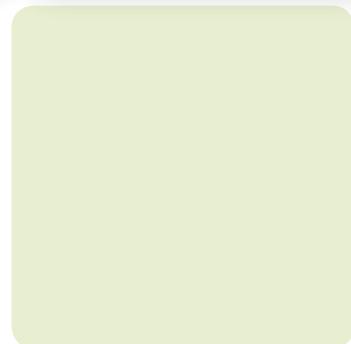
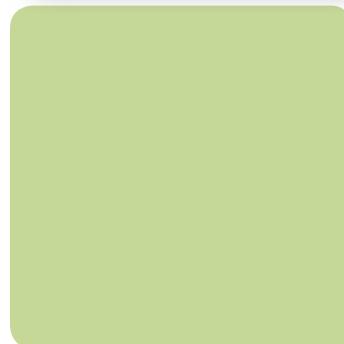
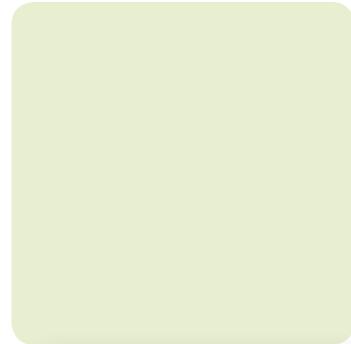


A GREEN REPORT AVAILABLE ELECTRONICALLY ONLY



What We Heard

SURVEY AND CONSULTATION FINDINGS FOR
A CHILDHOOD OBESITY PREVENTION STRATEGY

What We Heard

SURVEY AND CONSULTATION FINDINGS FOR
A CHILDHOOD OBESITY PREVENTION STRATEGY

APRIL 2012

We need long-term investment...it will take time to see changes in the health of our population / children. The issues are so deeply rooted in our society and our way of living and it will take time to make changes and see the effect of health promotion and prevention efforts.

– Online Survey Participant

PREPARED BY: RESEARCH POWER INC.



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We would like to thank the hundreds of individuals, families and groups that provided ideas and thoughts on helping to create a healthier Nova Scotia. This report features excerpts of responses from an online survey and submissions and reflects one-on-one and group dialogues with a broad cross section of organizations and groups. The ideas within this document express the views of participants and may or may not reflect the views of the Province of Nova Scotia.

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Executive Summary



EXECUTIVE SUMMARY

Background

Childhood obesity is a global epidemic and approximately 1 in 3 Nova Scotian children between the ages of 2 and 17 are overweight or obese. This puts them at increased risk for many chronic conditions such as diabetes and heart disease, previously seen almost exclusively in adults. If the trend of childhood obesity continues, the health care system will experience even greater strain and additional costs associated with treating preventable illnesses, and for the first time in our history, future adult populations may have shorter and less healthy lives than their parents.

The Nova Scotia Department of Health and Wellness (DHW), with input from many government and multi-sector stakeholders, is leading the development of a long-term, cross-government strategy to reduce childhood obesity and improve the health of children. DHW consulted broadly to gather input into a framework for the strategy. An online survey provided the opportunity for feedback from the public (933 respondents) and 44 individual and group consultations engaged a broad cross section of stakeholders.

Key Findings

The findings from the online survey and consultations reveal that although there are positive things happening to support physical activity and healthy eating, there are also many barriers and factors that contribute to increasing obesity rates in children. Contributing factors focused on barriers to healthy eating and physical activity, such as:

- The high cost of healthy food and physical activity programs

Cost of groceries keeps increasing for healthy and nutritious foods. Milk, bread, fruit, vegetables, lean meats are all the most expensive items in the grocery stores. Families are buying what they can afford and, sadly, it's not the good foods that the average family are able to purchase.

I see physical activities for kids but they come at a huge cost to parents. Our family is a working family with both parents working full time at good paying jobs and we still can't afford to put our two children into sports and activities.

- The lack of opportunities for healthy eating or physical activity

Our environments are not very supportive of being healthy (i.e. junk food in recreation settings, proximity of fast food restaurants to schools, grocery store layout and practices that promote processed foods).

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Physical activity is hard to accumulate in a city that is not very bike and pedestrian friendly. Buses don't connect in ways that allow for longer commutes with some walking. Bike lanes are almost non-existent and the government seems to prioritize sprawl and highways rather than downtown liveability and alternative transportations.

Fitness and sports, either in organized programs or through education institutions such as public schools, are inadequate.

- The overall environment and culture (e.g. the increased use of technology, the “rushed” pace of life reducing the time available for activity and healthy eating, the increasingly sedentary nature of life due to desk jobs, technology, and design of communities, etc.).

I also think that kids spend a huge amount of time every day on the computer or in front of the TV, either on a gaming machine or watching shows. Kids are seldom outside playing or biking anymore, everything is technology based. This makes kids at a higher risk for weight issues.

Survey and consultations respondents also suggested several steps that could be taken to prevent childhood obesity. Suggestions for change include:

- Improve the affordability and availability of both food and opportunities for physical activity

There must be something done about the cost of food. Start there. You will help more people there than with anything else. Make good, healthy, whole foods the cheapest option in the store and people will start to eat better.

Having easier access to seasonal fruits and vegetables, even in the schools might help. Knowing what is in season, and thus cheaper to buy would also help, and making it available either at my local supermarket or in locations close to where I live.

Mandatory physical activity at school every day with the minimum being the 60 minutes recommended by the government for healthy living.

We also need to offer more for our children, in the schools and extra-curricular realm to encourage activity. This has to go beyond organized sports to include active daily living – fitness, walking, playing, games, hiking, swimming and so on.

For families and children there should be family-friendly activities with a wide range of options at a low to no cost. This should be offered more than on a Saturday or Sunday afternoon.

The built environment. Build healthy neighbourhoods and legislate it. Make it legally obligatory for land developers to conform to provincial laws regarding the requirements for a healthy community. These requirements could include items such as parks, playgrounds, sidewalks, public meeting spaces, community centres, etc.

- Increase education and information about healthy living

Nobody is intentionally obese or happy to be so. My dream is to see healthy lifestyle education as part of the school curriculum and help, guidance and instruction available to all. Exercise and activity is the best habit anyone can develop and leads to improvements in so many other areas, promoting a happier, healthier, wealthier, more balanced society.

While you are focusing on schools, focus on us parents too. Make us understand that our kids need to drink milk and eat fruit and vegetables. Show us how to make inexpensive, healthy food choices and meals for our families. We need to be re-educated too.

- Enable change through policy, legislation and leadership

Setting strong policy agendas with regard to topics such as corporate advertising, municipal planning, food policy, transportation strategy, agricultural policy, and school curricula / operations will have a large impact on the health of our population and will be supported by a large segment of the population as well as by most organizations and institutions that serve the public good. Most importantly, the provincial government is the ONLY LEVEL of government that can create change in this arena, which is why efforts focused in this area should take precedence over efforts to, for example, create healthy eating education campaigns, which can also be implemented by other sectors of society.

We need policies that ban marketing of unhealthy foods to children. We need policies that make grocery stores promote locally grown fruits and vegetables and meats and dairy. We need policies that ban the ability of grocery stores to put the most unhealthy food choices at a child's eye level.

What about subsidizing fruits, vegetables, and dairy? For example in France, milk and bread have remained very cheap so that they are accessible to everyone. It was legislated.

Subsidize recreational sports for children to make them affordable, with more than a tax deduction. That only benefits families with reasonable income. Those living in poverty don't benefit from a tax deduction at all. They need the registration fees to be lowered, perhaps through more targeted funding to the sports organizations (Soccer Nova Scotia, Hockey Nova Scotia, Baseball Nova Scotia, provincial dance organizations).

We have to protect the most vulnerable members of our society. We have talked for long enough. The time has come to act on what we know. It'll take strong leadership to make the societal changes necessary so let's not pay lip service to the problem.

- Build on existing work and invest

Stop talking about capacity building. There is tons of capacity. In every community in this province there are groups who are and would do stuff for children and youth...we don't need to be convinced it needs to happen, we understand the factors, we are willing to help; but someone has to pay the costs of doing it. Let's get what we have up and going at 110%.

Build on existing programs, allowing for more time, salaries, etc. would be less expensive and more sustainable than creating new funding and programs.

Demonstrate commitment to this issue by resourcing the work, not just producing another strategy.

Increase the budget for more physical and health education in schools. Increase the budget for more school-based and community-based activities for families.

- Ensure children start their lives well by supporting new families

Need to change the culture around breastfeeding – hospital staff and doctors need more training and senior leaders need to place greater value on maternal child health / breastfeeding.

Focus it on new families or young families and in schools at all age levels. The kids are the future. They will also teach the rest of their families as well. Young families and new families need the education to raise healthy children who are able to learn and help our community grow.

The challenges to and solutions for the prevention of childhood obesity shared by survey and consultations respondents generally reflect the existing knowledge and research in this area. To make the childhood obesity prevention strategy successful, the right mix of actions and supports, including sufficient financial resources and leadership from government, are required. As the childhood obesity prevention Discussion Framework states, “children’s health is a nation’s wealth.” If implemented well, the childhood obesity prevention strategy has the potential not only to reduce health care costs, but also to increase the health and well-being of Nova Scotian children and their families.

Recommendations from Survey / Consultations

SUPPORT HEALTHY EATING BY ADDRESSING AVAILABILITY AND FINANCIAL ACCESSIBILITY

- Address the issue of affordability by making healthy choices less expensive and unhealthy choices more expensive.
- Use policy / regulation to increase the availability of healthy food and decrease the availability of unhealthy food (e.g. ensuring public facilities, such as schools and hospitals, offer healthy options, etc.).
- Support efforts to increase the availability of local food (e.g. promote urban / community gardens, support for local farmers, etc.).

SUPPORT PHYSICAL ACTIVITY WITH PROGRAMS AND PHYSICAL INFRASTRUCTURE

- Increase the amount (duration and frequency) of physical activity in schools (both within the curriculum, and through other programs at school and after school).
- Offer more physical activity programs, with a focus on affordable programs for children and their families. Programming should include a variety of programs (i.e. more than just organized sports) in order to appeal to diverse interests and skills.
- Facilitate the integration of activity into daily life by providing supports for and reducing barriers to active transportation (e.g. building cycling infrastructure such as bike lanes; developing sidewalks and walking trails; providing education / encouragement to support use of active transportation; supporting the development of walkable / bikeable communities through municipal planning and development strategies).

INCREASE OPPORTUNITIES FOR EDUCATION AND INFORMATION ABOUT HEALTHY EATING AND PHYSICAL ACTIVITY

- Provide education to families to build knowledge and skills related to healthy eating (e.g., reading food labels, how to prepare healthy food on a budget, etc.).
- Provide education to children and families to build the skills they need to be active (e.g. teach a new activity, promote active transportation, etc.).
- Emphasize the importance of healthy living (including both physical activity and healthy eating) to both children and their parents, potentially through schools.

PROVIDE APPROPRIATE AND SUFFICIENT SUPPORTS AND RESOURCES TO ACHIEVE CHANGE

- Provide adequate and appropriate resources and supports to facilitate successful implementation of the strategy including sufficient financial resources, policy and legislative changes necessary to facilitate implementation, and leadership to drive the strategy forward even in the face of challenges.

BUILD ON EXISTING EFFORTS

- Build on and support existing initiatives (e.g., provincial strategies such as *Active Kids Healthy Kids* and *Healthy Eating Nova Scotia*; policies such as the food and nutrition policies for public schools and regulated child care settings; the work of not for profit and community groups such as family resource centres, community activity groups, environmental organizations, etc.).

ADDRESS POPULATIONS THAT ARE AT GREATER RISK

- Identify and work with populations that are at greater risk for unhealthy eating, physical inactivity and childhood obesity to understand their unique needs and contexts (the reasons are complex and include poverty, cultural diversity, and social inclusion among others).

Introduction



INTRODUCTION

Background and Context

Childhood obesity is a global epidemic with rates nearly tripling over the last three decades. In Nova Scotia, approximately 1 in 3 children between the ages of 2 and 17 are overweight or obese, putting them at increased risk for diabetes, heart disease, high blood pressure and other chronic conditions previously seen almost exclusively in adults. In addition, research has shown that individuals who are overweight or obese in childhood are significantly more likely to be overweight or obese in adulthood. If the trend of childhood obesity continues, the already overburdened Canadian health care system will experience even greater strain and additional costs associated with treating preventable illnesses in an aging population, and for the first time in our history, future adult populations may have shorter and less healthy lives than their parents.

In recent years, there has been a growing awareness within all jurisdictions and sectors that childhood obesity is a national crisis that requires coordinated and collaborative approaches to ensure the most effective and sustainable responses. For example, in 2004, Canada endorsed the World Health Organization's *Global Strategy on Diet, Physical Activity and Health* and in May 2008, Ministers of Sport, Physical Activity and Recreation established physical activity targets for children and youth. In September 2010 Federal, Provincial and Territorial Ministers of Health endorsed the document "*Curbing Childhood Obesity: A Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights*" and agreed to work together to promote coordinated efforts nationally to address childhood obesity and promote healthier weights and lifestyles for all Canadians.

Building on strategies such as those identified above, the Nova Scotia Department of Health and Wellness (DHW), with input from a variety of government and multi-sector stakeholders, is leading the development of a long-term, cross-government strategy to reduce childhood obesity and improve the health of children. The strategy will focus on primary or "upstream" prevention and will address changes to social and physical environments that will support children and families to eat healthier and build greater levels of physical activity into their everyday lives. It will build on the work of the Federal, Provincial and Territorial Health Ministers as well as existing and ongoing strategies and initiatives within the province including the *Healthy Eating Nova Scotia* (HENS) strategy and the *Active Kids, Healthy Kids* strategy. It will also link to various other government strategies including the Child and Youth Strategy, Mental Health and Addictions Strategy and others.

The childhood obesity prevention strategy is led by the Department of Health and Wellness. The department consulted with a diverse range of stakeholders to gather input into a framework for the strategy. An online survey was developed to provide the opportunity for feedback from the public and consultations were held with a broad array of stakeholders. This report presents the key findings from the online survey and consultations.

Methodology



METHODOLOGY

Data Collection

This report analyzes data collected via the online survey using the software Select Survey. The survey was open to the public and live between August 11 and October 15, 2011. The survey, which was available in English and French, consisted of five open-ended questions. A copy of the survey questions can be found in Appendix A (page 60).

Survey promotion took place through these channels:

- the government website;
- newspaper and online advertisements;
- news releases (two); and
- stakeholder networks with encouragement to share broadly (e.g., post on their website, include in newsletters, etc.)

During the time that the survey was open to the public the Growing Up Healthy website had 6,580 visits and the Discussion Framework was downloaded a total of 2,184 times (1,600 in English and 584 in French).

In addition to the online survey, consultations were conducted by the Nova Scotia Department of Health and Wellness and by a consultant hired to assist with the process. Consultations were intended to reach a broad cross section of stakeholders. This report incorporates the results of 44 consultation events that occurred between July and November 2011. Consultations included one-on-one telephone interviews, meetings with several stakeholders within an organization or with groups of organizations, and written submissions. Most organizations were approached directly but some requested meetings or chose to submit written documents independently for consideration.

The consultations incorporated in this report included discussion of three broad themes: causes, existing supports and solutions. Additional focused and / or content-specific discussions are ongoing and information from these sessions has been recorded separately and is also being used to guide strategy development.

Data Analysis

Data analysis was completed by consultants from Research Power Inc., a Nova Scotia-based consulting firm specializing in research and evaluation. Responses to the online survey were exported from the survey software into an MS Excel format and then imported into a qualitative analysis software package NVivo (version 7). The survey responses were then coded, that is, broken into meaningful pieces related to emerging themes and categories. The findings have been synthesized

and compiled into this report. Verbatim quotes are presented to illustrate each theme. There were a total of 933 surveys completed including 87 French language surveys (the French language surveys were translated into English and included in the analysis process).

The consultation sessions were facilitated by staff from the Nova Scotia Department of Health and Wellness and by the consultant hired to assist with the process. The consultations were guided by key questions that asked about challenges to improving rates of childhood obesity, current supports (asked in some of the consultations) and potential solutions or key actions required to more effectively support healthy eating and physical activity. During the consultations, facilitators took handwritten notes and this information was analyzed for key themes and then compiled along with the survey findings into this report. The written submissions were also reviewed and analyzed. Written submissions from organizations who had participated in a consultation were reviewed and only new information was included in the analysis process.

Considerations

- Nine hundred and thirty three (933) responses to the survey were received. Note that not every respondent answered every question. All surveys that contained a response to at least one of the questions were included in the analysis.
- Although the survey gathered a broad range of ideas and opinions, the nature of survey promotion suggests that the data is more representative of healthy eating and physical activity stakeholder groups than the general population of Nova Scotians.
- Strength of response for the online survey is reflected in the order the themes are presented in each section, as well as through the use of descriptors such as “majority”, “some” and “a few”. Descriptors are intended to offer an indication of the strength of response, but it is not possible to “quantify” findings from qualitative research as it is for quantitative research. As a guideline, the following applies:

- The terms “**majority**” or “**almost all**” = mentioned very frequently and consistently by respondents
- The term “**most**” = mentioned frequently, by more than half of respondents
- The term “**many**” = mentioned frequently, but by less than half of respondents
- The term “**some**” = not mentioned as frequently as with the terms above, and by less than half of respondents
- The term “**a few**” = mentioned by less than a quarter of respondents

- The notes from the consultations were analyzed separately and then incorporated within the online survey responses (in this report). It is even more challenging to quantify the consultation findings as the number of participants at each consultation varied and only handwritten notes were taken (versus tape recording sessions). The system described above to quantify the online survey responses applies to the consultations, but refers to the number of consultations versus the number of participants. In addition, the term “consistent” is used when the theme was identified in the majority of consultations.
- Quotations from the consultations are not as readily available as they are from the online survey as only handwritten notes were taken (therefore obtaining verbatim quotations was challenging) and far fewer consultations (versus online surveys) were completed.

Survey Findings



SURVEY FINDINGS

Description of Respondents

SURVEY RESPONDENTS

Just over half of survey respondents were between the ages of 26 and 45 years old (53%). The majority of respondents (61%) were parents. Respondents also included health care professionals (34%), representatives of community-based organizations (22%), and educators (19%) (respondents were able to select more than one category to describe themselves, i.e. parent, educator, and health care professional). Tables 1 and 2 below provide further detail on the type of respondents and their age.

TABLE 1: TYPE OF RESPONDENTS

CATEGORY	# OF RESPONDENTS	% OF RESPONDENTS*
Parent	553	59%
Health Care Professional	293	31%
Community-based Organization	193	21%
Educator	175	19%
Physical Activity / Sport / Recreation	138	15%
Government – all	140	15%
Provincial	73	8%
Federal	23	2%
Municipal	20	2%
District	6	1%
Business	91	10%
Academic / Researcher	79	8%
Youth**	32	3%
Retired	14	2%

* Total percentages do not amount to 100% as respondents could select more than one category.

** It is important to note that the survey was not actively promoted to youth which is why the percent of youth respondents is relatively low.

TABLE 2: AGE DISTRIBUTION OF RESPONDENTS

AGE	# OF RESPONDENTS	% OF RESPONDENTS
11 or younger	2	0%*
12-17	15	2%
18-25	35	4%
26-45	475	51%
46 or older	320	34%
No data	86	9%
Total	933	100%

* 0% due to rounding

CONSULTATIONS

The 44 individual and group consultations included representatives of health organizations and charities, sport and recreation groups, agriculture, organizations representing families and youth, community-based organizations, the education sector, youth groups, academia, business and industry.

Survey Findings – Causes

This section summarizes the barriers to healthy eating, physical activity and achieving healthy weights identified by respondents.

ISSUES RELATED TO CHOICE OF AND ACCESS TO FOOD

Almost all survey respondents identified issues around food as causes of childhood obesity, and this was a consistent issue discussed by participants of the consultations.

The most frequently mentioned issue in this area, mentioned by many survey respondents and consistently noted in the consultations, was the cost of food, in reference to both the high cost of healthy food and the low cost of unhealthy food. A few survey respondents mentioned the cost of produce and milk (e.g. the price of milk compared to pop) as examples of the high cost of healthy food.

There is a huge lack of healthy, local, pesticide free food in our grocery stores that families can actually afford. There is a huge problem when you can buy four bottles of pop sometimes for the price of one carton of milk!

Cost of groceries keeps increasing for the healthy and nutritious foods. Milk, bread, fruit, vegetables, lean meats are all the most expensive items in the grocery store. Families are buying what they can afford and, sadly, it's not the good foods that the average family are able to purchase.

Availability and accessibility of foods required by the Canadian food guide are becoming more and more unaffordable while processed food is maintaining a level of cost consistently.

Too many families are eating out on a regular basis because the cost of making and preparing your own food is becoming increasingly expensive. Example: a 2 litre bottle of soda costs about a \$1.50 but a 2 litre jug of milk is closer to \$4.

An ever-increasing lower standard of living and high-cost of healthy-choice foods force middle and low-income families to buy affordable food – which consists of high-amounts of sodium, sugar and fats. Pop is not a healthy alternative to juice or milk, but it is cheap, thus, too many children in this province are growing up without proper nutrition because their parents cannot afford to put healthy choices on the table.

Some survey respondents talked about the easy access to and increased availability of unhealthy foods, or the difficulty with accessing healthy foods, and this was a consistent issue discussed by consultation participants. For example, respondents cited the prevalence of packaged, processed foods or the lack of access to fresh, local produce.

More and more, it is socially acceptable in recreation and social settings to give children candy, sugary drinks and other foods that lead to obesity.

We are personally limited often by the lack of availability of fresh healthy (local!) produce in the winter time, and by the lack of healthy food options at local restaurants (mostly diner / fast food).

It is often challenging to find somewhere (especially in rural Nova Scotia) that you can eat a healthy meal out, or buy a healthy snack. Most gas stations, corner and general stores, and vending machines are filled with junk food.

I think many people know how they should be eating but it is difficult to make it happen when so much processed food is made readily available and quick to serve.

Our environments are not very supportive of being healthy (i.e. junk food in recreation settings, proximity of fast food restaurants to schools, grocery store layout and practices that promote processed foods).

Some survey respondents cited the desire for convenience as the driver behind poor food choices, and this was a consistent theme of the consultations.

Also, parents are busier these days, many times both parents are working full time, so I think healthy home-cooked meals are less common, more reliance on fast food, TV dinners, kids heating their own meals, etc.

As parents we all want the best for our children, but in a time crunched world, the default choice is convenience, which is invariably unhealthy!

I feel people have become so accustomed to finding an easier route to cooking / eating (buying pre-packaged foods) that they are not eating real food. Many people seemed to have grown up in this mindset (i.e. their mother never made a batch of cookies, only ate store bought).

Both parents are usually working. It takes time to make healthy foods. Parents come home, they have probably worked hard all day and then they have to make supper and then help the kids with homework. Healthy foods take time; getting take-out or store frozen meals from the grocery store is easier.

A few survey respondents and participants of the consultations described the marketing of unhealthy products, particularly marketing targeted at children, as a problem.

Clever ads promoting the latest unhealthy products their children are begging for and easy access to junk food supports the marketing industry (i.e. chocolate bars at the checkout counter are located at the eye-level of every child).

Marketing strategies and the food companies have researched every last aspect of how to entice adults and kids alike, from biological, psychological and physiological levels that makes it beyond a conscious choice to either indulge or resist.

Both parents and youth are surrounded by instant messages about unhealthy food, from the ads on TV to the checkout counter filled with chocolate bars at the pharmacy.

We are inundated with ads for processed and fast food at unprecedented levels. Young people have access to media where they see this advertising. It becomes normalized.

Unhealthy foods are constantly marketed to kids via TV, toys, print material, internet, etc. Companies use tactics aimed at kids and it works.

SEDENTARY LIFESTYLES AND USE OF TECHNOLOGY

Consistently noted in the consultations and mentioned by many survey respondents was the sedentary nature of children's lifestyles, the increased use of technology (increases in screen time, use of television, video games, etc.), or both, as causes of childhood obesity. A few survey respondents attributed the lack of activity directly to the use of technology, and a few other respondents mentioned the use of technology in relation to the causes of childhood obesity, but did not link this explicitly with a sedentary lifestyle.

Parents believe that the structured activities their kids do are enough – soccer once a week, gymnastics once a week, etc. Kids need more activity through daily life activity such as playing in the yard, road hockey, etc.

Lack of opportunity to move about...necessity is the mother of invention and if they don't need to walk to school, or if it's not safe to walk to a friend's house or play outside then it won't happen.

Kids spend a huge amount of time every day on the computer or in front of the TV, either on a gaming machine or watching shows. Kids are seldom outside playing or biking anymore, everything is technology based. This makes kids at a higher risk for weight issues.

Decreased physical activity due to a number of factors including increase in reliance on technology (TV, videogames, computer, smartphones, etc.) for entertainment, work, homemaking, business, communication with virtually everyone including family (rather than in-person conversations / visits).

We are a sedentary society and sedentary parents raise sedentary kids.

COST OF PHYSICAL ACTIVITY

The cost of physical activity, organized sports in particular, was mentioned by some survey respondents and consistently noted in the consultations. Respondents mentioned fees for participation, the costs of equipment, and the cost of transportation to / from recreation facilities as well as practices and games as factors. The cost of access to physical activity facilities (e.g. gyms, pools) was also mentioned by a few respondents.

I don't really see [a new sport complex] as helping too many people, especially kids, as it will undoubtedly be difficult for many people to access as we have no public transit system and I also expect that there will be some sort of membership fee (at least for some activities, etc.).

Our family is a working family with both parents working full time at good paying jobs and we still can't afford to put our two children into sports and activities.

Not enough affordable and accessible (cost and transportation options) active activities in our communities and in our schools, especially in rural communities.

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Organized sports have gone wild with travel and the associated costs that make partaking in sports activities impossible for some.

Many organized activities, especially sports, are outrageously expensive. Even for families who have a reasonable income, it is a struggle to afford the enrolment fees in hockey, gymnastics, dance, soccer, etc.

TIME CONSTRAINTS

Some survey and consultation respondents described time constraints as a cause of childhood obesity. Busy parents and families have less time to devote to physical activity and healthy eating.

In our modern society, we all seem to be too busy to properly take care of ourselves, not just having the time to make healthy food, being active, but also having quiet zen time without feeling guilty for taking such time!

Our society is filled with families with two parents who work, or single parent families. Getting your kids in sport involves not only cost, but also time. It's difficult enough to get home, make supper, get homework done, get housework done. I think the thought of fitting an activity into that is too much for some families.

Both parents are working full tilt just to make ends meet. They have limited time, money and energy to put into making healthy meals and taking time for physical activity.

With more parents than not working, society today is rushed. As a mom, you get home, if you are lucky, by 5:30, and throw something in the oven (such as frozen pizza, fries) that can be quickly prepared or you go through the drive-through at a fast food restaurant and eat in the car en route to the children's activities. Society is rushed and this has a huge impact on people eating healthy and finding time to be active.

It can be hard for parents to find time, energy or resources to fit activity into their own lives and therefore model active living for our kids, as well as be active together.

LACK OF KNOWLEDGE

Some survey respondents and consultation participants referenced a lack of knowledge about healthy eating, nutrition, the causes and consequences of obesity, and / or the importance of physical activity as important factors in childhood obesity. Of these respondents, most of the comments were in relation to knowledge about nutrition, healthy eating, or cooking skills. Consultation participants also discussed conflicting and / or confusing messages as challenges, particularly related to healthy eating.

As a nation, we have lost the art of cooking from scratch and eating local. We no longer know where our food comes from, how it is made, how it is grown, and we don't seem to care.

Parents don't understand the relationship between physical activity and health to reduce obesity and related illnesses.

Nova Scotia families do not have the resources and information to provide their children and families with healthy meals and snacks. There is a misunderstanding by many as to what is healthy, many people think that having french fries is considered a serving of vegetables.

Currently there is not enough information provided to families and schools on proper eating and physical fitness.

There is an ever growing problem with knowledge of how to choose and prepare healthy meals at affordable prices. Many people are unaware of the amount of damage they are doing to themselves and their families with the food choices they make.

POVERTY

Some survey respondents described poverty or low income as a cause of childhood obesity and this was consistently discussed during the consultations. Low income families do not have the same financial resources to spend on physical activities and healthy food. They may also have less time to engage their children in activity (for example, due to working two jobs to meet financial commitments), and be less able to access information / education about healthy eating and physical activity (e.g. due to lower levels of education or literacy).

I am tired of the blame the victim mentality of the narrative around obesity. It is our society that is sick.... Lack of decent living conditions and the money necessary to afford living with dignity is the biggest cause of the health problems we have in this province and this country.

Issues of poverty and low levels of education means that transportation to grocery stores, affordable housing, and the ability to participate in organized sports is not possible for many families. Many families are food insecure and are unable to purchase healthy foods.

Low income families are very aware of proper nutrition, however, the rising costs of food, housing, transportation, sports / recreation programs, school program gym cuts, and high fees for childcare cut into these fixed income / low income families and buying cheap, processed foods high in fats

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and salt are more economical. Poverty is part of this rising number of children who are obese.

Socio-economic status is an overriding factor. Lower income families do not have the resources / time for healthy eating preparation and consumption. Physical activity is not a priority due to other life challenges and may not be accessible for many reasons.

PARENTAL RESPONSIBILITY

A few survey respondents indicated that a lack of support from parents is contributing to childhood obesity. They felt that parents were providing poor examples of healthy, physically active adults, and in a few cases used negative terms such as “lazy” and “irresponsible” when referring to parents. Comments also suggested that parents are too lenient with children in enforcing physical activity and healthy eating.

Sadly, many adults are unwilling to change their habits and lifestyle, and their kids end up being just as unhealthy and inactive as them.

What we as parents purchase and do affects our children and therefore we are putting our own children at risk. If we buy junk food, then we are only hurting our children’s growth. If we buy them a Wii Fit and expect them to get their daily physical activity minutes in then we fail them again.

Parents are not taking responsibility to learn how to plan meals and purchase healthy foods, prepare them correctly and ensure children eat well. It is also way too easy to plunk them in front of a game or a TV instead of making sure they are getting outside, playing some physical games and working off some of the calories they have just consumed.

Parents are not taking responsibility for their kids. Kids are mimicking eating habits and parents are often not setting an example with proper meals and a healthy lifestyle.

I truly feel that the main issue lies with parental control and adult influence. We can’t ignore the steady increasing obesity and physical inactivity rates for adults and older adults. These are the role models for the future generations. If the parent, guardian or influencer does not exercise themselves, how can they preach to the younger population to be active!

LACK OF PHYSICAL INFRASTRUCTURE / BUILT ENVIRONMENT

The lack of or inaccessibility of physical infrastructure to support physical activity was mentioned by a few survey respondents and was consistently mentioned during the consultations. More than half of the survey respondents indicated that the way cities and towns are built / planned focused too much on the needs of cars and not enough on encouraging active transportation (e.g. communities with no sidewalks, lack of bicycle lanes, large schools located centrally to which

children need to be bussed, etc.). Other comments focused on lack of playgrounds and / or green spaces and / or lack of recreation facilities (gyms, community centres, etc.), especially in rural areas.

Where can children go to play any of these sports outside of a structured environment or program. Parks are non-existent in rural areas and most city parks are not set up to kick a ball around (like we did as kids).

One contributing factor, rarely brought up, is car dependency. We build communities oriented around automobiles, making it increasingly difficult for children to walk to and from school or even walk to a friend's house. Physically active lifestyles should not only be framed in terms of programmed activities but also, crucially, they should include the simple daily activity of walking.

Additionally, physical activity is hard to accumulate in a city that is not very bike and pedestrian friendly. Buses don't connect in ways that allow for longer commutes with some walking. Bike lanes are almost non-existent and the government seems to prioritize sprawl and highways rather than downtown liveability and alternative transportations.

In both rural and urban areas, there is more of a focus on bussing or driving to school, rather than active modes of transportation.

We have a much more rural culture, and there is a relative paucity of infrastructure in the rural communities to enhance active living (non-motorized trails, sidewalks, pools, etc).

LACK OF PHYSICAL ACTIVITY PROGRAMS / OPPORTUNITIES

A few survey respondents stated that opportunities for children to participate in physical activities were limited and this was consistently noted as a barrier by participants in the consultations. About half of the survey respondents who identified this issue connected this barrier with the school system, i.e. not enough physical activity time / focus in schools (and this was consistently noted during the consultations). In other cases these types of comments were linked to a lack of opportunities in the community. A small number of respondents indicated that although team sports were available in schools and the community, there was a lack of alternative activities for children who did not enjoy team sports (this was mentioned frequently during the consultations).

We promote team sports very well to children, but if they don't appeal to some kids, what other offers are there for them?

Also, fitness and sports, either in organized programs or through education institutions, such as public schools, are inadequate.

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There are particularly few physical activity programs for the youngest members of our community (0 to 3 years) and the programs that are offered generally occur on week days when many parents are working.

[There is a] lack of opportunity and encouragement to be active – many organized sports are competitive and expensive – need more fun activities more can participate in.

Reduced physical activity in schools and nothing to replace it.

CULTURE / LIFESTYLE / VALUES

A few survey respondents referenced the overall culture, as well as current lifestyles or social norms around food, activity and behaviour as contributors to childhood obesity and this was consistently noted as a challenge by consultation participants. For example, parents are more rushed, both parents are more likely to be working, home-cooked meals eaten together as a family are not as valued, and society places an increasing emphasis on ease and convenience.

The social importance of a shared meal together – everyone in the family – has been forgotten by many.

Lifestyles have changed dramatically in the way we eat and the daily activity that continues to diminish. We used to walk to many places we went, do chores and other jobs at home especially on farms, take the stairs, and pick, prepare and cook our own foods from scratch. Now we have desk jobs, drive our car everywhere and take the elevator whenever possible. Our daily activity is walking to get food from the kitchen, walking to the bathroom and walking to our cars.

We have created a society that encourages the opposite behaviours to those needed to be a healthy weight. Our car culture and the proliferation of unhealthy, heavily processed foods is a big part of this.

No peer pressure to be physically active. Being overweight is accepted because there are so many of them...it's not socially unacceptable amongst peers.

Society now values convenience foods and easy living. We are no longer poised to support healthy choices – the easy choice is now the unhealthy choice.

SAFETY CONCERN

A few survey respondents mentioned that concerns and fears about safety prevented children from being physically active, and this was consistently noted during the consultations. This included concerns about letting children play outside unsupervised, as well as lack of safe environments due to traffic, unsafe equipment, etc.

Kids are over protected. When I was young we walked a lot, played in the woods etc. Now people are afraid to let their kids on the street.

Children cannot bike in urban settings or play in suburban streets due to high traffic volumes.

One concern is the fear that today's parents have of allowing children to play outside in a generally unsupervised way. Fewer children are seen out playing street hockey, hide and seek, skipping etc. Even walking to school is an issue and most children are now bussed or parent driven. Society has taken away many of the traditional places children have played and we have neglected to consider how they may be replaced.

Too many people are completely obsessed with safety to the point of not letting their kids have the active, creative, playful lifestyles that kept the previous generations healthy.

I walk but don't take my kids because I feel it is too dangerous. There is no sidewalk and in the winter it is treacherous.

CUTS TO PHYSICAL ACTIVITY IN SCHOOLS

A few survey respondents referenced budget cuts that have resulted in reductions in physical education in schools as a barrier to children getting sufficient physical activity. This issue was consistently discussed in consultations. It was noted that there is a lack of a system approach and consistency across the province. Instead, supports for physical activity and healthy eating are variable across schools and dependent on individual schools and champions.

Cuts to Phys Ed programs / grants is sending the wrong message to parents, teachers, and educational and health professionals who work hard to send a positive message to youth.

Schools continue to cut physical education and physical activity programs out of their curriculum, due to budget constraints.

The decision to cut physical fitness classes in Nova Scotia schools was a massive error and has had a direct impact on the health of Nova Scotians since.

This is an issue because physical activity continues to be cut from education programs. Recreation and physical activity are not seen as essential.

No quality daily physical education for all children means we miss out on developing active lifestyles and the development of physical literacy.

OTHER

Other causes of childhood obesity, each mentioned by a few survey respondents and consultation participants, include:

A lack of time for or focus on unstructured play (e.g. free play outside)

I think this continues to be an issue because children are not made to go outside and just play and be kids anymore.

We are not allowing our kids to play freely and creatively.

Free play is not encouraged anymore, you either have to join a team or you don't play, what happened to hopscotch, going to the playground, skip rope, riding bikes etc.

I find it sad that children seem to not be allowed to just go out and play anymore. Everything has to be planned with play dates or organized sports.

Less of a tendency for kids to engage in long hours of structured or unstructured physical activity out of doors.

Limited support for and / or poor rates of breastfeeding in Nova Scotia

Formula feeding is the cultural norm – not enough support for breastfeeding.

Our low breastfeeding rates mean fewer children are breastfed as recommended by Health Canada and the World Health Organization.

One reason is not enough parents are breastfeeding. Breast milk reduces a baby's risk for obesity, heart disease, allergies and a plethora of other cost-crippling diseases that affect our province.

Research shows that breastfeeding significantly reduces the likelihood of childhood obesity and obesity later in life. The rates of continued breastfeeding are quite low in Nova Scotia and I think this could be a contributing factor.

Also, breastfeeding has a protective effect against many chronic diseases yet women and families are not supported in the way needed to start and continue breastfeeding.

A lack of leadership was identified as a factor. Examples included poor coordination by government; government making cuts to programs that support healthy eating and physical activity; government representatives and / or others in leadership positions not leading by example (e.g. lack of exercise / healthy eating); and a lack of policies that support physical activity and / or healthy eating (this was mentioned more often in the consultations).

Both the politicians and health care workers are going about the whole problem of obesity from the wrong angle and contributing to the worsening of the situation. They are all talk and no do!

The crisis in obesity is not urgent enough for policy makers until it lands someone on the operating table. We like to treat people individually in a clinical setting as opposed to a population in a preventative manner. We know the solutions, we just need the political fortitude and budgets to actually do things differently. Things have changed a lot in 50 years but our approach to health care (not investing upstream) remains the same.

No one wants to do what must be done: radical changes to our physical and policy environment.

Recent cuts to education budgets have led to cuts in the work relating to health promoting schools, which is going to lead to much of the good work being undone. The focus on math and literacy is somewhat irrelevant if our children are not healthy. We have evidence that healthy eating and physical activity can improve school performance but this is ignored when cuts need to be made. There is a total lack of joined up thinking, and the small scale examples of best practice going on in communities does not have sufficient impact, but could be so much more with a bit of effort to integrate them and sustainable resources.

Government is unwilling to stand up to corporate policies based on greed rather than social responsibility.

Social changes such as the breakdown or deterioration of the family or of neighbourhood / community relationships

Fewer children: the less children in a neighbourhood there are, the fewer playmates children have the less likely they are to go play outside.

Loss of social connections – kids might not have many others to play with on a regular basis; increased bullying, depression and many mental health issues that may contribute to poor eating habits, little activity and other factors that lead to chronic illness.

Increase in individualistic rather than communal / community lifestyle – less interaction with each other means less social interaction between kids and overall physical activity of play time.

A lot of communities are highly distressed economically and socially. One main contributor to this stress is low social cohesion.

Other challenges to improving childhood obesity rates identified through the consultations but not noted on the online survey include the following:

A lack of effective intersectoral partnerships with consultation participants indicating that these partnerships are often supported through individual effort versus being done as part of a system-wide approach

One major challenge is the ability of partners to work together because it requires an investment of time and resources. Too often, it's done off the side of the desk or because of simple personal connection, or on a one-off basis. It needs to be more systemic and sustained.

Lack of focus and targeted initiatives, with a few consultations discussing the fact that although a population health approach and addressing the determinants of health is important, the health sector often takes a broad approach to issues and “spread themselves too thin” rather than focusing and targeting efforts to ensure impact

Addressing the determinants of health is long term and very complex...there are very few resources and there is a need to make a visible difference therefore we must focus, focus, focus...currently we are not diving deep enough into any one thing but rather trying to address things with a broad approach.

Lack of strategic messaging including conflicting messages, ineffective targeting of messages and the need to make “the product more appealing”

Fear is not a good motivator for change; there is a need to focus on positive aspects and message; negative messages do not work, it puts peoples' defences up; we need to make sure the message is positive. Look at what was done with the environmental movement – community based social marketing was used [effectively]. They did not use a negative message but provided a positive message.

Lack of investment in health promotion and a comprehensive approach including supports for physical activity and healthy eating

The government puts all its money into acute care and long term care; money invested in healthy eating and physical activity is a needle in a haystack...the funding is too small to make a difference, more comprehensive approaches are needed that engage schools and workplaces.

Lack of support for social inclusion and the need to recognize differences in various population groups that may be at greater risk for obesity such as First Nation and African Canadian communities, those on low incomes, etc.

We need to understand how to move policies into First Nation communities and implement them. How can we adapt existing policies for the First Nation communities to make it relevant?

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For some emerging cultures, there are not even any cookbooks, let alone healthy cookbooks. Also, it can be difficult to get the proper ingredients for these meals here in Nova Scotia. That means immigrants often eat and cook “Canadian”.

There is no research specific to the African Canadian community when it comes to health and obesity. We see the problem, but we don’t have the research to back it up, so we’re guessing. This sometimes makes it difficult to build a case for funding.

Lack of support for families and the need to invest in families and provide programming focused on the family as a unit

We need to focus on family rather than just the child. The parents have the most influence on their children. They control the food that comes into the house, monies and times allocated for sport, recreation or any activities that happen in the household.

There is insufficient support for families as units. Sometimes parents must make choices and prioritize healthy food and activities only for their children and not themselves. This prevents them from being healthy role models and can have long term impacts.

Survey Findings – Existing Supports

This section summarizes survey respondent feedback around existing supports, including infrastructure, activities, organizations and information that enable healthy eating and physical activity. The questions about existing supports was not consistently asked during the consultations and therefore this section is specific to the online survey.

SUPPORTIVE ENVIRONMENTS AND PROGRAMS

Almost all survey respondents gave examples of supportive environments and / or programs that provide opportunities for healthy eating and physical activity.

Healthy Eating

Many respondents described existing programs and initiatives to support healthy eating. Programs in schools and efforts to promote / provide local food were mentioned in roughly equal numbers; programs in the community were mentioned slightly less frequently. Programs in schools described by respondents were primarily related to making healthy food available (e.g. breakfast programs, healthy snacks, eliminating junk food, school gardens). Healthy eating programs in the community were more often related to learning about nutrition or about how to prepare healthy food (e.g. cooking classes, workshops) as well as a few mentions of changes in local restaurants/cafes that now offer healthier food. A few respondents also mentioned the

availability of local food such as farmers' markets, community gardens and the local food movement in general as an important support to healthy eating.

Healthy Eating Supports in Schools

The schools provide healthy snacks and breakfast for those who do not get breakfast.

We're also aware that schools in our community have limited the junk food available and are instead offering low-cost healthier options.

The hot lunch program is offering more nutritional choices, such as salads and whole wheat bread.

I think schools have gotten better at promoting healthy eating at school...I work in a school and we put the healthy eating posters up, we talk about it in the curriculum, we provide a healthy breakfast at school.

I do see schools trying to encourage healthy eating habits and reducing the amount of unhealthy choices in the cafeterias.

Promoting / Increasing Availability of Local Food

In my community there is an increased awareness of the benefits of buying local products. Knowing where your food comes from is a positive step towards eating healthy.

I see more community gardens which is a super idea to get community members involved in healthy eating.

Our growing farmer's market as well as the trend toward local and organic food among young families is inspiring.

Yes, community gardens, farmers markets, and vegetable basket deliveries make eating healthy an easier option.

An increase in farmers markets encourages healthy eating with more diversity and most offer cheaper healthy food options.

Healthy Eating Supports in Communities

I see my local grocery store offering healthy foods classes and weight management classes.

The local family resource centre has programs designed to help support healthy eating. Food mentors and healthy snacks which allow parents to learn how to prepare healthy food on a limited budget.

Community kitchens through Public Health which attempt to increase knowledge around the cost of a good meal, what people are eating and how to prepare.

The cafeteria in one of the major hospitals changed its menu to reflect healthier choices. This was a good idea, as teenagers in a nearby high school were getting their junk food fix at the hospital cafeteria.

[A group] has established breastfeeding friendly locations in partnership with many local businesses and institutions.

Physical Activities

Many respondents described supportive programs and opportunities related to physical activity. Most of the programs were community-based such as those offered by municipal recreation departments. A small number of respondents mentioned more informal opportunities for activity (e.g. neighbourhood soccer games or bike rides). Only a few respondents made reference to physical activity programs offered through schools (e.g. walk to school program, active kids program, school running club).

Physical Activity Supports in Communities

We have an active living coordinator in [our county] who is wonderful with youth and works hard to get youth involved in physical activities that interest them.

Our community has an organized afterschool program, which often includes outdoor play time. It is free of charge during part of the school year.

In terms of physical activity initiatives, events such as the Bluenose marathon include kids' races which provide a goal for school-centred running programs.

I see more initiatives for physical activity through our Municipal recreation dept. such as exercise / dance / zumba classes, PACY program, sports fun day / fun run for kids, workshops on cross country skiing and snowshoeing.

The number of social groups organizing physical activity such as team sports seems to be increasing, and running seems to be getting more and more popular. Also it seems there are health clubs springing up on every other corner.

Physical Activity Supports in Schools

The elementary school also has a student travel planning team and will be implementing a walking school bus in the fall to support children in walking to school rather than being driven or taking the bus.

At [local elementary school] they have an active kids program and encourage lunchtime walks, a running club and other physical activities.

My children's school offers many free after school activities which promote physical fitness, such as skipping club, running club, floor hockey, and dodge ball.

Yes, this year I see more school age children participating in running programs at school. This is an activity that requires only a pair of sneakers.

Our school has a walking program for kids who get to school 30 minutes prior to the start of school.

Physical Environment / Built Environment

Some respondents described features of the physical environment (i.e. physical infrastructure) that supported physical activity. Examples provided included new recreation facilities (e.g. community centres, skating oval), playgrounds, outdoor gyms and supports for active transportation such as walking paths and bike lanes.

A playground with slides, climbing equipment etc. has just been constructed and the kids on the street are using the equipment.

We just had a new community centre offered in our community with good programing that promotes physical activity.

A few years ago, the town put in a sidewalk and the result was amazing. Many adults and children of all ages and sizes are out and walking, biking and running.

The outdoor gyms that are appearing in parks around the city are great.

I think the Rails to Trails project has had an impact on increasing infrastructure for physical activity in the province.

GOVERNMENT POLICIES

Policies that promote healthy eating and / or physical activity were mentioned by a few respondents. Over half of these references were to the *Food and Nutrition Policy for Nova Scotia's Public Schools*,¹ and about a fifth were in reference to the *Standards for Food and Nutrition in Regulated Child Care Settings*. Other examples of government policies mentioned included the physical activity strategy (*Active Kids Healthy Kids* strategy), the *Healthy Eating Nova Scotia Strategy*, and support for children's physical activities through subsidy programs (i.e. KidSport) or the children's fitness tax credit.

The policy on food in schools and more recently the policy on food in day cares are a good first step to making known what are healthy eating choices.

The policies that have been developed have been critical in supporting a culture shift (e.g. policy for food / nutrition in schools, licensed childcare).

The Food and Nutrition Policy for Nova Scotia Schools and Active Kids Healthy Kids Strategy have helped to create some public awareness regarding the need for healthy lifestyle education and changed lifestyle habits.

I am impressed with the healthy eating policies put forth in day care centres. I have peace of mind knowing that my kids have access to healthy meals outside the home. With all the kids eating the same food, it helps my own children learn how to try new foods (which they otherwise wouldn't touch at home!).

¹ The comments captured in the "healthy eating supports in schools" theme may also reflect changes in schools that are a direct result of the *Food and Nutrition Policy for Nova Scotia Public Schools*. If they did not explicitly mention the policy, they were coded under that theme, and if the policy was mentioned, it was captured under this government policies and programs theme.

GROUPS / ORGANIZATIONS

A few respondents described groups or organizations that supported healthy eating and / or physical activity, with municipal governments (e.g. recreation programs, recreation coordinator) and non-profit groups (e.g. environmental groups, Boys and Girls clubs, Family Resource Centres) being the most frequently mentioned.

Doctors Nova Scotia has a great running program for children throughout the year.

The Ecology Action Centre in Halifax does good work to promote local, whole foods. They are also involved, to some extent, in encouraging children, visiting schools etc.

Municipal recreation departments offer many programs, investment in our arena, sailing school.

GoodLife Fitness gyms had a summer 2011 initiative of giving teens a two-month free membership over the summer!!! This was a really great offer.

Lots of small businesses who support whole foods, groups who support breastfeeding, health and well being of the whole person.

Our local family resource centre has food mentors that teach people how to get back to basics with healthy food choices.

ProKids is a program offered by some municipal recreation departments which supports participation in extra-curricular activities for students whose families experience financial difficulties.

Survey Findings – Solutions

Respondents were asked to identify factors that would help support physical activity and healthy eating, both for themselves as families / individuals, and areas where government should focus at a broader societal level.

FOOD ACCESSIBILITY, AVAILABILITY AND QUALITY

As with the causes of childhood obesity, support for healthy eating was the theme mentioned most frequently by survey respondents and consistently noted during the consultations. The majority of survey respondents described the need for supports related to the accessibility, availability and quality of food.

Many survey respondents described the need to influence the cost of food, both through making healthy food more affordable and increasing the cost of unhealthy foods. A few survey respondents provided specific suggestions on how to make these reductions (see the section on *Government Policy and Legislation* for a more detailed discussion of strategies suggested by respondents).

As far as healthy eating is concerned, government should look at making it more expensive to eat fast food and reducing the cost of healthy food.

There must be something done about the cost of food. Start there. You will help more people there than with anything else. Make good, healthy, whole foods the cheapest option in the store and people will start to eat better.

Working to lower the costs of healthy foods – eating locally produced, organic food should not be so much more expensive than pre-packaged convenience food that is loaded with chemicals and devoid of nutritional value.

Encourage food stores to place healthy foods on sale more often as opposed to just unhealthy choices.

Some survey and consultations respondents indicated that the availability of healthy food must be increased, and the availability of unhealthy food decreased. Approximately a third of survey respondents directly referenced providing healthy foods through schools (e.g. meal programs, healthy snacks, eliminating junk food).

I think that schools are always the first place to start. Healthy breakfast and lunch programs are great, provided the choices are truly healthy.

Decrease the number of fast food restaurants in or near residential neighbourhoods and schools.

If healthy foods had the prime sale spots in grocery aisles rather than the junk food it may be easier to find them and perhaps help motivate some people to purchase them.

If there were some tasty healthy alternatives for when you were on the run.

Having easier access to seasonal fruits and vegetables, even in the schools, might help, knowing what is in season, and thus cheaper to buy would also help, and making it available either at my local supermarket or in locations close to where I live.

Some survey and consultation respondents indicated that efforts to increase the availability of local food (e.g. through farmers' markets and community gardens) are important supports.

The government should invest more in local agriculture to foster healthy food options which can be grown locally and offered year round and at a lower cost.

Community and school gardens would show everyone healthy food can be grown by anyone.

Perhaps an initiative involving community gardens so that people could grow their own vegetables. It would be cost effective, would give people a sense of pride in the fruits of their labour, and any surplus could be given to food banks / soup kitchens. Win-win for everyone. It would also contribute to being more active. Gardening can be a vigorous exercise as well as being very good for the soul.

Supporting the small, local farmers would be helpful. Making it easier for people to garden in the city, and coming up with reasonable guidelines to allow and encourage urban chickens and other livestock where they aren't currently permitted would be helpful.

More support of local farmers to make produce / meat grown at home more accessible in neighbourhood grocery stores, as well as more affordable. Thinking big, policy that requires grocery chains to buy from local farmers first would be innovative and support our economy.

EDUCATION AND INFORMATION

The need for more education and information about healthy eating and / or physical activity was discussed by most survey respondents and during some of the consultations. About half of the survey respondents referred to providing information related to healthy eating, including suggestions such as teaching cooking skills, how to understand and interpret nutritional information, and giving or teaching about healthy recipes, how to buy healthy food on budget, etc. Other survey respondents talked more generally about education for healthy living (i.e. physical activity and healthy eating). Only a small number of survey respondents talked solely about education to promote physical activity. A few survey respondents emphasized the need to educate / inform parents, and a similar number stressed the importance of having education for healthy eating / healthy living in schools (e.g. home economics classes, healthy living classes).

Nobody is intentionally obese or happy to be so. My dream is to see healthy lifestyle education as part of the school curriculum and help, guidance and instruction available to all. Exercise and activity is the best habit anyone can develop and leads to improvements in so many other areas, promoting a happier, healthier, wealthier, more balanced society.

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While you are focusing on schools, focus on us parents too. Make us understand that our kids need to drink milk and eat fruit and vegetables... Show us how to make inexpensive, healthy food choices and meals for our families. We need to be re-educated too.

Some people need education about healthy eating and healthy foods, others need to know what to do with them to make something that tastes good. We need to educate the people that haven't been exposed.

Parents need more concrete meal and lunch ideas for children, reflecting the busy world we live in and products available in our stores and what can be prepared in a reasonable (short) amount of time.

Television advertising promoting the benefits of healthy eating and exercise could be helpful.

Schools need to be one of the primary settings! Healthy lifestyle curriculum should be given as high a priority as math and literacy (being highly accomplished in math and literacy becomes secondary if the students unhealthy lifestyles lead to chronic disease and shortened life spans).

PHYSICAL ACTIVITY PROGRAMS AND OPPORTUNITIES

Most survey respondents mentioned the need for more opportunities for physical activity, including both formal and informal activities and this was consistently discussed in the consultations. Survey respondents and participants of the consultations made several suggestions for ways to increase physical activity opportunities for children:

Almost half of survey respondents described the need for increased physical activity during the school day by, for example, having daily physical education, and this was a consistent theme discussed during the consultations.

Mandatory physical activity at school every day with the minimum being the 60 minutes recommended by the government for healthy living.

Physical education in schools is crucial. Ideally, government telling parents to get their families active – and parents doing it – would be lovely, but it's just not realistic. Schools should ensure that children have an opportunity every day to meet the physical activity recommendations for their age groups.

Instead of cutting physical education in the school system, increase it. Rather than have actual phys ed classes for credit only, make life-long physical skill development activities a part of the school curriculum throughout the day. Learning to ski, curl, lawn bowl, etc. would be beneficial.

I think schools are key and time for daily physical education (not just game playing) that promotes skill building and enjoyment should be mandated by the province.

Government controls the education system and the kids are there 185 days of the year. It may not be a popular decision, but a small extension of the school day to allow for mandatory physical activity and nutritional education provides an opportunity to influence childrens' activity levels and their decision-making process.

Some survey and consultation respondents also indicated that new and / or expanded programs were needed, including both formal organized programs (e.g. team sports, dance, afterschool programs) and informal groups (e.g. community walking group). A few survey respondents emphasized the importance of providing a wide variety of activities (i.e. not just organized sports) that would appeal to children and youth with different interests and skills.

More outdoor activities available both in the summer and the winter months (skating rink being a good idea).

More training offered to increase fitness, zumba, martial arts, yoga, dance instructors in communities.

We also need to offer more for our children, in the schools, and extra-curricular realm to encourage activity. This has to go beyond organized sports to include active daily living – fitness, walking, playing, games, hiking, swimming and so on.

There needs to be an emphasis of healthy living that happens outside the context of competitive sport. For youth who do not enjoy being competitive, which may be the majority, this has to be considered.

Encourage unstructured nature time in elementary and middle schools. Remind parents and especially educators that physical activity does not necessarily = sports. Just playing outside around a log can be physical activity. Expensive playground equipment is not crucial.

Increased funding for municipalities related to recreation programming is also key. The more programming opportunities, the more opportunity for youth to get involved.

After school programs that promote active living and sports. Maybe pick the kids up at school and take them to swimming lessons or some sort of activity.

A few survey and consultation respondents suggested that there should be an increase in physical activity opportunities that are community-based and / or oriented towards the whole family (e.g. activities that parents and children can do together).

Physical activity for the parents and children would be great at local community spots. If there isn't a recreation centre then perhaps an outdoor playground, local school gymnasium. Something for everyone so you don't have to pay for a sitter and then also pay for the activity.

Promoting more activity groups via health authorities, recreation departments, town organizations etc. would give people much needed support to socialize and feel supported to become more active.

For families and children there should be family-friendly activities with a wide range of options at low to no cost. This should be offered more than on a Saturday or Sunday afternoon.

If there were more neighbourhood recreational activities it would help, and bring the community closer together.

Recreation programs designed for all family members would be a great option too. Parents often get the job of transporting their children to sport activities...but get none themselves.

A few survey respondents indicated that increasing access to spaces in which to be physically active (e.g. school gymnasium during evenings / weekends) is important, and this was consistently discussed in the consultations.

They need to make the schools accessible all the time especially on holidays, weekends and summer vacation when the kids have time to use them.

Creating supportive structures (i.e. supervision) to increase access to school gyms (particularly elementary school gyms).

Local recreational facilities – the high school gym would be a great start but the community cannot use the facility after hours.

Encouraging active transportation (walking, bicycling) was mentioned by a few survey respondents as a good way to promote physical activity and was a consistent theme of the consultations.

Make it easier for kids to ride their bikes to school (they aren't allowed to ride their bikes onto the school grounds and most don't have decent bike racks).

Bike safety courses should be brought back, like the old bike rodeos we did as kids.

Gym class can only go so far. Our children need to make active living (and active transportation) part of their day-to-day lives.

More sidewalks! Walking school buses or groups of kids walking to and from school together.

In the case of children, I think a proactive piece of the solution is to site schools within the greatest area of walking / biking students. Education should be a vehicle to a healthy lifestyle, but not on a bus. Active living must be wrapped into the lifestyle as human behaviour has proven that without purpose (i.e., having to get to school so you need to walk or bike) we choose the easy way out and exercise much less.

PHYSICAL ENVIRONMENT / BUILT ENVIRONMENT

Many survey respondents mentioned the need to improve physical infrastructure in order to better support physical activity and this was consistently discussed during the consultations. The most frequently suggested change to the physical environment, mentioned by some survey respondents and consistently noted in the consultations, was to increase infrastructure in support of active transportation (e.g. cycling infrastructure such as bike lanes, walking trails, even sidewalks in some neighbourhoods). Consistently noted during the consultations and mentioned by a few survey respondents was the need to ensure that future development is designed with physical activity and active transportation in mind – for example, that new schools are sited in locations that facilitate walking or cycling.

Importance of active transportation infrastructure

People should be able to be active close to home. More green space and public access to lake and ocean is needed.

The government should provide more access to free forms of physical activity (i.e. green gyms, playgrounds, bicycle lanes).

I would also walk and cycle more if there were better walking and cycling infrastructure, and end destinations were more accommodating to cyclists.

Walking and cycling to school is a great way to get more youth active. But we need to build schools where more students can do this as well as keep schools embedded within communities instead of building big-box schools on the outskirts of communities.

Provide opportunities for active transportation. Encourage cycling for families and for people to commute, more bike racks. We need to change the social norm in the province, walking and wheeling to work could become just as it has in BC and many places in Ontario and Quebec, an appropriate and practical way to get to work.

Changes to community planning / design

I feel the main road to activity for the wider population is truly in the network of safe ways to move around without the automobile. Lots of interconnecting paths and bike ways will get more people moving. The paths, if connected to parks, skate parks, dirt bike courses, woodland trails and urban markets and shopping / work will go a long way for the majority of the population.

Cities should be forced to be designed for people, not cars. An active transportation network and dense, compact urban planning need to be priorities through legislation and funding. I used my bike as my main form of transportation until I moved to Nova Scotia.

The built environment. Build healthy neighbourhoods, and legislate it. Make it legally obligatory for land developers to conform to provincial laws regarding the requirements for a healthy community. These requirements could include items such as parks, playgrounds, sidewalks, public meeting spaces, community centres, etc.

This isn't simply a matter of including sidewalks, but instead building whole communities around accessible walking routes to important destinations (work, community resources, school, shopping).

Changes in urban planning...create more walkable communities, make active transportation a reality for many, don't put schools in the middle of nowhere forcing our kids to be bussed every day.

About a quarter of the survey respondents who spoke about improving physical infrastructure mentioned increasing the number of recreation facilities, including both indoor and outdoor recreation (e.g. playgrounds, parks, fields, community centres, etc.), and this was consistently discussed in the consultations. This was noted particularly in relation to rural communities where there are fewer existing recreation facilities. A few survey respondents mentioned improving infrastructure specifically in relation to safety (e.g. sidewalks in a high traffic area, safe playground equipment). Others indicated that additional transportation to and from recreation facilities would help to support physical activity.

More facilities – indoor swimming, walking tracks – multi-purpose facilities to include a variety of activities.

More community drop-in centres where families can bring their children for pick up games of soccer and volleyball, basketball etc.

Communities should invest in outdoor physical activity facilities such as walking tracks, outdoor skating rinks, ball fields, tennis courts, and parks with resistance-training exercise equipment.

By keeping our streets and neighbourhoods safer, so people can walk, children can play.

If the bus system was improved, I think more people would consider taking the bus to work, which would mean that those people are also walking a little more each day. It would also decrease commute time and traffic.

GOVERNMENT POLICY AND LEGISLATION

Changes or additions to government policies and legislation were mentioned by many survey respondents and consistently discussed during the consultations.

Setting strong policy agendas with regard to topics such as corporate advertising, municipal planning, food policy, transportation strategy, agricultural policy, and school curricula / operations will have a large impact on the health of our population and will be supported by a large segment of the population as well as by most organizations and institutions that serve the public good. Most importantly, the provincial government is the ONLY LEVEL of government that can create change in this arena, which is why efforts focused in this area should take precedence over efforts to, for example, create healthy eating education campaigns, which can also be implemented by other sectors of society.

This requires a cross-government approach and application of a health lens on all government policy.

Changes suggested by respondents related to policy and legislation included:

Create new food-related regulations: Suggestions included regulations to limit access to unhealthy food (e.g. placement in stores; adding warning labels; limiting unhealthy food in schools, daycares, hospitals, and other government spaces); improvements in food labelling (e.g. nutritional information in restaurants, stating when foods contain genetically modified ingredients); regulating the level of unhealthy ingredients in food (e.g. fat, sodium, etc.); and regulating marketing of unhealthy food to children.

Bylaws need to be put in place limiting things like the amount of salt / trans fats, etc. in foods, and the location of fast food outlets (studies show that obesity rates skyrocket in areas where fast food outlets have opened compared to those areas where they haven't).

Support for healthy eating from regulation...healthier food in hospitals, daycares, schools, vending on public property, etc.

Develop systems of control over unhealthy foods, examine options for further ways to decrease availability of unhealthy foods through pricing, limiting outlets, increase taxation, increase accessibility and availability of healthy foods.

I try to buy healthy foods at the grocery store, but sometimes it's hard to tell if foods are healthy or not, even when you read the label. It would be easier if foods were more clearly marked to say if they are healthy or not.

We need policies that ban marketing of unhealthy foods to children. We need policies that make grocery stores promote locally grown fruits and vegetables and meats and dairy. We need policies that ban the ability of grocery stores to put the most unhealthy food choices at a child's eye level.

Increase the cost of unhealthy food: Most respondents suggested implementing a tax on unhealthy food. Some of these respondents indicated that the proceeds from the tax could be used to subsidize the cost of healthy food and / or physical activity.

Governments should also consider higher taxes for soft drinks and other junk food, thus saving on health care costs in future – and using the proceeds for educational programs, etc.

Although perhaps not feasible, gradually increasing a hidden tax on junk foods may help. It discourages people from buying such foods, and gains from it in taxes could be spent on education and government programs for health and wellness. However, we've already done such a thing with cigarettes, and hidden taxes also appear in other goods.

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Government creating tax structure that significantly increases taxes on junk food (chips, bars, pop, etc), fast food (burgers, fries, etc), and high fat or high sodium foods in grocery stores, and uses that as a dedicated tax to subsidize the production and sale of local fruit, vegetables, and lean meats.

I would support the introduction of a tax on high calorie low value foods such as soda beverages and fast food items. Apply those revenues to more recreation facilities / opportunities.

Legislation should tax the poor nutrition options (e.g. pop) to ensure healthy options are affordable (e.g. milk). Milk should be less expensive than the same volume of pop. Same for 100% fruit juice.

Policies to increase the affordability of healthy eating: These included subsidies and tax incentives for healthy food as well as regulating or capping the cost of some healthy food items (e.g. milk).

Financial assistance (where appropriate) to afford fresh local produce (including community gardens and vegetable gardening assistance in low income neighbourhoods).

What about subsidizing fruits, vegetables, and dairy. For example in France, milk and bread have remained very cheap so that it is accessible to everyone. It was legislated.

Have an incentive program for buying fruit and vegetables (especially local) linked to tax refunds / credits.

I think the government of Nova Scotia really has to step up to the plate and regulate the costs of produce and dairy. We should encourage the government to implement a program where babies, seniors and expectant mothers can have free milk or at least at very low cost.

Other suggestions included **providing incentives** of various kinds to promote healthy eating and physical activity (e.g. tax credit for healthy weight).

Provide tax cuts for people that are a healthy weight and have healthy blood pressure, heart rate, etc.

Really spend some time looking at creative 'fat tax' and ensure businesses provide employees with time for exercise and food bonuses.

Why not take money and have a healthy living tax incentive? People can get fit in their own home or outdoors. There are lots of programs out there to support people to be active recreationally or in a fitness facility, like the YMCA. Entice people to save their grocery receipts for the healthy foods options they buy, and / or negotiate discounts with local health and wellness organizations.

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More financial incentives to be active or eat healthy. Incentives will likely be more effective than penalties or taxes on bad choices.

In terms of adults...there needs to be more tax breaks and or incentives for those enrolled and participating in making healthy choices. Point of purchase discounts / credits for healthy food items, more tax breaks for attendance and participation in activities / exercise.

AFFORDABILITY OF PHYSICAL ACTIVITY

Some survey respondents indicated that reducing the cost of physical activities to make them more affordable and accessible should be a priority, and this was consistently discussed in the consultations. Suggestions in this area included reducing user fees, providing tax rebates or subsidies to families, increasing funding to recreation programs, or providing support to those who face the greatest barriers (i.e. low income families).

The government should work to reduce financial barriers to regular physical activity through, for example, subsidized health club memberships, field / pool rental fees or the construction of additional space for physical activity.

User fees for sports facilities should be eliminated, so that things like public swims and skates are free.

Offer things such as family memberships to recreation centres at a lower cost so it could be more affordable to everyone. We don't need the tax breaks as much as we need to see lower prices reflected on things such as gym memberships, sporting equipment, etc.

Tax incentives for not only children's sport registration, but also adult (one of the strongest predictors of a child's activity levels are their parents).

Subsidize recreational sports for children to make it affordable, with more than a tax deduction. Those living in poverty don't benefit from a tax deduction. They need the registration fees to be lowered, perhaps through more targeted funding to the sports organizations (Soccer Nova Scotia, Hockey Nova Scotia, Baseball Nova Scotia, provincial dance organizations).

Subsidies for low-income families to enroll their children in organized sport.

SUPPORT IN THE EARLY LIFE OF CHILDREN

A few survey and consultation respondents suggested that greater support was needed in children's early lives. The majority of the survey respondents spoke of the need to increase rates of breastfeeding. Others mentioned providing information about and support to implement nutrition and healthy living in the very early stages of a child's life (including prenatal and postnatal support).

After our baby's first year, we have to know what to prepare for our families. Don't make it exotic or fancy. Stick to the basics: peanut butter, apples, bananas, oranges, real cheese, milk, whole wheat bread, fresh / frozen / canned veggies.

The government should support women to exclusively breastfeed by implementing evidence-informed policies and supports for women.

Need to change the culture around breastfeeding – hospital staff and doctors need more training and senior leaders need to place greater value on maternal child health / breastfeeding.

Focus it on new families or young families and in schools at all age levels. The kids are the future. They will also teach the rest of their families as well. Young families and new families need the education to raise healthy children who are able to learn and help our community grow.

LEADERSHIP

A few survey respondents referenced the need for leadership in order to support healthy eating and physical activity, and this was discussed in some of the consultations. Respondents talked about focusing on prevention and “upstream” investments, incorporating a healthy living lens across all government policies and programs, ensuring sufficient financial resources are available to meet goals (e.g. adequate resources to provide daily physical education time in schools), and leading by example to show that government representatives are also committed to healthy living (physical activity and healthy eating). The importance of leading by example was also highlighted in reference to other authority figures outside government (e.g. teachers, health care providers, etc.).

Almost everyone forgets HEALTH has 12 determinants and only one is 'health services'. The others include employment, poverty, social relationships, etc. Attention to all those and cross-department collaboration will help address that.

Perhaps Nova Scotia could have its leaders / elected officials publicly commit personally to more active lifestyle and weight loss. It's hard to do that, we all know, and the public could sympathize, learn and cheer on our leaders, while being inspired to get on board. Public acknowledgement of both challenge and reward is a good thing.

If government is committed to an obesity strategy it should inform the masses of what needs to occur (share the evidence) and empower people, through education, to demand policy change, giving elected officials the confidence to make bold policy decisions. I believe there is a window of opportunity that is slowly closing.

Promoting healthy living is expensive if you really want to do it right and well. However it is a lot cheaper than trying to treat people in the health care system after the fact. Invest in sport and recreation in an unprecedented way. The dividends will come down the road.

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We have to protect the most vulnerable members of our society. We have talked for long enough. The time has come to act on what we know. It'll take strong leadership to make the societal changes necessary so let's not pay lip service to the problem.

It will take a real effort to change the bureaucrat and government culture to support long-term interdepartmental approaches. And you're not going to change the culture at large until you change that internal culture.

OTHER

Other ideas for supports for physical activity and healthy eating, each mentioned by a few survey and consultation respondents, include:

More time: Respondents felt that if they had more time (e.g. shorter work day, more support with household chores), they would be better able to ensure a healthy lifestyle for themselves / their families.

More time would be nice – shorter workdays!

More time – but I'm not sure how government or society can provide that.

More time – we both have to work full time. That only leaves evenings and weekends for errands and chores, which doesn't leave much time for fun and active play as a family.

Typical answer of more time in the day to prepare fresh healthy food and get in some physical activity.

Spending less time at work and more time at home. More time at home would allow for healthy cooked meals, active leisure time.

More resources / capacity: Most of the suggestions described in this section on solutions will require resources to implement. However, a few respondents also referred to the need to invest more resources to support healthy eating and physical activity. Suggestions for places to invest include additional staff (e.g. physical education teachers, nutritionists); support for community groups with effective programming (e.g. family resource centres, sports programs); and more support for municipalities to deliver healthy eating / physical activity programming.

Support organizations that include programming for this like family resource centres.

Increased funding for municipalities related to recreation programming is also key. The more programming opportunities the more opportunity for youth to get away from the video games and get involved.

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Demonstrate commitment to this issue by resourcing the work, not just producing another strategy.

Increase the budget for more physical and health education in schools. Increase the budget for more school-based and community-based activities for families.

Do not make cutbacks to Education that impact important programs that promote active healthy living, including Physical Education, Family Studies, Guidance and Counselling Services: these programs target healthy bodies and minds in our youth and their families.

Addressing poverty / reducing the cost of living: Respondents suggested that reducing poverty and / or reducing the cost of living (e.g. gas prices, taxes, power rates, etc.) should be important components of a strategy.

The evidence is clear, plentiful and overwhelming: the best way to improve population health is to reduce inequality within that population. If the government really is serious about the health of Nova Scotians, it will take measures to do so. Some of the things that would show this government is seriously committed to this would be to raise taxes on the rich and corporations to pay for universal pharmacare, child care and for a guaranteed annual income program for Nova Scotians. The rates of obesity would come down much faster than any education program will ever do.

The government needs to make things affordable for families that make less than \$50,000 per year.

The key to this is to address poverty.

If gas prices weren't so high, or power bills more reasonable, people may afford the extra luxury of eating healthy and enrolling their children in sports. But the bills need to be paid and unfortunately at the end of the day, the groceries and extra-curricular are the areas that suffer.

If the determinants of health include poverty, education then those are two areas government CAN do something about. You can't force people to eat well and exercise, but you can reduce poverty and educate people.

Eliminate poverty and provide access to healthy food and beverages for all Nova Scotians. If you don't address poverty and food insecurity, the other work will be more difficult, more costly and not as effective.

Culture change: Survey respondents indicated that they felt a shift in our culture was needed. Society must increase the value placed on healthy eating and active lifestyles, and this requires a change for people in all walks of life and across all sectors (i.e. government, families, private sector, etc.).

If it was socially unacceptable to be inactive.

Government needs to lead the way and put emphasis on healthy families. This starts with the basics like putting family time first and making it popular to raise families that are socially conscience, good citizens, help your neighbour, work without pay, communication, more help for struggling families whether that be time or money, education on physical and emotional health. It needs to be a shift in thinking. Our society is only focused on material things and does not value other contributions. Government needs to empower people, not do it for us.

The problem is not just at a family level. It is at all levels of structure in our culture and society. The problem must be dealt with at all levels from family to government.

From parents who bring treats to soccer that contain more calories than are burnt in the activity, and who think they are doing a nice thing, to the food industry that encourages overconsumption for profits at the expense of health. The whole system has to change to make healthy eating and active living the norm.

We need to think of ways to promote healthy eating and exercise to engage more people in a positive way...we need to work together to create a mindset so people want to be part of healthy living.

More effective promotion of existing opportunities: Survey respondents felt that existing programs / opportunities for healthy eating and physical activity need to be better promoted (e.g. centralized listing of physical activity programs in a given area, etc.).

We need to find ways to make more information available to the public about what is going on in their area.

Having well-organized, comprehensive information on all types of fitness opportunities in our community or county (such as organized sports clubs, locations of hiking trails, locations of parks, schedules for public skating, etc.) contained in one well-maintained, up-to-date website or guide would be fantastic!

Publish and promote these [recreation] spaces so that they will be well used.

We need better access or awareness of recreation programs that exist during the winter months so kids can continue to be physically active during the cold season.

More knowledge of low cost physical activity events that are happening in the area.

Other solutions or actions to support physical activity and healthy eating identified in the consultations but not noted in the online survey include:

Support for capacity building including investing in current initiatives and the good work being done by various organizations and community groups (e.g., family resource centre programs, Health Promoting Schools, Active and Safe Routes to School, the provincial active transportation committee, farmers' markets, municipal physical activity leaders, sustainable active transportation plans, etc.).

Stop talking about capacity building. There is tons of capacity. In every community in this province there are groups who are and would do stuff for children and youth...rather than continuing to create more infrastructure and capacity let's get what we have up and going at 110%.

Using existing infrastructure and capacity; provide access to what we already have.

Build on existing programs, allowing for more time, salaries, etc. would be less expensive and more sustainable than creating new funding and programs.

Focus and provide targeted funding so that a few initiatives are done well and achieve impacts.

This is so complex, how do you make it real? The challenge is to not make it so big that it can't be implemented.

Targeted funding [is needed]; funding to a degree that allows programs to work...[we are generally] given small pockets of money only...it is often a drop in the bucket.

Focus on populations at greatest risk (e.g., First Nations and African Canadian communities, those living on limited incomes, persons with disabilities, etc.).

Find a way to give a voice to the most vulnerable. Have grass roots sessions with people having challenges in the community.

Recognize the special circumstances marginalized groups of society face in terms of childhood obesity. To be successful the strategy will need to address the special needs faced by marginalized groups such as First Nations communities, persons with disabilities and those living on limited incomes.

Invest in and support intersectoral partnerships both within and outside government to ensure a systems approach.

Make all levels of government accountable for the childhood obesity prevention strategy and other related strategies (e.g., Healthy Eating Nova Scotia, poverty reduction) by requiring them to act on the recommendations that come out of formal evaluations of policies and strategies, including increased resource allocation, policy change and others.

The childhood obesity prevention strategy should look at working with the Department of Education to increase physical education classes and look for creative ways for incorporating additional physical activity opportunities through the school day.

We are looking towards the same goal – healthy lifestyles for kids and adults. However, it would be interesting to see which organization (i.e., government, the DHAs, Health Charities, Health Alliance, others) is best at what and how we could complement each other. We need to understand what each other is undertaking, so as not to reinvent the wheel.

Support a holistic approach and positive messaging and use various channels / mediums to reach target audiences.

A holistic approach [is needed]..this message is critical and then identify the hooks to draw people in... do not be condescending and do not focus on why it is bad.

Support public-private partnerships recognizing the value that the private sector has to offer.

Public private partnerships [are key] along with open and transparent communication.

Need to think about partnerships with the corporate side – they can be valuable partners.

Engage the public, particularly children and youth in developing and implementing initiatives.

Youth-driven initiatives will play an important part in getting youth active and engaged in the strategy. Their involvement will improve the effectiveness of the strategy and provide needed consultations as the strategy is developed. They can play a vital role in developing social media campaigns and generating creative initiatives that will speak to the youth audience.

Enable youth to connect to their passion and to involve others. How can they connect and then see who else is interested?

Monitor implementation of the strategy and measure outcomes.

The government should develop performance measures to assess the progress of individual programs.

It is recommended that there be regular reports on the effectiveness of the developed strategy... accountability will contribute, not only to the effectiveness of the strategy, but also the ability for the strategy to unite common goals among a variety of stakeholders.

Address cultural diversity and social inclusion as the strategy needs to be relevant to diverse communities and populations.

Culturally, African Canadians have different views on body image – you're healthier if you have "meat on your bones". We need greater understanding in the community of the health risks associated with overweight and obesity.

With regard to the social determinants of health, racism does have an impact. Yet we seem to have a hard time talking about racism, everyone uses the word "culture" instead.

Find a way to better reach emerging communities. They can be invisible communities and it is difficult for support groups to identify them and assist them.

Conclusion and Recommendations



CONCLUSION AND RECOMMENDATIONS

Conclusion

This report presents the findings of the online survey that gathered feedback from the public into the development of the childhood obesity prevention strategy for Nova Scotia as well as consultations completed with a variety of organizations.

The findings reveal that although there are positive things happening to support physical activity and healthy eating, there are also many barriers and factors that contribute to increasing obesity rates in children. Feedback focused on barriers to healthy eating and physical activity, such as the high cost of healthy food and physical activity programs, the lack of opportunities for healthy eating or physical activity, and the overall environment and culture (e.g. the increased use of technology, the “rushed” pace of life reducing the time available for activity and healthy eating, the increasingly sedentary nature of life due to desk jobs, technology and design of communities, etc.).

Survey and consultation respondents also suggested several steps that could be taken to prevent childhood obesity. Suggestions for change focused on improving the affordability and availability of both food and opportunities for physical activity; increasing education and information about healthy living; enabling change through policy, legislation and leadership; and ensuring children start their lives well by supporting new parents and families.

The challenges to and solutions for the prevention of childhood obesity shared by survey and consultations respondents and outlined in this report generally reflect the existing knowledge and research in this area. To make the childhood obesity prevention strategy successful, the right mix of actions and supports are required, including sufficient financial resources and leadership from government. As the *Growing Up Healthy Discussion Framework* states, “children’s health is a nation’s wealth.” If implemented well, the strategy has the potential not only to reduce health care costs, but also to increase the health and well-being of Nova Scotian children and their families.

Recommendations

This section outlines recommendations for preventing childhood obesity based on the survey and consultation findings.

SUPPORT HEALTHY EATING BY ADDRESSING AVAILABILITY AND FINANCIAL ACCESSIBILITY

Factors related to healthy eating were overwhelmingly identified as both causes of childhood obesity and important supports to put in place to prevent obesity. Support for healthy eating should address issues of both availability and financial accessibility, ensuring that children and their parents have increased access to healthy, affordable food choices. Efforts in this area may include:

- Addressing the issue of affordability by making healthy choices less expensive and unhealthy choices more expensive
- Using policy / regulation to increase the availability of healthy food and decrease the availability of unhealthy food (e.g. ensuring public facilities such as schools and hospitals offer healthy options, etc.)
- Supporting efforts to increase the availability of local food (e.g. promote urban / community gardens, support for local farmers, etc.)

SUPPORT PHYSICAL ACTIVITY WITH PROGRAMS AND PHYSICAL INFRASTRUCTURE

The strategy should provide supports for increasing the physical activity levels of children and their families. As with healthy eating, efforts to increase physical activity must ensure that opportunities are both accessible and affordable. Supports for physical activity could include:

- Increasing the amount (duration and frequency) of physical activity in schools (both within the curriculum, and through other programs at school and after school)
- Offering more physical activity programs, with a focus on affordable programs for children and their families. Programming should include a variety of programs (i.e. more than just organized sports) in order to appeal to diverse interests and skills.
- Facilitating the integration of activity into daily life by providing supports for and reducing barriers to active transportation (e.g. building cycling infrastructure such as bike lanes; developing sidewalks and walking trails; providing education / encouragement to support use of active transportation; supporting the development of walkable / bikeable communities through municipal planning and development strategies).

INCREASE OPPORTUNITIES FOR EDUCATION AND INFORMATION ABOUT HEALTHY EATING AND PHYSICAL ACTIVITY

In addition to increasing access to healthy food and opportunities for physical activity, educating and informing the public is also important, as a lack of knowledge may act as a barrier even if availability and affordability issues are addressed. In the area of healthy eating, efforts could focus on ensuring that families have the skills and knowledge necessary to understand nutritional information and prepare healthy food on a budget. Education related to physical activity could provide families with the skills they need to be active (e.g. teach a new activity, promote active transportation). In addition, the importance of overall healthy living (including both physical activity and healthy eating) should be emphasized to both children and their parents, potentially through schools.

PROVIDE APPROPRIATE AND SUFFICIENT SUPPORTS AND RESOURCES TO ACHIEVE CHANGE

With any strategy, it is critical to provide adequate and appropriate resources and supports to facilitate successful implementation of the strategy. These resources and supports should include sufficient financial resources, policy and legislative changes necessary to facilitate implementation, and leadership to drive the strategy forward even in the face of challenges. Without these critical elements in place, a strategy alone is not enough to create the significant change needed to fully address childhood obesity.

BUILD ON EXISTING EFFORTS

As identified in this report, there are many existing positive efforts to address childhood obesity and promote healthy, active lifestyles. For example, provincial strategies (such as *Active Kids Healthy Kids* and *Healthy Eating Nova Scotia*) and policies (such as the food and nutrition policies for public schools and regulated child care settings) to support healthy eating and physical activity are already in place, and many non-profit and community groups (e.g. Family Resource Centres, community activity groups, environmental organizations) are also working in this area. The childhood obesity prevention strategy should complement, build upon, and support existing initiatives rather than create an entirely new approach.

ADDRESS POPULATIONS THAT ARE AT GREATER RISK

There are populations that are at greater risk of unhealthy eating, physical activity and childhood obesity. Reasons are complex and include poverty, cultural diversity, and social inclusion among others. Identifying and working with these groups to understand their unique needs and contexts will help ensure the development and implementation of effective supports.

APPENDIX A: SURVEY

Preamble

HOW CAN WE HELP CHILDREN LIVE HEALTHIER LIVES?

The Growing Up Healthy Discussion Framework aims to help all of us think about how we can support better health for children and all Nova Scotians by making healthy eating and physical activity easier.

We welcome your comments, feedback and ideas. The survey will take about 5 to 10 minutes to complete.

You can find more information on healthy eating and physical activity in Nova Scotia in the following documents:

- *Healthy Eating Nova Scotia Strategy*
- *Active Kids Healthy Kids Strategy*
- *Nova Scotia's Provincial Breastfeeding Policy*
- *Food and Nutrition Policy for Nova Scotia's Public Schools*

Thank you for your time.

In Nova Scotia, 1 in 3 children and youth from ages 2 to 17 are overweight or obese, putting them at increased risk for diabetes, heart disease and other chronic conditions. Why do you think this continues to be an issue?

Do you see things already happening in your community that help support healthy eating and physical activity? YES NO

Could you give examples?

What would make it easier for you and / or your family to eat healthier and be more active?

Where should government focus its work to create opportunities for healthy eating and physical activity?

Is there anything else you would like to share?

What is your age?

11 or younger 12-17 18-25 26-35 36-45 46 or older

Are you part of any of the following groups? (select as many as apply)

<input type="radio"/> Parent	<input type="radio"/> Youth	<input type="radio"/> Educator
<input type="radio"/> Academic	<input type="radio"/> Researcher	<input type="radio"/> Business
<input type="radio"/> Government	<input type="radio"/> Health Care Professional	
<input type="radio"/> Physical Activity / Sport / Recreation	<input type="radio"/> Community-based Organization	
<input type="radio"/> Other, please specify		