Ontario Society of Nutrition Professionals in Public Health
La société ontarienne des professionnel(le)s de la nutrition en santé publique

www.osnpph.on.ca

September 14, 2012

Mr. Alex Munter,
Ms. Kelly Murumets
Co-Chairs of the Healthy Kids Panel
(via e-mail: ChildhoodObesity@ontario.ca)

Dear Mr. Munter and Ms. Murumets:

Re: Healthy Kids Panel – Submission of the Ontario Society of Nutrition Professionals in Public Health (OSNPPH)

On behalf of the Ontario Society of Nutrition Professionals in Public Health (OSNPPH), we are pleased to provide the following submission to the Healthy Kids Panel.

OSNPPH is the independent and official voice of Registered Dietitians in public health in Ontario. OSNPPH provides leadership in public health nutrition, promoting and supporting member collaboration to improve the health for the residents of Ontario consistent with the Ministry of Health and Long-term Care's Ontario Public Health Standards [1].

OSNPPH supports the perspective in the 2004 Chief Medical Officer of Health Report, *Healthy Weights, Healthy Lives*, that obesity is a complex chronic disease with multiple causes, requiring cross-sectoral, inter-ministerial action. All levels of government, the health sector, food industries, workplaces, schools, families, and individuals are needed to contribute to the process of improving the contributing factors. Consistent with our mandate, Registered Dietitians in public health work with all of these sectors, using evidence-informed strategies to create population-level changes needed to address the obesity epidemic.

Drawing on a population perspective, OSNPPH recommends the following to the Panel:

- Leverage the expertise of Registered Dietitians in public health. Registered Dietitians in public health have unique knowledge, skills, expertise and competence to design and guide evidence-based childhood obesity strategies at local and provincial levels. OSNPPH encourages the Panel to draw upon our specialized skill sets to advise upon healthy eating recommendations, and that the capacity of Registered Dietitians across the health sector, including public health, be enhanced and supported to operationalize work addressing childhood obesity.
- Plan to sustain efforts. The childhood obesity problem cannot be reduced by 20% in five years. Effective change requires longer timelines. Reframe the current focus on individual health behaviours and personal responsibility to more upstream factors associated with Social Determinants of Health, especially poverty, literacy/education, childcare, housing, transportation, income, and social support networks. To ensure evidence-informed and effective strategies are implemented effectively, more time is required to slow the advancement of childhood obesity.
- Support appropriate indicators of childhood obesity. Registered Dietitians in public health can contribute to the surveillance, analysis, and reporting of childhood obesity through inclusion of appropriate food and nutrition indicators in provincial accountability agreements with public

health units. Support additional research, evaluation, and monitoring and development of effective tools, and increase incorporation of meaningful measures that already exist, including NutriSTEP®, and Nutritious Food Basket. Identification of appropriate measurement tools for childhood obesity can be complicated. Unintended consequence (such as eating disorders) increase risk for poor health outcomes from using weight/BMI as measures. We strongly recommend that weight/BMI should not be used for this age group.

- Impact the early years [2]. Prevention of childhood obesity begins very early, from supporting healthy pregnancies, to promoting optimal infant feeding, and fostering healthy eating behaviours and attitudes as children develop. There is a pressing need to revise the Day Nurseries Act to provide current nutrition standards supportive of healthy growth and development as well as guidelines for care providers around menu planning, food skills, and fostering positive eating behaviors and environments. More development is needed for strategies that support appropriate gestational weight gain and monitor and evaluate trends over time. Further, existing evidence-based strategies and programs should be integrated into the infrastructure that is being built to support the early years in Ontario; for examples: the promotion and normalization of breastfeeding through the Baby Friendly Initiative, and expanded uptake of the screening program NutriSTEP® to identify children 18 months to 5 years who are at increased risk.

- Explore food skills' relationship to obesity. It is likely that childhood obesity can be related to the erosion of the transfer of food skills among generations. However, planning to address food skills is greatly hampered by a lack of research, including the link between food skills and the obesity epidemic. Food skills and literacy include all aspects of food preparation (e.g., planning, procurement, preparation, enjoyment of the eating experience) as well as having adequate equipment and tools. Continue to support and provide public health funds dedicated to food skills research, resources, and programming, such as the Locally Driven Collaborative Project – Food Skills, which is led by OSNPPH members.

- Limit marketing and advertising to children. Experts advise against any advertising to children less than 13 years, due to their lack of cognitive ability to recognize and understand the nature of advertising [3]. A very high proportion of foods and beverages advertised to children have minimum nutritional value and are high in calories. Efforts to promote healthy eating behaviours and attitudes are eclipsed by food industry influence, so legislation restricting companies' marketing ability is appropriate and needed.

- Plan for placement of food establishments. Obesity research links obesity with living in an obesogenic environment. The prevalence of the availability of unhealthy foods increases the choosing of these foods [5]. Placement of food establishments may result in "food deserts" (areas lacking food establishments) or "food swamps" (areas predominating in food establishments that offer less healthy choices). The government should work with municipalities to require zoning/land use planning for placement of food establishments that supports healthy eating (while also incorporating opportunities to support active living and active transportation, and other community and organizational environments supporting healthy eating and physical activity)[6].

- Address the "poverty" of poverty-induced food insecurity. Families struggling under poverty-induced food insecurity need income-related responses, rather than food charity. Low-cost foods tend to be of poor nutritional value but high-calorie. Increase utilization of the Nutritious Food Basket data collected annually by public health units to help determine incomes adequate for basic necessities (e.g., healthy eating and housing), such as incomes from social assistance and minimum wage.
- Improve the current food environment in public institutions (e.g., childcare facilities, school, hospitals, and recreation facilities). Modern widespread availability of high-energy-value but low-nutrient-value foods creates an "obesogenic environment". Public institutions should set an example for community health by providing the healthiest options at affordable prices. Implement *Nutrition Standards* that emphasize food and beverages (both sold and offered) with "*Maximum Nutritional Value*" in these settings *. The evidence-based, comprehensive approach currently promoted by public health (e.g., OSNPPH Nutrition Standards, OSNPPH Nutrition Tools for Schools) [4] can be the basis for this.

Thank you for the opportunity to provide input to the Panel. We are pleased to see the Ontario Government is making this issue a priority and look forward to the opportunity to contribute to improving and enhancing health outcomes for our children.

Sincerely,

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* Foods in this category are the healthiest options. Maximum Nutritional Value foods are part of the four Food Groups in Eating Well with Canada's Food Guide [7] and are higher in essential nutrients (i.e., iron, vitamin D, calcium, vitamin C, vitamin A, and protein), higher in fibre, lower in unhealthy fats (i.e., saturated and trans fats), and usually contain little or not added sodium or sugar. Nutrition Tools for Schools Nutrition Standards. OSNPPH, October 2010 v2 .

References:

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3. Dietitians of Canada. (2010). Advertising of Food and Beverages to Children: Position of the Dietitians of Canada. Retrieved from http://www.dietitians.ca/Downloadable-Content/Public/Advertising-to-Children-position-paper.aspx , September 11, 2012.

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5. Egger, G. & Swinburn, B. (1997). An “ecological” approach to the obesity pandemic. BMJ: British Medical Journal, 315(7106): 477-480.

6. He, M., Tucker, P., Irwin, J.D., Gilliland, J., Larsen, K., & Hess, P. (2012). Obesogenic neighbourhoods: the impact of neighbourhood restaurants and convenience stores on adolescents’ food consumption behaviours. Public Health Nutrition, Available on CJO 2012 doi:10.1017/S1368980012000584