

OBESITY: AN OVERVIEW OF CURRENT LANDSCAPE AND PREVENTION-RELATED ACTIVITIES IN ONTARIO

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EXECUTIVE SUMMARY

Nearly all countries around the world are experiencing an obesity epidemic. Overweight and obesity are caused by an imbalance of 'energy in and energy out.' The Canadian Guidelines for Body Weight Classification in Adults use Body Mass Index and Waist Circumference as indicators of health risk. In 2004, 59.1 percent of Canadian adults and 58.6 Ontario adults are either overweight or obese.

In Canada, the rates and prevalence of overweight and obesity vary across diverse populations, socio-economic status and regions. Rates of overweight and obesity also varies with lifestyle; developing healthy habits early in life have a positive effect on health outcomes, and are likely to be carried into adulthood.

People who are overweight or obese have higher risk of developing chronic diseases and other conditions, as well, being overweight or obese affects the individual's quality of life. The increasing rate of childhood obesity contributes to the increased prevalence of children diagnosed with type 2 diabetes. Moreover, obesity rates are up to 3.5 times higher in people with serious mental illness in comparison to the general population. Obesity costs Ontario approximately \$1.6 billion annually, including \$647 million in direct costs and \$905 million in indirect costs. In Canada, the costs are estimated at \$4.3 billion annually, with \$1.6 billion in direct costs.

A person's weight is affected not only by what they eat and how active they are, but by the environments in which they live, learn, work and play: a complex combination of biological, lifestyle, socio-economic, cultural and environmental factors. Therefore, obesity prevention requires a comprehensive approach which includes healthy public policies and strategies to address the determinants of obesity. Moreover, early life experience has an impact on children's health later in life; hence, it is important to address the issue of obesity and its prevention early in life.

In Ontario, there is a recent shift in focus from the promotion of healthy eating and active living to the prevention of obesity. Recent obesity prevention-related initiatives, which target specific population within a specific setting, are limited by their cost to implement on a large scale or relevance of their application across the province. In order to effectively address obesity and its prevention, a comprehensive systems approach is required to support a healthy environment, to improve health and to address the increasing burden of chronic disease in Ontario.

SECTION 1.0: Background

1.1 Preface

The Public Health Agency of Canada's Ontario and Nunavut (PHAC-ON/NU) Regional Office is the Agency's primary mechanism for promoting and strengthening integrated action on public and population health in Ontario and Nunavut¹. The Regional Office carries out the Agency's mandate through activities such as program delivery, research and knowledge development, policy analysis and development, community capacity building, and public and professional education.

PHAC-ON/NU provides funding and support for a wide-variety of initiatives through its various departments and streams, including Healthy Child Development, Adult Health, Public Health Capacity and Knowledge Management, Strategic Policy and Planning and Communication.

1.2 Purpose and Scope of Report

The Ontario Chronic Disease Prevention Alliance (OCDPA) was contracted by PHAC-ON/NU to perform a literature review and compile a list of obesity prevention-related initiatives within the province of Ontario. Based on previous work in the area, the OCDPA was asked to develop a resource for use by PHAC-ON/NU staff from various divisions to enhance awareness and support knowledge exchange on the issues, background and current landscape of obesity prevention-related activities in Ontario.

This report has been designed to support and enhance capacity among staff working within the PHAC-ON/NU Regional Office in understanding the complexities of obesity and its prevention. The report provides a brief overview of the issue of obesity in Ontario and Canada and provides a listing of current initiatives that address and support activities related to its prevention. In addition, the report provides an overview of available tools that can help plan, assess and provide support to obesity prevention-related initiatives in Ontario.

The scope of this report is on primary prevention and focus on weight, modifiable risk factors associated with overweight and obesity and the determinants that affect them. This report does not address weight treatment and/or management, weight loss programs, etc.

1.3 Methodology

A collection of Ontario and Canadian based reports, relevant statistics and academic articles were reviewed and summarized to provide an overview of the current landscape of the issue of obesity within Ontario.

The inventory of obesity prevention-related activities, undertaken currently or within the past year in Ontario, was obtained through website scans of key government and non-governmental provincial and regional organizations, associations and stakeholder networks focusing on public health and/or chronic disease prevention. Additional information was obtained through an email survey to OCDPA members and external groups (i.e. public health units, Local Health Integration Network - Chronic Disease Prevention and Management Planners, Ontario Health Promotion Resource System - Healthy Weights Workgroup members).

1.4 Limitations and Bias

Due to time constraint and method of data collection, this report provides a brief rather than comprehensive overview of the issue of obesity in Ontario.

Initiatives detailed within the inventory section of the report are based on website scans and its details are limited by the availability and/or accessibility of information on their respective websites. Due to timing of the project, data collection through surveys was limited to channels accessible to OCDPA (see methodology section above), and details were limited to the respondents of the survey.

The report may be biased in its inventory of obesity prevention-related initiatives (Appendix A); initiatives were identified by survey respondents as activities which address the risk factors of obesity, either directly or indirectly. Similarly, solicited stakeholders may have obesity prevention-related initiatives but chose not to respond or submit their initiatives for consideration, due to their perception of the goal or outcomes of the activity. Therefore, information on obesity prevention-related initiatives reflects those who have responded to the survey.

SECTION 2.0: Introduction

“Chronic disease can no longer be explained only as an outcome based on engaging in the ‘wrong’ behaviours. There is a need to look beyond individual responsibility to understand the ways in which the social environment shapes the decisions we make and the behaviours we engage in.”

E. Haydon et al.
Chronic Disease in Ontario and Canada (2006)

2.1 Obesity Defined

Nearly all countries around the world - high and low income alike - are experiencing an obesity epidemic¹, with rates of overweight and obesity climbing in recent years, Canada is no exception to this trend. The risks that overweight and obesity present to health are well known; the burdens related to these conditions are high; the role of healthy eating and physical activity is recognized. However, the underlying determinants (or root causes) of obesity at the population level are not as well understood. Fully exploring these determinants and the relationships between them would require far more extensive literature and environmental scan than this paper can explore. Rather, this paper seeks to identify, in broad terms, who are most at risk of becoming overweight or obese and the factors behind the rising rates, as well as to provide context for a summary of effective interventions currently taking place in Ontario, Canada.

What is overweight and obesity?

Measuring obesity in adults

Excess weight and body fat increases ones' risk for particular health conditions, which will be explored in the “consequences of obesity” section. The Canadian Guidelines for Body Weight Classification in Adults² use Body Mass Index (BMI) and Waist Circumference (WC) as indicators of health risk. These guidelines are aligned with the World Health Organization's (WHO) recommendations, which have been adopted by the international community. The classification system used by Health Canada is intended to be used at the population level - for example to examine rates across a population in a county, province or particular population group. At an individual level, BMI and WC should be used only as part of a comprehensive health assessment¹.

¹ According to the World Health Organization, obesity has reached epidemic proportions globally. From: www.who.int/dietphysicalactivity/publications/facts/obesity/en/ Accessed: April 22, 2009

Body Mass Index (BMI) is a practical indicator of weight-related health risk currently available for adults³. BMI has been directly related to health risks such as heart disease, high blood pressure and Type 2 Diabetes. BMI is the most widely used index of measuring relative adiposity in adults and is easy to measure². BMI is calculated by dividing weight in kilograms by height in meters squared:

$$\text{BMI} = \frac{\text{weight in kilograms}}{(\text{height in meters})^2}$$

The table below, from the Canadian Guidelines for Body Weight Classification in Adults², provides classifications for particular categories of BMI and correlates them with level of health risk.

Classification	BMI Category (kg/m ²)	Risk of developing health problems
Underweight	<18.5	Increased
Normal Weight	18.5-24.9	Least
Overweight	25.0-29.9	Increased
Obese		
Class I	30.0 – 34.9	High
Class II	35.0-39.9	Very high
Class III	≥40.0	Extremely high

Waist Circumference (WC) is a practical indicator of health risks associated with excess body fat². WC cut-off points are used to identify the risk of developing health problems. For adult men, the WC cut off is 102 cm (40 inches) and for adult women, 88 cm (35 inches).

Waist Circumference	
Men	Women
>102 cm (40")	>88 cm (35")

Measuring obesity in children

The Body Mass Index equation as described above is not an appropriate measure for children. BMI in childhood changes significantly with age and as such, specific cut-off points are required by not only gender, but age as well⁴. Health Canada currently uses growth curve charts developed by Cole et al.⁴ which specify centile (interval) curves for ages two to 18 for each gender. The age and gender specific BMI and growth charts are also endorsed by the WHO.

Current controversies in measuring obesity

BMI may not accurately measure obesity in several population groups such as very muscular adults, people who have naturally lean builds, young adults who have not attained their full growth, and seniors over 65 years of age³. The BMI system is also not intended to be used with pregnant or lactating women or those under 18 years of age³. Furthermore, the standard BMI calculation can not be applied to children without using growth curve charts which takes age into account.

There is debate around appropriate cut-off points for certain ethnic groups. The BMI cut-off points were developed for European populations. A WHO (2004) study found that Asian populations (such as people from China, Japan, India, Thailand, Korea, Malaysia, Taiwan and Singapore) have different associations between BMI, percentage of body fat, and health risks than do European populations⁵. This finding is particularly relevant to Ontario, Canada which has diverse populations.

2.2 Obesity in Ontario and Canada: the challenge today and tomorrow

The Canadian Institute for Health Information, Statistics Canada and Health Canada collect information related to health status through the Canadian Community Health Survey (CCHS); the CCHS uses measured height and weight data. In 2004, 36 percent of Canadian adults were assessed as being overweight while 23 percent were obese. In that same year, 26 percent of Canadian children (ages 2 to 17) were assessed as being overweight or obese⁶. Over the past 25 years, the prevalence of overweight and obesity combined has more than doubled among youth (age 12 to 17), while the prevalence of obesity in this same age group has tripled⁷.

Measured overweight and obesity rates in Canada (2004)		
Classification	Children and youth	Adults
Overweight	18	36
Obesity	8	23

Overweight and obesity rates vary widely by region. The rates of overweight and obesity in adults vary from a low of 56.3 percent in Quebec to a high of 71.0 percent in Newfoundland and Labrador. The Ontario rate for overweight and obesity is 58.6 percent, slightly below the national average of 59.1 percent⁸. Within the province of Ontario, obesity rates vary widely according to factors such as rural, urban and remote communities. Prevalence of health-related factors, such as smoking and obesity is higher in rural areas, and other health influences such as healthy eating habits and leisure time physical activity, indicated lower practice levels in rural areas.⁹

Populations at highest risk and trends

Several population groups are at higher risk for overweight and obesity and the related health consequences. These groups include diverse populations, those of low socio-economic status, and those practicing specific lifestyle behaviours.

Diverse populations

Ontario's diverse population and settlement patterns have changed drastically over the past two decades. One in five Canadians are born outside of the country¹⁰. Shifts in immigration patterns from primarily European to today's mix of Asian, Indian (South Asian) and African influence Canada's demographic diversity and lend to changing health care requirements.

Prevalence of overweight and obesity varies across diverse populations. According to the 2004 CCHS, adult Aboriginal men and women had the highest prevalence of overweight and obesity while East and Southeast Asians, had the lowest. Independent of age, household income, education and physical activity, Aboriginal people had higher odds of overweight and obesity when compared with Whites: South Asians and East/Southeast Asians had significantly lower odds¹¹. 55 percent of First Nations children living on reserve and 41 percent living off reserve are overweight or obese¹², this rate is significantly higher than the 26 percent of all Canadian children found to be overweight or obese. In general, the health of Aboriginal Canadians is worse than the health of the rest of Canadians for almost every health status, measure and condition¹³. On the other hand, recent immigrants (who arrived in Canada less than 10 years ago) had significantly lower prevalence of overweight compared with non-immigrants, but this difference tended to disappear over time¹¹.

Socio-economic status

Canadians with low incomes are particularly vulnerable to poor health¹⁴. Income can determine life expectancy, affect one's weight and one's ability to purchase what is necessary to have a healthy lifestyle¹⁴. Even in developed countries such as Canada, obesity rates are higher amongst those of lower socioeconomic status¹⁵. The 2004 CCHS found that socioeconomic status is associated with obesity in adults, though the relationship is not as strong or consistent with children. Young people in households where no members had more than a high school diploma were more likely to be overweight or obese than those in households where the highest educational attainment was post secondary education¹⁶. A 2007 CIHI report, which used self-reported height and weight to calculate BMI, found that the likelihood of being overweight or obese increases with income amongst men, whereas the trend is the opposite amongst women. In children two to 11 years of age, those in low-income families are one and a half times more likely to be obese¹⁴.

'Food security' is defined as the situation when people have the economic and physical access to sufficient, safe and nutritious food necessary to meet their dietary needs and food preferences for an active and healthy life¹⁷. The 2004 CCHS found that almost one in ten (9.2%) Canadian households (representing about 2.7 million individuals) were not able to afford the foods needed for a healthy, balanced diet at least once in the previous 12 months. In low income households (total household income <\$10,000 of 1 to 4 people), 48.3 percent reported food insecurity, 29.1 percent of lower-middle income households (total household income \$10,000 to \$19,999 of 3 or 4 people) were food insecure. Those relying on social assistance, lone-parent families, off-reserve Aboriginals, and families with three or more children experience higher levels of food insecurity¹⁸. Low income can compromise people's food choices, weight and health.³

Regional Diversity

There are variations in overweight and obesity rates across the province of Ontario. Regions with highest rates (over 39% of regional population) include Northwestern and Algoma-Cochrane-Manitoulin and Sudbury. Regions with the lowest rates (under 30% of regional population) include Toronto and Halton-Peel¹⁹. These regional differences may be due to factors such as income, urban versus rural populations and the distances people must travel for work, shopping and recreation opportunities³. The cost of food is also higher in rural, remote and Northern communities, putting health eating beyond the reach of residents of those communities²⁰.

Trends amongst children

The rates of overweight and obesity vary among children. Boys are twice as likely to be obese when compared with girls²¹. Having one obese parent greatly increases the odds for youth obesity. Additionally, obesity during childhood increases the risk of obesity in adulthood²². More than half of overweight children will remain overweight as adults, with the risk increasing with age and weight.²³

Breastfeeding may be a protective factor for overweight and obesity and available evidence suggests that breastfeeding may have long-term benefits²⁴. A meta-analysis conducted by the WHO showed that subjects who were breastfed experienced lower mean blood pressure and total cholesterol and the prevalence of overweight/obesity and type-2 diabetes was lower. Overall, breastfeeding is associated with reduced risk of childhood obesity. Furthermore, many diseases including risk for obesity, diabetes, high blood pressure and cardiovascular conditions have been linked to health status in utero, at infancy or during early childhood²⁵.

In general, studies suggest that early life experiences, including adopting healthy food behaviours and achieving adequate activity levels, have an impact on children's health later in life^{26, 27}. Developing good eating habits early in life have

a positive effect on health outcomes, and are likely to be carried into adulthood^{28,29}.

Risk factor trends

While physical activity levels have been rising in recent years, only 50 percent of Ontario adults were active enough to achieve health benefits in 2004³⁰.

Generally, physical activity levels increase as the individual's income and education levels increase, decrease as individuals age, with men being more active than women²⁹. For children, three out of five Canadian children are not active enough for healthy growth and development. A 2007 study conducted by the Canadian Fitness and Lifestyle Research Institute found that 90 percent of children and youth are not meeting physical activity guidelines³¹. As they age, children become more sedentary, and girls are generally less active than boys³⁰.

“Screen time” (watching TV, playing video games or using a computer) is correlated with increased obesity rates in adults. 25 percent of men and 24 percent of women who reported watching television 21 or more hours per week were classified as obese.³² The prevalence of obesity was substantially lower for those who watched 5 or fewer hours of television per week. When controlling for leisure-time physical activity and diet, the association between time spent watching television and obesity persisted for both sexes. Moreover, frequent computer users (11 or more hours per week) of both sexes had increased odds of being obese, compared with those who used computers for 5 or fewer hours per week. Time spent reading was not related to obesity.

Screen time is also associated with increased overweight and obese rates in children. The 2004 CCHS also found that the likelihood of children and youth being overweight or obese rose as screen time increased³³. In 2004, more than one third (36%) of children aged 6 to 11 logged more than 2 hours of screen time each day. These children were twice as likely to be overweight/ obese (35%) as were those whose daily viewing amounted to an hour or less (18%). For adolescents aged 12 to 17, the proportions who were overweight/obese ranged from 23% of those whose viewing amounted to less than 10 hours a week to 35% of those who spent 30 or more hours a week in front of a screen³³.

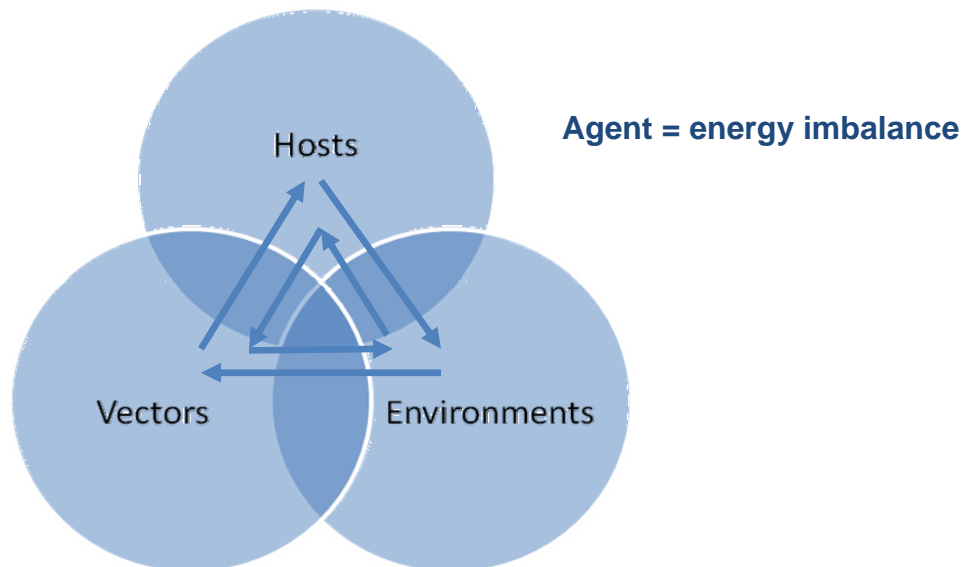
There is limited Canadian data on nutrition habits in children and adults. The 2004 CCHS did measure self-reported fruit and vegetable consumption in children and youth and found that those who ate fruits and vegetables at least five times a day were substantially less likely to be overweight or obese than were those who ate these foods less often³⁴. 59 percent of Canadian children and adolescents were reported to consume fruits and vegetables less than five times a day⁶.

2.3 The Causes of Obesity

It is widely agreed upon in the published literature that the 'cause' of obesity is an imbalance between 'energy in and energy out'^{3,15}. Simply put, taking in more energy than you expend results in weight gain. However, simply addressing the two behaviours of nutrition and physical activity does not address the underlying determinants (root causes) of this imbalance. The available evidence suggests that a broad range of societal and environmental forces affect these two behaviours^{3,15,22,27,35}. A person's weight is affected not only by what they eat and how active they are, but by the environments in which they live, learn, work and play: a complex combination of biological, lifestyle, socio-economic, cultural and environmental factors³.

Obesity is now so common that individual approaches are neither feasible nor cost-effective: addressing obesity prevention at the population level may have the potential to reverse the trend of rising obesity rates¹⁵. A population health approach to preventing obesity addresses a range of determinants of health. The population health approach focuses on how various determinants are connected with one another, explore health disparities, and applies the results to developing and implementing policies and activities to improve the health and well-being of populations³⁵.

One way of viewing obesity at the population level is by using the Epidemiological Triad. The Triad was originally developed as a model to combat infectious diseases, but is also applicable to obesity and helps to define the determinants of obesity¹⁵.



In the Triad, the *agent* is defined as the active cause of the disease: in the case of obesity, the agent is the imbalance between energy in and energy out. *Hosts* are essentially the individuals within a population; the factors that affect hosts in the cause of obesity include age, gender, genetic make-up, behaviours, personal attitudes and beliefs. *Environments* are factors such as physical, economic, policy and socio-cultural. *Vectors* are vehicles/media which 'carry' the increased energy intake or decreased energy expenditure that contribute to the energy imbalance. As there are determinants that affect each of these factors, they must each be considered in designing and developing a balanced approach to addressing obesity within a population¹⁵.

Agents

As previously discussed, a person's weight is primarily determined by 'energy in, energy out'. This can be simply defined as the energy a person takes in to their body in the form of food, and the energy they put out, or expend, as physical activity³. Overweight and obesity is linked to an imbalance in this equation: poor eating habits resulting in an excess of 'energy in' and a lack of physical activity, resulting in too little 'energy out'³.

The World Health Organization (WHO) identified that being overweight due to poor diet and lack of physical activity is the greatest health challenge and risk factor for chronic disease in the 21st century³. Moreover, the socioeconomic determinants of health exert a strong effect on chronic disease, more so than individual behaviour; therefore, it is not enough to only encourage people to eat better and exercise³⁶. When addressing obesity prevention, all three sides of the triangle (hosts, environments and vectors) must be considered.

Hosts

There are many individual factors which affect body weight. Several of these, such as age, gender, and genetics cannot be modified therefore, although they are important, will not be discussed here. Behaviours, attitudes and personal beliefs, however, have been the focus of individual and population public health interventions for decades. How active one is, the amount and type of food that one eats, one's cultural beliefs about these activities are affected by hosts, environments and vectors.

Environments

The environment in which people live, learn, work and play affects both the 'energy in' and the 'energy out' side of the equation³. The term 'obesogenic environment' describes an environment which makes the unhealthy choice the easy, default choice, resulting in a high energy intake and low physical activity rates³⁷. A healthy environment is an environment which makes healthy choice the easy choice, where healthy options are available and accessible.

Physical Environment

The environment impacts what we eat, how we eat, and what we prefer to eat³. Food availability (types of food available and the amount available) and food accessibility (e.g. location of food outlets) are examples of environmental factors which affect food choices³. The rise in number and use of fast food outlets, particularly in low income and school neighbourhoods has been documented, and contributes to unhealthy food choices³⁸.

An environment that encourages physical activity with safe streets, paths for cycling and walking, and sports facilities, can be crucial to physical activity levels³⁹. The degree of urban sprawl, perceptions of neighbourhood safety and access to recreation facilities play a role in the decisions of children, youth and adults to engage in physical activity and active forms of transportation³⁵. Studies have found that adults who choose active forms of transportation such as cycling and walking are less likely to be overweight or obese³⁵.

Availability and accessibility of healthy options impact health outcomes. A large study conducted in Toronto, Ontario, correlated access to healthy resources (such as walking time to stores selling fruits and vegetables, recreational space, parks and schoolyards and public transit access to medical services) with diabetes rates. The mapping exercise found that neighbourhoods with the best access to healthy resources were associated with low diabetes rates, even in lower-income neighbourhoods which typically see higher diabetes rates⁴⁰.

Making changes to the 'default' environment (the environments in which the population lives, works and plays) will have a greater impact than individual changes^{3, 27}.

Socio-cultural environment

Family life and culture can impact weight. Food is often used to express cultural traditions. Perceptions of obesity can also vary by ethnicity; for example, obesity may not be recognized as a health issue in cultures that value body size as a statement of wealth. Culture, particularly when combined with the length of time that new Canadians have been in the country, also impacts physical activity and sport participation. Rates of physical activity and sport participation are lower

amongst children and youth who have been in Canada less than five years, when compared with those children and youth born in Canada³.

Family and peers also influence the way people eat. Parents are role models in helping children to develop a taste for healthy food. Taking the time to savour food and enjoy meals together helps to make eating pleasurable and helps children develop a healthy attitude toward food. As children grow, their peers become more of an influence⁴¹.

In addition, increase of marketing of high fat, high calorie food is associated with rising overweight and obesity rates³. Poor eating habits formed in childhood, such as by result of lack of access to healthy foods, lack of food skills preparation and poor health choices are likely to be carried into adulthood⁴².

Economic Environment

Low income and low educational attainment lead to reduced options for healthy lifestyles such as healthy foods and physical activity³. Associations between income, nutrition and physical activity have been found, as well as links between education and body weight, diet and physical activity³. People of lower socioeconomic status experience food insecurity, lack of access to safe and adequate facilities for recreation and are more likely to purchase unhealthy foods which often have lower cost than healthy foods (hence more accessible to them)⁹.

Adults in low income brackets are less active than adults in higher income brackets; similarly, children in households with low income bracket are less active than children in households with higher income bracket⁴³. Persons with lower incomes are more likely to state that it is difficult to get to places to be active, there are fewer places where they can buy necessities close to their homes and that facilities for walking or bicycling are poorly maintained. General safety concerns, such as feeling safe at night, street crime, poor lighting, and traffic volume also prevent them from being active.

Policy environment

As has been previously discussed, making changes to the variety of environments in which people live, learn, work and play are key. These environmental changes must be brought about by changes in public policy⁴⁴. Policy changes might occur at a variety of levels, such as at the federal, provincial and municipal level to influence the availability and accessibility of both healthy and unhealthy foods^{3, 44}. For example, municipal policy can determine how land is used and developed, tax policies determine what foods are taxed and what foods are not, and legislation can dictate the content of foods (for example, a ban on trans fats), regulate advertising and nutrition labeling. Changes at the micro level, such as within schools, workplaces and community settings can also make an impact^{3, 44}.

Vectors

The 2004 Chief Medical Officer of Ontario report “Healthy Weights, Healthy Lives” reported several vector factors that have impacted overweight and obesity rates. Increase in portion sizes, higher consumption of sugary drinks, and an increase in fat consumption are directly linked to the increase in overweight and obesity rates³.

Along with the increase in portion sizes, fat and calories has come a decrease in how active our daily lives are. Mechanization, industrialization and urbanization have had a major impact our physical activity both by choice and by necessity. Remote controls, escalators and drive-through services have ‘engineered’ physical activity out of our lives³. Combined with an increase in motorized transport and decrease in active transport, incidental activity has been drastically reduced over the past generation.

2.4 Consequences of obesity

Health consequences

The health effects of excess weight are well known⁴⁵. People who are overweight or obese have higher risks of developing chronic diseases - cardiovascular disease, certain cancers, osteoarthritis and type 2 diabetes - and other conditions - depression, dyslipidemia, functional limitations, gallbladder disease, hypertension, impaired fertility, insulin resistance, obstructive sleep apnea, psychosocial problems, as well as sleep-disordered breathing and respiratory problems^{2,3}. Overweight and obesity also affect quality of life by limiting functional ability, causing or contributing to disability. People who are obese experience depression more often than people of healthy weight⁴⁶.

Overweight and obesity in children affects healthy growth and development and contributes to health and psychological problems. Health problems include asthma, delayed maturation in boys, early menarche and menstrual problems in girls, fatty liver, risk factors of hypertension including high serum lipid and lipoprotein levels, sleep-disordered breathing, and type 2 diabetes³.

Health Consequences of obesity ^{2, 3}		
	Adults	Children
Chronic Disease	Cardiovascular disease	Asthma
	Certain cancers	Type 2 diabetes
	Osteoarthritis	
	Type 2 diabetes	
Other Conditions	Depression	Delayed maturation (boys)
	Dyslipidemia	Early menarche (girls)
	Functional limitations	Fatty liver
	Gallbladder disease	Growth and development
	Hypertension	Risk factors for hypertension
	Impaired fertility	Sleep-disordered breathing
	Insulin resistance	
	Obstructive sleep apnea	
	Psychosocial problems	
	Sleep-disordered breathing and respiratory problems	

Type 2 Diabetes

One in 20 Canadians - at least 1.3 million people ages 12 and over - have diabetes according to the 2004 CCHS⁴⁷. In 2005, the rate of diabetes in Ontario was 8.8 percent, an increase from 5.2 percent in 1995⁴⁸. As many as nine in 10 cases of diabetes are Type 2 diabetes, which is largely preventable by maintaining a healthy lifestyle⁴⁹.

Type 2 diabetes, once rarely diagnosed in adolescence, is now increasingly appearing in adolescents and even in children, and can be attributed to the increasing rate of childhood obesity⁵⁰. Aboriginal people and certain ethnic groups such as people of South Asian, Asian, Latin American and African decent are at higher risk for developing diabetes⁵¹. Individuals living in lower-income neighbourhoods in Ontario have diabetes rates that are 50 percent higher than diabetes rates among those living in high-income neighbourhoods⁵². Type 2 diabetes is associated with a number of short-term consequences that can lead to hospital admission; in Ontario, persons with type 2 diabetes use twice the amount of physician and optometry services as patients without type 2 diabetes⁵³.

Mental Health and Mental Illness

Mental health is the foundation for wellbeing and effective functioning for individuals and for communities⁵⁴. Globally, mental illnesses are associated with an increased risk of developing a co-morbid, chronic condition and dying prematurely⁵⁵. Here in Canada, mental health claims are the fastest growing

category of disability⁵⁶, and stress/mental illness accounts for the largest proportion of lost economic productivity in the workplace⁵⁷.

According to the Canadian Mental Health Association - Ontario Division, 1 in 5 people in Ontario will experience a mental health problem during their lifetime and 1 in 8 Canadians will have a condition serious enough to receive hospital care⁵⁸. Research suggests that poor mental health is both a risk factor and consequence of chronic disease^{59,60,61}. As a risk factor, poor mental health can affect an individual's ability to undertake health-promoting behaviours⁶², seek help, diagnosis and treatment for chronic conditions and can influence prognosis⁶³. Similarly, persons diagnosed with a chronic disease are more likely to experience poorer mental health.

Diabetes rates are significantly elevated among people with mental illnesses⁶⁴, and both depression and schizophrenia are risk factors for the development of type 2 diabetes^{65,66}. Forty percent of people with diabetes exhibit elevated symptoms of anxiety, while people with mental illnesses also experience many of the other risk factors for diabetes, such as obesity and high cholesterol levels⁶³. Obesity rates are up to 3.5 times higher in people with serious mental illnesses in comparison to the general population; weight gain may be attributed to antipsychotic medications⁶⁷.

Social and economic consequences

Obesity contributes to high disease burden of those afflicted, including both physiological and psychosocial harm. In addition to poorer health and decreased physical functions, obese people experience limitations as a result of stigmatization. Obesity has been linked to low self-esteem, depression, isolation and social stigma⁶⁸. Those who are overweight or obese face issues of social acceptance and often suffer from feelings of self-blame and low self-esteem as a result of the stigma associated with obesity^{3,22,69}.

The estimated costs of obesity to the health care system are enormous: in Canada the costs are estimated at \$4.3 billion annually, with \$1.6 billion in direct costs for primary care and almost double that in lost earnings and productivity⁷⁰. Obesity costs Ontario approximately \$1.6 billion annually, including \$647 million in direct costs and an additional \$905 million in indirect costs⁷¹.

Obesity versus healthy weights

While well-intentioned, the emphasis that health professionals, researchers, the media and politicians place on 'obesity' and the 'obesity epidemic' may lead to a high risk of inadvertently causing more harm than good. Messages from obesity prevention-related initiatives might unintentionally trigger weight and shape preoccupation among children and youth, and may lead to unhealthy behaviours so as to achieve an 'ideal' weight⁷².

In Western societies such as in Canada, being overweight or obese carries a cost of social discrimination, which is associated with poor self-esteem, depression and bullying, social isolation & psychological dysfunction²². Overweight children perceive stigmatization as being the most immediate consequence of being overweight. Overweight and obese people are often viewed as being lazy, gluttonous and weak-willed^{73,74,75}. Obese children face issues of social acceptance, poor body image and low self-esteem²². Low self-esteem, poor body-image, and high levels of emotional distress can lead to increased smoking rates and dieting behaviours⁴⁷.

A focus on dieting and trying to achieve an ideal body shape can result in people trying to achieve a healthy weight by unhealthy means³. This can lead to yo-yo dieting, weight cycling, restrictive eating, obsessive exercising and a negative perception of body image³. Moreover, research showed that patients who participated in behavioural therapy to loss weight usually regain about one-third of their lost weight within the first year⁷⁶. The Ontario Medical Association cautions against the potential damage that restricted eating can cause. Increased obesity rates in children have been correlated with restrained and inhibited eating in their parents²². If children themselves are restrained from eating, binge eating and secret eating can result in increased weight²².

It is important that obesity prevention-related campaigns and programs contain messages that are positive and use language that will avoid victim-blaming and discrimination. The 'healthy weights' approach, endorsed by the Ontario Chief Medical Officer of Health's 2004 report "Healthy Weights, Healthy Lives", focuses on balancing both sides of the 'energy in, energy out' equation. Healthy eating versus dieting and regular physical activity are balanced with positive self-esteem and body image. The healthy weights approach 'promotes physical, social and psychological well-being'^{3 p.18}.

SECTION 3.0: Current Landscape of Obesity Prevention in Ontario

“The problem of obesity affects families, schools, employers and entire communities and must be addressed through partnerships that combine the strengths of the public, private and non-profit sectors.”

Charles Stokes,
President and CEO, Centre for Disease Control Foundation (2006)

Introduction

Researchers have referred to the ever increasing obesity rates as an ‘epidemic’ and labeled the situation as ‘the new tobacco’^{77,78}. In line with this, public health policy strategists have looked to the success of tobacco control for guidance to addressing obesity prevention in Ontario⁷⁹.

The following sections of the report provide an overview of obesity prevention-related activities in Ontario. These activities are related to the prevention of obesity as they address the determinants of obesity. Obesity prevention requires a comprehensive approach which includes healthy public policies and strategies to address determinants of obesity⁸⁰. Moreover, early life experience has an impact on children’s health later in life; hence, it is important to address the issue of obesity and its prevention early in life.

3.1 Highlights of Current Obesity Prevention-Related Activities in Ontario

Access to Healthy Foods and Recreation

As previously discussed in Section 2.0, many Ontarians do not have access to the resources necessary to eat healthy foods and engage in physical activity. Children, along with Aboriginal peoples living off reserve, single mothers, persons with disabilities, recent immigrants and those without a high school education are most likely to be affected by poverty. Poverty is almost an exclusive cause of food insecurity and an inadequate diet⁸¹. Poverty also contributes to a lack of access to recreation programs. In Canada, 60% of adults lack the capacity to obtain, understand and act upon health information and services and to make appropriate health decisions on their own⁸². In addition, health literacy is associated with education level and age; Canadian adults with less than a high-school education perform well below adults with higher levels of education and this gap widens with age.⁸²

Since the release of the *2004 Healthy Weights Healthy Lives* report, there are increasing number of initiatives related to the promotion of healthy eating and physical activity in Ontario, including the Government of Ontario’s Action Plan on Healthy Eating, Active Living (HEAL). Released in 2006, the HEAL action plan supports the promotion of nutrition and physical activity across the province and through local communities. In addition, there are increased numbers of Ontario-

based advocacy and environmental support initiatives to address nutrition and physical activity, for example:

- The Ontario Public Health Standards which specify the requirements to be carried out by each board of health (responsible for providing public health programs and services) requires the board of health to work with school boards, workplaces, local food premises, municipalities and recreation settings to enhance supportive environments which address determinants of health, including alcohol use, healthy eating, physical activity, healthy weights and tobacco control.
- The Eat Smart! Program, delivered by the Nutrition Resource Centre, supported by the HEAL strategy and implemented by local public health units, is pilot testing a new initiative which promotes healthier food choices in recreation centres and vending machines. This pilot project assesses purchasable food items against nutrition standards, gives point-of-purchase messages and promotes healthy eating through incentives. Once the pilot phase is over, the recreation centre and vending machines initiative will be utilized by public health units in collaboration with their recreation facilities.
- The Community Advocacy Fund (CAF) from the Heart and Stroke Foundation of Ontario offers funding to community groups to engage in specific advocacy efforts in support of increasing access to healthy food and/or physical activity opportunities for children in Ontario. These grants build community capacity and enhance awareness of the issues of obesity and its risk factors at the local level.
- FoodNet Ontario's goal is to increase the capacity of organizations and communities across Ontario to create sustainable local food systems and achieve community food security by various means. These include bringing people, ideas and resources together; facilitating communication and collaboration among organizations; educating the public and key decision-makers about community food security; and promoting best practices.
- Parks and Recreation Ontario (PRO) released *The Health, Social and Economic Benefits of Increasing Access to Recreation for Low-Income Families: Research Summary Report* in 2007, which summarized international policies and practices that address after school, recreation and youth engagement projects. In addition, PRO's Ontario Task Force on Access to Recreation for Low-Income Families is involved in advancing the issue of addressing barriers to participate in community recreation on the provincial and national political agenda.

Healthy Schools and School-Based Programs

School-based policies and interventions are important in addressing the physical activity, nutritional and mental health status of Ontario's students. As learned from tobacco control, school-based interventions have been shown to work more effectively if they are designed to complement community-based programs⁸³.

The *Foundations for a Healthy School* Framework, released by the Ministry of Education and the Ministry of Health Promotion in December 2006, describes the components to a healthy school, which includes high-quality instruction and programs, a healthy physical environment, a supportive social environment and community partnerships⁸⁴.

Schools are excellent places to support universal and targeted population health initiatives, particularly in relation to healthy eating and physical activity. Public schools in Canada generally represent about 93% of all students in Canada; In Ontario, the school age population (age 5-17 years) was estimated at over 2 million in 2005-2006⁸⁵. Many schools provide space to community programs (i.e. Early Years Centres and childcare programs) expanding their influence to young children and community members. The Ontario Government and various stakeholders are moving towards a more coordinated approach to address healthy schools in Ontario:

- *Healthy Food for Healthy Schools Act* was passed in April 2008 which requires schools to eliminate trans fat from food and beverages sold in schools¹¹.
- The Government of Ontario announced investments in school-based programming and development of community hubs as part of its Poverty Reduction Strategy in December 2008. Since then, \$10 million has been integrated within Ontario's Poverty Reduction Strategy to support the creation of After-school Programs, with a focus on physical activity and wellness, to support children in high-need neighbourhoods. In addition, Ontario's Poverty Reduction Strategy plans to invest \$7 million to develop a Community Hub program that will promote schools as focal points to respond to community needs.
- The Health and Physical Education and Social Sciences and Humanities sections of the Ontario curricula recently went under review. Stakeholders were invited to provide input on the revised curriculum sections. The curricula are planned for release in Fall 2009, for implementation in 2010.
- The Ontario Physical Health and Education Association (Ophea) offers high quality programs and services to help school community address a variety of health related topics as well as the components of a Healthy School identified in the Government of Ontario's Foundations for a Healthy School framework. For example, the Living School initiative brings together the entire school community to support and enhance active healthy living for all children and youth. With the recent announcement of Community Hub development, Living Schools are primed to expand and support healthier schools and communities across Ontario.
- Jointly, as the Children's Collaborative, the Boys and Girls Clubs of Ontario, Ophea, OPHA, Parks and Recreation Ontario, and the YMCA / YWCA of Canada, are working together to develop an inventory of after-school initiatives that support physical activity, healthy eating, obesity prevention and

¹¹ Ministry of Education. Healthy Schools. www.edu.gov.on.ca/eng/healthyschools/healthier.html

wellbeing for children ages 6-14 years of age. Upon review of the activities, the Children's Collaborative will make recommendations based on evidence and best practice to support the proposed After-school programs, as outlined within Ontario's Poverty Reduction Strategy.

Marketing to Children

Food marketing is linked to childhood obesity through its influence on children's food preferences, purchase requests and food consumption⁸⁶. The Kaiser Family Foundation (2007) found that 36 percent of commercials targeting children and youth are for calorie-dense, high-fat, sugary foods that are likely to contribute to unhealthy eating and childhood weight issues⁸⁷ and that children of age 2-7 years were the most heavily targeted group for food ads. Other allegations have been made about the negative influence of advertising on child health, such as the promotion of poor body image, physical inactivity, sexualization of childhood, and excess consumption and materialistic beliefs⁸⁸.

Over the past year, attention has been focused on the issue of commercial advertising and marketing to children, particularly in relation to unhealthy, 'energy-dense' and 'nutrient-empty' foods. The United Kingdom and Sweden have successfully implemented policies banning television advertising to children. In Canada, Quebec is seen as a leader in implementing the *Consumer Protection Act* which bans all commercial advertising to children under the age of 13⁸⁹. In Ontario, momentum is building within public health and non-profit sectors to advocate for a complete ban on advertising of unhealthy foods aimed at children under 13 years of age. Recent activities related to restricting/banning advertising and marketing of unhealthy foods to children in Ontario include:

- A Toronto Public Health report to Board of Health (February 2008) on children's exposure to food and beverage marketing and its impact on their diets and diet-related health outcomes.
- A one day workshop, *Roadmap for the Deliberative Process on Obesity* was hosted by Health Nexus Santé, in collaboration with the Ontario Chronic Disease Prevention Alliance and facilitated by the National Collaborative Centre for Healthy Public Policy, in March 2008. One of the purposes of the workshop was to transfer knowledge on obesity prevention-related issues relevant to policy decision-makers. Several potential policies were reviewed and discussed in relation to their potential impact and implementation, including food labeling, food marketing to children, School Nutrition Guidelines, etc.
- A consensus policy statement was released by the Chronic Disease Prevention Alliance of Canada (CDPAC) outlining recommendations to governments, industry leaders, and other policy makers to move towards a total ban on advertising unhealthy foods to children, a result of the Policy Consensus Conference (March 4th and 5th, 2008 - Ottawa)
- The resolution A08-13: *Ban of Commercial Advertising of Food and Beverages to Children under 13 years of age* was passed at the

- Association of Local Public Health Agencies (aLPHa) Annual General Meeting in October 2009. The resolution supports aLPHa and its members - Medical Officers of Health and Board of Health members from across Ontario - to take action to address the issue. As a follow up, aLPHa hosted a 1 day session entitled "*Food For Thought*", bringing together various international speakers to discuss the issue of food industry advertising and marketing to children in February 2009.
- During the Ontario Public Health Association (OPHA) Annual General Meeting, resolution *2008-04: A Ban on all Commercial Advertising Targeted to Children Under 13 Years of Age* was passed; the resolution looks beyond food and beverages to address alcohol advertising to children and youth. In 2009, OPHA agreed to develop an Advertising to Children Workgroup to take action on this issue.

Partnering / Working with Industry

There is growing recognition amongst researchers, policy makers and public health practitioners that the food industry can and must have a positive role to play in addressing obesity and its prevention. The 2004 Chief Medical Officers' report, *Healthy Weights, Healthy Lives* recommends that the food industry partner with governments and local communities to promote and provide healthy food choices³. Accordingly, private-industry partnerships are being developed through non-governmental organizations, local communities and research groups in Ontario.

In addition to the food industry, there is increasing support amongst public health practitioners and non-governmental decision-makers in Ontario to partner with the agricultural sector, to promote "buy local" campaigns that provide healthy, local produce and foods and to support local food production in the form of community gardens, "grow a row, give a row" cooperatives and other local food production initiatives:

- In 2007, the Canadian Institute for Health Research's Institute for Nutrition, Metabolism and Diabetes (INMD) partnered with Canada's Research-Based Pharmaceutical Companies (Rx&D) Health Research Foundation (HRF), and the Heart and Stroke Foundation of Canada to provide operating research grants in support of childhood obesity prevention and treatment.
- The Heart and Stroke Foundation of Canada, through its Health Check program, helps Canadians make healthy food choices and encourages restaurants and food manufacturers to offer more healthy food options. In Ontario, the Health Check program, with support from the Ministry of Health Promotion, is set to expand its activity in support of increased healthy menu options in restaurants for 2009-2010.
- The Spark Together for Kids initiative of the Heart and Stroke Foundation of Ontario is investing in an Ontario-wide initiative to inspire individuals, families, communities, businesses, industry and government to spark

collective change - in how we live, how we act, and how we think. As part of this campaign, the HSFO will convene a table of food industry partners to address such issues as healthy food options and explore partnerships to support healthy eating and physical activity opportunities in communities and for Ontario.

- The Guelph Food and Technology Centre, supported by Mars Landing, is Canada's only not-for-profit, non-subsidized food technology centre. In support of healthier food options and to address childhood obesity in Ontario, the GFTC is working with the Ontario Fruit and Vegetable Growers, the Ontario Public Health Association, the Ontario Chronic Disease Prevention Alliance and others to develop support and secure funding for an expansion of the Northern Fruits and Vegetables Pilot Project (NFVPP), an evaluated initiative to increase access of fruits and vegetables among elementary school children.

3.2 Inventory of Obesity Prevention-Related Initiatives in Ontario

The recent shift in focus from the promotion of healthy eating and active living to the prevention of obesity in Ontario, coupled with the knowledge that healthy eating and physical activity are major risk factors for overweight and obesity, is likely to result in an increasing number of obesity prevention-related programs across Ontario and more explicit outcomes from these programs.

Appendix A is a list of obesity prevention-related initiatives currently under development or being offered in communities or across the province of Ontario. Initiatives included in Appendix A are based on information available through website scans and/or survey responses from the Ontario Chronic Disease Prevention Alliance member organizations and networks; the majority of initiatives detailed in Appendix A address nutrition, healthy eating and/or physical activity.

Due to timeframe and scope of this project, very limited number of initiatives at the local level is included in the inventory; for example, there are 36 public health units in Ontario, each health units have initiatives related to obesity prevention but only 9 initiatives are included in Appendix A. It is important to note that there are much more obesity prevention-related initiatives, especially those at the local level, than this report can explore.

SECTION 4.0: Opportunities to Enhance Obesity Prevention in Ontario

“With Pan-Canadian disease-specific strategies currently in place or in development, it is more important than ever to align priorities and activities in primary prevention, and collaborate on an integrated, population health approach to addressing the common modifiable risk factors associated with several chronic diseases.”

CDPAC (2008)

Introduction

While there is an increasing number of an obesity prevention-related initiative in Ontario, the sustainability and effectiveness of these initiatives are dependant on maintaining obesity prevention a priority of the governments and related stakeholders, as well as funding to support existing and future initiatives and partnerships. In light of this, there continues to be a need to support and enhance obesity prevention-related initiatives in Ontario.

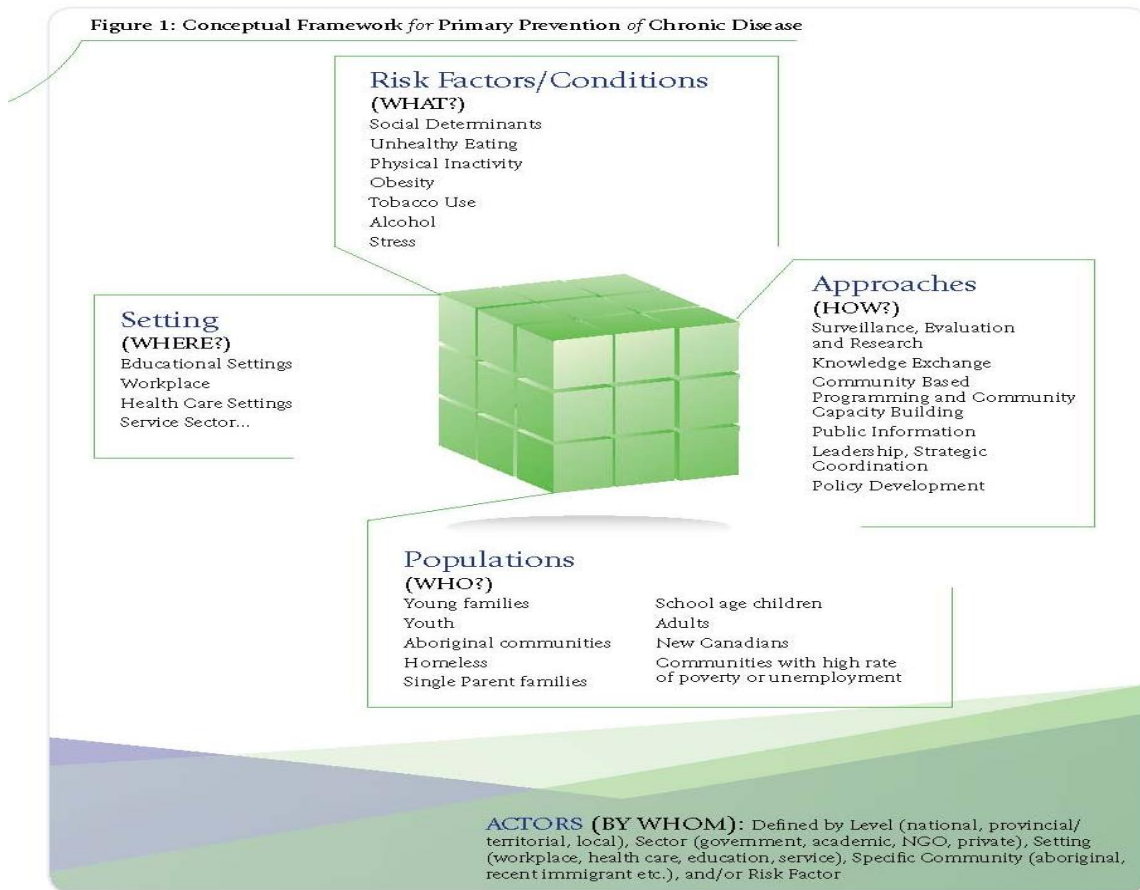
The Public Health Agency of Canada, Ontario and Nunavut Regional Office can play a key role in supporting and enhancing obesity prevention-related initiatives across Ontario. Based on the current evidence and statistics related to obesity in Ontario, the issue cross-cuts PHAC’s priority streams of child and adult health, public health capacity and knowledge, and strategic policy and planning.

As a result, a need may exist within the Agency to create criteria and guidelines that support planning and funding of obesity prevention-related initiatives. Currently, there are existing frameworks and evidence-tools that could support these needs. The following examples are provided as potential models and tools in the application and assessment of priorities and funding initiatives.

4.1 Funding and Planning: A Framework to Assess Obesity Prevention-Related Initiatives

The “CUBE” Tool

The CUBE is a tool that can be used to facilitate program planning and delivery that have long-term effects at the population level⁹⁰. The CUBE describes four dimensions in its planning framework: risk factor or condition (what?); approach (how?); setting (where?); and population (who?). In addition, identifying and involving key actors, individuals and organizations that have potential leverage to influence the social ecology of the behaviours in question, in both planning and delivery is important in achieving goals.



The CUBE can assist in priority and program development, supporting a comprehensive and multifaceted approach which involves multiple sectors and acting at multiple levels. The CUBE offers assessment of the type and level of interventions being proposed or undertaken by a group or organization. It allows decision-makers and planners to ‘map’ proposed projects in terms of available evidence, current priorities and activities, target audience or setting, etc. The Chronic Disease Prevention Alliance of Canada has used the CUBE tool to assist with developing the framework for primary prevention of chronic disease⁹⁰.

The CUBE is a tool that can be used to assess initiatives operating from a local, regional or provincial perspective; the categories for assessment may vary according to the social ecology of the problem(s) being addressed. Hence, the CUBE is an excellent tool for use by staff at the Public Health Agency of Canada to assess obesity prevention-related initiatives for proposed implementation and consideration of funding.

4.2 Tools to Support Evidence-based Planning, Practice and Evaluation

The Canadian Best Practice Portal for Health Promotion and Chronic Disease Prevention

A web portal is an effective way to disseminate best practices information to the widest possible audience⁹¹. The Canadian Best Practices Portal for Health Promotion and Chronic Disease Prevention reflects the underlying principles of an approach to population health and is a gateway to a wide range of tools, resources and information sources. The resources included in the Portal address at least one of the eight elements of the Population Health Template:

1. Focus on health of population;
2. Address the determinants of health;
3. Base decisions on evidence;
4. Increase upstream investments;
5. Apply multiple strategies;
6. Collaborate across sectors and levels;
7. Employ mechanisms for public involvement;
8. Demonstrate accountability for health outcomes.

Towards Evidence-Informed Practice

The Towards Evidence-Informed Practice (TEIP) Program Evidence Tools (www.teip.hhrc.net) provide a step-by-step guidance to identify, interpret and apply a range of evidence, including best and promising practices, to inform programming decisions. TEIP has developed a set of three field-tested and rigorously evaluated tools and processes to increase capacity for evidence-informed health promotion and chronic disease prevention. Each component offers a step-by-step guide to plan, evaluate and strengthen local health promotion programs.

- **TEIP's Program Assessment Tools** provide a template to plan, assess and enhance local health promotion programs based on 19 evidence-based criteria for best and promising practices.
- **TEIP's Program Evidence Tools** help you to build the resources, supports and skills needed to search for, interpret and apply relevant evidence to strengthen local programs. A systematic yet realistic approach walks users through a five step process from identifying and refining the evidence question to interpreting and applying the evidence to inform programming decisions.
- **TEIP's Program Evaluation Tools** provide a systematic approach to planning and conducting local program evaluations. They increase motivation, skills and confidence for process and outcome evaluation and contribute to the creation of practice-based evidence.

SECTION 5.0: Summary of Initiatives Supporting Obesity Prevention in Ontario

“Action must be taken now to stem the epidemic of childhood obesity. This action will require a prioritization of research into the etiology, treatment, and prevention of childhood obesity. It is unlikely that sufficient resources for such research will be available from public and private sources until the issue of childhood obesity is moved higher on the public agenda.”

James Hill, Researcher
Childhood Obesity Researcher (1998)

5.1 Potential Funding Sources for Obesity Prevention-Related Activities

The following section provides an overview of the current scope of existing Ontario-based initiatives that may provide funding for obesity prevention-related activities.

Funding Organization Name	Potential Funding Streams
Canadian Institute for Health Research	Various. Primary fit with <ul style="list-style-type: none"> - Institute of Nutrition, Metabolism and Diabetes - Institute of Population and Public Health
Ministry of Health Promotion	Communities in Action Fund Ontario Stroke Strategy
Ontario Ministry of Agriculture, Food and Rural Affairs	Ontario Market Investment Fund
Ontario Trillium Foundation	Streams <ul style="list-style-type: none"> - Healthier / More Active Ontarians - Enhanced Success for Students and Learners
Laidlaw Foundation	Youth Organizing Grants <ul style="list-style-type: none"> - Catalyst - Project
Heart and Stroke Foundation of Ontario	Community Advocacy Fund
Wellesley Institute	Enabling Grants Various Streams, change by year

Canadian Institute for Health Research

The Canadian Institute for Health Research (CIHR) is the Government of Canada's leading funding agency for health research. CIHR funding is available, primarily to researchers, academics, or initiatives that leverage linkages with research and academic institutes, through 13 institutes that comprise CIHR.

A significant portion of Canada's obesity prevention-related research is funded by CIHR's Institute of Nutrition, Metabolism and Diabetes (INMD)⁹². INMD supports the creation of multi-disciplinary teams and projects, stimulates innovation, establishes clinical trials and encourages community-based intervention research. In addition to INMD, CIHR's Institute for Population and Public Health (IPPH) has a very broad mandate and supports research into the complex interactions which determine health, and its application to improve the health of individuals, communities and global populations. Other CIHR grants (Catalyst, Operating, Community Support) support research, knowledge synthesis and translation and evaluation of obesity prevention-related issues, practices, policies and programs in Ontario.

Ministry of Health Promotion^{III}

The Ministry of Health Promotion (MHP) provides funding to groups in support of their key program areas; those related to obesity prevention include Healthy Eating and Active Living (HEAL) and Chronic Disease Prevention.

The Communities in Action Fund (CIAF) aligns and supports key ministry programs/mandates such as the Ontario Heart Health Program, Ontario's Action Plan for Healthy Eating and Active Living, the Ontario Trails Strategy, Injury Prevention, and Mental Health Promotion. CIAF application is open to local, regional and provincial not for profit groups/organizations with initiatives related to physical activity and recreation.

The Ontario Stroke Strategy, administered through the Chronic Disease Prevention Unit, is a comprehensive and integrated approach that aims to decrease the incidence of stroke and other chronic diseases and improve patient care and outcomes for those who experience stroke - particularly among vulnerable populations. In partnership with various groups, the Ontario Stroke Strategy provides funding to support programs and initiatives relating to stroke prevention and its risk factors. As obesity is a major risk factor for stroke and other chronic disease, applications that focus on addressing obesity prevention in relation to chronic disease prevention through programs, training and capacity-building could be supported through the Ontario Stroke Strategy.

^{III} The Ministry of Health Promotion has not yet issued a call for grant proposals under the Communities in Action Fund or the Ontario Stroke Strategy for the year 2009. MHP is designing a new grant program for 2009-2010 that will encourage multi-issue focus and partnership.

Ontario Ministry of Agriculture, Food and Rural Affairs

The Government of Ontario announced a \$12-million, four-year, Ontario Market Investment Fund (OMIF) in 2008. The fund is targeted to promote consumer awareness of Ontario-produced foods and encourages Ontarians to buy local produce. The OMIF intends to improve consumer access to locally produced foods by supporting industry and local food network marketing and coordination efforts.

Groups seeking to address access to local food and/or promote local food security could apply for this grant; however, the OMIF has specific guidelines that dictate types of partnerships that must be successfully met in order to support grant review and approval.

Ontario Trillium Foundation

The Ontario Trillium Foundation (OTF) provides funding to organizations in the arts and culture, environment, human and social services and sports and recreation sectors through two granting programs: Community and Province-Wide. Two of OTF's granting priorities could support obesity prevention-related initiatives:

- Healthier and more physically active Ontarians
- Enhanced success for students and learners

Funding for obesity prevention-related initiatives could be addressed by both streams, depending on their focus and setting. Community-based initiatives that address access to physical activity and food production could fit under the first priority, while school-based initiatives that support healthy living could be applied for under the second.

Laidlaw Foundation

The Laidlaw Foundation's current work promotes positive youth development through inclusive youth engagement in the arts, environment and in community. It recognizes that all young people need the unconditional support of significant adults in their lives and need multiple opportunities to locate an individual talent and the resources necessary to develop that talent.

One of the lessons from tobacco control is that youth engagement is a key priority in addressing the scope of the issue and providing youth-led initiatives that combat obesity and its risk factors. There is potential for larger organizations to apply for grants under this funding opportunity.

The Heart and Stroke Foundation of Ontario

The Heart and Stroke Foundation of Ontario (HSFO) is committed to advancing social change to address the growing obesity and overweight epidemic in Ontario. The HSFO's Community Advocacy Fund (CAF) provides funding to community groups to advocate for, and implement, increased opportunities for physical activity and access to healthy food for children. Advocacy Fund projects can help address local barriers that prevent children from accessing physical activity and healthy food.

Both Community Advocacy Fund grants are appropriate and available to groups and organizations with an interest in addressing obesity prevention (as related to access of healthy food and physical activity) through advocacy related activities.

Wellesley Institute

The Wellesley Institute provides funding through its Enabling Grants under its Urban Health Research Programme. Enabling Grants are small, time-limited grants intended to support academics, community agencies and providers to collaboratively pursue research on issues that urban communities identify as important. These may include identifying unmet needs, exploring or testing effective solutions to problems they experience, or increasing our understanding of the forces that shape people's health and the way these forces affect people's health.

In keeping with the strategic goals of the organization, projects supported by the Wellesley Institute should focus on the social determinants of health and health disparities, focusing on the relationships between health and housing (including neighbourhood renewal and regeneration efforts), poverty and income distribution, social exclusion and other social and economic inequalities. There are opportunities for collaboratives to apply for enabling grants in support of obesity prevention. However, there must be a clear alignment with the strategic goals of the Wellesley Institute, as outlined above.

5.2 Supporting Research, Surveillance and Evaluation of Obesity Prevention-Related Activities

Rapid Risk Factor Surveillance System

The purpose of Rapid Risk Factor Surveillance System (RRFSS), www.rfss.on.ca, is to provide timely data relevant to local public health needs. RRFSS is used to monitor key public health issues yet is adaptable to collect information on emerging issues. The results from RRFSS are used to support program planning and evaluation, to advocate for public policy development, and to improve community awareness regarding the risks for chronic diseases, infectious disease and injuries.

RRFSS is an ongoing telephone survey used to gather surveillance data, monitor public opinion on key public health issues, and collect information on emerging issues of importance to public health in Ontario. There are two module types: 'core' and 'optional' modules. Core modules are asked by all RRFSS-participating health units and each health unit decides which optional modules to ask. Unfortunately, not all public health units take part in RRFSS. The Rapid Risk Factor Surveillance System could support the evaluation of obesity prevention-related activities in Ontario.

Public Health Research, Education and Development

The Public Health Research, Education and Development (PHRED), www.phred-redsp.on.ca, is a program which involves five health units (Hamilton; Kingston, Frontenac and Lennox & Addington; Middlesex-London; Ottawa; and Sudbury), health science programs of Ontario universities and colleges and the Ministry of Health and Long-Term Care. The program's goal is to provide evidence to support effective and efficient public health practice and improve accountability in public health practice; to increase capacity within the public health system by providing leadership in the education of future public health professionals; and to provide leadership in research and education through strategic partnerships.

The PHRED Program, commissioned by the Ministry of Health Promotion, developed an evaluation strategy for the Ontario HEAL Action Plan and conducted an evaluation of the Northern Fruit and Vegetable Pilot for the 2006-2007 school year⁹³. The evaluation findings supported the ministry's decision to continue the NFVP for the 2007-2008 school year and the expansion into the Algoma region.

SECTION 6.0: Upcoming Events and Conferences Addressing Obesity and its Prevention

"People who are at a healthy weight feel better, are less likely to develop diseases and enjoy a higher quality of life. By acting now, we can reduce the risks associated with unhealthy weights, and reap the benefits for decades to come."

Dr. Sheela Basrur
Chief Medical Officer of Health, Province of Ontario (2006)

Obesity is often seen as a chronic disease, and not as an intermediate risk factor for the development of other chronic conditions; hence, obesity prevention-focused events are often aimed at treatment and management.

Appendix B provides a list of upcoming conferences, workshops and events with a focus on obesity prevention or with streams that relate to obesity and its risk factors. Please note that a number of events listed in Appendix B support engagement of the broader audience and tend to address the structural and environmental conditions associated with obesity and look at healthy eating and physical activity as its risk factors. In addition, the list contains limited information as most events-related information is often not available until closer to the event dates.

SECTION 7.0: Summary and Discussion on Obesity Prevention Landscape in Ontario

Considerable expertise has been developed within the health sector to address the common, modifiable risk factors associated with obesity. The current focus on healthy eating and physical activity taken by many groups supports the reduction and prevention of obesity-related harm in Ontario and addresses the common, root causes of several chronic diseases. Therefore, it is important to strategically focus and balance priorities and initiatives related to factors which influence obesity, including the societal and environmental forces which affect healthy eating and physical activity. With the Ontario Government's new focus on obesity prevention and \$10 million to be invested over the next 4 years to address childhood obesity, there are likely to be increased opportunities for obesity prevention-related activities to develop and/or expand.

Most of the current available evidence-informed knowledge and research related to obesity prevention are based on population health approaches to achieve health outcomes. Unfortunately, recent obesity prevention-related initiatives within Ontario, which target specific population within a specific setting, are limited by their cost to implement on a large scale or relevance of their application across the province.

In order to effectively address obesity and its prevention, a comprehensive systems approach is required to support a healthy environment, to improve health and to address the increasing burden of chronic disease in Ontario.

Appendix A

Initiatives included in Appendix A are based on information available through website scans and/or survey responses from the Ontario Chronic Disease Prevention Alliance member organizations and networks; the majority of initiatives detailed in Appendix A focus on nutrition, healthy eating and/or physical activity policies, practices and interventions. In addition, the inventory does not include activities of all public health units, only a few examples are illustrated.

Government of Ontario					
Ministry Contact Person	Region	Type	Initiative Name	Focus and Audience	Description
Ministry of Health Promotion (MHP) Roselle Martino Roselle.martino@ontario.ca	Provincial	Strategy	Obesity/Healthy Eating, Active Living Strategy	Integrated approach to good nutrition and physical activity All Ontarians	A multi-pronged strategy is being developed to improve the health of Ontario's children and to reduce the rate of childhood obesity. This includes: - \$10 million allocation to deliver a childhood obesity strategy; - Communities in Action Fund; - Trails Strategy; and - the existing Healthy Eating and Active Living set of programs.
Ministry of Health Promotion (MHP) Christa Burns Christa.burns@ontario.ca	Northern Ontario: Sudbury, Thunder Bay, Porcupine	Program	Northern Fruits and Vegetables Pilot Project (NFVPP)	Promotion of healthy eating; access to fruits and vegetables Children	The NFVPP provides students in 25 elementary schools in selected communities in Ontario's Northern region with three servings of fruit and vegetables each week. The program has been evaluated, successfully achieving enhanced fruit and vegetable acceptance and increasing fruit and vegetable intake among school-aged children.

Government of Ontario					
Ministry Contact Person	Region	Type	Initiative Name	Focus and Audience	Description
Ministry of Health Promotion (MHP) David Sit David.sit@ontario.ca	Province-wide, locally administered	Program	Ontario Heart Health Program (OHHP - TACL) Policy Framework	Promotion of policy and environmental supports to support healthy living. Local residents, communities and settings	<p>The OHHP is organized into 36 local coalitions which cover the entire province. Local heart health coalitions are groups working together to promote healthy living by providing opportunities to change behaviours, building supportive environments and influencing policy. Coalitions receive funds, training, consultation and other types of support to help them carry out this work.</p> <p>The OHHP Policy Framework supports programs in addressing policy and environmental supports at various levels within 4 key focal areas: access to nutritious foods, built environment and active transportation, access to recreation and physical activity, prevention of tobacco use and exposure. Settings include schools, workplaces, health care and other community areas.</p>
Ministry of Health Promotion (MHP) Holly Kerr Holly.kerr@ontario.ca	Provincial	Information and Support	Eat Right Ontario	Promote and enhance healthy eating All Ontarians	Eat Right Ontario was launched by Dietitians of Canada and the Ministry of Health Promotion to provide easy and reliable access to nutrition information. Eat Right Ontario offers the people of Ontario more ways to connect with a Registered Dietitian and get trusted advice on food, nutrition and healthy eating at no cost. Information is accessible by toll-free number, email or on the web.

Government of Ontario					
Ministry Contact Person	Region	Type	Initiative Name	Focus and Audience	Description
Ministry of Health and Long-term Care (MOHLTC)	Provincial	Program Standards and protocols	2008 Ontario Public Health Standards (OPHS)	Outline of PH outcomes and programs for Ontario Boards of Health Public Health Unit boards and staff.	The 2008 OPHS outline the expectations for boards of health, which are responsible for providing public health programs and services that contribute to the physical, mental, and emotional health and well-being of all Ontarians. Healthy weights are one of several risk factors addressed within the Chronic Disease and Injuries Program Standard. Focal areas include surveillance, policy development, environmental supports in various settings, capacity building in community partners and enhanced public awareness.
Ministry of Health and Long-term Care (MOHLTC)	Regional: Hamilton, Mississauga, Guelph and Ottawa	Program/Service	Diabetes Strategy	Increase capacity for bariatric surgeries. Obese patients	In March, 2009 the MOHLTC announced a \$75 million investment to increase bariatric surgery capacity by 500%. This investment will increase capacity within four centres of excellence, including St. Joseph's HealthCare Hamilton, Humber River Regional Hospital, the Guelph General Hospital and the Ottawa Hospital.

Government of Ontario					
Ministry Contact Person	Region	Type	Initiative Name	Focus and Audience	Description
Ministry of Education (M.Ed)	Provincial	Regulation	Bill 8: Act to Amend the Education Act	Ban of school items for sale that contain trans-fats Schools	<p>In September, 2008, the Ontario Ministry of Education introduced Bill 8, Healthy Foods for Healthy Schools, which regulates the sale on school property of food and beverages that contain artificial trans fat. This bill applies to special lunch meals, bake sales, cafeteria foods, vending machines, canteens and tuck shop items.</p> <p>Bill 8 is seen by many working in public health and NGOs as an opportunity to fully review, enhance and implement stricter nutritional guidelines that promote healthier food choices and offerings in Ontario elementary and secondary schools.</p>
Ministry of Education (M.Ed)	Provincial	Program	Healthy Schools Recognition Program	Recognition of healthy school policies and practices. Ontario schools	<p>The Healthy Schools Recognition Program promotes and celebrates healthy behaviours and practices in Ontario's schools. Schools pledge to take on a healthy activity in their school - and receive recognition for it. Schools can start a new activity or build on an existing one.</p> <p>The Premier, Minister of Education and Minister of Health Promotion will recognize participating schools with a certificate and pennant.</p>

Government of Ontario					
Ministry Contact Person	Region	Type	Initiative Name	Focus and Audience	Description
Ministry of Children and Youth Services (MCYS)	Provincial with regional administration	Grants program	Student Nutrition Program	Funding for programs that enhance student nutrition Children and youth	The Student Nutrition Program provides funding for communities that aim to provide nutritious food, including breakfast, lunch and/or snacks, to children and youth across Ontario. Provincial funding for the program is administered through regional lead agencies who work with their community to bring nutritious meals and snacks to children and youth. Recently, the province has promised an additional investment of \$32 million in this program, to address childhood poverty and obesity.
Ministry of Children and Youth Services (MCYS)	Provincial, with local administration	Program	Healthy Babies, Healthy Children (HBHC)	Infant and child development screening and development Prenatal and children ages 0-6 years	HBHC offers perinatal and parenting support to families with young children, ages 0-6 years. The program, administered through local public health units, provides: <ul style="list-style-type: none"> - Support for new parents (i.e. infant care, breastfeeding, perinatal adjustment, etc.) - Information on infant nutrition and feeding - child development screening and assessments, with appropriate referrals when indicated. - referral to community agencies and resources

Non-Government Organizations					
Organization Contact Person	Region	Type	Initiative Name	Focus and Audience	Description
Alzheimer Society in Ontario (ASO) Rosanne Meandro rmeandro@alzheimeront.org Kathryn Richardson krichardson@alzheimeront.org	National	Social Marketing Campaign	<i>Heads Up for Healthier Brains</i>	Promotion of healthy aging and prevention of Alzheimer's disease and related dementia General public Healthcare professionals People with the disease	<i>Heads Up for Healthier Brains</i> is a social marketing campaign aimed at increasing awareness about Alzheimer's disease and related dementia and promoting risk prevention through healthy lifestyle choices, including: mental stimulation, physical activity, social interaction, diet, stress reduction and protection from head injury. http://www.alzheimer.ca/english/brain/brain_intro.htm
Canadian Diabetes Association (CDA) & Dietitians of Canada (DC)	Ontario	Resource	<i>Healthy Eating is in Store for You™</i>	Promotion of healthy eating Ontarians	<i>Healthy Eating is in Store for You™</i> (HESY) is an evaluated resource that helps consumers make healthier food choices through better use of the nutrition information on the label of packaged foods. This program has been evaluated. Resources are available for download at http://www.healthyeatingisinstore.ca/about_hesy.asp

Non-Government Organizations					
Organization Contact Person	Region	Type	Initiative Name	Focus and Audience	Description
Canadian Mental Health Association, Ontario (CMHA) Kendal Bradley Project Coordinator kbradley@ontario.cmha.on.ca 416-977-5580 x 4133	Ontario	Resource; Community Pilots	<i>Minding Our Bodies</i>	Toolkit development to increase physical activity Persons living with mental illnesses	This initiative will serve as an 'incubator' to help mental health service providers in Ontario, together with community partners, develop, deliver and integrate evidence-based physical activity programs, improve access to local resources and promote social inclusion. Components include a toolkit and on-line resource to support program development; training for mental health workers, consumer leaders and volunteers, and 6-month pilot projects in select communities across Ontario (3 settings, Toronto; Thunder Bay; Simcoe; Dunnville; Strathroy)
Cancer Care Ontario (CCO) Rebecca Truscott, RD Nutrition Consultant Rebecca.truscott@cancercare.on.ca 416-971-9800 x 3243	Ontario	Resource	<i>Healthy Eating, Physical Activity and Healthy Weights Guidelines for Public Health in Ontario</i>	Practice guidelines for obesity prevention Public Health Professionals	Using a process deemed effective in the development of clinical practice guidelines, evidence-based practice guidelines were developed in a highly consultative and participatory process with experts from across Ontario. The guidelines provide supporting documentation for the 2008 Ontario Public Health Standards, addressing the requirements related to the prevention of obesity through chronic disease and child health through healthy eating, physical activity and healthy weights promotion.

Non-Government Organizations					
Organization Contact Person	Region	Type	Initiative Name	Focus and Audience	Description
Heart and Stroke Foundation of Ontario Karen Donaldson-Howden kdonaldsonhoweden@hsf.on.ca 416-489-7111 x 496 Vonnie Barron vbarron@hsf.on.ca 416-489-7111 x 390	Ontario	Various	<i>Spark Together for Healthy Kids</i>	Awareness and support to access to healthy food and physical activity Children, Youth, Adults, Service Providers	Spark Together for Healthy Kids is a core commitment of HSFO. A multi-layered initiative, it aims to generate greater public awareness of the tremendous societal impact of childhood obesity and inspires Ontarians to take action to create sustainable policy. Partnership is a key component for success. The initiative will launch in Spring 2009. Components include: <ul style="list-style-type: none"> - Awareness raising through a public campaign (radio/print ads, events, online communications) - Advocates to all levels of government - Community-based action support and facilitation (Community Advocacy Fund)
Heart and Stroke Foundation of Canada Jennifer Campbell, Asst. Dir. Strategic Research Initiatives jcampbell@hsf.ca	Internal	Report	<i>Research Synthesis in Economic Policy, Obesity and Health</i>	Economic policy related to obesity and its risk factors Internal Use	HSFC is interested in understanding more about the use of economic interventions (i.e. tax incentives, disincentives, agricultural and other economic subsidies and pricing policy) and their effectiveness in the fight against obesity. The final report is expected to be available in early 2010.

Ontario Health Promotion Resource System					
Organization Contact Person	Region	Type	Initiative Name	Focus and Audience	Description
OHPRS “Healthy Weights” Workgroup Andrea Bodkin, Chair abodkin@opha.on.ca	Internal to OHPRS	Workgroup	“Healthy Weights” Workgroup	Promote healthy weights and healthy weights messaging Members of the OHPRS system	<p>The OHPRS Healthy Weights workgroup was formed in 2007 to address and promote the need for common messaging and consistent practices when dealing with obesity/healthy weight across the OHPRS system.</p> <p>In 2008/09 the group developed an inventory of OHPRS resources related to obesity prevention.</p> <p>In 2009-2010, pending the continuation of the OHPRS and securing funding for it’s activities, the workgroup will address the sensitive issue of messaging around obesity and healthy weights.</p>

Ontario Health Promotion Resource System					
Organization Contact Person	Region	Type	Initiative Name	Focus and Audience	Description
Health Nexus - Health Promotion Hub Sylvie Boulet Bilingual Health Promotion Consultant s.boulet@healthnexus.ca 416-408-2249	Regional: Lanark, Leeds & Grenville	Training & Consultation	<i>Eating and Moving Well to Prevent and Treat Obesity</i>	Promotion of healthy weights through capacity building Health care and social service providers	This workshop was designed specifically to engage health promoters and care providers working across the continuum of care in Lanark, Leeds & Grenville Counties (LL&G) who support and promote healthy weights and healthy living with their clients. A networking and capacity building seminar was held March 11 th , 2009, to promote sharing of best practices and ideas to support behaviour change related to obesity. Hosted in partnership with the Centre for Obesity Research and Evaluation, Health Nexus <i>Connecting the Dots</i> program and the Southeast Ontario Stroke Network.
Health Nexus - Best Start Resource Centre Sylvie Boulet Bilingual Health Promotion Consultant s.boulet@healthnexus.ca 416-408-2249	Provincial	Resource	<i>Early Childhood and Chronic Disease</i>	Evidence and research report Parents, early years staff, decision and policy makers	Best Start Resource Centre will be releasing a report in Spring, 2009 to help raise awareness about the important connection between early childhood and risk factors for adult chronic disease. The report focuses on childhood developmental influences from birth to age six and includes healthy eating, physical activity, obesity, sun exposure, exposure to second-hand smoke and attachment.

Ontario Health Promotion Resource System					
Organization Contact Person	Region	Type	Initiative Name	Focus and Audience	Description
Health Nexus - Best Start Resource Centre Sylvie Boulet Bilingual Health Promotion Consultant s.boulet@healthnexus.ca 416-408-2249	Provincial	Social Marketing Campaign	<i>"Have A Ball"</i>	Multi-media campaign Parents of children ages 2-6 years	<p>The goal of this initiative is to increase awareness of the importance of physical activity in young children and to reduce screen time in the home. This multi-media campaign develop ads and disseminate through TV and radio, public transit, parenting magazines, etc. A website and launch will be developed.</p> <p>Parent resources, including posters, calendars and brochures will be available via 3 mail outs to family physicians, Ontario Early Years Centres (OEYCs), CAP-C/CPNP programs and childcare programs.</p>
Health Nexus - Best Start Resource Centre Melanie Ferris 416-408-2249	Provincial	Resource	TBD	Obesity prevention toolkit Parents/service providers of Aboriginal children ages 2-6 years	<p>This initiative will develop a toolkit, based on research evidence and best practice, to address the prevention of obesity in Aboriginal children, ages 2-6 years.</p> <p>Capacity-building activities, including training and consultation services, will be developed to promote dissemination and uptake of the resource among targeted audiences. The toolkit and subsequent activities will be launched in 2009/2010.</p>

Ontario Health Promotion Resource System					
Organization Contact Person	Region	Type	Initiative Name	Focus and Audience	Description
Nutrition Resource Centre (NRC) Elizabeth Smith, RD Program Coordinator esmith@opha.on.ca 416-367-3313	Local	Volunteer based peer nutrition education training and service provision	<i>Community Food Advisor Program</i>	Promote safe and healthy eating to Ontario consumers all ages / sub-populations	The Community Food Advisor (CFA) program provides, through trained volunteers, reliable information and education that promotes safe and nutritious food selection, preparation and storage practices to consumers in Ontario. Volunteers receive approx. 60 hours of intense training on healthy eating and service delivery (workshops, food demos, presentations, displays). Volunteers then provide these services to their local community based on local needs and directives. The program is currently implemented in 14 Health Units and 2 Community based organizations with 375-400 active CFAs in Ontario. The program has been evaluated 3 times.
Nutrition Resource Centre (NRC) Elizabeth Smith, RD Program Coordinator esmith@opha.on.ca 416-367-3313	Local	Educational Series	<i>Colour it Up - Go for more fruits and vegetables (formerly Take 5!)</i>	Promote increased fruit and vegetable consumption High risk populations; Women and their families.	Colour It Up is a community based, behaviour change program that promotes increased vegetable and fruit consumption in women and their families. It is an evidence-based, evaluated program, originally developed by Cancer Care Ontario. The program consists of 6 session series, primarily aimed at high-risk populations for chronic disease. Sessions provide information and support food preparation, budgeting & food safety skills, and incorporates support social opportunities.

Ontario Health Promotion Resource System					
Organization Contact Person	Region	Type	Initiative Name	Focus and Audience	Description
Nutrition Resource Centre (NRC) Mary Ellen Prange Program Coordinator mprange@opha.on.ca	Provincial	Resource	<i>Fuel Up For Fun</i>	Promote healthy eating and active living Primary school aged children and their families, professionals	Fuel Up For Fun consists of three magazine-style editions to be released seasonally in fall, winter and spring/summer. Each four-page edition aims to contribute to the development of knowledge, positive attitudes and healthy behaviours of children 6-8 years of age so they will eat right and be active with their families throughout the year. A "Parents Walk the Talk" section is included on the back page of each edition.
Nutrition Resource Centre (NRC) Mary Ellen Prange Program Coordinator healprogram@opha.on.ca	Provincial	Resource	<i>Busy Bodies</i>	Promote healthy eating Families, caregivers and professionals	BusyBodies / Hop la Vie! aims to help parents/caregivers bring healthy eating and physical activity to life with preschoolers, ages 3 to 5, by encouraging a variety of experiences using creative food and play ideas presented in an easy to-use "activity card" format.
Nutrition Resource Centre (NRC) Mary Ellen Prange Program Coordinator healprogram@opha.on.ca	Provincial	Resource	<i>Eat Right Be Active</i>	Promote healthy eating and physical activity Families, caregivers and professionals	A guide for parents and caregivers of preschoolers ages 3 to 5 which complements the BusyBodies activity card set. Topics covered include: how much food to offer; suggested ideas for breakfast, snacks, lunch and dinner; feeding challenges; active living ideas to do together; and sample activities to build physical skills.
Nutrition Resource Centre (NRC) Mary Ellen Prange Program Coordinator mprange@opha.on.ca	Provincial	Resource	<i>Eat Right Be Active - A guide for parents and caregivers of children ages 6-8</i>	Promote healthy eating and active living Families, caregivers and professionals	A guide for parents and caregivers of children ages 6 to 8 which provides information and tips to support parents and caregivers to help ensure that children have access to environments that support healthy eating and physical activity at school and in the community as well as at home. This resource is referenced in the "Parents Walk the Talk" section in each edition of Fuel Up For Fun.

Ontario Health Promotion Resource System					
Organization Contact Person	Region	Type	Initiative Name	Focus and Audience	Description
Nutrition Resource Centre (NRC) Lee Rysdale, RD Project Coordinator lrysdale@opha.on.ca 705-692-0720 416-367-3313	Provincial	Resource	<i>"Nutrition Screening Tool for Every Preschooler"</i> (Nutristep™)	Preschool nutrition risk screening tool Parents of preschoolers, ages 2-4 years.	Nutristep is a scientifically-valid and reliable nutrition risk screening questionnaire that can be administered by health professionals or lay persons. General follow up support for Nutristep is available through Eat Right Ontario trained dietitians. The tool is currently available in English/French but has been tested and evaluated with multicultural and Aboriginal communities. Nutristep can assist with local and provincial surveillance and research, including addressing obesity.
Nutrition Resource Centre (NRC) Samara Foisy, RD Project Coordinator sfoisy@opha.on.ca 416-367-3313 x 227	Provincial	Program	<i>Eat Smart!</i>	Healthy Eating Recognition and Awards Program Workplaces, schools and recreation centres.	Eat Smart! is an award program recognizing workplace and school cafeteria programs for meeting exceptional nutritional, food handling and smoke-free dining. Supported in partnership with local public health units Eat Smart! Is involved in a 4 community pilot project to promote healthier eating in recreation centre vending machines and snack bars. The program is also undergoing an evaluation, supported by CIHR, to assess behavioural outcomes of their workplace cafeteria programs.
Nutrition Resource Centre (NRC) Cindy Scythes, RD Manager, NRC cscythes@opha.on.ca 416-367-3313	Provincial	Resource	<i>Healthy Measures</i>	Promote healthy weights and measures Women, adaptable to young girls.	Healthy Measures is for consumers and health professionals. It introduces new ways for women to measure their health and also promotes new healthier measures or steps that women can take to better their health, without focusing on weight loss. Themes focus on Be Active, Eat Well, Be Yourself.

Ontario Health Promotion Resource System					
Organization Contact Person	Region	Type	Initiative Name	Focus and Audience	Description
Ontario Physical Health and Education Association (Ophea) Chris Markham, Executive Director, chris@ophea.org	Provincial	Various Resources	N/A	Promote healthy living via physical activity and nutrition Service Providers	Ophea has developed other resources that could be used by the staff who deliver obesity-related and obesity prevention programs. Examples include active, Take Action, Daily Physical Activity Cards, Menu of Choices; these are a few of the resources available in both English and French. A description of these and other resources are available at www.ophea.org .
Ontario Physical Health and Education Association (Ophea) Chris Markham, Executive Director, chris@ophea.org	Provincial	Resource	<i>Online Activity Planner</i>	Promote high quality care; access to various content Service Providers	This online activity planner provides service providers with new resources, ideas and activities to support them in delivering quality after-school programs. Through collaboration, content from the education, recreation, and sport sectors is available through an interactive, searchable web-based tool. This tool allows providers to store, categorize, and communicate lesson plans and activities.
Ontario Physical Health and Education Association (Ophea) Chris Markham, Executive Director, chris@ophea.org	Provincial	Various Resources, Training, Capacity, Evaluation, etc.	<i>Living School - Healthy Schools Approach</i>	Promote healthy living by addressing risk factors for poor health within school settings Educators, students, partners, etc.	Using the school environment as a hub, the <i>Living School</i> initiative motivated, supported and assisted school communities to address the risk factors for chronic disease and obesity - physical inactivity, unhealthy eating, tobacco and substance use and abuse - by launching activities the action areas that follow the Healthy School Framework. In 2008 there were 35 Living Schools in 17 school boards that are participating in Living School. Ophea has further expanded Living School support to school communities as a result of partnerships within York region, London and Elgin St. Thomas county.

Ontario Health Promotion Resource System					
Organization Contact Person	Region	Type	Initiative Name	Focus and Audience	Description
Ontario Physical Health and Education Association (Ophea) Chris Markham, Executive Director, chris@ophea.org	Provincial	Various: Resources, Training and Consultation	<i>The Health and Physical Activity Curriculum Support Documents (K-gr.10)</i>	Enhance high quality, evidence-based content on healthy living and related issues. Educators, school administrators and HP&E leaders	The H&PE Curriculum Support Documents (Kindergarten - Grade 10) are designed to ensure the quality health and physical education is a priority in Ontario school communities. The H&PE Binders include healthy living lesson plans (i.e. healthy eating, physical activity, substance use and abuse), and blackline masters. Materials for Grades 11 and 12 are available for download on ophea.net. Ophea offers a variety of workshops and capacity building sessions to meet the needs of new and generalist teachers, elementary and secondary H&PE teachers, school administrators and leaders of H&PE programs in schools.
Ontario Physical Health and Education Association (Ophea) Chris Markham, Executive Director, chris@ophea.org	Provincial	Online Resource	<i>PlaySport</i>	Enhance comfort and competency in sports and recreational activities Recreation providers, physical activity promoters and educators	This website provides information and resources to help Children ages 6-12 years develop an understanding and competency of the skills and strategies associated with playing sports. By providing activities that are fun and adaptable to every skill level, <i>PlaySport</i> prepares kids to participate in a wide range of sports with greater success, enjoyment and comfort. PlaySport embraces Teaching Games for Understanding, an approach that taps into Kids inherent desire to play by teaching kids games by playing games. It includes equipment requirements, safety considerations, FUNdamental movement skills, facility, Life Skills Development, tactical focus and inclusive adaptations.

Ontario Health Promotion Resource System					
Organization Contact Person	Region	Type	Initiative Name	Focus and Audience	Description
The Health Communications Unit (THCU) Jodi Thesenvitz THCU Staff Consultant jthesenvitz@utoronto.ca	Provincial	Various Resources	<i>Obesity Messages: Making them Stick</i>	Address obesity messaging Public health staff and health promoters	A webinar on health communication messages about obesity was produced, based on the Health Communication Message Review Tool as a framework, outlining the results of a recent literature search on obesity messaging. THCU also provides a blog, supporting an on-line learning community for each of its workshops. Information on this specific topic may be accessed through http://www.thcu.ca/blogs/lc/?p=49
The Health Communications Unit (THCU) Larry Hershfield, Project Manager hershfield.larry@utoronto.ca	Provincial	Various Resources	The Comprehensive Workplace Health Promotion (CWHP) Project	Increase capacity Community and public health agencies	The Workplace Project's goals is to increase the capacity of community and public health agencies to plan for, conduct and evaluate a wide range of health promotion programs (within a comprehensive and population-based approach), through: <ul style="list-style-type: none"> • Gaining a thorough understanding of the capacities and required supports of Ontario workplace health promotion intermediaries; • Providing recommendations on how to increase the capacity of health promotion practitioners to influence and guide those within workplaces regarding health promotion efforts; and • Providing recommendations about workplace health promotion gaps and opportunities in Ontario

Professional Associations					
Organization Contact Person	Region	Type	Initiative Name	Focus and Audience	Description
Association of Local Public Health Agencies (aLPHA) Linda Stewart, Executive Director Linda@alpha.org (416) 595-0006 x 22	Provincial	Healthy Weight (Measuring) Guidelines	Childhood Healthy Weights Surveillance Project	Surveillance protocol Professionals in education and public health	The mandate of the Ontario Childhood Healthy Weights Surveillance Steering committee (OCHWSSC) is to work in collaboration with public health, education, government and the Ontario Agency for Health Protection and Promotion (OAHPP) to foster the creation of a healthy weights surveillance system to support local and provincial healthy weights strategies. The project will develop a protocol for the surveillance of healthy weights in children for Ontario.
Association of Local Public Health Agencies (aLPHA) Linda Stewart, Executive Director Linda@alpha.org (416) 595-0006 x 22	Provincial (areas along Lake Ontario and St. Lawrence River)	Nutrition Guidelines	Healthy Food Guidelines for the Great Waterfront Trail Adventure	Create Healthy food guidelines Restaurants and Service groups	The Great Waterfront Trail Adventure, July 4-11 2009, is a 730 km bicycle ride from Niagara-on-the-Lake to the Quebec border. More than 40 communities along with way support the event with provision of meals and snacks to over 200 cyclists. This initiative will involve public health dietitians in the development of healthy food guidelines to ensure community-based service clubs and restaurants provide healthy choices and options at the event. It is expected that these guidelines will have an impact on other community events.

Professional Associations					
Organization Contact Person	Region	Type	Initiative Name	Focus and Audience	Description
Ontario Public Health Association (OPHA) Connie Uetrecht, Executive Director cuetrecht@opha.on.ca 416-367-3313 x 225	Internal	Workgroup	Letter to MHP re: Childhood Obesity Strategy	Promote public health programs to support obesity prevention	This paper provides recommendations on how to invest \$10 million to support and enhance childhood obesity in Ontario. Recommendations include: <ul style="list-style-type: none"> - Implementation of Nutristep program - Adjustment of - Stricter school nutrition guidelines
Ontario Public Health Association (OPHA) Brian Cook Researcher, TPH bcook@toronto.ca	Internal	Workgroup	Marketing to Children Workgroup	Address commercial advertising Children	In November, 2008, the OPHA passed a resolution to advocate for a ban on all commercial advertising targeting children. OPHA has formed the Advertising to Children workgroup to advance this issue and link with other Ontario associations (i.e. aLPHa), networks (CDPAC) and NGOs with similar priorities / positions.

Public Health Units					
Organization and Contact Person	Region	Type	Initiative Name	Focus and Audience	Description
Elgin - St. Thomas Public Health Unit Cathy Macpherson Registered Dietitian cmacpherson@elginhealth.on.ca 519-631-9900 x 251	Regional: Elgin county; St. Thomas	Educational Series	<i>Craving Change™</i>	Behaviour change Adults with unhealthy eating habits and / or eating disorders	This 5 week program is designed to assist individuals to <ul style="list-style-type: none"> - become more aware of their own personal and problematic eating triggers; - learn coping mechanisms and building skills to deal with eating triggers and for changing uncomfortable eating responses; - adopt strategies to assist in the maintenance of a long-term positive relationship with food.
Haldimand - Norfolk Health Unit Anna Glowala Anna.glowala@hnhu.org 519-426-6170 x 3257	Regional: Haldimand & Norfolk counties	Educational Series	<i>Step Up to a Healthier You</i>	Behaviour change Adults, aged 55+ with at least one risk factor for stroke	This 4 week program is designed for adults 55+ with at least one risk factor for stroke to <ul style="list-style-type: none"> - enhance knowledge and awareness around the risk factors and symptoms of stroke. - cover information on healthy eating, active living, non-smoking, and low-risk alcohol consumption - build skills in adopting healthier lifestyles

Public Health Units					
Organization and Contact Person	Region	Type	Initiative Name	Focus and Audience	Description
Peel Public Health Unit www.peel-obesity.ca 905-799-7700	Regional: Peel, York and Toronto	Social Marketing Campaign	Peel Obesity	Media campaign Parents of children ages 0- 6 years	This initiative developed ads and brochures with messages related to obesity prevention. Ads are placed through public transit, parenting magazines (local supplements) and radio. The ads support healthy eating and physical activity messages to prevent childhood obesity.
Northwestern Health Unit Jenn-Maki or Julie Slack , Registered Dietitians jmaki@nwhu.on.ca jslack@nwhu.on.ca Elaine Fischer Health Promoter efischer@nwhu.on.ca	Regional: Northwest	Social Marketing and Educational Series	Community Food Security Strategy	Increase awareness and access to healthy foods and enhance skill building Adults/children	The Community Food Security Strategy (CFSS) aims to increase access to affordable, culturally appropriate food through an environmentally sustainable system. Initiatives include media, workshops, awareness building and policy. Activities available across the region include community kitchens, community gardens, Kids in the Kitchen, Food box programs, cooking classes
Northwestern Health Unit Jenn-Maki or Julie Slack jmaki@nwhu.on.ca jslack@nwhu.on.ca Elaine Fischer efischer@nwhu.on.ca	Regional: Northwestern	Social Marketing and Promotion	Point of Purchase Messaging	Messaging to support healthy eating Adults	Point of purchasing messaging is employed to increase awareness around healthy foods and healthy weights and their link to chronic disease prevention. Messages promote in-season and local fruits/vegetables, healthy weights content are promoted in-store and through restaurants.

Public Health Units					
Organization and Contact Person	Region	Type	Initiative Name	Focus and Audience	Description
Northwestern Health Unit Jenn-Maki or Julie Slack jmaki@nwhu.on.ca jslack@nwhu.on.ca Elaine Fischer efischer@nwhu.on.ca	Regional: Northwestern	Education Series	Active Living in the Community	Behaviour change and Skills enhancement Adults, youth and children	Initiatives aim to increase access to recreation, leisure and physical activity opportunities where residents live, learn and play. Programs include skills-building, environmental supports and policy work. Services are located in 19 municipalities, including 39 First Nation communities. Community-based: pedometer loan programs, physical activity challenges; trails initiatives; CDP fairs; seniors exercise programs; summer/winter active programs. Workplace-based: web-based resources, chronic disease prevention fairs; workplace lunch and learns; School-based: web-based resources, playground activity leader program; KidSport/Jumpstart-type programs.
Simcoe Muskoka District Health Unit Christine Bushey CDP Manager Christine.bushey@smdhu.org 705-721-7520 ext 7376	Regional: Simcoe Muskoka	Resource(s)	Various		Various initiatives, developed through the health unit, take an integrated approach to risk factors. Healthy weights, as well as healthy eating and physical activity promotion are focal priorities. Resources and displays that address and promote these areas are available for community, school and workplace fairs, activities, etc. Healthy Steps@Work - online toolkit of 'grab & go' resources for workplaces

Public Health Units					
Organization and Contact Person	Region	Type	Initiative Name	Focus and Audience	Description
Toronto Public Health 416-338-7600	Regional: Toronto	Program/training to students grade 4-6	P.A.L.S. – Playground Activity Leaders in Schools		A playground leaders program where grade 4-6 student leaders are trained to lead playground games. It encourages all children (primary target grade 1-3) to participate in physical activities regardless of their gender, size or ability. Adapted with permission from Peel.
Toronto Public Health 416-338-7600	Regional: Toronto	Resource package	Take Action Towards Healthy Eating	Promote a healthy eating environment in schools	Developed by Toronto Public Health to provide ideas and activities that you can use to promote a healthy eating environment in schools. This resource was developed in consultation with representatives from the Toronto District School Board and the Toronto Catholic District School Board.

Other					
Organization and Contact Person	Region	Type	Initiative Name	Focus and Audience	Description
Breakfast for Learning (BFL)	Provincial	Grants Program	Nutrition Grants Program	Provide children with access to a nutritious snack or breakfast . Children / Youth	The Breakfast For Learning (BFL) Nutrition Grants Program provides partial funding for food, equipment and other costs for programs which are operating or plan to operate breakfast or snack program for children and youth. BFL provides tools for learning about nutrition education for children, parents and schools and supports research on the role healthy eating plays in learning
The Champlain Cardiovascular Disease Prevention Network (CCPN) Laurie Dojeji Coordinator, Champlain CVD Prevention Network ldojeji@ottawaheart.ca (613) 798-5555 x18836	Regional: Champlain District	Various: Resources, skill building, policy development	<i>Champlain Healthy School Aged Children Initiative (CHSAC)</i>	Address overweight, obesity through physical activity and eating behaviours	A region-wide strategy was developed to target school, home and community settings. The Champlain Healthy School-aged Children (CHSAC) Initiative is focused specifically on addressing overweight, obesity and the physical activity and eating behaviours of school-aged children across the Champlain District. The initiative identified four key actions areas (2008-09): <ol style="list-style-type: none"> 1. Create progressive, supportive school policies across the nine Champlain School Boards (The Champlain Declaration) 2. Develop a regional communications campaign to promote healthy eating and physical activity 3. Develop an evaluation tool for tracking progress (i.e. Champlain Report Card) 4. Facilitate opportunities for skills development among teachers, parents, children and youth

Other					
Organization and Contact Person	Region	Type	Initiative Name	Focus and Audience	Description
Boys and Girls Clubs of Ontario ;Ontario Public Health Association; Ontario Physical Health & Education Association; Parks and Recreation Ontario; YMCA / YWCA of Canada	Provincial	Collaborative Workgroup	<i>The Children's Collaborative</i>	Promoting healthy living, nutrition and recreation through after-school programs Service providers, public health, government	This group, consisting of members from children development, physical activity/recreation, healthy schools and public health sectors are engaged in developing an inventory of children's after-school programs and activities currently in place throughout Ontario. The inventory will be compiled in Summer, 2009, and will be made available to members, stakeholders with an interest in after-school and health promotion programs and governments with an interest in obesity prevention.
Healthy York (Ontario Heart Health Program) Nicky Rauzon-Wright Program Coordinator Nicky.wright@yrdsb.edu.on.ca 905-895-2951	Regional: York	Program	<i>Sole Mates; Stroller Mates</i>	Increase access to and promote physical activity Adults; Seniors; Parents and caregivers of young children.	These initiatives provide adults access to a free, safe and climate controlled environment to pursue physical activity. In partnership with Upper Canada mall (Sole Mates; Stroller Mates) and Vaughn Mills (Healthy Strides). Sole Mates and Healthy Strides provide access to the mall at 7:00 a.m.; areas are measured in terms of distance. Walkers report their distances each visit. A yearly event is held to celebrate individual achievements. Stroller Mates is an extension program which provides physical activity opportunities to caregivers of young children. It operates 2 days per week. The initiative promotes social network and support among participants.

Other					
Organization and Contact Person	Region	Type	Initiative Name	Focus and Audience	Description
Healthy York (Ontario Heart Health Program) Nicky Rauzon-Wright Program Coordinator Nicky.wright@yrdsb.edu.on.ca 905-895-2951	Municipality of Georgina	Program	Pedometer Lending	Promote and increase physical activity levels Adults	This initiative provides access to pedometers through three local libraries. Participants can register and record their activity levels at www.healthyork.ca ; website provides participants with a 'walk' across Canada. Prizes are given when milestones are achieved.
Healthy Living Lambton	Regional: Lambton County	Various: Educational Programs	<i>Healthy Happenings</i>	Promote physical activity and healthy eating Students, educators and families	Healthy Happenings, a school program designed to help reverse an epidemic of physical inactivity and poor eating habits, and improve the health of children and youth. The program illustrates that collaboration and activities with consistent messaging can make a difference. The Community Health Services Department and partners work with students, staff and families in schools to increase knowledge and behaviour of physical activity and healthy eating habits
Mars Landing - Guelph Barbara Dillingham Sr. Project Manager, FFNHP Sector Specialist bdillingham@gftc.ca 519-546-8842	Provincial	Research and Grants	n/a -- Supporting agriculture, health and industry	Promote agricultural products in tandem with healthy eating and living	Mars Landing, through the Guelph Food Technology Centre, is promoting agricultural / food industry products that support healthy eating and living in Ontario. Together, they are working to link and develop partnerships among NGOs, agricultural providers and the food industry to support and advance their priorities. Four priority areas are being addressed, which include: <ul style="list-style-type: none"> - Childhood Obesity (Fruits and Vegetables) - Diabetes and Multicultural Populations - Aging and Dementia (Omega 3 EFAs) - Health and Food Technology

Other					
Organization and Contact Person	Region	Type	Initiative Name	Focus and Audience	Description
Ontario Chronic Disease Prevention Alliance (OCDPA) Hoi Ki Ding Project Coordinator ocdpa@opha.on.ca 416-367-3313 x 225	Provincial	Report	<i>Letter to the Ministry of Health Promotion regarding investment to reduce childhood obesity in Ontario</i>	Promote policies and practices to prevent obesity and address chronic disease in children Government, provincial policy and decision makers.	In July 2008, the OCDPA sent a letter to the Ministry of Health Promotion recommending that part of the \$10 million investment be used to develop and address systems elements to prevent childhood obesity. In this report, the OCDPA includes a number of policy and programming for consideration which are applicable to implement in multiple settings, including after-school and recreation based programming across Ontario. The report is available through http://www.ocdpa.on.ca/docs/ChildhoodObesity-Investment.pdf
Ontario Chronic Disease Prevention Alliance (OCDPA) Hoi Ki Ding Project Coordinator ocdpa@opha.on.ca 416-367-3313 x 225	Provincial	Resource	<i>Common Messages: Supporting Collective Priorities and Action on Chronic Disease Prevention across Ontario</i>	Key priorities to prevent chronic disease. Public health units, health centres, NGOs, family health teams, LHINs, and professional associations.	This document provides common "messages", identified and endorsed the Ontario Chronic Disease Prevention Alliance's membership, that focus attention on the most important issues and priorities in chronic disease prevention today. The document includes a background on the need for common messages, an introduction to messages and related actions that health practitioners, organizations, and groups can take to collectively move forward in addressing chronic disease and its prevention. The document is available at http://www.ocdpa.on.ca/docs/OCDPA_CommonMessages.pdf

Appendix B

Appendix B provides a list of upcoming conferences, workshops and events with a focus on obesity prevention or with streams that relate to obesity and its risk factors.

Note that a number of conferences were not included in this inventory due to lack of details such as a confirmed date and focus. These include Ophea's Healthy Kids Conference; Best Start Resource Centre's Annual Conference; Health Care Innovations; a proposed 2010 conference by the Ontario Agency for Health Promotion and Protection; etc. In addition, many professional development and workshops supported by local and regional public health groups and community networks (i.e. LHINs, Ontario Stroke System, and Ontario Health Promotion Resource System) are under development and were not available to be included within this list. Further details and information can be found through various websites and list serves, including the Ontario Health Promotion E_Bulletin (OHPE) and the Ontario Public Health Association's website.

2009-2010 Conference and Workshop Details

April, 2009

Title: *Towards 2020: Canada's Commitment to Children and Youth:*
Host: Child and Youth Friendly Ottawa
Date: April 27-29th, 2009
Website: <http://www.towards2020.ca>
Location: Ottawa, Ontario
Crowne Plaza Hotel
Topics: Examine collective roles to improve the lives of children and youth in Canada

May, 2009

Title: Webinar Series on Obesity Related Policy Evaluation
Host: National Institute of Health (United States)
Date: May 1st, 2009 (also June 12th, 2009)
Website: conferences@novaresearch.com
Location: In-situ, webinar format
Topic: Evaluation of Obesity-related Policy

Title: *Mobilizing Research for Global Action in Policy and Practice*
3rd International Conference on Physical Activity and Public Health
Host: International Society for Physical Activity and Health
Date: May 5th - 8th, 2009
Website: www.cfln.ca/icpaph/en/index.php
Location: Metro Toronto Convention Centre
Topics: To provide a scientific forum to discuss and debate evidence supporting the contribution of regular physical activity to public health and chronic diseases, including obesity, diabetes, heart disease, etc.

Title: *1st National Obesity Summit*
Host: The Canadian Obesity Network (CON)
Date: May 7-10, 2009
Website: www.con-obesitysummit.ca
Location: Kananaskis, Alberta
The Delta Lodge
Topics: Obesity and mental health
Behaviour and biological determinants
Obesity management
Health economics and public policy

Title: *Body Image and Self Esteem: Shade of Grey*
Host: National Eating Disorder Information Centre (NEDIC)
Date: May 11-12th, 2009
Website: <http://nedic.ca>
Location: Toronto, Ontario
Topics: *Obesity:* How are increasing obesity concerns changing the conversation?
Self-Esteem: What strategies are most effective at addressing self-esteem?
Research: Who's doing innovative research we can use?
Physical Activity: Where can we find the best balance between exercise and nutrition?
Strategy: When can we shift from treatment to prevention?
New Media: Why should we care about what's happening on Facebook?
Men/Boys: How are body image issues affecting diverse populations, including young men?

Title: Health Promotion Ontario (HPO) Annual Conference
Host: Health Promotion Ontario
Date: May 27th, 2009
Website: <http://hpo.squarespace.com/home/>
Location: Brampton/Mississauga area (TBD)
Topics: topics related to health promotion policy, practice, emerging issues.

Title: *Preparing for Pregnancy: Motherisk Update*
Host: Motherisk (Hospital for Sick Children, CAMH)
Date: May 27th, 2009
Website: <https://secure.e2rm.com/registrator/startup.eventid=24624.aspx>
Location: Toronto, Ontario
Sick Kids Hospital, Hollywood Theatre
Topics: Maternal health conditions, including obesity, thyroid, diabetes, etc.
New research on environmental exposures
Alcohol screening and nicotine replacement therapy

June, 2009

Topic: *Get Ready to Get Resilient*. 6th Atlantic Summer Institute
Host: University of Prince Edward Island
Date: June 3-5th, 2009
Website: asi@thequaich.pe.ca
Location: Charlottetown, Prince Edward Island
Topics: Social and Ecological Development
Health and Safety Promotion
Crime Prevention and Community Safety
Environmental Sustainability

Title: *Public Health in Canada: Strengthening Connections*
Canadian Public Health Association 2009 Conference
Host: Canadian Public Health Association
Date: June 7th-10th, 2009
Website: <http://www.cpha.ca/en/conferences/conf2009.aspx>
Location: Winnipeg, Manitoba
Winnipeg Convention Centre
Topics: Physical and Built Environment
Chronic Disease
Mental Health and Mental Illness
Infectious Disease
Child Health
First Nation, Inuit & Métis
Global Health
Health Inequities

Title: Creating Healthy Places for All Children
5th Biennial (2009) Childhood Obesity Conference
Host: California Department of Public Health
Date: June 9th -12th, 2009
Website: www.cce.csus.edu/conference/childobesity/09
Location: Los Angeles, California (United States)
Westin Bonaventure
Topics: Most pressing and innovative issues related to childhood obesity:
Nutrition

- structural food issues
- food access and food insecurity

Physical Activity

- Physical environments

Title: *Obesity Related Policy Evaluation* (Webinar Series)
Host: National Institute of Health, United States
Date: June 12th, 2009 (also April 3rd and May 1st, 2009)
Website: conferences@novaresearch.com
Location: In-situ, webinar format
Topics: Evaluation of Obesity-related Policy

July 2009

Title: Weight of the Nation
Host: Centre for Disease Control (United States)
Date: July 27th -29th, 2009
Website: www.weightofthenational.org
Location: Washington, District of Columbia
Topics: Highlight prevention and control of obesity through policy and environmental strategies. Will look at setting-based programs and their applications

September 2009

Title: Pregnancy and Birth: Current Clinical Issues
Host: Sunnybrook Health Sciences Centre
Date: September 11th, 2009
Website: http://www.sunnybrook.ca/research/?page=sri_proj_cmicr_events_pb09_home
Location: Toronto, Ontario
Marriott Toronto Eaton Centre
Topics: Maternal obesity and overweight
Exercise in pregnancy
Perinatal health

October 2009

Title: 20th World Diabetes Congress
Host: International Diabetes Congress
Date: October 18th -22nd, 2009
Website: www.worlddiabetescongress.org
Location: Montreal, Quebec
Topics: Various related to diabetes, including treatment and care
(includes discussions related to obesity, metabolic syndrome)

November 2009

Title: Celebrating 60 Years: Building for the Future
Ontario Public Health Annual Conference 2009
Host: Ontario Public Health Association, with Constituent Societies
Date: November 1st - 4th, 2009
Website: www.ophaconference.ca
Location: Toronto, Ontario
Toronto Marriott, Downtown Eaton Centre
Topics: Collaboration Health Equity
Knowledge Exchange Public Health Workforce
Innovation

Title: *Food, Nutrition, Physical Activity and Cancer*
The Annual AICR Research Conference
Host: American Institute for Cancer Research
Date: November 5th-6th, 2009
Website: http://www.aicr.org/site/PageServer?pagename=res_rc_home
Location: Washington, District of Columbia, United States
Capital Hilton Hotel
Topics: Diet and Weight Management
Nutrition
Physical Activity
Cancer and Food

Title: *The Cardiovascular Connection*
7th Annual Congress of Insulin Resistance
Host: Metabolic Endocrine Education Foundation
Date: November 5th-6th, 2009
Website: <http://insulinresistance.us>
Location: San Francisco, California
Grand Hyatt Hotel
Topics: Obesity
Metabolic Syndrome
Lipids
Hypertension
Cardiovascular Disease

Title: *Health Achieve: Inspiring Ideas and Innovation, 2009*
Host: Ontario Hospital Association
Date: November 16th - 18th, 2009
Website: www.ohahealthacheive.com
Location: Toronto, Ontario
Metro Toronto Convention Centre
Topics: featuring discussions on a variety of topics, from green health care, to mental health in the workplace, from northern and rural health care, to e_health and community engagement.

Title: *Global Perspectives on Chronic Disease Prevention/Management*
Third International Chronic Disease Conference
Host: Alberta Health Services
Date: November 23rd - 26th, 2009
Website: <http://www.cdmcalgary.ca>
Location: Calgary, Alberta
Topics: Policy and Action in Chronic Disease Prevention
Mental Health and Mental Illness
Community Development
Innovations in Chronic Care
Empowering Patients

2010

Title: *Complications: Diabetes and Obesity*
Keystone Symposia Conference
Host: Pfizer Global Research
Date: February 24th - March 1st, 2010
Location: Vancouver, British Columbia
Website: www.keystonesymposia.org/Meetings/

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