September 30, 2011

Our Health Our Future

A National Dialogue on Healthy Weights

Dialogue Report

ascentum

This report was written by Ascentum for Federal, Provincial and Territorial Ministers of Health, under the auspices of the Public Health Agency of Canada.

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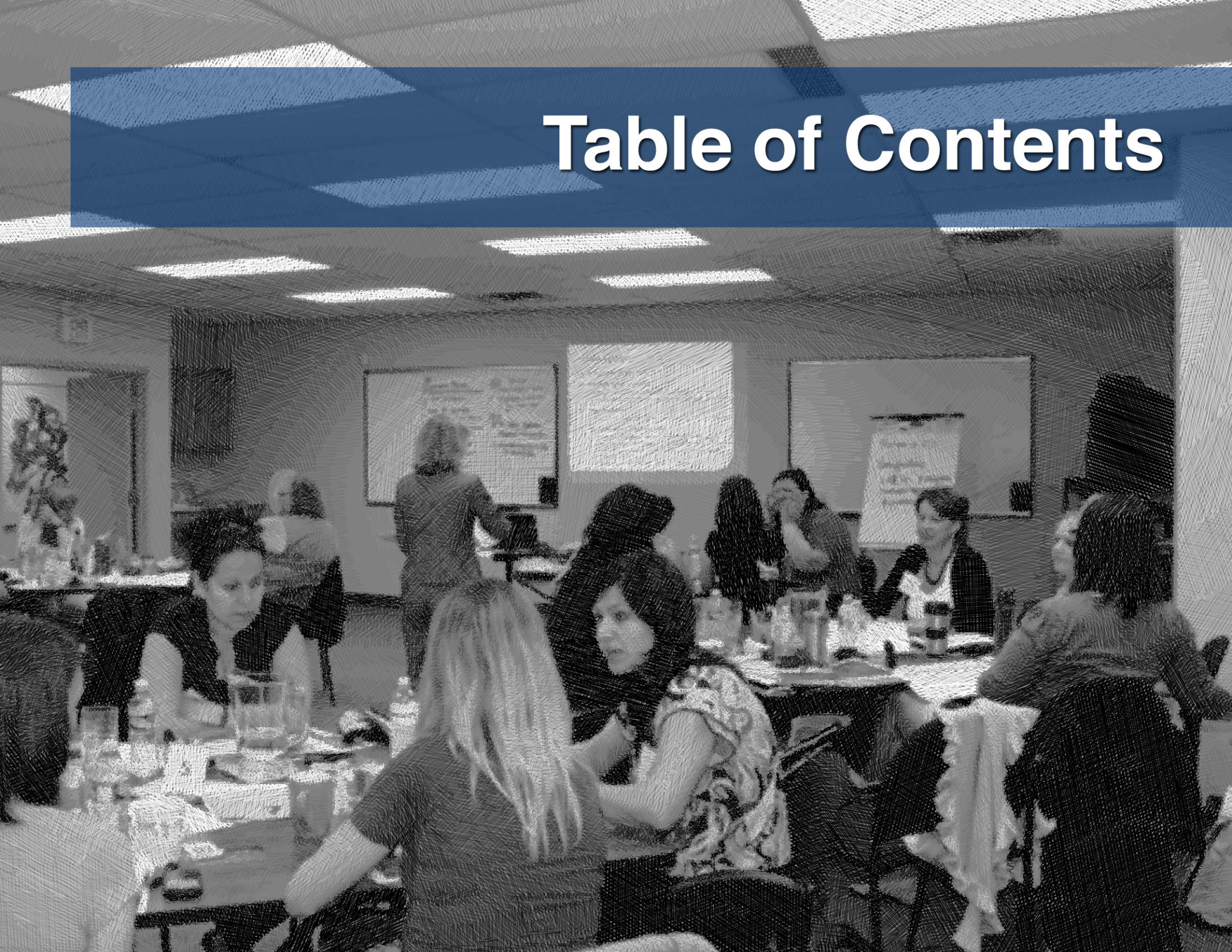

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Executive Summary

The number of overweight and obese Canadian children has risen steadily in recent decades. Today, more than one in four children in Canada is overweight or obese. Responding to growing concern of this alarming trend, in fall 2010 the federal, provincial and territorial (FPT) Ministers of Health and/or Health Promotion / Healthy Living endorsed *Curbing Childhood Obesity: A Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights*[1]. This document, which articulates a vision, strategies and priority areas for collaboration to address this issue, served as the foundation for a national engagement initiative.

Launched in March 2011, *Our Health Our Future – A National Dialogue on Healthy Weights* set out to: inform Canadians of the impact of the issue; raise awareness of the factors that can contribute to childhood overweight and obesity; stimulate discussion on the issue and; encourage commitment to action to move toward healthy weights for children. This initiative will culminate with the National Summit, where stakeholders across the country will showcase best practices and propose concrete actions for the future. Upon completion, the key findings from this engagement process will be presented to the FPT Ministers of Health.

This report is divided into the five sections, including an introduction, the engagement approach, the participation profile, key findings and a conclusion.

Engagement Approach

The *Our Health Our Future* national dialogue brought together diverse groups of individuals and organizations to discuss ways of promoting healthy weights for children. A multi-stream engagement strategy provided Canadians with different ways to get involved. From March to September 2011, Canadians across the land participated through three participant channels.

1. **In-person events:** Each dialogue was designed to allow participants to learn about childhood obesity and related issues; share their ideas, experiences and best practices and; reflect on possible

[1] Public Health Agency of Canada. (2010). *Curbing Childhood Obesity: A Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights.* http://www.phac-aspc.gc.ca/hp-ps/hl-mvs/framework-cadre/pdf/ccofw-eng.pdf

actions for addressing this challenge. To maximize the opportunity for participation and interaction, a mix of small breakout groups and larger plenary discussions was used. These events were held in every region of Canada and engaged a diversity of stakeholder groups.

2. **Online conversations:** 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. A set of web-based tools enabled Canadians to share their ideas and engage in an online conversation on promoting healthy weights. Additionally, the broader objective of the website was to foster greater awareness and understanding of childhood obesity, and inform Canadians about current government actions (federal, provincial, territorial) to address this challenge. The website contained a suite of learning resources to help people learn about the issue in greater depth.
3. **Social media engagement:** Facebook and Twitter were also used to gather input. A customized, bilingual presence was built for the *Our Health Our Future* initiative. Facebook users could "like" the initiative's profile page, post messages or links on the wall, respond to discussion questions posted by the moderation team, and share, vote and comment on ideas through an integrated Idea Forum. Traditional advertising, viral marketing and recommendations were used to further engage the Facebook community. The Twitter strategy was designed to bring together a network of thought leaders, researchers and stakeholder organizations to share information, perspectives and news on childhood obesity. The online conversation was facilitated by the *Our Health Our Future* project team, who posted discussion questions to initiate conversation between "followers" of the initiative.

The engagement approach was designed around the strategies and four policy areas outlined in the FPT *Framework for Action* document. The four topics for discussion were:

1. **Creating Supportive Environments:** Ways to make the social and physical environments supportive of physical activity and healthy eating;
2. **Decreasing the Marketing to Children of Food High in Fat, Sugar and/or Sodium**;
3. **Increasing the Availability and Accessibility of Nutritious Foods**; and,
4. **Taking Early Action:** Measures to identify obesity risks in children early.

Upon completion of the multi-stream engagement process, the research team analyzed all of the participant contributions.

The data findings from both in-person and online streams were carefully documented and analyzed by Ascentum, a third party public participation consulting firm. Specialized qualitative analysis software was used to identify the key shared themes and ideas that emerged.

Participation Profile

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Our Health Our Future heard from a wide range of individuals and organizations. Hundreds of Canadians participated in the in-person events held across the country, and more than 1000 participated online. The following table provides an overview of the participation levels by engagement channel.

Engagement Channel / Contribution	#
In-Person Engagement	
Number of Events	20
Number of In-Person Participants	647
Online Engagement	
Idea posts	93
Comments on ideas	144
Votes on Ideas	477
Submissions	65
Registered participants	648
Unique Website Visits	43,914
Social Media	
Facebook	
Fans	504
Posts	132
Post likes	93
Post comments	26
Question votes	55
Twitter	
Followers	268

Following	256
Tweets	409
@messages	102

Twenty in-person dialogues, held in 13 different cities across the country, engaged key stakeholder groups, including Aboriginal individuals and organizations, academics and researchers, caregivers, health care practitioners, industry representatives, non-profit health care and social organizations, media, provincial and territorial stakeholder groups, and youth. The "coast to coast" regional distribution of events demonstrates that *Our Health Our Future* was truly a national dialogue.

Online participation was also diverse and wide reaching, with participation from every province and territory, and some concentration in large urban centres. The level of online participation was tracked in a variety of ways. With 779 "active contributions" (i.e. total idea posts, comments, votes and submission), over 43 000 unique website visits, and a combined social media community of 772 individuals, *Our Health Our Future* was able to gather an even wider range of perspectives, while raising awareness around both the issue and initiative overall.

Key Findings

The multi-streamed engagement process attracted a wide range of participant perspectives. The top themes and ideas are organized under four discussion topics, which reflect the four policy areas adapted from the FPT *Framework for Action*.

1. Creating Supportive Environments

The most popular theme was **education and training***,* which included three main ideas. The first was *food preparation education in schools*, to enable students to learn basic cooking and healthy eating skills. Participants suggested that this could be achieved by re-establishing home economics as part of the school curriculum, or by providing other types of experiential learning opportunities. The second idea was *accessibility and availability of educational resources*, which reflects the need to ensure that general information on healthy living is readily available to everyone. The third idea was *nutrition education and literacy*, which a number of participants believe should be integrated into the grade K-12 education

curriculum across Canada.

The second theme under this policy area was **built environment and infrastructure**, which consists of three ideas. The first idea was *urban planning conducive to physical activity* – this included a number of actions to encourage active transportation and safe play throughout the community. The second idea was *community access to school facilities,* with participants proposing to open up schools to the wider community during evenings and weekends. This would help increase opportunities for free/low-cost physical activity while making use of underutilized facilities. The third idea was *zoning legislation for improved access to healthy foods* – this involves setting regulations related to the location of vendors that sell unhealthy foods, particularly those in close proximity to schools.

The third theme featured three ideas to influence positive behaviours and attitudes. The first idea was to *institutionalize physical activity in schools*, which would be done through various measures. The second idea was to *shift focus away from weight,* which was the most popular idea online. Many participants expressed concerns with the language around "weights," and proposed using more holistic concepts, such as healthy living, and healthy growth and development. The third idea was *inclusivity in sports and physical activity,* whereby participants recommended reducing the focus on competitiveness in sports and encouraging both structured and unstructured physical activity of diverse types and for all skill levels.

Other common ideas that emerged included *positive family lifestyle and environment, accessible recreation programs,* and *tax incentives*.

2. Decreasing the Marketing to Children of Food High in Fat, Sugar and/or Sodium

In contrast to the other three policy areas, the ideas discussed for this topic were not organized into themes. Rather, they were treated as stand-alone ideas unique in relation to one another.

The first idea was *stronger government regulations for marketing and advertising.* This reflects a range of actions proposed by participants across all stakeholder groups to place greater restrictions on the marketing of unhealthy food to children. These actions reflect different degrees of stringency, which range from placing limitations on advertising during certain times and locations, to imposing a "blanket ban" on direct marketing to children. In general, most industry participants disagreed with the premise of this policy area, as well as the singling out of fat, sugar and/or sodium as "unhealthy" ingredients. The second idea was

making the *retail experience more conducive to the selection of healthy foods,* which seeks to address how food is marketed and presented in retail environments. Many participants expressed concerns around visibility and accessibility of "junk" foods, particularly in high-impact areas (e.g. checkout aisles), and how this can influence food choices.

The third idea was *media literacy for youth,* which is aimed at teaching individuals how to critically analyze the messaging in a wide variety of media. Many participants viewed this as an essential component for addressing childhood obesity, as it would help empower children and youth to make better choices. The fourth idea under this policy area was *positive marketing,* which is an alternative framing of the topic. Rather than limiting marketing, this idea reflects a re-orientation to promote healthy food choices to children and youth more actively and creatively. Many participants who supported this idea felt that the media could have a potentially positive impact on this issue.

3. Increasing the Availability and Accessibility of Nutritious Foods

The most popular theme under this policy area was addressing food prices. The first idea was *government regulation and policies* to affect a decrease in the price of healthy foods and/or an increase in the price of unhealthy foods. This was proposed by participants representing almost all of the different stakeholder groups, with the exception of industry. Participants saw a role for government in regulating food prices, and proposed a number of actions, such as taxing unhealthy food items, subsidizing healthy food items, and developing a coupon system for selected healthy foods. The second and third ideas were aimed at supporting those communities that are particularly sensitive to food prices as a result of socioeconomic and geographic barriers. Many participants felt that *supporting individuals with low incomes* and *individuals living in the North* was essential to ensuring that healthy foods are truly accessible to all Canadians.

The second theme under this policy area was building community capacity, which involves three key ideas. The first was the *promotion of community gardens* – publicly available garden plots that promote food security and self-sufficiency at the local level, while also bringing community members together in a shared purpose. A number of participants discussed their experiences with community gardens and spoke to the positive impact that they have had in their respective communities. The second idea was to *support local food production,* which seeks to build the capacity of local food producers and make their products more accessible. A range of actions were proposed, such as promoting "buy local" initiatives, providing

agricultural grants and subsidies, and coordinating efforts with schools. The third idea was *community kitchens and meals*, which would provide community members with a space to cook, share knowledge and skills and socialize with one another. This would help individuals share costs and time in preparing healthy meals.

Other ideas emerging from the in-person and online dialogues included *convenient access to healthy food, product labelling,* and *access to and formulation of "junk food."*

4. Taking Early Action

Education and training was the most popular theme emerging from discussions under this policy area, and evolved around two ideas. The first idea was to *engage parents and families.* Many participants want to ensure that individuals have the knowledge and resources needed to guide their children towards healthy behaviours and choices. This could be achieved in a variety of ways, such as instructional courses, information sessions, social marketing campaigns and/or information packages. These types of initiatives could also leverage community-based partners, such as schools, caregivers and the local media, to get the message out. The second idea was *supporting practitioners* to ensure that they have access to relevant, up-to-date educational resources and training opportunities. Many participants felt that both healthcare and childcare practitioners needed to be equipped with the skills to identify and address childhood obesity through their work.

The second theme under this policy area was maternal and baby health initiatives, which includes two ideas. The first is to *encourage breastfeeding.* Many participants, especially caregivers, promoted breastfeeding as a fundamental component of early childhood health and nutrition. As a result, many believed that it should be the exclusive feeding practice for the first six months to one year of the child's life. The second idea was *pre- and post-natal services,* which would represent a comprehensive continuum of services available to mothers and families. This includes improved surveillance and monitoring and access to education and counselling on relevant topics such as prenatal nutrition and birth weights.

The third theme was the need for further research. Two ideas were put forward, both aimed at improving the overall research capacity and data currently available on childhood obesity in Canada. The first idea was to *assess health needs and risk factors.* Participants suggested that a comprehensive and standardized assessment would not only produce robust, accurate and up-to-date research on the issue, but it would

improve the overall process for determining when and where to make interventions. The second idea was *improved health monitoring and tools,* which would utilize effective, world-recognized tools like the World Health Organization (WHO) growth charts. This idea also represents actions to re-examine current monitoring practices, which many participants felt were inadequate because they did not account for the comprehensive set of factors that can impact a child's growth and development.

Conclusion

The *Our Health Our Future* engagement process succeeded in engaging a diversity of stakeholders from across Canada in an informed dialogue on how to promote healthy weight for children and youth. Their input will help inform the work of the FPT Ministers of Health as they move forward to determine future action on this issue. Equally important, the engagement process has also created numerous opportunities for collaboration among stakeholders from industry, the not-for-profit sector, families and researchers.

Based on participant evaluations, the majority valued the dialogue opportunity, appreciated the freedom to express their views freely and the effectiveness of the facilitation, and was satisfied that the session objectives were met. Some participants were so keen that they expressed a desire for even more time for discussion.

The results of this national initiative reveal a strong appetite for concerted and coordinated multisectoral action to reverse the trend of childhood obesity. Participants know that sustained action and long-term commitment means governments, families, communities and industry must make this a priority. They are prepared to join together in this critical first step to addressing childhood obesity in Canada.

1. Introduction

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Rates of overweight and obese children and youth have risen steadily in recent decades. Today, more than one in four children in Canada is overweight or obese. Acknowledging that childhood obesity can lead to a number of long-term health issues, and recognizing the important role that collaboration plays in promoting healthy weights for children, the federal, provincial and territorial (FPT) Ministers of Health and/or Health Promotion / Healthy Living moved into action. In September 2010, they endorsed *Curbing Childhood Obesity: A Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights,* which outlines a vision, strategies and priority areas for collaboration to address this issue.

The initiative started a series of conversations among Canadians; this report shares the results.

As an important first step, *Our Health Our Future – A National Dialogue on Healthy Weights* was launched in March 2011 to reach out to and engage children, their parents, and communities. The initiative set out to inform Canadians on the real impact of childhood overweight and obesity, help people understand and recognize the contributing factors to unhealthy weights, start a conversation on moving towards healthy weights, and secure commitment to action from across the country. Through a series of events across the country, and the use of online and social media tools, more than 1,000 Canadians shared their ideas, suggestions and views on how to address childhood obesity. This report summarizes their contributions and key findings, which will be provided to the FPT Ministers of Health to inform their actions on the issue.

Our Health, Our Future

Our Health Our Future - A National Dialogue on Healthy Weights was launched in March 2011, with a suite of in-person, online, and social media tools.

To guide and inform the process of speaking to citizens, the FPT Ministers of Health contracted the services of Ascentum, a leading North American public engagement firm, to create and execute an engagement strategy using a combination of in-person, online and social media tools. On March 7, 2011, the Ministers of Health officially launched *Our Health Our Future*, a broad-reaching engagement process, which set out to:

The initiative had four key objectives.

- Raise awareness of the impact childhood overweight and obesity has on physical, emotional and social health;
- Help people understand and recognize factors that can contribute to childhood overweight and obesity;
- Start a conversation on moving toward healthy weights for children and youth; and,
- Facilitate commitment to action to support healthy weights for children and youth from individuals, communities, industry, Aboriginal organizations and non-government organizations.

Key findings and best practices will be shared at a National Summit.

The initiative will culminate in a National Summit, where stakeholders from across the country will showcase best practices in addressing childhood obesity and determine concrete actions for the future. The key findings from the engagement process will be provided to the FPT Ministers of Health.

Childhood Overweight and Obesity

It is important to act now to promote healthy weights among children and prevent long-term illness associated with overweight and obesity.

Reducing overweight and obesity levels and promoting healthy weights among children are important measures to prevent long-term illness and poor health. An increasing number of children are being affected by health problems that were previously seen only in adults, such as high blood pressure and Type 2 diabetes. If action is not taken now to promote healthy weights in children, Canadian youth will be forced to deal with serious health issues later in life.

Our everyday environment is full of factors and influences that affect our ability to make healthy choices.

Many Canadians have heard the message that healthy living means eating well and being active. But the ability to make these healthy choices is influenced by a range of complex and interacting factors — biological, behavioural, social, psychological, technological, environmental, economic and cultural — operating at all levels from the individual to the family to society as a whole. If the causes of overweight and obesity are to be addressed, close attention needs to be paid to Canadians' everyday environments.

Federal, Provincial and Territorial Collaboration

The FPT Ministers of Health launched a Pan-Canadian Healthy Living Strategy (PCHLS) in 2005.

In 2005, all of the FPT Ministers of Health came together to support the *Pan-Canadian Healthy Living Strategy* (PCHLS). The PCHLS's vision is "a healthy nation in which all Canadians experience the conditions that support the attainment of good health." The PCHLS aims to promote good health, prevent chronic diseases, and reduce health inequalities among Canadians by coordinating efforts across the country to address common risk factors, such as physical inactivity and unhealthy eating.

Greater attention to overweight and obesity was added to the strategy in

In 2010, the PCHLS was revised to better address these common risk factors and conditions, and to identify new areas for opportunity, including overweight and obesity prevention, mental health promotion and

2010.

injury prevention. To support the new PCHLS, the FPT Ministers of Health[1] endorsed two documents in September 2010:

The Ministers of Health endorsed a Framework for Action to promote healthy weights.

- ***The Declaration of Prevention and Promotion:*** Outlines the vision shared by the FPT Ministers of Health to work together and make disease, disability and injury prevention, as well as health promotion, priorities.
- ***Curbing Childhood Obesity - A Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights***: Focuses on reducing childhood overweight and obesity levels in Canada. It also outlines the strategies and priorities for FPT governments in working together to address this issue. It also served as the foundation for the *Our Health Our Future* engagement.

Structure of this Report

This report describes the engagement approach, the participant profile, and the key findings of the Our Health Our Future initiative.

This report is divided into five chapters. Following an introduction, chapter two provides an overview of the integrated online and in-person engagement approach and chapter three describes the breadth and scope of participation from across the country. The key findings of the engagement process are presented in chapter four, under the four FPT *Framework for Action* priority areas: *(i) Making nutritious food more accessible and available to all; (ii) Reducing the marketing of foods and beverages high in fat, sugar and/or sodium to children; (iii) Making the places where children live, learn and play more supportive of physical activity and healthy eating;* and *(iv) Developing tools for parents and health practitioners to help identify overweight and obesity and address it early on.* The final chapter offers closing remarks and a summary of participant evaluations.

Analysis of Findings

Through its three engagement channels – in-person events, online engagement, and social media – *Our Health Our Future* gathered significant volumes of data in the form of participant ideas, comments,

[1] All provinces and territories except Quebec. It should be noted that although Quebec shares the general goals of this Framework, it was not involved in developing it and does not subscribe to a Canada-wide strategy in this area. Quebec intends to remain solely responsible for developing and implementing programs for promoting healthy living within its territory. However, Quebec does intend to continue exchanging information and expertise with other governments in Canada.

submissions, messages, and posts. The research team analyzed all of the contributions received during the *Our Health Our Future* engagement.

The research team reviewed the large quantity of data gathered through the three engagement channels.

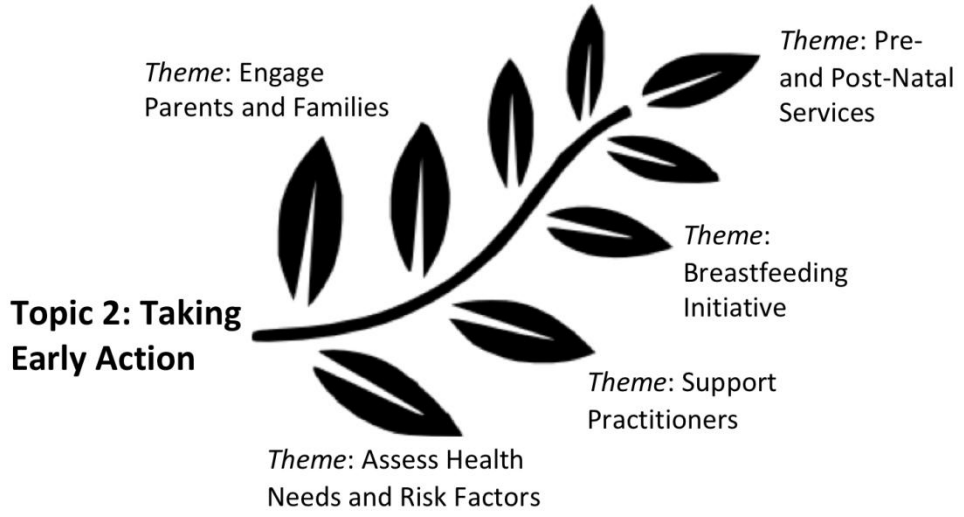
Contributions from in-person events, online and social media posts were documented and carefully analyzed to identify key shared themes in what was heard. This qualitative analysis was performed using NVivo, a specialized qualitative software tool for coding data findings. It supports the identification of common ground points and divergent views. A coding "tree" was developed to categorize and group similar themes and findings, then individual "branches" were created.

Quantitative analysis was used to identify key themes in the data.

Analysis and synthesis of the data reveals both common and divergent perspectives associated with the identified themes and ideas associated with the four policy topics. In chapter three, the key findings are accompanied by a table that indicates the number of times a theme or idea was discussed by participants in small groups and/or plenary discussion. Analysis shows the context within which the themes and ideas emerged and where there is convergence and divergence of views. The actual number of references is less important than the content of their conversations. The Nvivo software used to help identify the themes is a qualitative not a quantitative analysis tool.

An illustration of the NVivo coding tree:

An illustration of the NVivo coding tree and selected branches for Topic 2:



Volume of Data Collected

Our Health Our Future gathered a high volume of qualitative data in the form of online ideas, submissions, social media comments and in-person event worksheets and plenary notes. In total, the engagement project generated 184,117 words, about the length of several standard length novels. The table below provides detail on the word count per engagement channel.

The engagement generated a significant volume of qualitative data.

Data Source	Word count
Online	
Idea Forum	33,067
Submissions	98,324
Social Media	
Facebook and Twitter comments	2,606
In-Person Events	
Small group idea worksheets and plenary notes	50,120
Total	**184,117**

2. Engagement Approach

Our Health Our Future brought a diversity of Canadians together to discuss healthy weights.

Our Health Our Future was a pan-Canadian conversation that brought together citizens, including adults and youth, communities, industry and other stakeholders, from every region to share their ideas about how to address the challenges related to healthy weights for children.

There were a number of ways for Canadians to get involved in the conversation.

To facilitate this broad dialogue, FPT governments, through the Canadian Public Health Network, designed a multi-stream engagement strategy that used a complementary set of tools to foster conversation and gather feedback. This approach provided different ways for Canadians to get involved and participate.

This chapter describes the strategic engagement approaches used to gather Canadians' ideas about healthy weights: in-person events, online engagement and social media.

Project Timeline

Plans for the national dialogue began in late 2010 with the engagement kick-off in March 2011.

Participating FPT governments envisioned a national dialogue on healthy weights in 2010. Specific plans for what would become the *Our Health Our Future* engagement were finalized in early 2011, with the intention to launch a national dialogue that would span several months.

Our Health Our Future, officially launched on March 7, 2011, was followed by six months of dialogue across Canada, through in-person events, online conversations and social media engagement.

Engagement Strategy

The strategy for engaging Canadians was based on three participation channels:

Canadians could choose their preferred method for sharing and engaging in conversations about ideas for reducing childhood obesity.

Participation Channel	Rationale for Use
In-Person Events	Small group dialogues allowed groups of participants to explore the issues around obesity in detail, and to work together to identify individual and joint actions to reduce childhood obesity.
Online	A website and online participation tools allowed simple access for Canadians to connect, share ideas and post their views.
Social Media	With over 16 million Canadians on Facebook, social media allowed people to add their voices to the conversation and share their ideas with friends, followers and other participants on Facebook and Twitter.

Each stream had a number of tools that facilitated both sharing and learning from others.

In-Person Events	Online	Socal Media
• Federal / Provincial / Territorial Stakeholders • Youth • Caregivers • Industry • Aboriginal Organizations • NGOs, Researchers	• Idea Forum • Submissions • Conversation Guide • Program Information	• Facebook • Twitter

Topics for Discussion

Through these various methods, *Our Health Our Future* fostered a dialogue on the strategies outlined in the FPT *Framework for Action.*

The strategies in the FPT Framework for Action formed the basis of the conversation.

Drawing upon the Framework and its strategies for promoting healthy weights, four topics for discussion were identified. The objective was to gather ideas and recommendations on how each of these strategies could be achieved.

Governments were looking for ideas from Canadians on how to achieve their four main strategies.

Discussion Topics	Detail
Taking Early Action	*Ways to make social and physical environments supportive of physical activity and healthy eating*
Creating Supportive Environments	*Measures to identify obesity risks in children early*
Improving Availability and Accessibility to Nutritious Foods	*Ideas for increasing the availability and accessibility of nutritious foods*
Decreasing the Marketing to Children of	*Ways to reduce the marketing of high fat, sugar,*

Food High in Fat, Sugar and/or Sodium	*and/or sodium to children*

While most dialogues dealt with all four topics, some sessions worked with fewer topics. For example, Taking Early Action was seen to be more relevant for health professionals and not discussed at youth events.

In-Person Events

Our Health Our Future brought selected groups of participants together for a series of in-person dialogues. The lists of invited participants were developed by FPT governments and stakeholder groups to attract a range of relevant audiences on the issue of childhood obesity. A total of 20 dialogues took place across Canada between March and September 2011, each involving 20-50 participants. Subsets of these dialogues focused on bringing specific groups of participants together for a facilitated conversation. These groups were:

Twenty dialogues were conducted across Canada with small and larger groups.

Target Audience Group	Description
Academics and Researchers (A&R)	Professional researchers studying childhood obesity, healthy weights and child health.
Non-Profit Health Care Organizations (NGOs)	Canadian non-profit organizations active in the area of child health through research, service delivery and/or advocacy.
Health Care Practitioners	Canadian health care workers who provide various health services to children, youth and families – including physicians, nurses, and allied health professionals.
Provincial and Territorial Stakeholders	Groups and individuals actively involved in childhood health including public health workers, advocacy organizations, service delivery organizations and other interested residents. *Invited participants were selected by individual provincial and territorial organizations based on their own stakeholder networks.*
Youth	Groups of young people aged 13-18. Youth events were organized in partnership with YMCA-YWCA organizations and engaged young people active in YMCA-YWCA programs.
Caregivers	Individuals who provide care to children and youth, including parents, other family members and professional caregivers.

Different types of stakeholders were grouped together to discuss shared issues.

Aboriginal Peoples	Members of Canada's diverse Aboriginal communities including First Nations, Métis and Inuit peoples.
Industry	Representatives from Canada's business community in food and beverage, health, retail, advertising, financial services, entertainment, urban planning and fitness industries.
Media	Representatives from various print and broadcast organizations and industry associations.

Participants were invited to learn, reflect, and share ideas.

Each dialogue was designed to allow participants to learn about the complex issues surrounding childhood obesity, reflect on possible actions for addressing the challenge, and discuss their ideas and experiences with others. The dialogues also provided a forum for sharing best practices across jurisdictions and identifying opportunities for collaboration.

Participants gathered in small groups to discuss the key questions.

Small breakout groups were used at each dialogue to help maximize the opportunity for everyone to contribute to discussion. For each policy area, groups of participants were asked the following questions:

1. What do you see as the most important action(s) that would help advance this goal?
2. Who would need to take the lead or be the champion for your action(s) to be implemented?
3. What could we measure (indicators) in order to monitor and report on progress?

They recorded their ideas and shared them with the larger group to see the range of viewpoints.

Groups were provided with table worksheets to record their actions and ideas, and to help guide their discussions. Following the small group discussions, all of the participants reconvened into a plenary dialogue, which helped identify any points of agreement or disagreement between participants in the room.

Keypad questions were also used to get a better sense of participant perspectives.

Throughout the dialogues, keypad questions were used to get a deeper sense of the perspectives being represented at each event. Typically, participants were asked to provide relevant demographic information, determine how important each policy area in the *Framework for Action* was in addressing childhood obesity, and identify the extent to which they could impact each policy area in their professional lives.

Events were held across the country with different stakeholder groups.

The following table indicates the in-person events conducted for *Our Health Our Future*, including the contributing participants.

Listing of *Our Health Our Future* In-Person Events	
Contributors	**Location**
National NGO: Childhood Obesity Network (CON) Canadian Partnership Against Cancer (CPAC)	 Montreal, QC Ottawa, ON
Provincial/ Territorial Stakeholders	Charlottetown, PE Saskatoon, SK Winnipeg, MB Whitehorse, YT Yellowknife, NT
Youth	Vancouver, BC Toronto, ON Iqaluit, NU Port Coquitlam, BC St. John's, NL
After School Programmers/ Caregivers	Vancouver, BC Toronto, ON
Industry	Ottawa, ON
National Aboriginal Organization: Inuit Tapiriit Kanatami (ITK) National Inuit Committee on Health	Aklavik, NT
National Aboriginal Organization: Métis National Council (MNC) National Health Committee	Saskatoon, SK
National Aboriginal Organization: Congress of Aboriginal Peoples	Ottawa, ON
Media	Toronto, ON

In addition to in-person events, participants could get involved through online tools.

These tools provided background information and opportunities to share ideas, in French or English.

Input from any additional events will be reflected later as an annex to this report.

Online Engagement

Our Health Our Future's online engagement channel used a set of web-based tools to allow participants from across Canada to share ideas and engage in a conversation about promoting healthy weights. These were governed by terms of use and guidelines for appropriate participation.

Image of the Our Health Our Future website

An interactive, bilingual website was created at www.OurHealthOurFuture.gc.ca as a "hub" for participants to learn more about the issues around childhood obesity and submit their ideas and comments. The website included the Idea Forum and Submissions Area, as well as a page with instructions on how to participate. Supporting pages offered background information on the *Our Health Our Future* project and other government initiatives to promote healthy weights, and a series of facts on various aspects of childhood obesity, healthy weights, diet and physical activity. Several pages on the engagement website also described the terms of use and guidelines for appropriate participation.

An image of the Our Health Our Future engagement website homepage

The website was designed to increase Canadians' awareness of obesity and what governments are doing to address the issue, and encourage their contributions.

Resources such as the Framework for Action, and an interactive map of government actions were available.

Fostering Greater Awareness of Obesity

In addition to gathering the views of Canadians, a further objective of the engagement website was to foster greater awareness and understanding of obesity, its impact on Canadians, and what Canada's FPT governments are already doing to respond to this public health challenge. The website contained a suite of learning resources for participants including relevant policy documents, showcases of government initiatives, and facts about obesity.

Participants could read the *Framework for Action* document, which formed the basis for the engagement.

Image of the Resources section of the website:

Additionally, a section of the website allowed visitors to view FPT government actions related to healthy weights, using an interactive map of Canada.

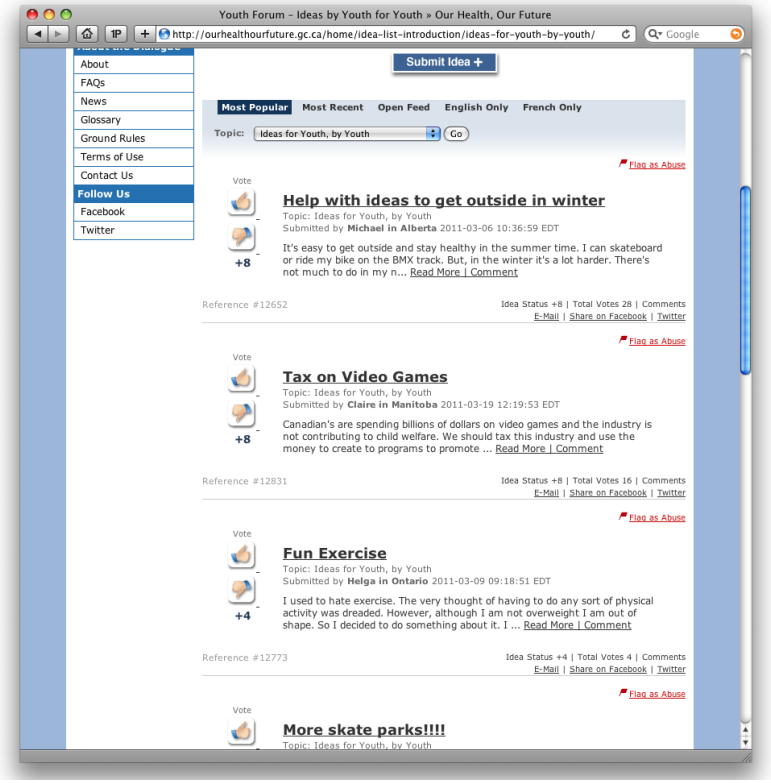
Participants could share their ideas through the Idea Forum. They could also vote or comment on the ideas of others.

Idea Forum

The engagement website featured two tools to gather views from participants. The Idea Forum tool was an interactive discussion area where participants posted their ideas for promoting healthy weights, and responded to other people's ideas. With the ability to vote ideas "up" or "down", the Idea Forum allows the participant community to work together to identify their preferred ideas, ending with a ranked list of relative priorities for action.

An image of the Idea Forum Page: Youth Ideas Section

An image of the Idea Forum Page: Youth Ideas Section



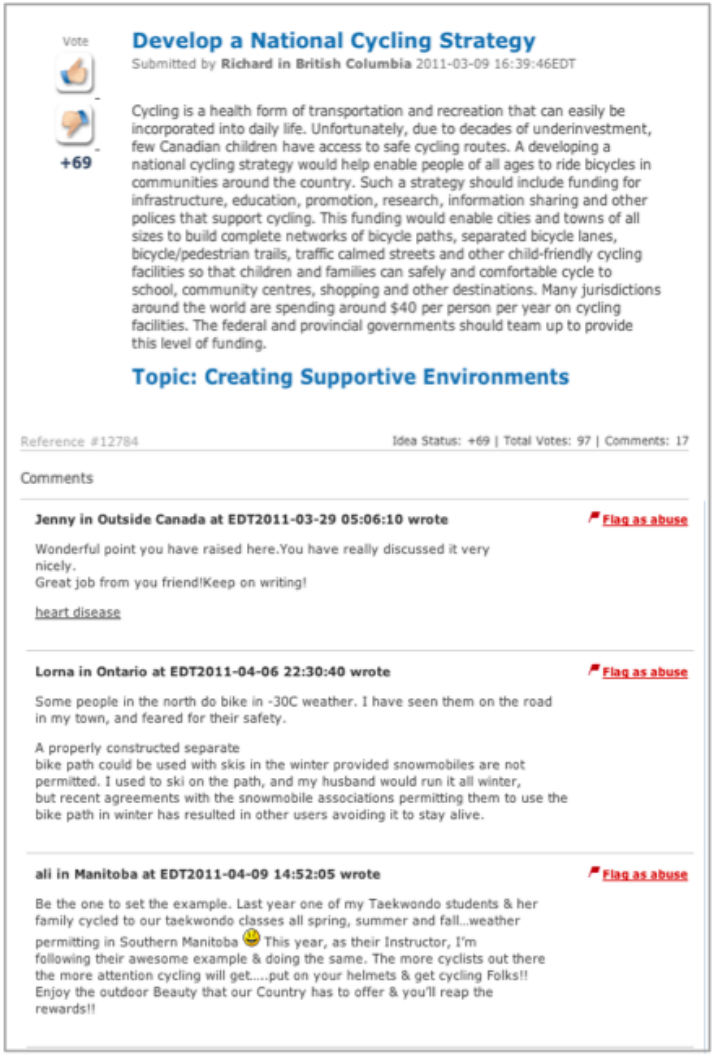
This kind of interaction allowed participants to invite others into the

conversation, and to strengthen the ideas posted.

The Idea Forum also helped broaden the discussion by allowing participants to comment on ideas posted by other people, and share their own ideas with others who had yet to join the conversation using Facebook, Twitter and email.

An image of a sample idea post and some of the comments posted in response:

An image of a sample idea and some of the comments posted in response



Vote

+69

Develop a National Cycling Strategy

Submitted by **Richard in British Columbia** 2011-03-09 16:39:46EDT

Cycling is a health form of transportation and recreation that can easily be incorporated into daily life. Unfortunately, due to decades of underinvestment, few Canadian children have access to safe cycling routes. A developing a national cycling strategy would help enable people of all ages to ride bicycles in communities around the country. Such a strategy should include funding for infrastructure, education, promotion, research, information sharing and other polices that support cycling. This funding would enable cities and towns of all sizes to build complete networks of bicycle paths, separated bicycle lanes, bicycle/pedestrian trails, traffic calmed streets and other child-friendly cycling facilities so that children and families can safely and comfortable cycle to school, community centres, shopping and other destinations. Many jurisdictions around the world are spending around $40 per person per year on cycling facilities. The federal and provincial governments should team up to provide this level of funding.

Topic: Creating Supportive Environments

Reference #12784 Idea Status: +69 | Total Votes: 97 | Comments: 17

Comments

Jenny in Outside Canada at EDT2011-03-29 05:06:10 wrote Flag as abuse

Wonderful point you have raised here.You have really discussed it very nicely.
Great job from you friend!Keep on writing!

heart disease

Lorna in Ontario at EDT2011-04-06 22:30:40 wrote Flag as abuse

Some people in the north do bike in -30C weather. I have seen them on the road in my town, and feared for their safety.

A properly constructed separate
bike path could be used with skis in the winter provided snowmobiles are not permitted. I used to ski on the path, and my husband would run it all winter, but recent agreements with the snowmobile associations permitting them to use the bike path in winter has resulted in other users avoiding it to stay alive.

ali in Manitoba at EDT2011-04-09 14:52:05 wrote Flag as abuse

Be the one to set the example. Last year one of my Taekwondo students & her family cycled to our taekwondo classes all spring, summer and fall...weather permitting in Southern Manitoba This year, as their Instructor, I'm following their awesome example & doing the same. The more cyclists out there the more attention cycling will get.....put on your helmets & get cycling Folks!! Enjoy the outdoor Beauty that our Country has to offer & you'll reap the rewards!!

In many cases, original ideas posted by participants received a large number of response comments, and generated a thoughtful dialogue on the strengths and weaknesses of the ideas, in addition to possible refinements. People added their own experiences through comments, adding a "real world" dimension and helping participants understand other people's perspectives on obesity.

Individuals and organizations were also invited to make more formal submissions on the four policy themes.

Submissions Area

In addition to the interactive Idea Forum, the *Our Health Our Future* website also allowed individuals and organizations to post direct submissions to FPT governments on the engagement topics. The Submissions Area allows participants to post more formal responses that cut across one or more of the discussion topics, through either a plain text submission or a document attachment.

These submissions were posted to ensure transparency.

Unlike the posts in the Idea Forum, submissions were not open to public comment. Rather, the intent was to ensure that formal responses from individuals and stakeholder organizations were made public in a transparent manner.

Guidelines were set to ensure governments could review all submissions.

A set of guidelines established parameters for these formal responses, including the requirement for an executive summary and a limit of 3,000 words (approximately ten pages) to ensure that governments could review all submissions with the analysis resources available.

Submissions were reviewed and posted within 24 hours.

The tool was designed to allow participants to enter and send their submissions to the *Our Health Our Future* project team quickly and easily. Once received, all responses were reviewed by project team members to ensure the content met the site's terms of use, and approved submissions were typically posted within 24 hours of receipt.

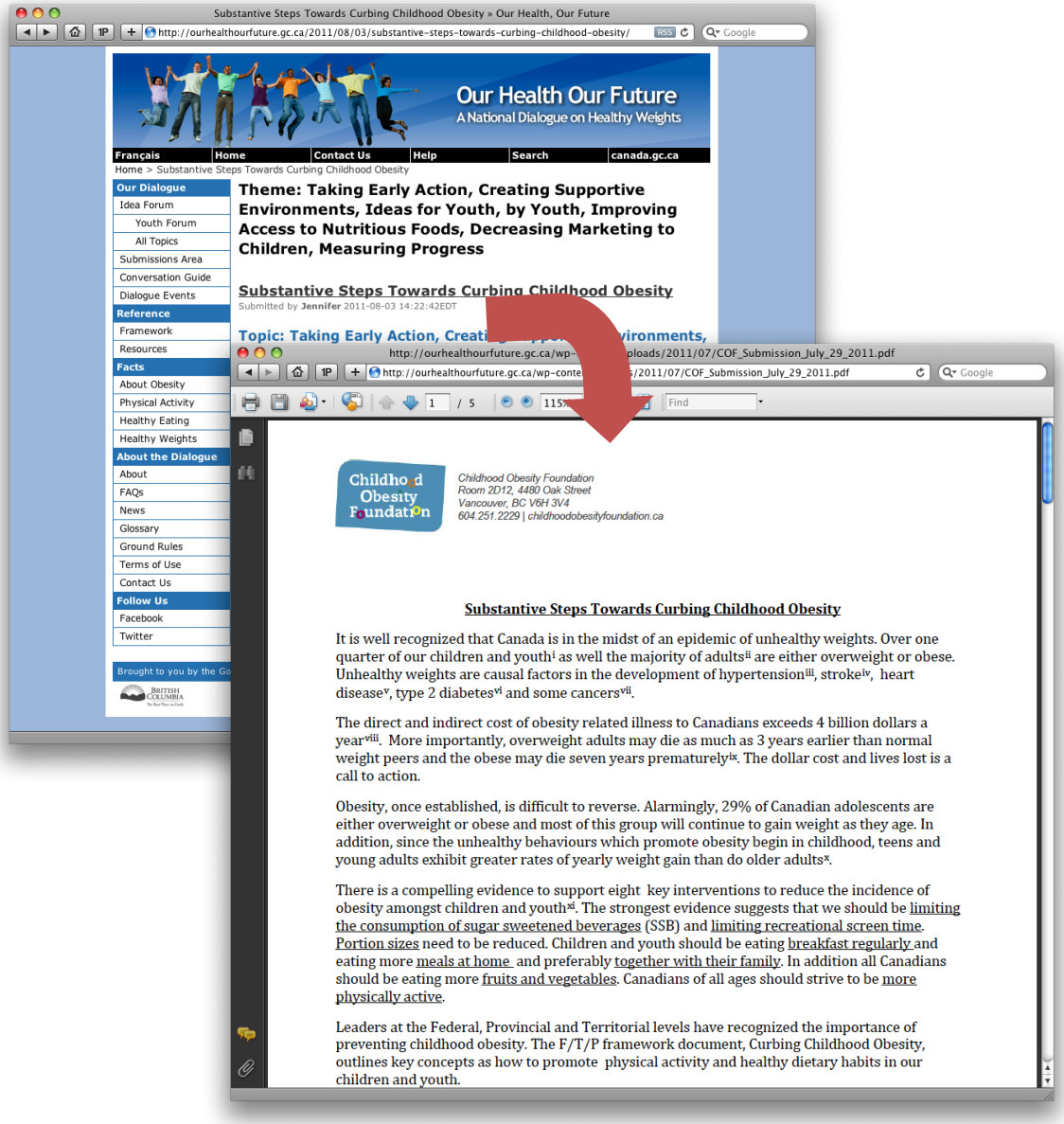
Participants could read any submission, executive summary, and attachments posted on the *Our Health Our Future* website.

The submissions provided a broad base of input for analysis.

The Submissions Area complemented the dialogue-based Idea Forum by gathering more detailed contributions from experts and individual Canadians. Their responses often included advanced research and analysis on child health, bringing forward important perspectives for consideration by participating FPT governments.

An image of a submission to the website:

An image of a sample submission from a stakeholder organization



A third set of tools tapped into the

conversations on childhood obesity taking place all over the social media forums

Social Media

While the *Our Health Our Future* website provided a forum for Canadians to convene to start a shared dialogue about healthy weights, social media provided another channel for the engagement project to join existing conversations about childhood obesity where they were already taking place – on Facebook, Twitter and other social media platforms.

Social media platforms offer excellent opportunities for sharing and collaboration.

Our Health Our Future used Twitter and Facebook to engage diverse groups interested in the issue of healthy weights.

At its heart, social media is about community; technology provides virtual spaces where people with shared experiences, perspectives, or values can exchange knowledge and information, and collaborate to help each other.

Our Health Our Future incorporated a social media engagement channel to foster and support a dialogue across Canada's digital communities of youth, parents, researchers, advocates, social service professionals and others who have an interest in or passion for healthy weights and child health. An online presence for *Our Health Our Future* was created on two leading platforms. Facebook was used to reach a broad base of Canadians, including youth and parents. Twitter was used to bring together networks of thought leaders, researchers and stakeholder organizations who exchange news and perspectives on childhood obesity.

Facebook is a popular tool for building relationships with communities of supporters.

Facebook

With over 16 million Canadian members, Facebook is the most-used social networking tool in the country. Although best known for enabling interactions between friends or personal networks, organizations and specific "causes" are increasingly using Facebook to build and engage their own communities of supporters, customers and or champions. Building these communities strengthens relationships between the organization or initiative and the people who care about it the most.

This initiative used Facebook to explore the issue of healthy weights with interested Canadians, and to engage them in the Idea Forum.

Our Health Our Future used Facebook to build a community of Canadians who shared an interest in promoting healthy weights, and engage members of that community in a shared dialogue about the most effective ways to do this.

Both official languages were used in Facebook.

A customized *Our Health Our Future* presence was created on Facebook, consisting of a set of pages to build its community and facilitate the exchange of ideas between members. This process started when new visitors arrived and decide to "like" the page and, in doing so, join the community of participants involved.

The Idea Forum from the main *Our Health Our Future* website was integrated into Facebook, allowing Facebook users to easily vote, post, comment and share ideas.

An image of the Our Health Our Future Welcome and Idea Forum on Facebook

An image of the Our Health Our Future Welcome and Idea Forum on Facebook

Facebook users could also respond to moderator comments, polling

questions, and other participants' ideas.

Advertising, recommendations, and viral recruitment were used to build the Facebook community.

In addition to the Idea Forum, Facebook fans could post messages or links on the *Our Health Our Future* wall, and respond the open- or closed-ended discussion questions posted regularly by the moderation team. Participants would frequently "like" moderator status updates, or post comments in response to facts or discussion questions. Polling questions were also used to measure participant reactions to leading idea posts in the forum.

A community of interest was built around the project both through peer-to-peer recommendations and "viral" recruitment, as well as through an advertising campaign on Facebook itself.

An image of the Our Health Our Future wall with posts and discussion questions:

An image of the Our Health Our Future wall with posts and discussion questions

Twitter users were also invited to participate in Our Health Our Future,

in French or English.

Twitter

Twitter is a leading social networking platform for learning and information sharing across professional communities of interest. Users post messages and engage in short dialogue through 140-characters public notes or "tweets."

To allow the engagement of participants in either language based on their preference, two *Our Health Our Future* presences were created on Twitter at www.twitter.com/Healthy_Weights and www.twitter.com/Poids_Sante.

An image of the Our Health Our Future Twitter presence (English)

An image of the Our Health Our Future Twitter presence (English):

Key organizations helped build a

community of Twitter followers.

A community was formed around *Our Health Our Future*, thanks in part to stakeholder organizations such as the Heart and Stroke Foundation and causes such as "Canada's Healthiest Province" which recommended to their followers and communities that they become part of the dialogue on healthy weights. At the end of the active engagement phase, the English *Our Health Our Future* presence had over 200 followers including physicians and other health professionals, clinical researchers, stakeholder organizations and interested Canadians.

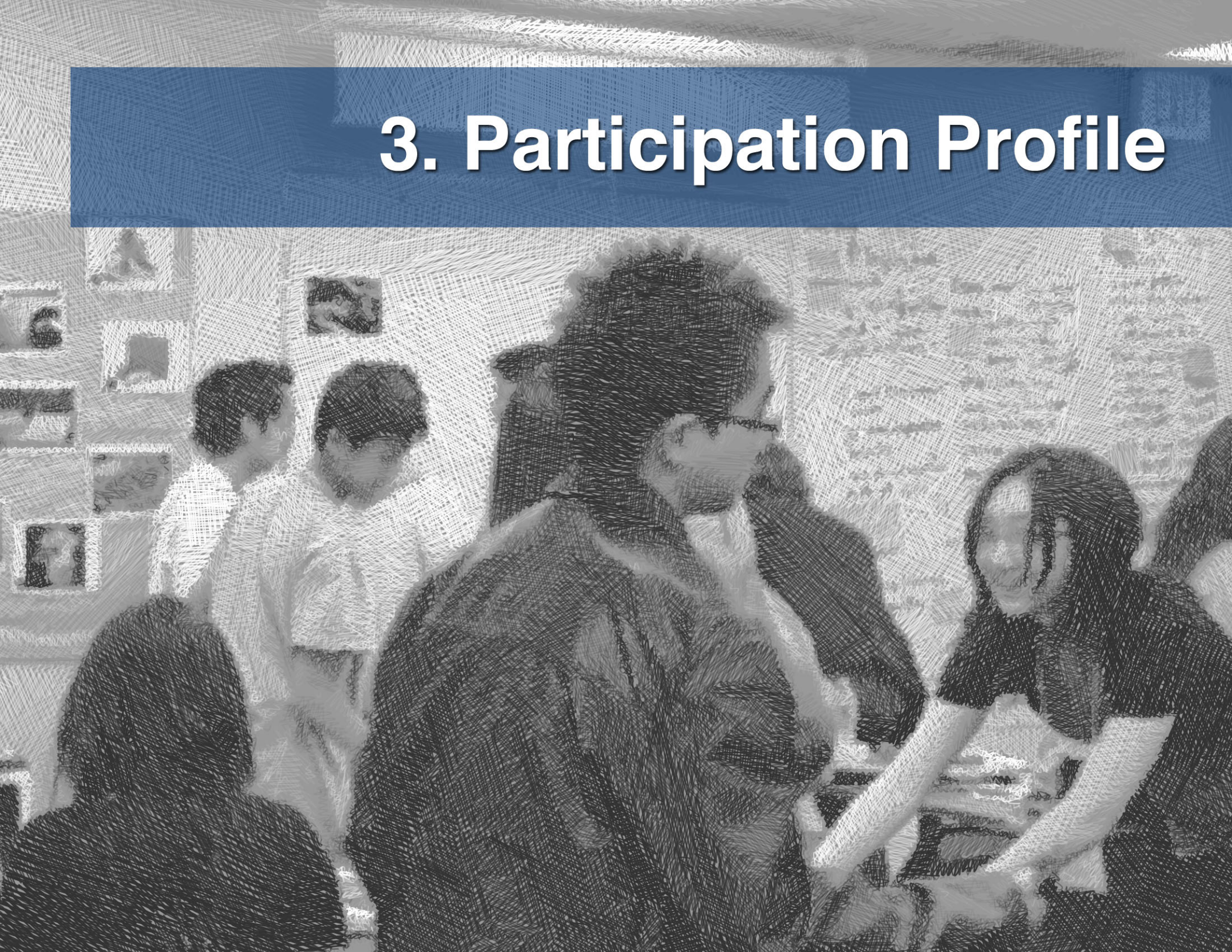
Discussions and responses on Twitter were reviewed along with all the other ideas.

The dialogue on Twitter was fostered through active online facilitation by the *Our Health Our Future* project team who posted discussion questions to initiate conversations with and among followers and participants. Participant messages, responses, and ideas were recorded and analyzed to form part of the overall key findings from the engagement project.

Ideas gathered through social media complemented those from the website and in-person events.

Our Health Our Future's social media presences allowed participants across Canada to join the conversations about healthy weights and involve their friends, "followers" and members of their broader social networks in the dialogue. Participants on Twitter and Facebook posted ideas that complemented those gathered through the online engagement website and the in-person events.

3. Participation Profile



Our Health Our Future was a national effort to engage Canadians.

As a national engagement initiative, *Our Health Our Future* heard from participants across Canada on their ideas for reducing childhood obesity.

Hundreds of Canadians participated in live events across the country and more than one thousand participated online.

Hundreds of individual Canadians and stakeholder organizations participated in one of the 20 in-person engagement events that took place from Aklavik, Northwest Territories and Iqaluit, Nunavut in Canada's North, and Port Coquitlam, British Columbia in the West to St. John's, Newfoundland and Labrador in the East.

In addition, more than a 1,000 Canadians joined the discussion online and through social media, with 648 online registered participants on the *Our Health Our Future* website, more than 500 Facebook fans and 268 Twitter followers.

The engagement initiative attracted national attention at its launch.

Taken overall, the *Our Health Our Future* engagement attracted the attention of Canadians, with a prime-time slot on the Canadian Broadcast Corporation's *The National* broadcast upon launch.

The following table provides a snapshot of the participation levels by engagement channel.

Participants used the various engagement channels in varying numbers.

Engagement Channel / Contribution	#
In-Person Engagement	
Number of Events	20
Number of In-Person Participants	647
Online Engagement	
Idea posts	93
Comments on Ideas	144
Votes on Ideas	477
Submissions	65
Registered Participants	648
Unique Website Visits	43,914
Social Media	
Facebook	
Fans	504
Posts	132
Post likes	93
Post comments	26

Question votes	55
Twitter	
Followers	268
Following	256
Tweets	409
@messages	102

This section of the report describes the participation levels in *Our Health Our Future* and, when available, the demographic characteristics of these participants.

In-Person Events

In-person events were held with key stakeholder groups.

The *Our Health Our Future* project team conducted a series of in-person events across Canada with key stakeholder groups – *Academics and Researchers, Non-Profit Health Care Organizations, Health Care Practitioners, Provincial and Territorial Stakeholders, Youth, Caregivers, Aboriginal Peoples, Industry* and *Media*.

The map suggests the diversity of perspectives from across Canada.

The following map provides a visual snapshot of the geographic locations of the in-person events, showing that all regions of the country were represented.

This distribution of events ensured *Our Health Our Future* was a truly national dialogue on childhood obesity. Through this engagement process, PHAC heard about the different challenges, ideas and perspectives from each part of Canada.

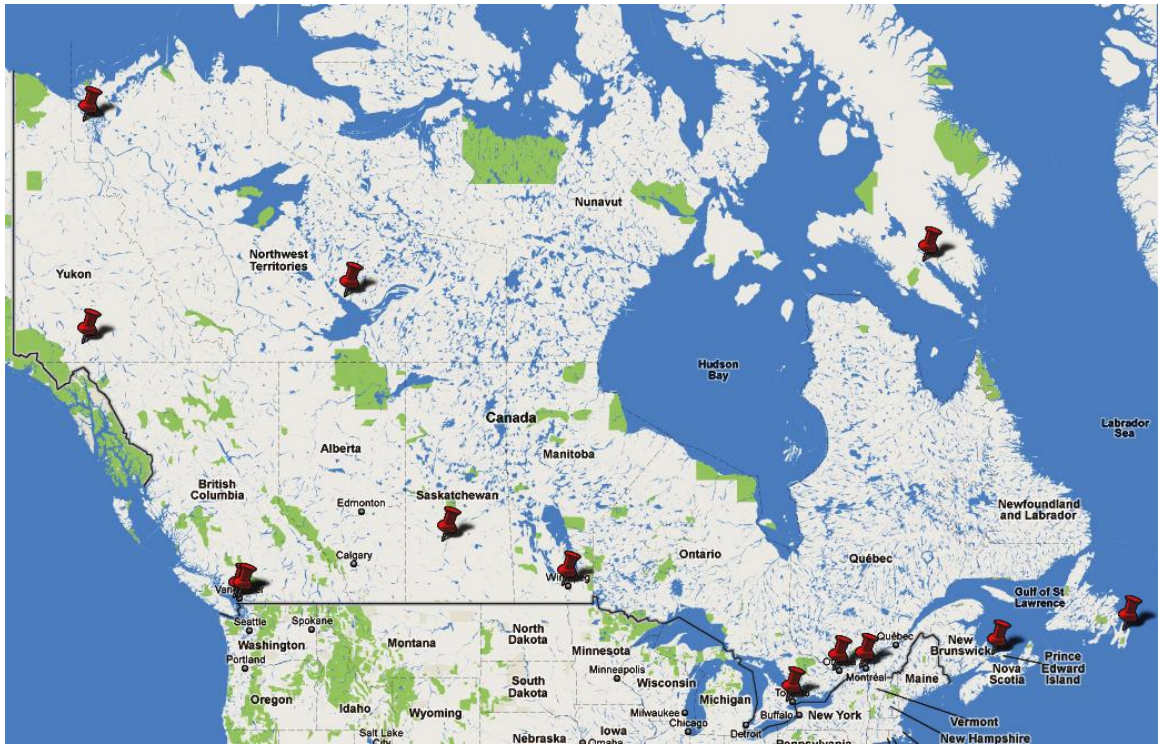
One or more events were held in each of thirteen cities across the country.

Specifically, in-person engagement events were held in the following locations. Some cities were the venues for multiple engagement events.

Aklavik, Northwest Territories	Charlottetown, Prince Edward Island
Iqaluit, Nunavut	Montreal, Quebec
Ottawa, Ontario	Port Coquitlam, British Columbia
Saskatoon, Saskatoon	St. John's, Newfoundland and Labrador
Toronto, Ontario	Vancouver, British Columbia
Whitehorse, Yukon	Winnipeg, Manitoba
Yellowknife, Northwest Territories	

Map of in-person event locations for Our Health Our Future

Map of in-person event locations for Our Health Our Future



Online Engagement

Participants from across the country took part in the online engagement channel.

A broad range of Canadians took part through the online engagement website at www.OurHealthOurFuture.gc.ca. Online participants came from every province and territory, and some were even located outside Canada. Participants actively posted ideas, commented on other people's ideas and voted on the preferred ideas.

Many ideas were posted on the Idea Forum, while others responded to, or voted on, these ideas.

Participation

A large number of ideas were posted in the Idea Forum on the engagement website. In total, there were 93 separate idea posts, with 144 comments on these posts. Many participants voted to rate "up" or "down"

the idea in the Forum and, together, there were 477 votes on ideas.

65 more formal submissions were also received.

In addition to participation in the Idea Forum, there were 65 online submissions received from stakeholders and individual Canadians.

There were a total of 779 "active contributions" online.

When added together, idea posts, comments, votes and submissions create a total of 779 “active contributions” online.

Online Engagement	
Idea posts	93
Comments on ideas	144
Votes on Ideas	477
Submissions	65
Registered participants	648
Unique Website Visits	43,914

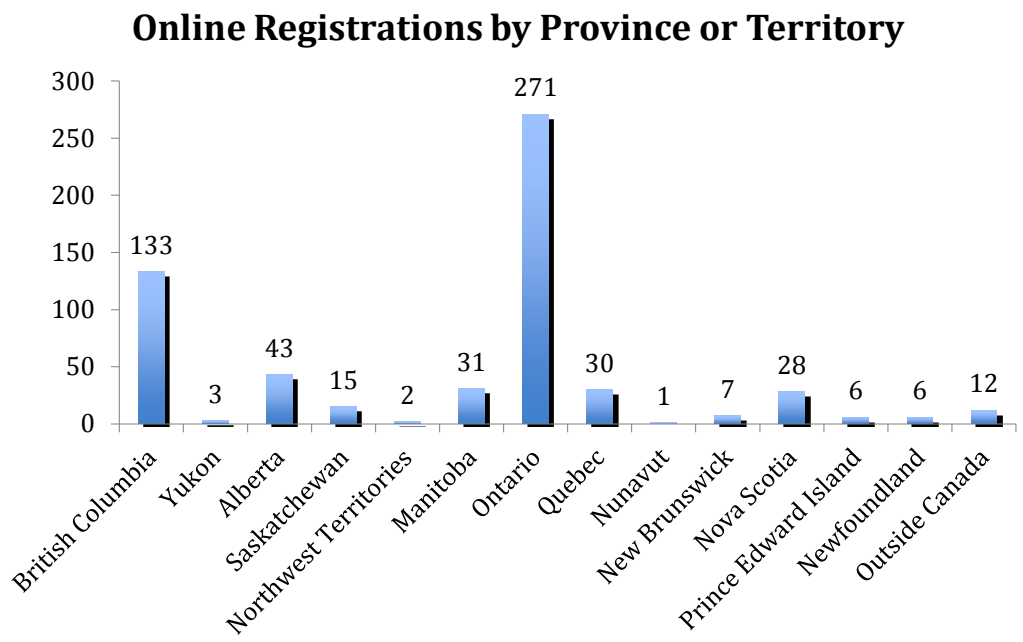
Registration

When visitors to the engagement website wished to post, comment or vote, they were required to register. During the registration process, participants answered a small number of demographic questions including their province or territory and type of participant (individual or stakeholder organization).

Online participants came from every province and territory, with some concentration in provinces with large urban centres.

Participants came from every province and territory and there was an especially high level of response among participants from Ontario and British Columbia. This is often observed in national online projects due to the population sizes of urban centres in these provinces.

Ontario and B.C. had the two highest levels of registrations.

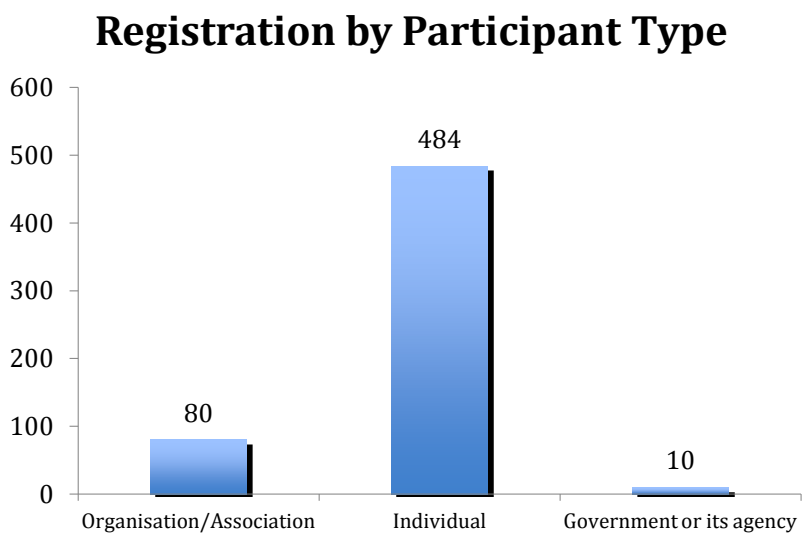


Most participants registered as individuals, rather than organizations or government representatives.

Participants were also asked to identify their "perspective" or category from three options: Organization/Association, Individual, and Government or its Agency.

Participants came from each category but were mainly organizations or individual Canadians. Fourteen percent of registered users indicated they were participating on behalf of an organization or association and 84% as an individual.

Most of the online contributions were from individuals.



Site Visits

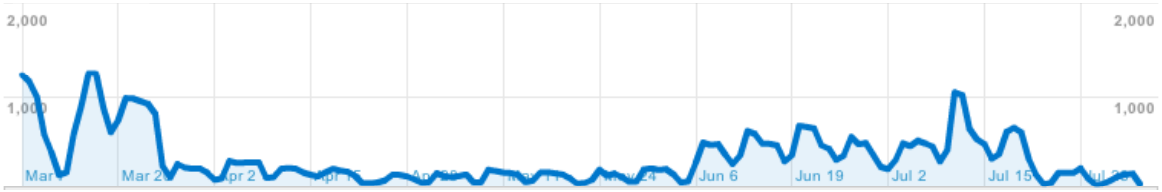
A final measure of *Our Health Our Future's* online engagement reach is site activity. While some site visitors decided to register and take part in the conversation, other visitors used the site primarily for learning and education purposes and may not have participated in the dialogue itself.

In total, 43,914 *unique users visited the engagement website.*

In total, 43,914 different users visited the *Our Health Our Future* site during the open engagement. The following chart describes unique site visits by date and illustrates that the level of site activity varied considerably between the launch date of March 7 and closing date on July 29.

A chart of unique site visits to www.OurHealthOurFuture.gc.ca March 7 to July 29, 2011

A chart of unique site visits to www.OurHealthOurFuture.gc.ca March 7 to July 29, 2011



Site activity was lowest in April and May when external communications were not permitted due to the federal election.

Early high levels of site activity fell at the end of March 2011. Site activity then remained low until early June when it gradually increased to significant levels. The timing of low site activity corresponds to the period of the federal election, during which limits were placed on all Government of Canada communications and outreach, including *Our Health Our Future* (as per Government of Canada policy).

Site activity increased again in June, when updates and posts were permitted to resume.

Between March 26 and June 1, no updates or moderator posts were made to either the engagement website or social media presences on Facebook and Twitter. Once updates resumed, site activity again increased to levels similar to the weeks immediately after launch.

Social Media

Social media channels built up a following of over 700 users.

During the few months they were moderated and active, the *Our Health Our Future* presences on Facebook and Twitter generated significant interaction and idea sharing. The presences built a combined community of 772 followers/fans, each of whom could share updates and information about the *Our Health Our Future* conversation with their own individual social networks of friends.

The following table describes the community sizes and interaction levels for Facebook and Twitter.

504 Canadians became fans of the Facebook page.

Social Media	
Facebook	
Fans	504
Posts	132
Post likes	93
Post comments	26
Question votes	55
Twitter	
Followers	268
Following	256
Tweets	409
@messages	102

Facebook

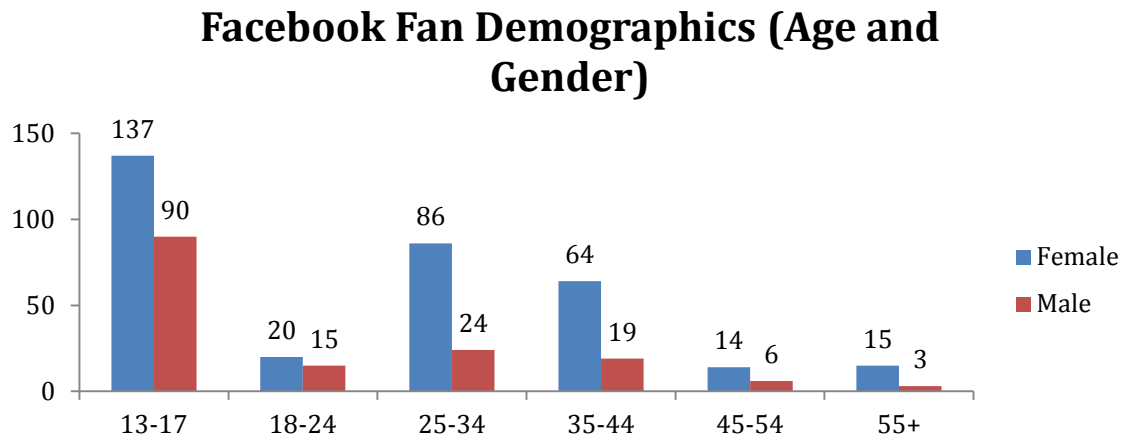
Demographic data on "fans" was collected through Facebook.

When users became a "fan" of the *Our Health Our Future* presence on Facebook, basic demographic information about participants was collected, including age, gender and geography. This data is stored anonymously without connecting demographics with any username or personally identifiable information. An analysis of fan demographics allows us to understand the makeup of the *Our Health Our Future* community on Facebook.

The largest group of Facebook fans was made up of young Canadians.

One important reason for using Facebook was to reach and engage young Canadians in a dialogue on healthy weights. With this in mind, it is encouraging to see that the largest age group of fans was aged 13-17 years old, both among female and male participants. High levels of fans also came from the 25-34 and 35-44 age groups, which included parents with both young children and older youth.

Graph showing Facebook Fan Demographics:



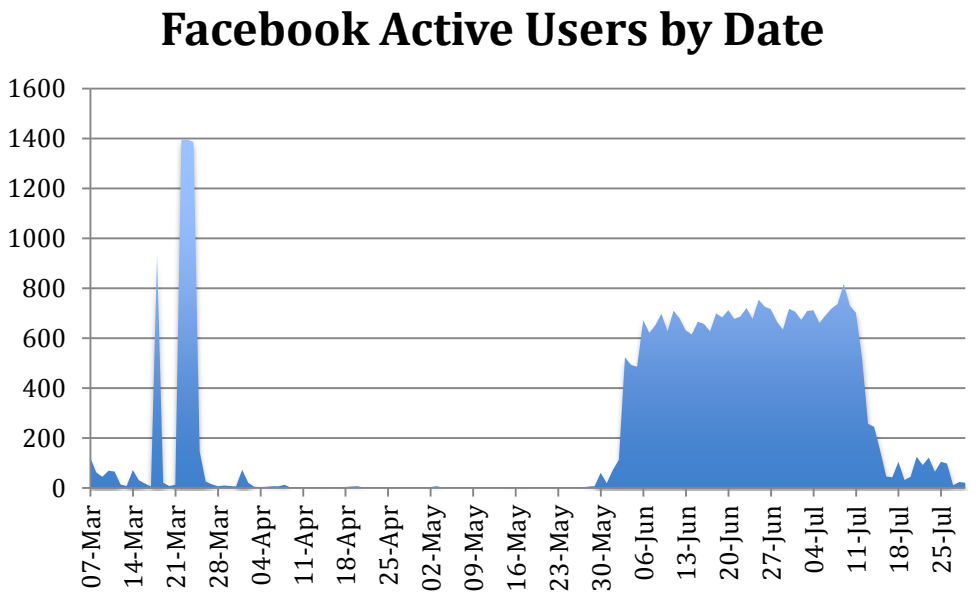
Facebook activity levels were similar to those for the main site.

In terms of activity levels on Facebook, the trend for engagement over time was similar to the overall site activity levels for the main *Our Health Our Future* website at www.OurHealthOurFuture.gc.ca.

The number of active users peaked before and after the election.

As shown in the chart below, the number of active users spiked shortly after launch but experienced a significant reduction during the federal election period, before a sustained higher level of active users was experienced again after June 1 until the end of the engagement. "Active users" included fans as well as their own friends who viewed or interacted with the *Our Health Our Future* Facebook page (in either English or French).

Graph showing Facebook active users over the engagement period:



Twitter does not allow the same collection of demographic data.

Twitter

Unlike Facebook, Twitter is a more anonymous social media platform that collects very little required demographic information from participants. The following chart shows the size of the *Our Health Our Future* community on Twitter and the level of interaction and engagement.

Well over 200 participants followed the engagement through Twitter.

Combined English and French presences consisted of 268 participants, with 256 directly followed back by *Our Health Our Future*. A total of 409 status updates or "tweets" were posted to this community, and 102 idea messages were received back from followers and broader members of the Twitter network.

Twitter	
Followers	268
Following	256
Tweets	409
@messages	102

Participants through Twitter included both individuals and those with a professional interest in childhood obesity.

While a statistical analysis of the *Our Health Our Future* Twitter community is not possible due to its privacy settings, a review of our followers reveals that the community includes health professionals, industry, health sector non-profit agencies, health sciences students, and individual Canadians with an interest in childhood obesity.

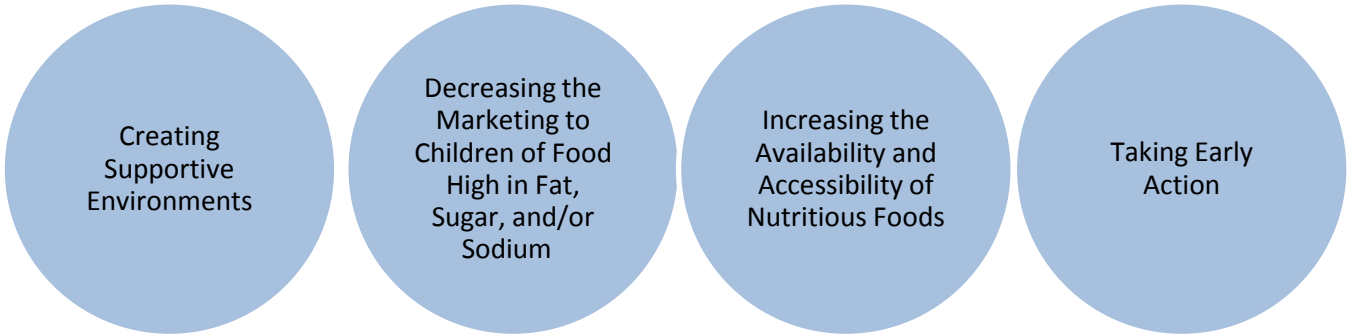
4. Key Findings

More than 1000 Canadians shared their ideas on addressing childhood overweight and obesity.

Through a series of pan-Canadian events, and the utilization of online and social media tools, more than 1000 Canadians shared their ideas, suggestions and views on how to tackle childhood overweight and obesity. The themes and related ideas that emerge from the analyses are summarized here under four policy areas, adapted from FPT *Framework for Action.* The four policy areas are:

These ideas related to four policy areas adapted from the FPT Framework for Action.

- **Creating Supportive Environments**: Making the social and physical environments in which children live, learn and play more supportive of physical activity and healthy eating;
- **Decreasing the Marketing to Children of Food High in Fat, Sugar and/or Sodium**;
- **Increasing the Availability and Accessibility of Nutritious Foods**; and,
- **Taking Early Action**: Identifying the risk of overweight and obesity in children, and addressing it early.



A "dashboard" accompanies each of the ideas described below, showing the different stakeholders who proposed and supported these ideas.

Each idea outlined in this section is accompanied by a “dashboard,” which helps organize the wide range of participant input gathered throughout the consultation process. The dashboard displays the number of times the idea was mentioned in both the in-person and online streams, as well as providing an overview of the different stakeholder groups who suggested the idea.

Abbreviations used in the dashboards for each idea.

The following list outlines the abbreviations used in the dashboard tables.

Dashboard Key	
💬	Number of mentions through in-person dialogues
💻	Number of mentions through online submissions
AB	Aboriginal Organizations (e.g. Métis National Council)
AR	Academics and Researchers (e.g. Canadian Obesity Network)
CA	Caregivers (e.g. YMCA after-school programmers)
HP	Health Care Practitioners (e.g. doctors, nurses, community health workers, nutritionists)
IN	Industry (e.g. food and beverage, fitness)
ME	Media
NGO	Non-Governmental Organizations (e.g. Breakfast for Learning)
PT	Provincial and Territorial Stakeholders
YO	Youth
Other	Other (e.g. non-specified online submissions)

Policy Area 1: Creating Supportive Environments

The Framework showed that it is critical to create social and physical environments that support children and youth's social and physical environments.

Settings such as schools, communities, and the family environment can have a significant impact on the healthy growth and development of children and youth. This policy area refers to the social and physical environments in which children and youth live, learn and play, and aims to make them more conducive to and supportive of physical activity and healthy eating. According to the FPT *Framework for Action*, the topic of Creating Supportive Environments is multi-faceted.

Participants suggested a variety of ideas that touch on the availability of healthy foods and beverages, quality opportunities throughout the day for physical activity, and active and safe transportation options within such settings.

The Framework provided the context for this theme.

> *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.*
>
> -Curbing Childhood Obesity – A Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights, p.3

1.1 Education and Training

78 51

The largest cluster of participant ideas was on the topic of education and training, including food preparation, nutrition and physical education.

The largest cluster of ideas in Creating Supportive Environments was education and training, with participants recommending a number of ways in which youth and others could gain the knowledge to make healthy living choices. Participants suggested the expansion of food preparation instruction in schools to ensure that youth have a functional knowledge of how to choose and prepare nutritious food as they grow into adulthood. They identified the need for the delivery of quality information to inform the public at large on how to make healthy eating and living decisions. Thirdly, participants want more specific nutrition

training for youth and the general public. This focus included greater awareness of how to make educated dietary choices – knowing how to interpret nutritional labelling information on prepared food packaging.

Food Preparation Education in Schools 40 11

AB AR **CA** **HP** **IN** ME **NGO** **PT** **YO** **Other**

School and experience-based learning should prepare youth to know how to prepare healthy food.

Many participants want more education for all ages on growing, harvesting, preparing, cooking and preserving food. As one Winnipeg participant stated, "Part of the issue is that we've lost the knowledge of how to prepare foods in our fast food culture." One of the most frequently recurring actions suggested was re-establishing home economics classes in schools, with the hope they would help teach children and youth basic cooking skills and healthy eating. Similarly, a number of participants suggested more experiential learning opportunities for students, to facilitate the sharing of traditional knowledge and practices around food, leverage community partnerships, and "take academics [learning] to the land". This idea was especially popular among stakeholder participants in the three territories.

Accessibility and Availability of Educational Resources 20 22

AB AR **CA** **HP** **IN** **ME** **NGO** **PT** **YO** **Other**

Participants suggested the idea that people need to know how to eat healthfully, whether through campaigns, caregiver education, schools, or access to nutritional specialists.

Media notes: collaboration for messaging- government, NGOS, researchers and industry- "instead of everyone sharing their individual messages, collaborate on developing one set of messages)"/ create specific content that is both creative and engaging for specific audiences

Participants advanced the need for providing better information on how to make healthy eating and living decisions. While industry participants were particularly supportive of healthy eating programming and campaigns for children (e.g. Concerned Children's Advertisers' Long Live Kids – The Science of Food), a wide range of participants - including caregiver, NGO, online, industry and media – emphasized providing education to parents and the wider community as well. Suggestions included increased access to nutritionists and dieticians (over the phone or in supermarkets), wide-reaching public education campaigns (e.g. PSAs), and schools promoting information dissemination to parents and youth on food choices for healthy lunches. Other participants, particularly those from media organizations, advanced the idea of developing educational materials through multisectoral collaboration, which could help provide all stakeholders with more consistent messaging on this issue. For example, one media participant suggested:

"Instead of having everyone sharing their individual messages, we should collaborate to create one set of messages. This could then be used to develop more specific, creative content for different audiences."

Online participants think that educators need more material and resources on how to integrate healthy living and nutrition lessons into other classroom subjects throughout the school year.

Nutrition Education & Literacy 16 18

AB **AR** **CA** **HP** **IN** ME **NGO** **PT** **YO** **Other**

Some ideas centred on the need for greater disclosure of nutritional information, and the ability to understand it.

Specific information on nutrition was suggested by participants, in addition to having greater access to general information on healthy living. Those representing industry and the Canadian Obesity Network, as well as some regional stakeholders, suggested better (which for some meant standardized) nutrition education in grades K-12, developed through a pan-Canadian approach. Participants believe that the development and implementation of a national nutrition disclosure framework would help educate consumers on the nutritional value of quick-serve food (at fast-food outlets, for example). They want campaigns such as the Nutrition Facts Education Campaign to be replicated to reach the general public and raise awareness of how to read and understand product labelling. As one Toronto youth participant stated, "The key to maintaining a healthy weight is awareness. There should be more workshops on nutrition science, so people can be aware of what they're actually eating."

1.2 Built Environment and Infrastructure 73 45

The second largest cluster of participant ideas was on the topic of built environment and infrastructure.

The physical environments in which children and youth are raised emerged as the second most frequently recurring topic under Creating Supportive Environments. Participants asked for changes in how their communities are planned, to make outdoor physical activity easier and more (including more active transportation options such as sidewalks and bicycle infrastructure), and green spaces to allow for structured and unstructured play. Participants want access to schools in their communities after hours to allow for more opportunities for supervised physical activities. The third most popular idea in this cluster was to change zoning policies and regulations to influence the location of retail food outlets, particularly supermarkets and restaurants, with the goal of increasing access to healthy food choices.

Urban Planning Conducive to Physical Activity 30 37

AB **AR** **CA** **HP** **IN** ME **NGO** **PT** **YO** **Other**

Ideas focused on the concept that built environments should encourage active

Participants presented a number of ideas to build and develop communities that encourage outdoor physical activity, including active transportation. Actions were proposed by all stakeholder groups (except youth), and include safe and accessible sidewalks, bike trails and paths; creating more outdoor physical play areas throughout the community, including spaces where unstructured play can occur; and securing more protected green space. The development of a national cycling strategy was the second most popular idea

transportation and safe play.

overall in the online Idea Forum. In some of the territorial consultations, participants urged the development and re-establishment of the traditional First Nations trail system.

Participants believed that municipal policies can affect these built environments.

Some online participants advanced the need for school siting policies to encourage active forms of transportation, while caregiver participants suggested the need to have zoning that encourages safe, active transportation access to retail food outlets. Looking at community development, some participants want municipalities to incorporate healthy built environment requirements into their planning processes. For example, one caregiver participant suggested that communities could have a mandated number of parks and recreation centres within a prescribed distance. Additionally, many participants recognized the need for funds to maintain and facilitate accessibility to such infrastructure. In one of the self-organized dialogues with caregivers in Nova Scotia, one participant urged municipalities to reorient their municipal planning priorities, noting:

> *"Communities are making the wrong choices...money should be spent on making outdoor public spaces more welcoming and usable...not for cobblestone sidewalks for the downtown area."*

Community Access to School Facilities 23 2

AB AR **CA** **HP** **IN** ME **NGO** **PT** **YO** **Other**

One idea was that schools could provide important facilities for community activities to encourage physical fitness activities.

Some participants think that schools should be opened up after hours (evenings, weekends, summer) to the wider community, with the rationale that children and youth (as well as the broader population) would be granted supervised physical fitness facilities, and communities would be making good use of underutilized infrastructure. As one Vancouver caregiver participant explained quite simply, "We need to keep the doors open longer." Some participants took the idea even further, and envisioned some schools functioning as community centres. At the Aklavik Inuit National Committee on Health consultation, one participant explained that one significant barrier to increasing access to school facilities is the money required to operate the facilities (e.g. caretaker, heating, electricity). Dialogue around community access to school facilities was robust amongst participants at in-person consultations, but did not appear as frequently online.

Zoning Legislation for Improved Access to Healthy Foods 11 6

AB **AR** **CA** **HP** IN ME **NGO** **PT** **YO** **Other**

It was recognized that the built

This idea was supported by a number of caregiver and regional stakeholder participants, who suggested the need for zoning legislation to regulate the location of vendors that sell unhealthy foods (e.g. fast-food restaurants and convenience stores), with a particular focus on their proximity to schools. Similar to the

environment includes the availability and placement of vendors of foods - healthy and unhealthy.

"Urban Planning Conducive to Physical Activity" idea, participants also suggested that communities need to be zoned to afford easy access to essential services, such as grocery stores. For example, one participant put forth the idea that a mandated number of grocery stores be zoned within a prescribed distance to help make it convenient for people to buy and prepare their own fresh food. Another participant suggested the removal of land covenants (limitations on the re-development of commercial properties) on former supermarket sites that currently limit their reopening as supermarkets.

1.3 Behaviours and Attitudes

79 59

Participants suggested a number of ideas to change behaviours and attitudes to encourage healthy living.

Participants put forth a number of suggestions to change the behaviours and attitudes of children, youth and other Canadians, which form the third largest cluster under the Creating Supportive Environments policy area. Most of the attention here focused on physical fitness. Participants showed strong levels of support for increasing the level of physical activity in all grades, from kindergarten through to twelve, including time for both structured and unstructured play. They also suggested that less emphasis be placed on competitiveness in sport, with more emphasis on finding personal enjoyment in being physically active, for example, through less traditional physical activities such as tai chi or archery. To change the way in which healthy living is thought of and perceived by youth and society at large, participants advocated a shift in focus away from a weight-centric language, to take into account the multitude of factors that make up healthy living.

Physical Activity in Schools

34 25

AB **AR** **CA** **HP** **IN** ME **NGO** **PT** **YO** **Other**

There were many different ideas on how to increase physical activity in schools.

Many participants presented the idea that regular physical activity in schools needs to be re-introduced in schools, which could be provided to students throughout the day in a number of ways. The most common action, which was suggested by many industry, caregiver, stakeholder, youth and online participants, was to mandate a minimum, standardized level of physical activity for students to complete each year. Other participants suggested reinstating longer, "unplugged" recess and lunch breaks with structured physical activities, making gym class a mandatory component of the curriculum from grades K-12, and hiring health and wellness teachers for each school to integrate healthy living into all facets of school life.

Shift Focus Away from Weight

14 22

AB **AR** **CA** **HP** IN ME NGO **PT** **YO** **Other**

An idea with broad online and in-

A number of regional stakeholder, caregiver, online, and Canadian Obesity Network participants emphasized the need to shift the conversation on childhood overweight and obesity from a weight-centred

person support was that focusing on 'healthy growth and development' may be more constructive than 'healthy weights'.

approach to healthy living. The idea was particularly popular in the online Idea Forum, where it was voted as the most popular idea overall. Many expressed concerns with the language, explaining weight as just one component of the broader goal of maintaining a healthy lifestyle. Many participants suggested that the term "weight" be treated with caution, as it is often associated with issues like body image dissatisfaction and dieting, which can lead to numerous health risks. As one Saskatoon stakeholder participant asked,

> *"We have to take a close look at what we're trying to achieve – a population that weighs less, or a population that is healthier overall?"*

While none of the participant groups proposed alternative language definitively, there was some discussion during one stakeholder consultation around the term "healthy growth and development". Participants saw this as representing a more holistic approach by effectively capturing other contributing factors, such as environment, education and mental health. Others suggested that society's attitudes toward body weight and body image in general need to change, with some asking the media to play a more active role in portraying realistic healthy body images.

Inclusivity in Sports and Physical Activity 13 12

AB **AR** CA **HP** **IN** ME NGO **PT** **YO** **Other**

Children and youth can be encouraged to participate by focusing on the fun in sports and helping children find the activities that suit them.

Many participants want to lessen the overall focus on competitiveness and encourage structured and unstructured physical activity that is open to all levels of ability – in short, they want sports and physical activities to become more inclusive. They believed that this would address the over emphasis on the competitive aspect in sports, which includes the specialization in specific elite sports and "all-star" teams. Some felt that performance in gym class should not be graded, as a way of creating a more collegial atmosphere. As one Whitehorse stakeholder participant explained, "Fun sports should be fun. A lot of kids are self-conscious and may not like team sports." Participants also suggested introducing more non-traditional physical activities (e.g. tai chi, archery) to help broaden the concept of sport and physical fitness in the minds of youth. They think that teachers need to work individually with their students to find activities that interest them (and communicating through report cards to encourage parents to share these activities). A few participants saw a role for students to play in leading and planning physical education classes, as a way of encouraging them to take more ownership.

1.4 Highlights of Other Ideas

In addition to ideas clustered around education and training, built environment and infrastructure, and

Other ideas to create supportive environments.

behaviours and attitudes, participants presented a number of other ideas to create supportive environments for healthy living. They included: recognizing the important role that parents and families play in encouraging healthy living at home; ensuring ready access to affordable and widely available recreational programming; and using tax credits to reduce the cost of physical activity.

Positive Family Environment and Lifestyle 19 33

AB AR CA HP IN ME **NGO PT YO Other**

The family is a critical environment for children; there are different views about how much intervention is appropriate in this area.

The fundamental role of the family unit as a supportive environment was identified, particularly online, as a way to help ensure the healthy growth and development of children and youth. Regional stakeholder, caregiver, youth and online participants recommended that the important role that parents play in encouraging healthy living at home must be recognized. They urged parents and caregivers to plan more physical activities with family members (and setting limits for sedentary activities), encouraging improvised and unstructured play around the house, and spending more time cooking and eating together. One Métis National Council participant cautioned against, "the over-institutionalization of activities that should already be a normal part of family life," which she rationed, "could have the unintended effect of weakening the child-parent relationship." On the other hand, some participants also discussed how a negative family environment (i.e. forms of abuse, neglect, lack of parenting skills) can compound the issue of childhood obesity.

Accessible Recreation Programs 11 16

AB **AR CA HP IN** ME **NGO PT YO Other**

Emphasis on more accessible and affordable recreational programming, to allow children more opportunities for physical fitness.

The importance of affordable (free or low-cost) and widely available recreational programming was emphasized by a number of participants. Some suggested making public funding available for communities that want to promote and implement inexpensive health activities like running clubs, boot camps in public spaces, and pick-up sports leagues. One prominent example of an organized recreation program was brought up during the Toronto caregiver consultation, where a number of participants referenced the YMCA's CATCH Kids Club. Additionally, one participant emphasized the need for affordability, stating:

"Working at the Y, we see how participation numbers for free activities are huge...and if it costs even a couple dollars more, participation drops dramatically."

Others suggested tax credits or subsidized registration fees and equipment to help increase participation of children from low-income families. One participant highlighted the importance of quality in recreational

programming, suggesting tax credits for volunteers to take part in leadership training.

Tax Incentives 10 14

AB **AR** **CA** **HP** IN ME **NGO** **PT** **YO** **Other**

One stream of ideas centred on how taxation may be used to encourage healthy behaviours and discourage unhealthy ones.

Participants, particularly those who took part online, contributed a number of novel ideas on how to use taxation to encourage healthy lifestyles. In addition to the common call for the taxation of foods high in fat, sugar, and/or sodium (as reported in later sections of this report), some want the federal Children's Fitness Tax Credit to be available to those on fixed incomes, or to citizens of all ages (thus allowing for families to participate together), and the waiving of GST/HST on expenses related to physical fitness (e.g. gym memberships, activity registration). Others suggested tax breaks for healthy living. These would be monitored by primary care providers or certified trainers who would relay individual health statistics (such as body mass index) directly to the Canadian Revenue Agency, which would provide a rebate or tax reduction if one's statistics were within a healthy range.

Policy Area 2: Decreasing the Marketing to Children of Food High in Fat, Sugar and/or Sodium

The Framework targets children's exposure to unhealthy foods.

According to the FPT *Framework for Action*, children can be easily influenced by marketing, and most often are not aware of it. This policy area sees the reduction of child exposure to the marketing of certain foods and beverages as key to helping families consume fewer of them and make healthy choices with and for their children. As the Framework suggests:

> *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.*
> -Curbing Childhood Obesity – A Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights, p.4

Participants shared a number of ideas on how to reduce marketing to children.

Participants want action in a number of areas to reduce exposure to marketing. Many called for increased regulation of marketing, including the time of day, and physical location of advertisements. Others suggested changes to the way in which certain foods are displayed in retail environments. Many saw the need to increase media literacy, so that children and youth are provided with the knowledge and critical analysis required to make their own judgments on what they see being advertised. Lastly, they also saw a role for positive marketing, including more advertisements for healthy food options.

Strong Government Regulations for Marketing and Advertising 41 28

AB AR CA HP IN ME NGO PT YO Other

Participants suggested restricting advertising to certain times, volume, or locations as a way to reduce children's exposure, as well as cost penalties or national standards.

A range of actions aimed at placing greater restrictions on the marketing to children of unhealthy foods were suggested by participants. These actions reflected different levels of stringency, with the call for tighter restrictions appearing more frequently. This included limiting the total number of advertisements and/or restricting such marketing to certain times (e.g. not during peak times for children's television shows). Others presented the idea of restricting advertisements in certain locations, such as in high-impact retail areas and schools (some suggested making these "marketing-free zones"). Additionally, many youth participants suggested making advertisements for unhealthy foods more expensive. Some participants went even further and suggested banning any direct marketing to children. As some Yellowknife regional stakeholders discussed, outright bans would take into account how easily children are influenced, and their

belief that they do not think they are influenced. Other participants spoke to perceived regulatory challenges in the current system, in which industry self regulates. As one Charlottetown regional stakeholder explained, "regulation is not part of the framework right now, [because] it's voluntary."Another participant identified the need for national standards, arguing that regulatory enforcement is difficult when issues transcend regional, provincial, national and international jurisdiction.

Industry and online participants disagreed with the need for addressing marketing, or singling out "unhealthy" ingredients.

Although many participants advocate stronger action in this policy area, there were some participants who disagreed with its premise. This was most evident in the industry and media consultations, with many of these participants advocating looking to the successes of existing initiatives to decrease advertising to youth. Some challenged the need to decrease marketing, questioning the evidence linking childhood obesity to foods high in fat, sugar and/or sodium, as well as the impact of marketing such foods. Other participants argued that there are more fundamental issues to address than marketing practices, including the important role of parents in helping their children make healthy lifestyle choices. One industry representative, for example, posed the question,

> *"Why are we pointing the finger at restaurants and grocery stores? It's not because of Coca-Cola or McDonald's...it's the parents."*

A number of industry participants also cautioned against the singling out of specific ingredients (e.g. fat, sugar, sodium) and automatically associating them with unhealthy foods.

Retail Experience More Conducive to Healthy Foods 33 2

AB **AR** **CA** **HP** **IN** ME NGO **PT** **YO** **Other**

Participants shared ideas on the way products are marketed in retail stores, as they believed they influence choices for healthy or unhealthy foods.

A number of regional stakeholder, caregiver and Canadian Obesity Network participants suggested actions to address how food is marketed and presented in retail environments. For example, they advanced the idea that unhealthy items should not be placed in high-impact areas (e.g. checkout aisles), or at least placed so that they are not as visible or accessible to children. One Charlottetown regional stakeholder stated that such actions would help, "create a more family-friendly shopping experience." Other actions included having food service providers promote the four food groups more actively, offering healthy food samples in supermarkets, creating more enticing visual displays for healthy foods in order to attract children, and having grocery stores provide in-store resources (e.g. dieticians on-staff, tours of the store, nutritious recipes) for customers seeking nutritional advice. As suggested by one participant, "Marketing is much more than just a commercial on TV."

Media Literacy for Youth 33 1

AB **AR** **CA** **HP** **IN** **ME** **NGO** **PT** YO Other

Youth would benefit from learning how to critically analyse the media they absorb.

Teaching individuals how to critically analyze messaging in a wide variety of media was promoted by many participants representing industry, caregivers and the Canadian Obesity Network. One media participant suggested that "just as we have financial and digital literacy, we need media literacy." This means educating children and youth, as well as their parents, to recognize when and why they are being marketed to by companies. Many industry participants viewed media literacy education as the main solution for this policy area, advocating for a 'teach, don't protect' approach, as they did not think that bans would work. Similarly, as one Winnipeg regional stakeholder explained,

"It's not just about regulations, but also about teaching people to be critical thinkers and media savvy."

Many participants pointed to the Concerned Children's Advertisers public service announcements on media literacy as a model upon which to build, and possibly the basis for developing and rolling out a standard curriculum for schools across Canada. Other participants envisioned the role of a grassroots, social marketing education campaign that would empower children to make the right choices for themselves.

Positive Marketing 28 5

AB **AR** **CA** **HP** **IN** **ME** NGO **PT** **YO** **Other**

Promoting healthy foods in creative ways, rather than focusing on reducing the marketing of unhealthy foods, was a key focus.

In contrast to the first idea for this policy area, participants from nearly every stakeholder group think that marketing should be re-oriented to promote the more positive aspects of this issue, such as the variety of healthy food choices available to children and youth. Participants acknowledged that there was a lot of criticism on the negative impact that advertising can have, and also emphasized that the media is also a powerful tool to convey positive messages. The media's impact was discussed by some youth participants, with one Vancouver youth stating that,

"In today's media there's a lot of stereotypes about how you're supposed to look. People don't realize how generic it is. I don't think there is a standard body type or weight...it's just about being healthy."

Many participants suggested creating a media environment that is more conducive to positive marketing overall. Some media participants suggested developing effective PSAs to push positive messages out to the public, as well as using print and broadcast media more actively to report on stories related to healthy,

active living. In Saskatoon, some participants presented the idea that positive marketing be used to create consumer demand for healthy foods. Some industry representatives cited the popular milk marketing campaigns as an example of a successful healthy food initiative targeted at children and youth, particularly with the use of celebrities and other recognizable spokespersons. Similarly, an idea from the Toronto youth consultation involved developing a cartoon involving fruits and vegetables, which participants believed would help teach children how to eat healthy from an early age. Additionally, some participants suggested broadening the message to include a more holistic focus on healthy living, similar to the federal ParticipACTION program. Most of the participants supporting this idea felt that it would require a multisectoral effort, particularly between government and industry groups.

Policy Area 3: Increasing the Availability and Accessibility of Nutritious Foods

The Framework's third policy area addresses the need for Canadians to be able to access nutritious foods.

While decreasing the marketing to children of certain kinds of food and imparting knowledge of healthy food preparation are important, these efforts to encourage healthy eating and living will come to naught if children, youth and their parents do not have access to nutritious foods. This policy area focuses on finding ways to increase access to and availability of healthy food options, including in those communities challenged by their location. According to the FPT *Framework for Action,* there are several important factors that impede access to nutritious foods.

> *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 limit some families' ability to effectively make healthy choices.*
> -Curbing Childhood Obesity – A Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights, p.4

3.1 Addressing Food Prices

69 65

Participants put forth ideas about how to address food prices in order to make healthy food more accessible and available, including for those facing socioeconomic or geographic barriers.

Making healthy food more affordable was the most frequently recurring theme for this policy area. Participant ideas were clustered around three areas: government regulation, support for individuals with low incomes, and support for individuals in the North and remote communities. The first idea encompasses a range of actions that could be taken to decrease the price of nutritious foods and/or increase the price of unhealthy foods. The second and third ideas are aimed at supporting two groups that are particularly sensitive to food prices as a result of socioeconomic and geographic barriers. Many participants that proposed supporting individuals with low incomes identified poverty as a fundamental problem contributing to childhood overweight and obesity. Acknowledgement of the challenges that Canadians in the North face in accessing healthy foods was high. Participants also emphasized the need to ensure that marginalized groups are being engaged directly with this issue, as they may have specific needs that are often overlooked.

The focus of ideas in this area was the price of food, which has a strong influence on consumer choice, and the role that government regulation can play in affecting prices so as to encourage healthy choices.

Government Regulation 34 38

AB **AR** **CA** **HP** IN ME **NGO** **PT** **YO** **Other**

The most common action from participants called for a decrease in the price of healthy foods (e.g. fruits, vegetables, dairy, organic options) and/or an increase in the price of unhealthy foods (e.g. "junk food," fast food). Many participants suggested that governments should play an important role in regulating food prices in order to make healthy foods more accessible and unhealthy foods less so, and identified a number of ways that this could be done. While numerous participant groups questioned the high cost of nutritious foods, these concerns were most clearly expressed in an Aboriginal and Winnipeg regional stakeholder consultations. Commenting on the price differentials between healthy and unhealthy food, one online participant shared,

> *"I see it every day, where people can buy a full fast-food meal for roughly six dollars, or buy a pound of apples, which will not fill up an average adult, for the same price."*

Participants noted a number of ways to regulate food prices, such as taxing unhealthy food (which was particularly popular with online participants, and akin to the way in which tobacco products are currently taxed), developing a coupon system for healthy food, and providing government subsidies for those who produce, transport and sell healthy food, particularly in northern and remote communities. Some put forth the idea that taxes levied on unhealthy food options be directed to decrease the price of healthy options. Many regional stakeholders felt that such regulations could help equalize prices between healthy and unhealthy food, particularly in remote areas. Some caregiver participants suggested the need to monitor food prices, possibly through a watchdog organization, before any regulatory actions are made.

Participants are concerned about how poverty and income inequality affect people's ability to access nutritious food.

Support for Individuals with Low Incomes 20 21

AB AR **CA** **HP** **IN** ME **NGO** **T** YO **Other**

Participants put forth a number of ideas on the impact of socioeconomic status on nutrition and healthy living. One Charlottetown regional stakeholder observed that:

> *"One group that isn't here is the impoverished and working poor, who will have different needs and strategies...if we are looking at determinants, we really have to get everyone around the table involved."*

While some suggested tax credits and subsidies to address accessibility concerns (including one online participant who proposed running mobile fruit and vegetable buses to sell low-cost produce in areas devoid

of grocery stores), many presented ideas to tackle poverty at a more fundamental level. Poverty and food insecurity, according to participants, are significant impediments to healthy eating for many individuals across the country, including those in northern and remote areas. As a result, some regional stakeholder participants suggested developing and implementing provincial-level anti-poverty strategies, increasing social assistance rates, and increasing access to affordable housing. "If people don't have enough money to buy food, then that's a big barrier to eating a healthy, balanced diet," shared one regional stakeholder participant. "We were thinking that there are probably economic policies that would make disposable income more readily available, to make sure that families have a basic level of resources available to support themselves."

Support for Individuals in the North 11 6

AB AR CA **HP** **IN** ME **NGO** **PT** YO Other

Measures are needed to address difficulties in accessing nutritious food in northern and remote areas.

Participants offered ideas to address the specific barriers that Canadians in northern and remote communities face in accessing nutritious food. Throughout the engagement process, participants shared their experiences of how expensive it can be to buy healthy food items in isolated areas (e.g. $21 pineapple in Iqaluit). With the goals of equalizing the prices of healthy and unhealthy food within these communities and/or standardizing food prices across jurisdictions, the most common action was transportation subsidies, which would help reduce costs to consumers. Additionally, some participants suggested utilizing key structures and organizations already in place within these communities, such as Food Secure Saskatchewan, while another suggested increasing support for organizations that fund nutrition programs (such as breakfast programs). One participant suggested developing closer partnerships with grocery stores in northern communities, to ensure that healthy foods are stocked at affordable prices. Support for the Nutrition North program was high, which provides smaller northern communities with subsidies to help offset the cost of healthy food. Touting the success of the program, one participant from Yellowknife shared:

"There's evidence that [the Nutrition North] program led to increases in consumption of calcium, whole grains, and fruits and vegetables."

3.2 Building Local Community Capacity

66 16

The second largest cluster of ideas focused on building the capacity of

The ideas included in this theme were some of the most strongly supported and highly discussed across all dialogues. Many participants felt that community-based actions, such as community gardens, community kitchens and meals, and supporting local food production were key to addressing childhood obesity. In

communities to access nutritious foods.

contrast to many of the ideas that were gathered throughout the consultation process that require direct government actions, participants felt that the ideas clustered around community action represent ways for individuals to work together at the local level and make an impact themselves. In a number of dialogues, participants described the positive impact that such actions have had in their local communities. Although a wide range of participants proposed these types of ideas, caregiver and regional stakeholder participants were the strongest supporters.

Community Gardens 31 7

AB AR CA HP IN ME **NGO PT YO Other**

Community gardens can provide both food and community supports.

All types of stakeholder groups suggested developing and fostering community gardens. As some regional stakeholders explained, these publicly-owned and -operated plots would help people recognize the importance of food security and self-sufficiency, particularly in the local context. Community gardens were also promoted as ways to create a "social fabric" between community members by providing the opportunity to get involved and support each other through a cooperative venture. Many participants suggested the creation of community gardens and greenhouses specifically for schools and childcare settings (e.g. YMCA Youth Centres), which would include an educational component for students. As one regional stakeholder explained, this could require "repackaging and selling the idea of gardening" to people. During the Métis National Council consultation, participants shared examples of the positive impact that community gardens on donated Métis land have had in some communities, particularly in terms of helping children and youth develop their knowledge and skills of horticulture. However, one participant cautioned that "there are so many pockets of things going on...we need to have more coordination so that community gardens aren't threatening market gardens."

Support Local Food Production 21 7

AB AR CA HP IN ME **NGO PT YO Other**

Local food producers could be supported through education, financial incentives, and marketing supports.

Participants suggested a range of actions to build the capacity of local food producers and make their products more accessible. Many felt that the "buy local" mentality needed to be more actively supported and promoted, through education, for example. More specifically, a number of regional stakeholders think that local farmers need more resources to sustain their business of providing local residents with food "from the field to table". According to participants, this could include agricultural grants and subsidies which could help reduce the costs related to transportation, or taxes to deter the purchase of imported produce. Others suggested that local food production could be supported through schools. Some described the example of the "Farm to School Healthy Choice Fundraiser," in which students sell bundles of fresh, locally grown fruits and vegetables at or below market price, and one youth in the online Idea Forum

suggested the creation of small farmers' markets in schools.

Community Kitchens and Meals 13 2

AB **AR** **CA** **HP** IN ME NGO **PT** YO **Other**

Community kitchens and meals allow participants to save on food costs while learning new skills and building community connections.

The creation of community kitchens and meals, where members of the community come together in a public space to cook, share knowledge and skills, and socialize with one another, garnered much enthusiasm. It was suggested that these be developed in a number of different settings, including community centres, schools and workplaces. Participants believe that such settings will allow participants to share costs - as food is usually bought and cooked in bulk quantities - and allow for an investment of time in creating nutritious meals. At the Aklavik NICoH consultation, some participants felt that community kitchens should also focus on traditional foods. Similar to community gardens, the kitchens would be community-driven initiatives, although some participants suggested developing partnerships with relevant government departments (e.g. Education, Health and Social Services).

3.3 Highlights of Other Ideas

Participants shared a few other ideas on increasing accessibility and availability of nutritious foods.

In addition to ideas clustered around food prices and building local capacity, participants presented a number of ideas to increase the availability of and accessibility to nutritious foods. This included making eating healthily more convenient, enhancing product labelling, and regulating access to and the formulation of 'junk foods'.

Convenient Access to Healthy Food 23 34

AB **AR** **CA** **HP** IN ME **NGO** **PT** **YO** **Other**

The focus of this idea was that nutritious foods should be made the most convenient choice in schools, childcare facilities, and on the streets.

Many participants want action to ensure that healthy foods are the most convenient options available in schools, childcare settings, and recreation centres. For a number of regional stakeholder, online and Canadian Obesity Network participants, this would require mandating healthy food and nutrition policies in schools and childcare facilities. This could include developing standardized menus and reintroducing breakfast and lunch programs to provide nutritious meals and snacks at cost or for free. According to some caregiver participants, subsidies or grants could be provided to reduce the costs of such programs in educational settings. Other participants put forth the idea of introducing mobile fruit and vegetable carts to roam cities in the warmer months (similar to ice cream carts), and incentivizing the development of healthy fast food eateries (as youth in Port Coquitlam explained, "just like how fast food restaurants are everywhere!")

Product Labelling 21 11

AB **AR** **CA** **HP** IN ME **NGO** **PT** **YO** **Other**

Nutritious foods can be made more accessible through the use of simple food labelling systems.

With the goal of providing consumers with direct, easy-to-understand nutritional information, many participants see a need for improved food product labelling standards. A wide range of actions were submitted by regional stakeholder, caregiver, Canadian Obesity Network, youth and online participants. The most common suggestion was to develop warning labels for foods considered unhealthy (e.g. high in fat, sugar and/or sodium), similar to how tobacco products are labelled. Another idea shared by many participants was the creation of an easy-to-understand rating system for pre-packaged foods. Participants cited the United Kingdom's traffic light labelling system as a model to consider, which categorizes food based on its content of fat, sugar and sodium – red, yellow and green markings indicates high, medium and low levels of those ingredients.

Participants also contributed actions to simplify the information provided by nutrition labels. One Canadian Obesity Network participant in Montreal suggested that,

> *"Instead of having people understand things like percentage of daily value, we need to have a simpler language [like] 'this is high in sugar, this is low in fat'".*

Similarly, one participant emphasized the need for plain language by asking, "Would the label be something your grandparents can read?" Other actions included developing standardized portion sizes across jurisdictions and encouraging more honest, impartial advertising. This second action was especially popular amongst participants at the Port Coquitlam youth event, who felt that "if you're advertising unhealthy food, then you have to talk about the good and bad of your product." Some participants also suggested that these practices apply to any point of sale, such as calorie labelling introduced in large chain eateries in New York City and California. One online submission from industry, however, challenged the efficacy of "oversimplified" calorie counts on menus, citing the complex variety of menu options and combinations, the focus on calories over other nutrients, and the lack of evidence that such measures result in healthier choices.

Access to and Formulation of 'Junk' Food 6 17

AB **AR** **CA** **HP** IN ME NGO **PT** YO **Other**

Access to unhealthy foods may be reduced through bans on certain foods and ingredients.

Some participants suggested that the best way to increase the availability and access to nutritious foods is to ban or regulate more strictly foods high in fat, sugar and/or sodium. This idea was particularly popular amongst online participants. They suggested a variety of measures, including bans on the sale of junk food in schools, hospitals and recreation centres (rather than simply offering healthy alternatives, as explained in the 'Convenient Access to Healthy Food' category), outright bans on certain kinds of foods (such as carbonated beverages and sugary snacks), bans on the use of additives in the food supply chain (e.g. high-fructose corn syrup, colour, and growth hormones), the reduction of the use of fat, sugar and sodium in food through a program modelled on the recent Trans-Fat Task Force, the regulation of food portions in the service industry, and the implementation of age restrictions on the sale of "energy" drinks.

Policy Area 4: Taking Early Action

The final policy area in the Framework is taking early action to support healthy choices for children.

While children and youth need supportive environments to grow and develop, ready access to nutritious foods, and skills to make healthy living choices, the importance of the early years in a child's life was highlighted in the FPT *Framework for Action*, and emphasized by many participants. Through early identification of childhood overweight and obesity, and increased attention on the first five years of life, the focus of this final policy area, developmentally-appropriate interventions can be offered to children and their families. The Framework identifies key factors to consider when taking early action.

> *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 developmentally appropriate 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.*
>
> -Curbing Childhood Obesity – A Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights, p.3

4.1 Education and Training

46 25

The largest cluster of participant ideas was on the topic of providing education and training for early intervention and support.

The most popular theme under Taking Early Action was education and training. This focuses on providing parents, families and health practitioners with the knowledge and resources needed to have a positive influence on a child's health, particularly during their early years. Many participants felt that engaging parents and families was a fundamental component of addressing childhood obesity, largely because of the level of influence that they can have on a child's growth and development. They also emphasized support for practitioners – with a focus on capacity building, including ensuring that healthcare and childcare workers receive up-to-date training and educational resources.

Engage Parents and Families 33 17

AB **AR** **CA** **HP** IN **ME** **NGO** **PT** YO **Other**

Providing educational resources for parents early may allow them to influence their children toward healthy behaviours and choices.

Many regional stakeholder, caregiver, Canadian Obesity Network, media and online participants put forth the idea of engaging and educating parents and families as the priority action for "Taking Early Action." As one Vancouver caregiver participant advised:

"It's important to go to the parents themselves and find out what they think is limiting them."

With a focus on increasing awareness of healthy lifestyles and establishing healthy attitudes and behaviours during the early years, participants think that the development and distribution of evidence-based educational resources (e.g. courses, information sessions, social marketing campaigns or challenges, information packages) should focus on topics such as nutrition literacy, physical literacy and healthy growth and development. Participants noted that parents are an important source of influence and control over their children, and that families can lead by example by establishing and maintaining a healthy lifestyle. For example, one participant suggested that, "there needs to be a great emphasis on the parent's understanding of why it is important to develop physical activity skills at an early age...it leads to self confidence and the ability to perform the tasks needed to be healthy throughout their lives." To engage parents and families more effectively, media participants proposed developing creative messaging specifically for this demographic. Additionally, some media participants identified the need for a forum for concerned, passionate parents to get more involved with this issue at the community level. This could be achieved through local events and social media initiatives targeted at childhood obesity, as one participant refenced the impact that "mommy bloggers" have had on a number of issues.

Participants suggested that primary care and public health practitioners (e.g. family physicians, nurses, nutritionists, dieticians) should take a leading role and leverage community-based partners (e.g. schools, caregivers, local media) to get the message out and provide increased access to resources.

Support Practitioners 11 8

AB **AR** **CA** **HP** IN ME NGO **PT** YO Other

Educational resources, training, and systemic supports are also important to help healthcare and childcare practitioners assist children at risk of

Participants suggested that practitioners be supported in their work with relevant, up-to-date training and educational resources. They recognized the important role that healthcare and childcare practitioners play in identifying the risk of obesity early and making appropriate interventions. At a higher level, some Canadian Obesity Network participants put forth the idea of more integration between health care providers, while some regional stakeholder participants suggested that a needs assessment of practitioners

obesity.

is necessary, to help enhance their skills in identifying and addressing childhood obesity. Some suggested training on the World Health Organization's revised growth charts. Participants also identified other actions: healthcare practitioners need to develop a better toolkit for the treatment and referral of overweight children; childcare practitioners need to better articulate and utilize Early Childhood Education principles, expectations and responsibilities in their work, with a focus on physical literacy; and school boards need to hire more trained and dedicated physical education teachers.

4.2 Maternal and Baby Health Initiatives

47 5

The second largest cluster of participant ideas focused on encouraging breastfeeding and ensuring a continuum of pre- and post-natal services are available.

This theme was almost as popular education and training, which is encompassed by two key ideas: encouraging breastfeeding as an exclusive feeding practice and ensuring that a continuum of pre- and post-natal services are available to new mothers and their families. Many health care practitioner participants strongly supported breastfeeding, which they feel is essential to early childhood nutrition and health. In terms of pre- and post-natal services, participants proposed improvements in a range of areas, including surveillance and monitoring, and access to education and counselling. Additionally, many participants wanted to ensure high accessibility for such services, especially for those who may not be aware that they are available, or feel excluded due to socioeconomic barriers.

Breastfeeding

19 2

AB **AR** **CA** **HP** IN ME NGO **PT** YO **Other**

Measures to promote breastfeeding may help to establish early health and nutrition in infants were emphasized in these ideas.

Participants presented a number of ideas to promote and increase the practice of breastfeeding, given it is a fundamental component of early childhood health and nutrition. Some regional stakeholder participants suggested that all provincial and territorial governments develop breastfeeding policies in collaboration with regional and community health units. More broadly, a number of participants supported the promotion of breastfeeding as the exclusive feeding practice for the first six months to one year of the child's life, with the goal of increasing breastfeeding initiation and retention rates over time. Some Canadian Obesity Network participants pointed to the example of Quebec, where breastfeeding promotion is used as a way to engage mothers with the issue of childhood obesity.

Pre- and Post-Natal Services

17 3

AB **AR** **CA** **HP** IN ME **NGO** **PT** YO **Other**

Different venues and personnel could take a role in monitoring and

Ensuring a continuum of services during the pre- and post-natal periods was considered essential by a number of regional stakeholder, caregiver and Canadian Obesity Network participants. Most of the suggestions on this topic focused on providing mothers and the broader family with adequate prenatal

supporting families in the critical prenatal and postnatal periods.

monitoring and care, which would include access to education and counselling on topics like prenatal nutrition and birth weights. While many participants suggested that primary care and public health practitioners would take the lead, they also saw a role for professionals in childcare settings to provide such services. Some participants put forth the idea that services must accessible to everyone, regardless of socioeconomic or cultural background, so that "we are working on actions that aren't increasing disparity". Some Canadian Obesity Network participants presented the idea of broadening postnatal services including education, surveillance and monitoring, and noted that there should be "more than just general guidelines... [we should] make sure they are current." One Aklavik regional stakeholder participant emphasized the need for these types of services as soon as possible, suggesting,

"[We need to support] parents so that they have the capacity to provide their children with a healthy lifestyle right from birth."

4.3 Further Research

30 18

Participant suggested different kinds of further research and monitoring.

This theme focuses on improving the overall research capacity and data available on childhood obesity. Participants suggested two approaches to achieve this goal. The first was conducting a comprehensive assessment of health needs and risk factors, which would require a high level of collaboration between different groups in order to obtain accurate and robust information. The second idea was improving health monitoring tools and practices and engaging all relevant practitioners in their use and delivery. While less widely supported than the first idea, both healthcare practitioners and regional stakeholders believed that this would provide a more solid information base for tracking a child's growth and development, as well as making interventions if necessary.

Assess Health Needs and Risk Factors 16 13

AB **AR** **CA** **HP** IN ME **NGO** **PT** YO **Other**

Need for more research on risk factors, as well different types of collaboration among various actors on research related to childhood obesity.

Having robust, accurate and up-to-date research on childhood and youth obesity was a popular topic amongst participants. Participants suggested the need for more research on risk factors for childhood obesity, including the social determinants. This they saw this as a collaborative effort between provincial/territorial governments, private industry and research communities (e.g. academia, NGOs). Others put forth the idea of more community-based research, with the purpose of engaging individuals at the local level to determine when and where interventions can be made. Participants also suggested the need for research to address current gaps on childhood obesity, with regards to newborns, school-age children and "massive self-underreporting," which one participant attributed to many people not

understanding the difference between being overweight and obese. Other participants suggested further standardization of research across the country, conducting longitudinal, population-based screening for health, particularly for First Nations and Métis populations, and further developing data sets to provide a comprehensive view of existing information at both federal and provincial/territorial levels. Some regional stakeholder participants discussed existing early nutrition screening in some regions. Although this was standardized, they presented the idea that the program should be expanded through more proactive outreach to the most at-risk mothers and newborns, explaining, "We struggle because the folks that come to see us are often the ones that don't need [nutritional screening]."

Improved Health Monitoring and Tools 14 5

AB AR CA **HP** IN ME NGO **PT** YO **Other**

Child health monitoring and using a more comprehensive set of factors that draw on international resources was a key idea.

While participants put forth the idea that healthcare and childcare practitioners need more support in terms of education and training (as described in the "Education and Training" section), they also suggested more rigorous health monitoring, supported by effective, world-recognized tools. These include the redesigned World Health Organization growth charts, which outline a more comprehensive set of physiological growth and development standards for children and youth. This idea was especially popular among regional stakeholder participants in Saskatoon, who suggested more regular growth monitoring during a child's early years (e.g. until the age of five, most frequently during the first eighteen months). Some participants also wanted to re-examine monitoring based solely on the body mass index, as they suggested that this is "based on how children should grow, not how they have grown" and does not include the whole range of physical activities that a child may participate in. As a result, the need for a more composite measure was identified.

5. Conclusions

The input from Our Health Our Future will strengthen the work of the FPT Ministers of Health going forward; the process has already created opportunities for collaboration among stakeholders.

Through the *Our Health Our Future* consultation process, stakeholders across Canada have participated in a dialogue that will help inform the actions of FPT governments as they determine future priorities for addressing childhood obesity. The contributions of stakeholders will contribute to the upcoming Health Ministers Meeting. At the same time, engaging the relevant sectors on this issue has provided significant opportunities for increased multisectoral collaboration and knowledge sharing. The dialogue will culminate in a National Summit, which will bring stakeholders together from across Canada to share their best practices and explore concrete actions for the future.

A large majority of participants were satisfied with key aspects of the engagement process.

Participant evaluation of the in-person dialogues indicates overall satisfaction with the engagement process. All of the survey items in the evaluations received positive feedback from the majority of participants. Overall, the following components received the highest ratings (i.e. agree or strongly agree) from over 90% of all regional stakeholder, caregiver, Canadian Obesity Network, industry, media and National Aboriginal Organization participants: **relevance of the agenda, plans to stay connected with the dialogue, freedom to express views freely, effectiveness of the facilitation, appropriateness of the facilities, session objectives being met, and relevance of the *Framework for Action* presentation**. The youth participants were surveyed on a similar set of evaluation questions and rated the dialogue process very positively as well. The following items received the highest ratings for youth: **effectiveness of the discussion leader, use of keypads, and ease of understanding the topics.**

Positive feedback from participants illustrates the value and quality of the initiative.

This positive feedback was further validated in participants' written comments. Some examples include:

- Winnipeg regional stakeholder: "Great discussions and networking opportunity. As a result I feel more aware of initiatives which could impact my own professional practice."
- Toronto caregiver: "Great to see community input happening for our children."
- Ottawa industry: "Very worthwhile and an issue of high importance in our industry… Thank you."
- Aklavik dialogue: "It was a good meeting, we enjoyed it. It was fun and not just talk, talk, talk! It was very understandable."
- Vancouver youth: "Thank you for hosting this! It's so important for youth to have a say… I really hope some of our ideas become some sort of reality for Canada."
- Toronto media: "Great day, good representative group. Would be interested in hearing more about the Summit and next steps."

Participants would have been happy to have more time to discuss the

Although participants reacted positively to the in-person dialogues, they expressed the desire for more discussion time. A number of participants felt more time was needed to cover the agenda items and for

important issues brought forward.

questions following the framework presentation and keypad questions.

Just as the ideas shared in Our Health Our Future represent a collaborative effort, follow-up actions will also require long-term shared efforts from many sectors and participants.

The results of this national initiative reveal a strong appetite for concerted and coordinated multisectoral action to reverse the trend line of childhood obesity. Through both professional and personal experiences, participants recognized the urgency of this issue and were passionate about identifying potential solutions. Participants know that sustained action and long-term commitment means governments, families, communities and industry must make this a priority. Overall, *Our Health Our Future* helps demonstrate that Canadians are prepared to join together in this critical first step to address childhood obesity in this country.

We wish to sincerely acknowledge and thank all of the participants for their enthusiasm, contributions and overall commitment in working to promote healthy weights for children. We also wish to thank the Public Health Agency of Canada for the honour of being involved with this inspiring initiative.