



Wednesday February 29, 2012

Siu-Mee Cheng
Executive Director
Ontario Public Health Association
439 University Ave, Suite 1850
Toronto, ON M5G 1Y8

Ontario Society of Nutrition Professionals in Public Health (OSNPPH) appreciates the opportunity to provide input into the childhood obesity component of Ontario's Action Plan for Health Care (2012).

The Ontario's Action Plan for Health Care has set an ambitious goal to reduce childhood obesity by 20% over 5 years. While we are pleased to see the government taking action on childhood health, the goal of 20% reduction over 5 years is not feasible. The following is an initial list of considerations we recommend the Council on Childhood Obesity consider as they address childhood obesity.

The current obesogenic environment cannot be reversed in 5 years.

- Obesity is a complex condition. The government must consider the multiple of factors that contribute to both childhood and adult weight problems in Ontario – e.g. environment (marketing of food to children, abundance of food with minimal nutrition value at every public institution e.g. recreation centres, arenas), food supply and individuals level of knowledge, food skills and access to nutritious food.

Frameworks and interventions with a goal to reduce childhood obesity must address the social determinants of health.

- As highlighted in the 2010 Chief Medical Officer of Health Annual Report, all factors that influence health must be addressed in order to overcome health inequities and promote health.
- The annual Nutritious Food Basket survey conducted by all public health units in Ontario demonstrates that families and individuals living on low income cannot afford healthy food. These families also struggle to provide their children with recreational opportunities in their communities.

Addressing the issue of childhood obesity requires a comprehensive approach beginning in the prenatal period and continuing throughout the lifecycle.

- Prenatal – implement strategies that encourage appropriate gestational weight gain as per Health Canada's gestational weight guidelines. Monitor and evaluate trends over time.



- Early Years – update nutrition component of Day Nurseries Act. Include components around policy development and eating environment.
- Early Years – leveraging existing screening program NutriSTEP® to identify children 18 months-5 years who are increased risk of poor nutrition. Expand the screening program to include local or provincial strategies for high risk children, or incorporate NutriSTEP into existing programs (e.g. Healthy Babies Healthy Children, 18 month expanded visit, and others) for intervention at this age.
- School Aged Children – continue to work with Ministry of Education and Ministry of Children and Youth Services to improve and enhance nutrition policies to ensure a comprehensive approach is used in schools and school boards. Support access to food and nutrition programs and provide the infrastructure to provide healthy snacks/meals to students. Build on existing partnerships between public health units and local school boards to implement the above recommendations.
- Restrict advertising to children.
- In absence of federal action – consider legislation that targets the food supply in regards to sodium, trans-fat, menu labelling etc. as voluntary industry-led measures are not effective.

Increase funding for public health programs and services.

- Include measures of food and nutrition and physical activity in accountability agreements.
- Increase funding for registered dietitians in public health and other public health related/health promotion programs and services at both the local and provincial levels.

Increase access to registered dietitians in all levels of health services.

- Continue funding to EatRight Ontario. While this does not fill the gap in both public health and primary care, it is a resource that provides evidence-based nutrition information to the public.

All of the above requires cross-sector collaboration between ministries.

- There are several ministries that can play a role in a childhood obesity strategy, specifically the Ministry of Health and Long Term Care, Ministry of Children and Youth Services, Ministry of Education, Ministry of Agriculture and Rural Affairs and the Ministry of Municipal Affairs and Housing.

Public health nutrition professionals have the skills, expertise and knowledge to help guide and design an evidence-based, childhood obesity strategy. OSNPPH strongly recommends that public health and particularly public health nutrition professionals play a role in any Childhood Obesity Council.



OSNPPH urges a council on childhood obesity to consider the following:

- Relying on weight measurements does not tell the whole story. Consideration needs to be given to what measures will be in place to determine success of a childhood obesity strategy. At the present time, there is very limited data about what young children in Ontario eat and their levels of physical activity.
- A strategy aimed at reversing a trend of childhood obesity needs to be designed and implemented carefully, ensuring that well-meaning interventions and supports do no harm. It is critical that thought is given to potential unintended consequences of any strategy that is to be implemented.
- Understand what other jurisdictions (other provinces or countries) have done in terms of developing implementing obesity prevention strategies. Let's learn from their successes and opportunities for improvement.

OSNPPH looks forward to continuing the dialogue around the health and well-being of Ontario's children. We would be pleased to further discuss our recommendations at any time.

Sincerely,

Amy MacDonald, MScFN, RD
Public Health Dietitian
Chair, OSNPPH

Rebecca Davids, MSc, RD
Public Health Nutritionist
OSNPPH