

Growing Up Healthy
Discussion
Framework

for a childhood obesity
prevention strategy

JULY 2011

OVERVIEW

It is often said that children's health is a nation's wealth.

Yet despite medical advancements, today's children are less likely to grow up healthy than the generation before them, affecting their quality of life, the sustainability of our health care system, and the health and vitality of our future workforce and economy.

The childhood obesity epidemic has gained much attention recently. It is the most visible reminder that our children are not getting what they need to be healthy. However, weight is only part of the picture. The "twin epidemics" of unhealthy eating and physical inactivity are affecting children regardless of body weight, and putting them at increased risk of obesity, diabetes, heart disease and some types of cancer throughout their lives.

The reasons for this are complex. Over the past 30 years, we have re-designed our lives and our communities for convenience. Many of the factors that used to allow us to eat well and be active have been lost from daily life. In addition, our health behaviours and health are shaped by socio-economic factors, or determinants of health, including employment, income, education and social support networks. Many of these factors lie outside the health care system and go beyond individual choice or parental responsibility.

To turn the tide of poor health, it is important to help children develop the behaviours that will prevent obesity and chronic disease into adulthood. This means we must focus on children, but also on their families, communities and society. We need to reshape our environments to support people to eat better and be active in their daily lives, and to make healthy active living the new social norm. And we need to continue to address the underlying determinants of health. In doing so, we can improve the health of children and all Nova Scotians.

Creating this cultural shift is a challenge, and it won't happen overnight. But it can be done, together. In the 2010 and 2011 Speech from the Throne, the provincial government committed to develop a childhood obesity prevention strategy. Through this commitment, Nova Scotia can become a place where children are supported to eat well, move more and grow up healthy.

Across the province, hundreds of individuals, communities, schools, policy makers, health professionals, business leaders and others are already taking action. We can build upon this work to create a movement by celebrating and sharing successes and inspiring others to act.

This discussion framework outlines the major areas in which we need to act – collectively and comprehensively – over the next 10 years to improve our children's health. We welcome your comments, feedback and ideas.

HOW HEALTHY ARE OUR CHILDREN?

Our children are facing a health crisis.

Poor diet and physical inactivity are affecting our children's health today and increasing their risk for **preventable** conditions including obesity, heart disease, type 2 diabetes, certain types of cancer and other chronic diseases later in life.

Many conditions once limited to adults are now being seen at higher rates and at younger ages:

- approximately 1 in 3 children and youth is overweight or obese¹
- type 2 diabetes (formerly called "adult-onset" diabetes) now accounts for 10 per cent of new diabetes cases in youth²

Poor nutrition and inactivity also affect mental health. Overweight children experience bias and bullying as early as preschool. Obese children are less likely to attend post-secondary education and more likely to suffer from depression, anxiety, low self-esteem, poor body image and suicidal thoughts and acts.

Regardless of weight, good nutrition and physical activity are both needed for healthy child growth and development and to maintain health at every age. Good nutrition, including a healthy breakfast, is also linked to better school performance. Physical activity can help children and youth have fun and feel happier, do better in school, learn new skills and improve their self-confidence. Too much sedentary time (time spent sitting, watching TV, playing video games) can be harmful to health. Therefore, even when a child meets physical activity guidelines, it is important to build movement into daily routines and take frequent breaks from sitting.

Unfortunately, many children and youth in Nova Scotia are not getting what they need to be healthy, and this often begins even before they are born.

NUTRITION

- Poor maternal nutrition contributes to the highest pre- and post-pregnancy weights in Canada,³ increasing risk of weight gain later in a child's life
- Rates of breastfeeding, the best first source of nutrition, are significantly below the national average⁴
- Almost 10 per cent of families are food insecure (can't always access or afford safe, healthy food)⁵
- A provincial school-based sample of Grade 7 and 11 students in 2005 found that⁶:
 - More than 3 in 4 did not eat enough fruits and vegetables
 - Over half did not eat enough grains, milk products, calcium and folate
 - Almost no students ate enough fibre
 - Intake of fat, sugar and salt was high
 - Snacking and skipping meals (including breakfast) were common

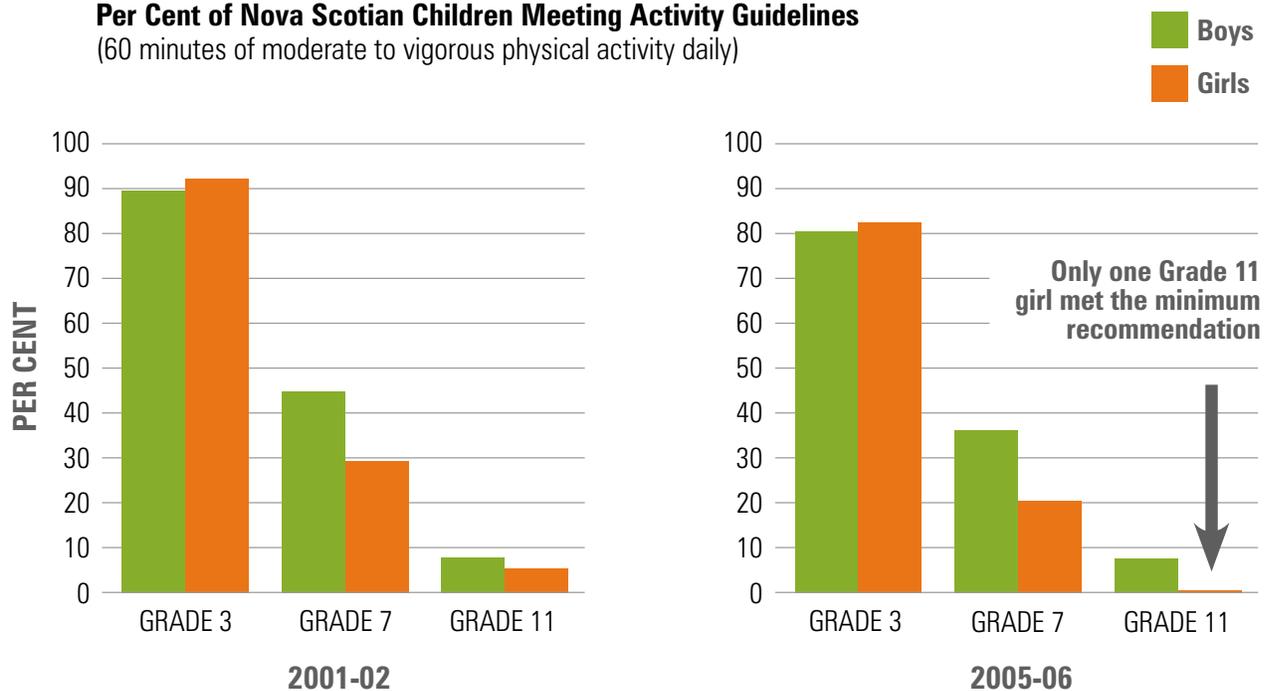
PHYSICAL ACTIVITY

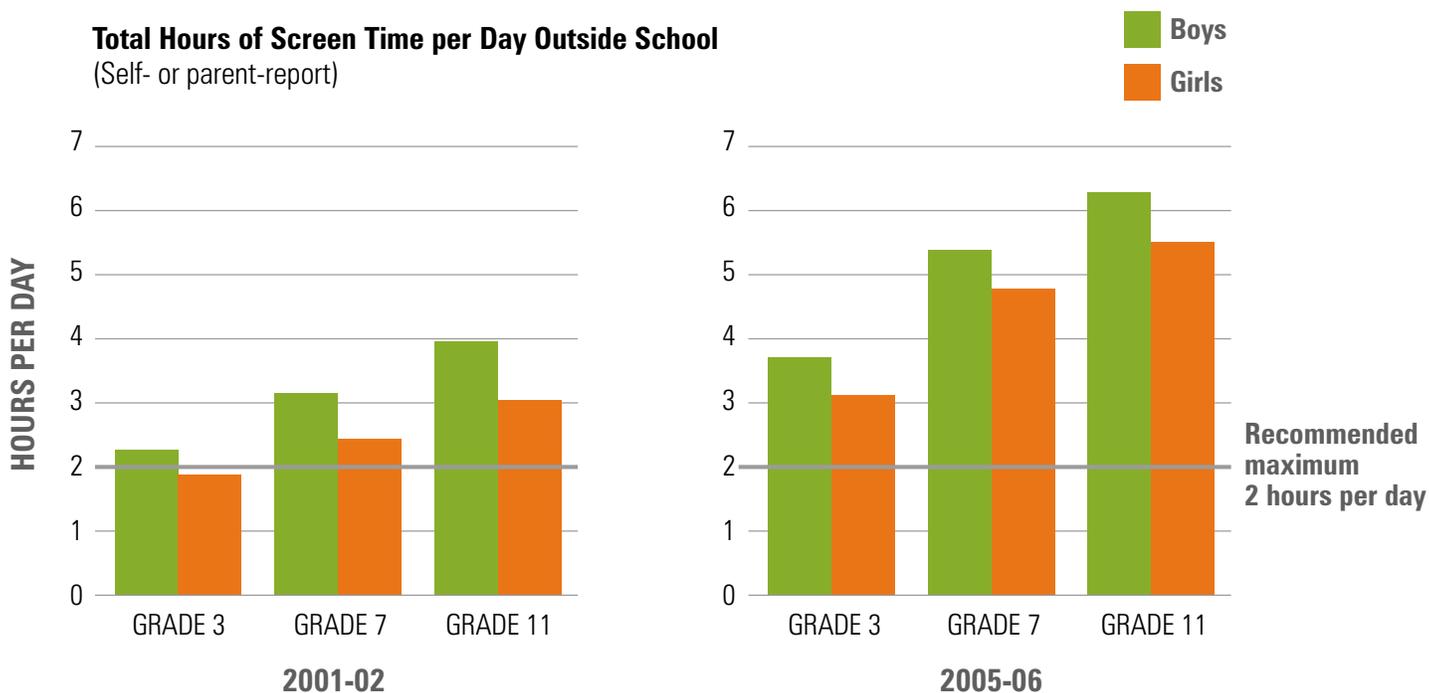
Many Nova Scotian schoolchildren are spending too much time in front of screens and not enough time being physically active according to recent school-based samples of students in Grades 3, 7 and 11.^{7,8} The situation worsened for all grades between 2001-02 and 2005-06.

Physical activity declined by grade. The youngest children showed the greatest decline over the four-year period, yet remained the most active. 80 per cent of children met the minimum physical activity guideline in Grade 3, less than 50 per cent in Grade 7 and less than 10 per cent in Grade 11. Beyond Grade 3, boys were more active than girls.

Per Cent of Nova Scotian Children Meeting Activity Guidelines

(60 minutes of moderate to vigorous physical activity daily)





Recommendations for screen time outside school were exceeded by all grades. Maximum screen time of two hours per day was exceeded by 1.5 times in Grade 3 and by almost three times in Grade 11.

THE FUTURE

Health behaviours are hard to change. Once set in childhood, poor habits and poor health often persist into adulthood. And we are not currently good role models for our children. Compared to the national average, Nova Scotian adults are less active, eat fewer fruits and vegetables, and have a higher rate of obesity.⁹ We also have among the highest rates of heart disease, hypertension, diabetes and total numbers of cancer in the country.⁹

Knowing this, the snapshot of our children’s health today does not bode well for Nova Scotia’s collective future – unless we act now, boldly and decisively.

HOW DID WE GET HERE?

A Changing Environment

Thousands of years ago, humans were hunter-gatherers who had to be physically active to eat. Over centuries we adapted to our surroundings by changing our diet and activity patterns, and have slowly grown in size and weight as our nutrition improved.

In the last 30 years, however, a rapid and unprecedented societal shift has increased our access to foods high in sugar, salt and fat and decreased reasons to be active in our daily lives. The World Health Organization has labelled our current environment as “obesogenic”, or obesity promoting.

Obesogenic environment refers to the role environmental factors play in determining both nutrition and physical activity

It is characterized by:

- **Busy, overscheduled lives, sedentary jobs and poor work-life balance**
- **Abundant, cheap and convenient food that is high in calories and low in nutrients**
- **Excessive marketing and promotion of less healthy foods**
- **Reliance on television, computers, mobile devices, media and other forms of sedentary entertainment**
- **Dependence on technology and labour-saving devices**
- **Lack of safe places to be active and less time for unstructured play**
- **Communities designed for cars rather than walking, biking or playing**

Most of us can remember a time when our lifestyle kept us at a healthy weight. Today, this is less often the case. We have separated residential areas from schools, retail and workplaces so that children are now driven in cars or bussed to places they used to walk or bicycle. Schools are not often able to offer daily physical education. Safety concerns keep children closer to home and free play outside is being replaced by TV, computer and texting. Heavy marketing of foods high in sugar, salt and fat is shaping food preference at an early age. Parents are busier than ever and home-cooked meals are often lost in the rush to drive children to activities. And the cost of a basic nutritious diet continues to rise, making it harder for many families – and impossible for some – to purchase healthy foods.

In this environment, poor health behaviours are less “choices” than they are behavioural “responses” to the realities of our surroundings. We all want to be healthy, yet poor diet, inactivity and sedentary lifestyles have become our social norms.

The Big Picture – Determinants of Health

Our social and physical environments are just part of what influences our ability to eat well and be active.

Our health behaviours and health are shaped by all the conditions in which we live, learn, work and play – conditions that are often outside our individual control. Many people find it harder to be healthy because of their biology (genetics, metabolism) or their socio-economic circumstances. These include whether we are employed, how much money we earn, our ability to obtain education, food, housing and health care, and our social support networks.

Determinants of Health

- Income and social status
- Education and literacy
- Social environments
- Personal health practices and coping skills
- Biology and genetic endowment
- Gender
- Social support networks
- Employment and working conditions
- Physical environments
- Healthy child development
- Health services
- Culture

Research into the determinants of health has shown that higher income and social status are associated with better health, and that there are considerable differences in health between the richest and poorest population groups. Essentially, at every step up the socio-economic scale, our health behaviours and our health improve.

To increase healthy eating and physical activity, we must also build collective understanding of these many factors that lie outside the healthcare system and work together to address all the determinants of health.

WHAT IS THE SOLUTION?

A Comprehensive Approach

It is hard to change behaviour and even harder to sustain the change. This is why efforts to persuade individuals to make healthy choices and the emergence of a powerful diet and fitness industry have had little impact on the overall health of our population.

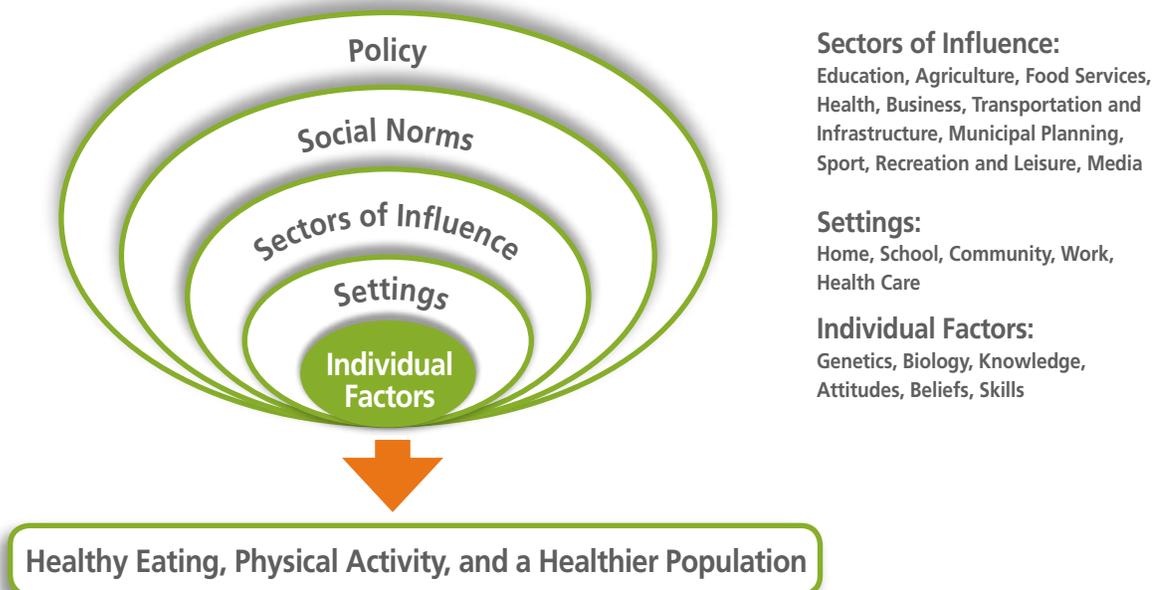
Behaviour change is more likely to be successful when we create supportive environments. Eating well is easier when healthy foods are affordable, appealing, and easily available. Being physically active is easier when it can be built into our daily lives, such as walking or cycling to school or work.

Changing our culture and shifting social norms will require the work of many people across many sectors – governments, health professionals, educators, researchers, employers, transportation authorities, food producers and distributors, sport and recreation organizations and leaders, youth organizations, arts and cultural groups, community leaders, retailers, business associations, media and the public.

Government can lead this change by working together across departments, creating greater awareness, developing healthy public policy, providing sustained resources, modelling healthy behaviours, and encouraging participation and collaboration with sectors and stakeholders.

A Model for Change

Healthy public policy across sectors and in key settings where we live, learn, work and play can help to shift social norms. This will support healthy eating and physical activity at the individual level and ultimately improve overall health outcomes at the population level.



Building on a Strong Foundation

Much good work is already happening in government and communities across Nova Scotia. The childhood obesity prevention strategy will build upon and integrate existing strategies, initiatives and policies and complement many other agendas.

For example, at the provincial level, the *Healthy Eating Nova Scotia* strategy, in place since 2005, is targeting four key areas – fruit and vegetable consumption, breastfeeding, child and youth and food security. Our comprehensive *Food and Nutrition Policy for Nova Scotia Public Schools*, introduced in 2006, is among the strongest in the country. *Standards for Food and Nutrition in Regulated Child Care Settings* have recently been strengthened and work is ongoing to explore policies in universities and community colleges, hospitals, and sport and recreation facilities.

The *Active Kids Healthy Kids* strategy, launched in 2002 and renewed in 2007, has prompted many programs and policy changes to support physical activity. The *Municipal Physical Activity Leadership Program* (MPAL) cost-shares to support community leaders to develop local, comprehensive physical activity plans across Nova Scotia. There is also a strong and growing network dedicated to promoting sustainable active transportation within the provincial government, municipalities and communities across the province.

Health Promoting Schools emphasizes healthy eating and physical activity as part of a comprehensive approach to school health. Work on chronic disease prevention and management is underway. The province is also taking action to improve education, employment, income supports, childcare and other determinants of health through a variety of initiatives including the Child and Youth Strategy, Poverty Reduction Strategy, *jobsHere* and the development of a Mental Health and Addictions Strategy.

The childhood obesity prevention strategy will complement other provincial agendas and commitments. For example, focussing on healthy local food supports local farmers and agriculture, while creating pedestrian and bike-friendly communities supports climate change goals and promotes tourism. Healthy eating and physical activity will help our children perform better academically and strengthen the workforce of tomorrow.

Municipalities are key in creating healthy communities and are already leaders and partners in a wide variety of initiatives. Federal, provincial and territorial (F-P/T) governments are also currently working through health, sport, recreation, physical activity and education departments to promote healthy eating, physical activity and child health. Nova Scotia is leading many aspects of this work and the provincial childhood obesity prevention strategy will align with F-P/T directions.

WHAT WILL THE NOVA SCOTIA STRATEGY LOOK LIKE?

We will focus on developing recommendations and priorities under four key directions:

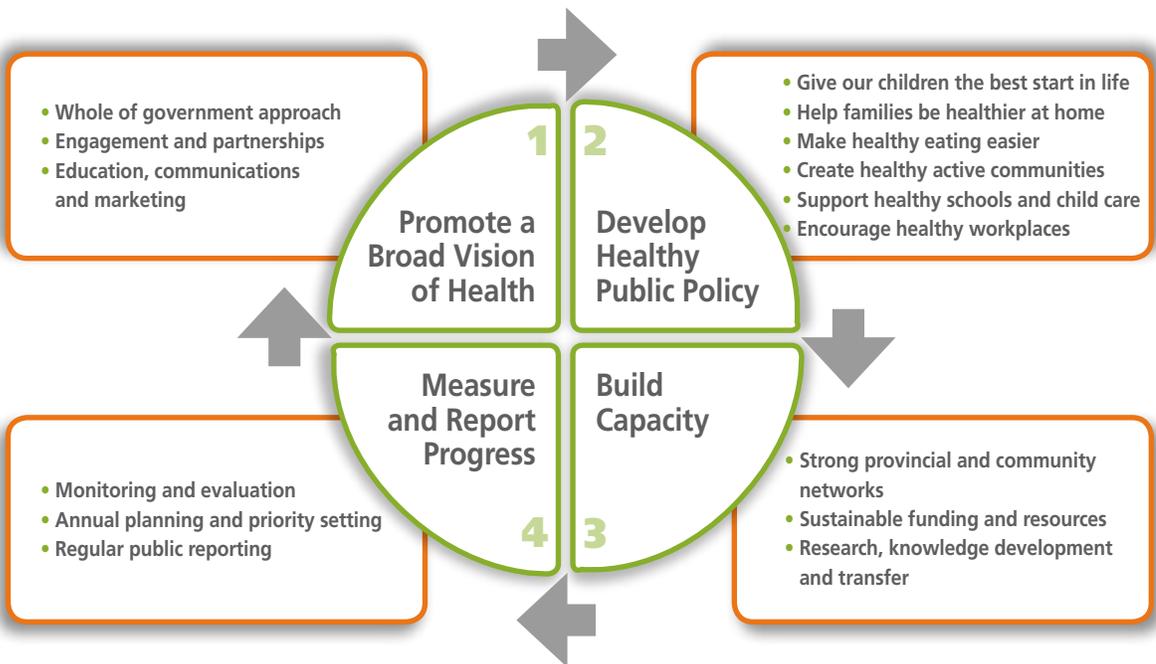
- Promote a Broad Vision of Health
- Develop Healthy Public Policy
- Build Capacity
- Measure and Report Progress

These are broad areas in which evidence and experience show we need to act together over the next 10 years to make real and lasting improvements in children’s health. Nova Scotia has made significant progress in some of these areas, while in others work is just beginning. However, it is clear that we need to do more.

Our Vision

Nova Scotia is a national leader in supporting healthy eating and physical activity and the easiest place in Canada for children to grow up healthy.

The strategy will emphasize healthy public policy to create physical and social environments that enable all Nova Scotians to eat better and move more in their everyday lives, with the understanding that we must also address the needs of underserved populations.



1. Promote a Broad Vision of Health

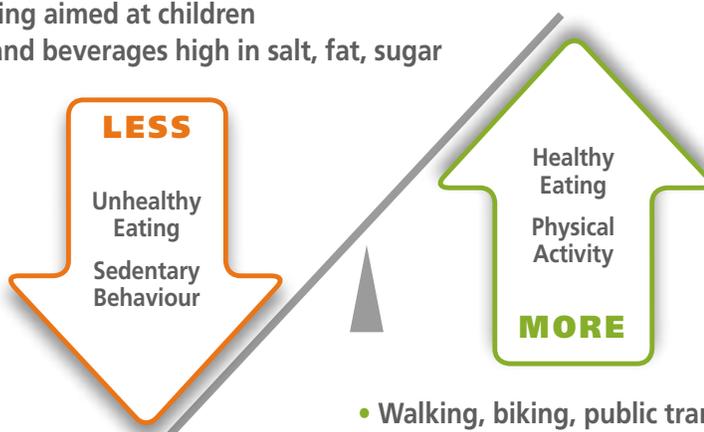
Creating a cultural shift that supports healthy eating and physical activity requires committed champions in all sectors of society working towards a shared vision of what it means to be healthy. By building on existing work in Nova Scotia, government can harness the energy and enthusiasm of individuals, organizations and communities to support a movement towards active healthy living. Consider strategies to:

- Lead action and integration across provincial government departments on the broad determinants of health and assess the health impacts of all policies
- Engage broadly with stakeholders, including youth, various sectors and the public, and develop innovative partnerships
- Communicate consistent health messaging and implement campaigns to raise awareness, promote opportunities and encourage positive health behaviors

2. Develop Healthy Public Policy

Healthy public policy can help shift the balance to increase healthy eating and physical activity by creating supportive environments in the places where children and families live, learn, work and play.

- Screen time
- Driving and sitting
- Excessive portion sizes
- Marketing aimed at children
- Foods and beverages high in salt, fat, sugar



- Walking, biking, public transportation
- Fruit and vegetable consumption
- Active schools and workplaces
- Affordable healthy foods
- Healthy food policies
- Breastfeeding

To create this shift, evidence and experience show that we need to act in many areas. This includes investigating, creating, supporting and enhancing public policies that achieve the following:

GIVE OUR CHILDREN THE BEST START IN LIFE

- Support mothers to achieve healthy pregnancies
- Promote, support and protect breastfeeding and ensure appropriate marketing of breast milk substitutes

HELP FAMILIES BE HEALTHIER AT HOME

- Limit marketing and promotion of unhealthy foods and beverages to children
- Enhance food skills (nutrition knowledge and food preparation) for children and families
- Reduce food insecurity and investigate opportunities to make healthy eating and physical activity affordable
- Encourage reductions in screen time

MAKE HEALTHY EATING EASIER

- Increase availability of healthy foods
- Explore pricing to encourage healthy food options
- Support production, distribution and promotion of healthy local foods
- Reduce salt, fat and sugar in prepared foods
- Promote appropriate portion sizes
- Encourage food and nutrition policies in public institutions, including universities and colleges, recreation centres, and hospitals

CREATE HEALTHY ACTIVE COMMUNITIES

- Promote sustainable active transportation (walking, cycling, public transportation)
- Design communities to support physical activity and healthy eating (mixed commercial and residential areas, sidewalks, bike lanes, trails, playgrounds, green spaces, community gardens, farmer's markets, etc.)
- Support “whole of community” physical activity plans that support safe, convenient, accessible and age-appropriate facilities, programs and services
- Increase safety in places where people can be active
- Focus sport and recreation on accessibility, reach and broad participation
- Increase opportunities for healthy eating and physical activity in the after school time period (3-6 pm)

SUPPORT HEALTHY SCHOOLS AND CHILD CARE CENTRES

- Support implementation of comprehensive school health curriculum and policies
- Consider travel planning when siting new schools and promote safe and active routes to school
- Support implementation of food and nutrition policy and standards
- Support universal breakfast programs in schools
- Increase high-quality, daily physical activity (spontaneous activity, physical education, intramurals, after-school programs, etc.)
- Minimize prolonged sedentary time

ENCOURAGE HEALTHY WORKPLACES

- Encourage healthy eating, physical activity, flexible work options and other health-related policies
- Minimize prolonged sedentary time during the work day

3. Build Capacity

Creating and sustaining a movement towards active healthy living requires people with the time, knowledge, skill, expertise and passion to be the “agents of change” in their communities. An investment in people and knowledge will foster an environment where ideas, programs, and partnerships can be developed and succeed. Consider strategies to:

- Maintain, strengthen and expand existing community and provincial networks and provide training, development and sustainable funding and resources
- Enable the health care system to better support healthy pregnancies, monitor children’s growth and support healthy active living
- Support the research community to address knowledge gaps and find opportunities to collaborate and innovate
- Explore new and innovative ways to share knowledge and successes with broader audiences

4. Measure and Report Progress

Our actions must be guided by the best information available. The strategy will include short, medium and long-term outcomes and a plan to evaluate our actions and measure and report on progress. Consider strategies to:

- Strengthen surveillance to monitor progress, identify trends and adapt approaches as needed to meet targets and achieve outcomes
- Provide a mechanism for annual planning and priority setting
- Evaluate the strategy and provide regular, public progress reports

NEXT STEPS

This discussion framework is intended to guide development of a strategy to prevent childhood obesity and create environments that support better health for all Nova Scotians. Over the next several months, we will use the document to gather general input into the strategy and to develop priorities and actions under the four key directions. We welcome your comments, feedback and ideas at www.gov.ns.ca/growinguphealthy.

DATA SOURCES

¹ CCHS 2004 and Keeping Pace (PACY) 2005-06

² Diabetes Care Program of Nova Scotia Registry 2010

³ The Canadian Maternity Experiences Survey 2009

⁴ CCHS 2007-08

⁵ CCHS 2007-08

⁶ Keeping Pace (PACY) 2005-06

⁷ Keeping Pace (PACY) 2001-02 and 2005-06 cited in Preventive Medicine 2009;49(5):407-9

⁸ Keeping Pace (PACY) 2001-02 and 2005-06

⁹ CCHS 2007-08

