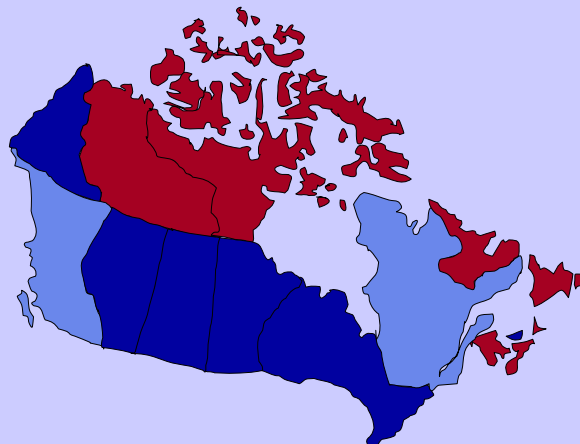
## Obesity Trends Among Canadian Adults NPHS, 1998



No Data <10% 10%-14% 15-19% ≥20%

Source: Katzmarzyk PT. *Can Med Assoc J* 2002;166:1039-1040.

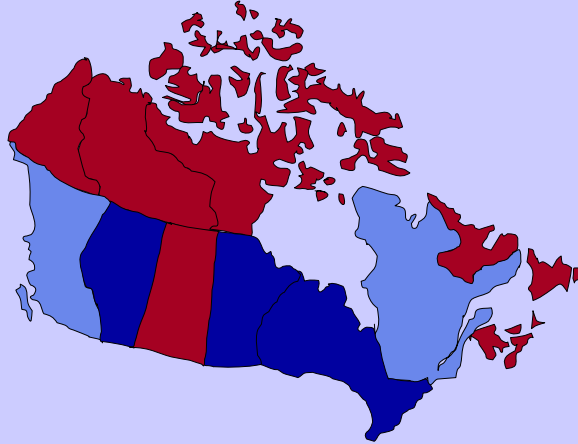
## Obesity Trends Among Canadian Adults CCHS, 2000



No Data <10% 10%-14% 15-19% ≥20%

Source: Statistics Canada. *Health Indicators*, May, 2002.

## Obesity Trends Among Canadian Adults CCHS, 2003



Source: Statistics Canada. *Health Indicators*, May, 2002.

### Overweight in Canada's Youth

	<u>1981</u>	<u>1996</u>
Boys:	15%	35.4%
Girls:	15%	29.2%

### Obesity in Canada's Youth

	<u>1981</u>	<u>1996</u>
Boys:	5%	16.6%
Girls:	5%	14.6%

*Tremblay MS, Wilms JD CMAJ 2000,163(11):1429-33*



*“for the ordinary Canadian child ... physical fitness ... seems to be a decreasing function of age from the time we put him behind a desk in our schools.”*

**Bailey, 1974**

## **Canada**

- ***Federal***
- ***Provincial***
- ***Municipal***

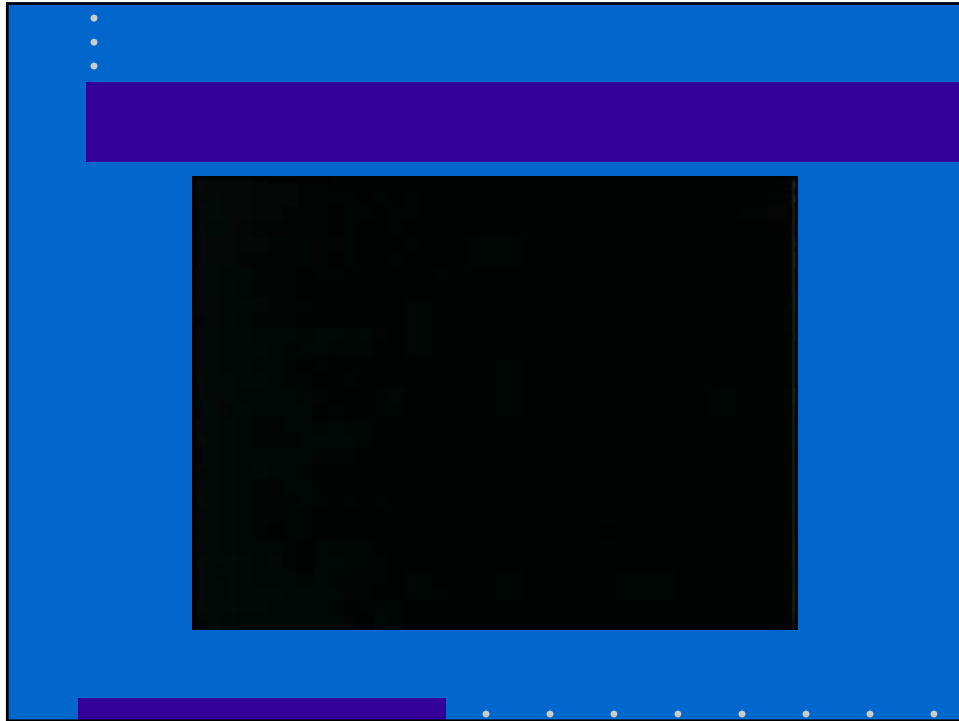


## Successes of the Past

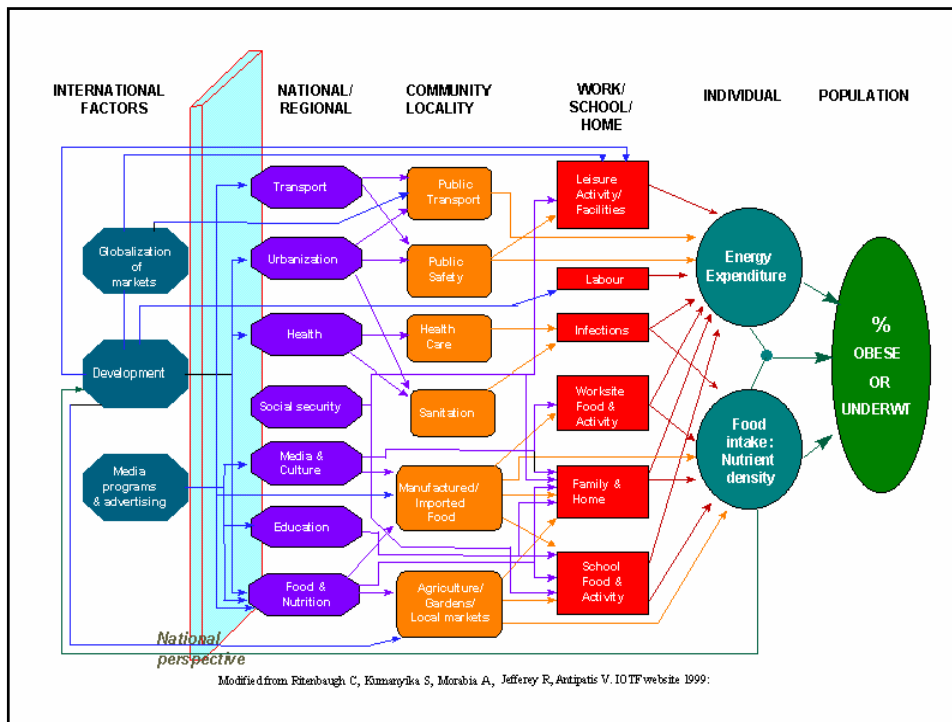
- *Participaction*®
- *Tobacco Control*
- *Amateur Sport Act*



- *In 1969, a study commissioned by the National Advisory Council for Fitness and Amateur Sport concluded that Canadians were in terrible shape, that the future well-being of Canadians was in jeopardy and that, to all appearances, most Canadians couldn't care less...*



- *“ParticipACTION left Canada with a very positive reputation among other countries that are seeking ways to countervail the high costs of an inactive population.”*



## Areas of Potential Policy Development...

- **Transportation**
- **Urban Planning**
- **Building Codes**
- **Physical Activity**
  - Schools e.g. bussing, PA, facility availability
  - Community Recreation
- **Food Policy**
  - Macroeconomic approaches
  - Regulation of “Content” e.g. trans fats
  - Food Labelling
- **Media and Culture**



## **Previous Governments**

***In 2005:***

*government ignored  
recommendations  
to tackle physical  
inactivity crisis in  
Canada*



## **Current Federal Government**

*In 2006, Conservative  
government's platform  
committed 1% of health  
spending for physical  
activity, boosting annual  
total from \$3 million to  
\$147 million*



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•  
**October 18, 2006**

### **Government to unveil new national fitness strategy**

- *“The government plans to unveil a new national fitness strategy next week to fight soaring childhood obesity rates, CTV News has learned.*

*Joining forces with the provinces, the government plans to offer a \$500 fitness tax credit, worth an estimated \$160 million a year. Both traditional activities like hockey and nontraditional sports like dance will qualify.*

*Statistics Canada recently reported that 26 per cent of children under the age of 18 are overweight or obese -- roughly triple the amount in 1978.*

*The government is also planning to bring back a national fitness show that may trigger nostalgic memories for many Canadians: ParticipACTION.”*

•  
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**Children’s Fitness Tax Credit**



*Effective January 2007:  
**\$500 tax credit**  
to parents of children  
under 16 enrolled in  
activities that ‘contribute  
to fitness’*

**BUT: Criteria for the application of this programme TBD**

## **Children's Fitness Tax Credit**

*Not just sports,  
but any activity  
that meaningfully  
contributes to  
children's fitness*



## **La Province de Québec**

- *Kino-Quebec: a reduction in sedentary lifestyle by 10% by 2010*
- *Particular emphasis on: 10-19, 25-44*
- *Wellness Oriented School Programme*
- *Mandated Extension to School Day*

## Quebec Ministry of Education



*April 2006: 120 minutes of health and physical education classes each week*

- *“...an additional 90 minutes of instructional time per week in Québec schools. This increase in the school day will enable all children in Québec to have the opportunity to benefit from two hours of health and physical education classes each week, an amount that is even greater than the nationally recommended standard and higher than any other”*

- *“CAHPERD congratulates the Government of Québec for demonstrating national leadership and innovation in their efforts to ensure that all children have the opportunity to receive a quality Physical Education program.”*

## **Ontario: Healthy Schools Program**



*Minimum 20 minutes daily physical activity for all elementary students*  
*Opening of schools for community use after hours*

## Ontario: Healthy Schools Program



*Removal of junk food from vending machines*

- *“Last month, Ontario Health Promotion Minister Jim Watson said 50 per cent of adults in his province are overweight or obese, and the costs of treating direct or indirectly related health problems amounts to \$1.6 billion each year.*

*Watson said his government has tackled childhood obesity through the educational system, by reintroducing cancelled phys-ed programs and banning cafeteria junk food and vending machines.”*

## **Nova Scotia Public Schools**



*Effective January 2007:  
no doughnuts,  
chocolate bars, chips,  
soft drinks, deep-fat  
frying*



## **Nova Scotia**

- *“The policy, which takes effect this school year, will use a combination of directives and guidelines to promote healthy food and beverage choices, including the establishment of food and beverage standards, limitations on school fundraising using food and beverages, nutrition education, exemptions or special functions, and affordable pricing.”*

*Annapolis Valley Health Promoting Schools Project (AVHPSP)*

<i>Grade 5 Students in Nova Scotia</i>	<i>No Program</i>	<i>AVHPSP Program</i>
<b>Overweight</b>	<b>33%</b>	<b>18%</b>
<b>Obese</b>	<b>10%</b>	<b>4%</b>

*Note:* The overweight category includes obesity.

*Am J Public Health 2005;95:432-435*

***New Brunswick Public Schools***



*Introduced Healthier Foods and Nutrition Policy in 2005 for cafeterias, vending machines and fundraising*





## New Brunswick

*"New Brunswick is one of the first provinces to adopt such a comprehensive policy on food and nutrition....While many jurisdictions have guidelines and recommendations, New Brunswick now has clear standards on what are acceptable food choices...in order to ensure healthier eating."*



*Best practices model designed to assist schools in creating individualized action plans to promote healthy living for kindergarten to Grade 9 classes*





*Funded by  
BC Ministry  
of Health  
&  
BC Ministry  
of Education*



*Action Schools! BC  
pilot (2004) increased  
physical activity level  
of students and  
improved bone health,  
heart health, nutrition  
and academic  
performance*





*As of September 2006:*

<i>Registered schools</i>	<i>1,030</i>
<i>Registered teachers &amp; administrators</i>	<i>7,765</i>
<i>Registered students</i>	<i>197,610</i>
<i>School district involvement</i>	<i>100%</i>
<i>Regional trainers</i>	<i>55</i>
<i>Workshops delivered</i>	<i>753</i>

*"I sometimes fear that the only activity in response to the modern epidemic of obesity is the shaking of heads, the wringing of hands, and the shrugging of shoulders."*

- “There are two causes of disease;
- one is pathological, the other political.”

*Rudolf Virchow*



## ***Lessons Learned***

- **Clear Goals !**
- *Integrated Approach*
  - *Health Organizations*
  - *Interest Groups*
  - *Professional Associations*
- *Comprehensive Strategy*
- *Strategic Partnership/Coalition*
- *Sophisticated Advocacy Experience*

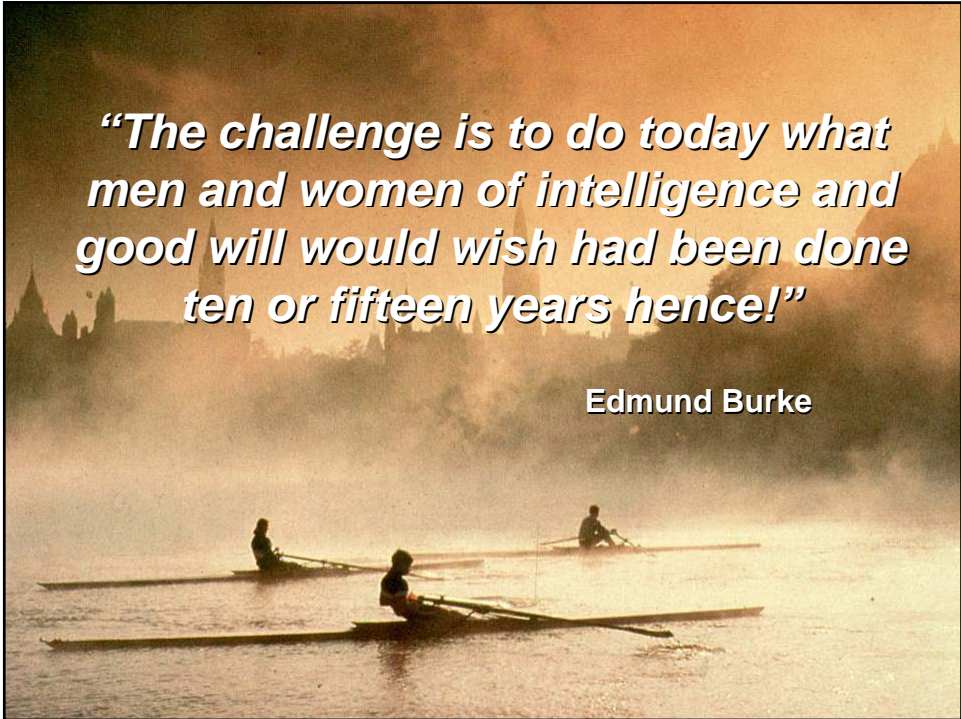


*“...it is clear that additional research on policy is required in order to bring obesity as a public health problem into the forefront of policy-makers’ thinking.”*



## Change takes place when:

- There is a “crisis”
- A critical mass of scientific evidence
- Shifts in social attitudes occur
- Public cynicism grows
- Political pressures begin to build



*“The challenge is to do today what men and women of intelligence and good will would wish had been done ten or fifteen years hence!”*

Edmund Burke