



# Preventing Childhood Obesity

**STFX Human Nutrition Seminar**

*Dr. Heather Davis*

*March 26, 2012*



# Purpose

- Review childhood obesity
  - Issues, causes, solutions
- Nova Scotia's approach
  - Developing a childhood obesity prevention strategy
- Discussion



# A New Global Health Crisis

- Chronic disease replacing communicable disease
- By 2020, chronic disease (heart and lung disease, diabetes and cancer) will account for 75% of all deaths worldwide
- Obesity, inactivity and poor diet have reached epidemic levels

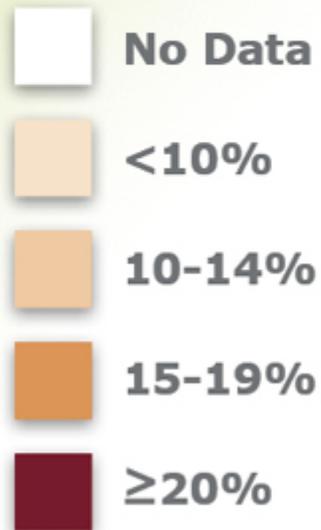


# Obesity Trends

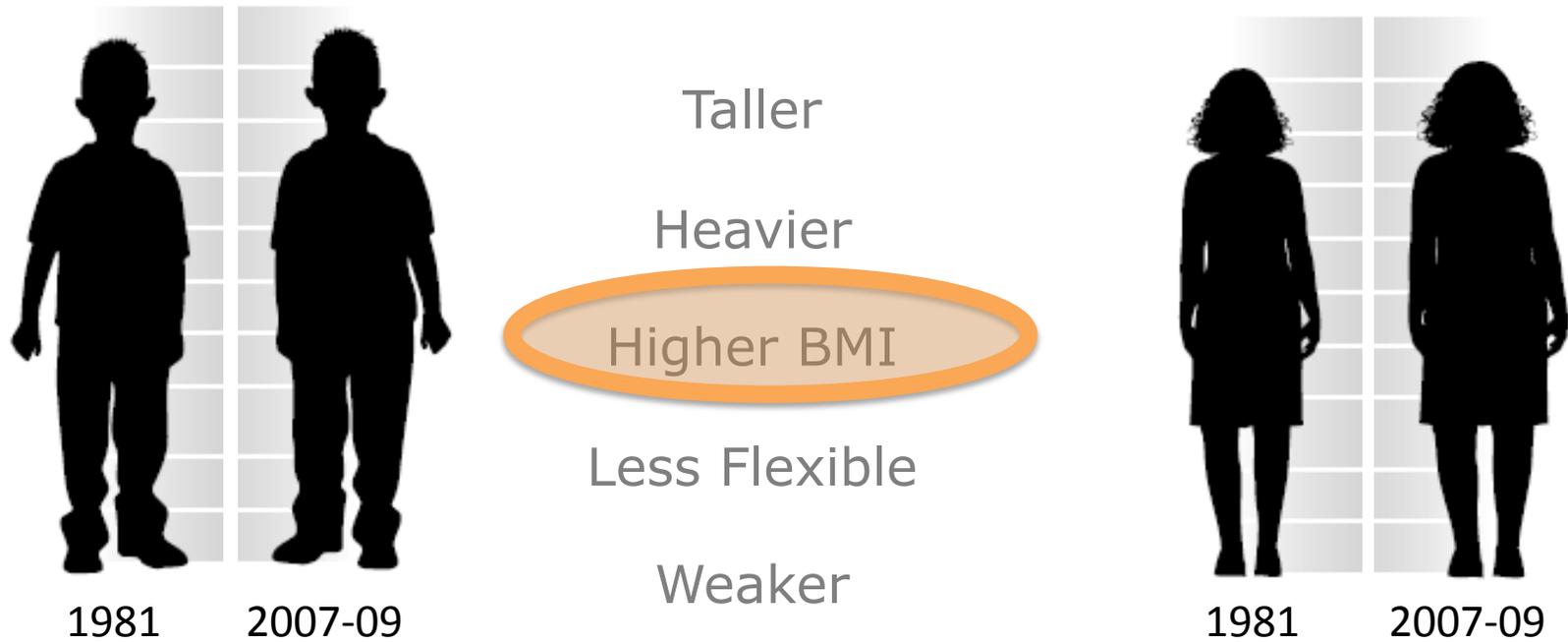
*Canadian Adults*

## 2009

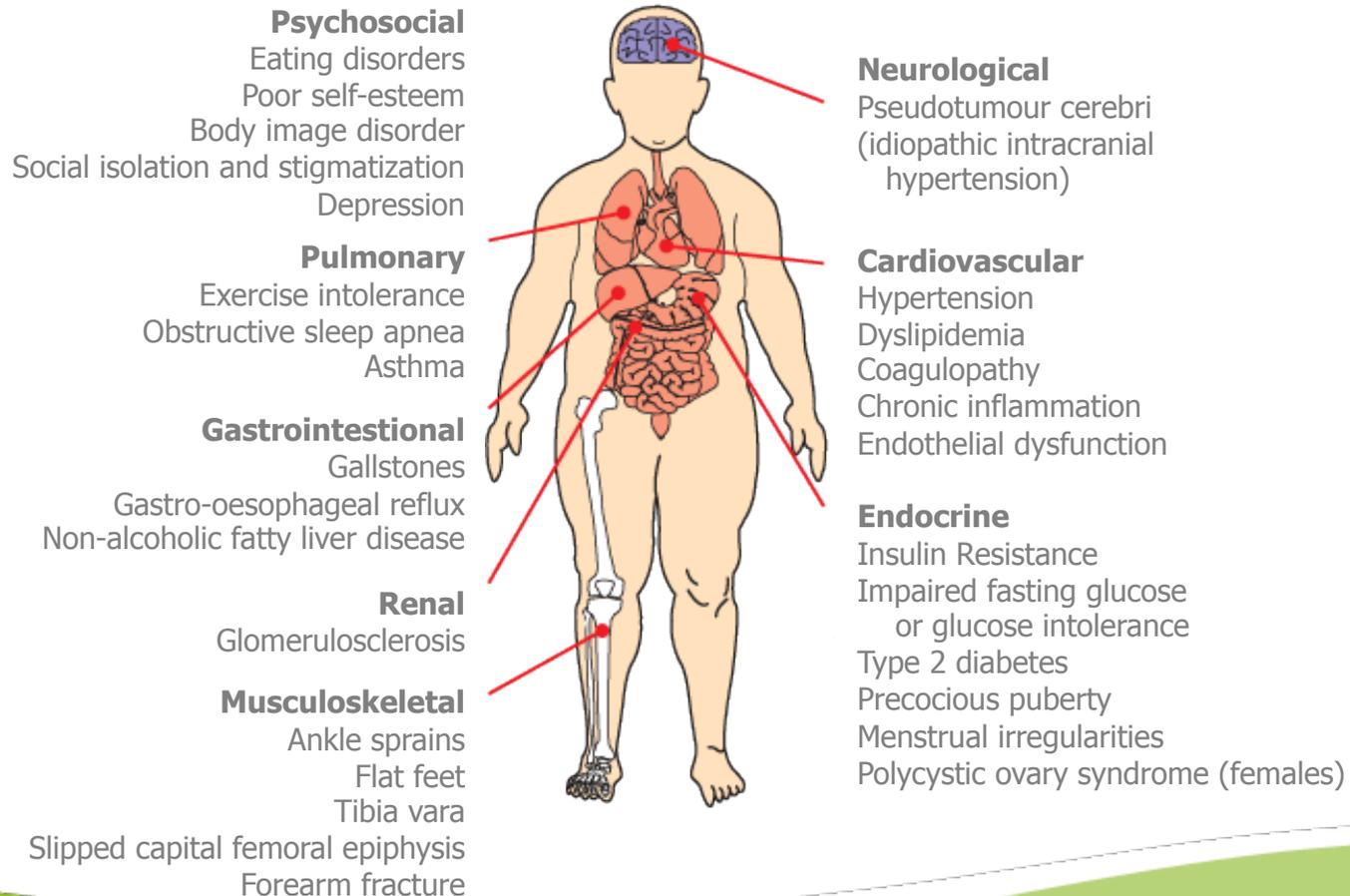
**Obese: BMI  $\geq 30$**



# Child Growth in Canada



# Health Outcomes of Obesity



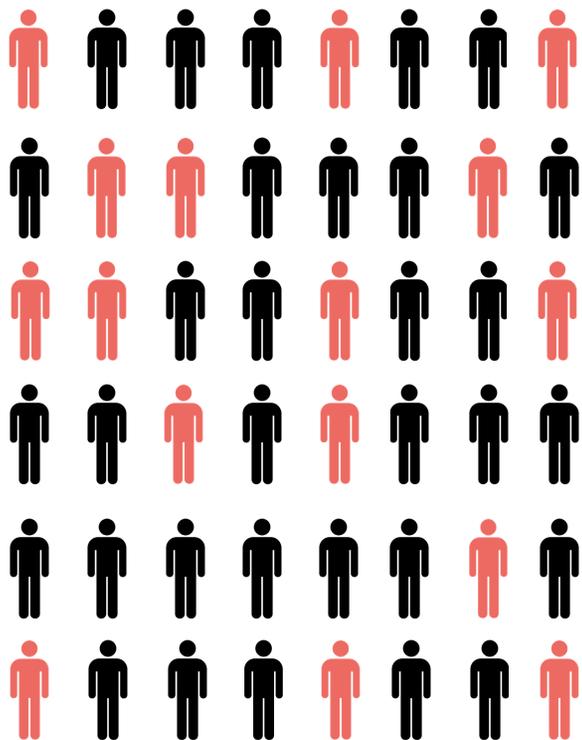
# Obesity ≠ Health

*Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.*

# What Makes Us Healthy?

- the environmental, social, economic and cultural conditions of our society and communities
- the physical and social conditions that people experience daily in the places where they live, learn, work and play
- healthy pregnancy and early childhood development
- the availability, accessibility and quality of health care, social, educational and other services
- our personal characteristics and behaviour, such as lifestyle choices
- biological factors such as sex, age and genetic legacy

# Keeping Pace in Nova Scotia



Physical Activity

• Low and Decreasing

Screen Time

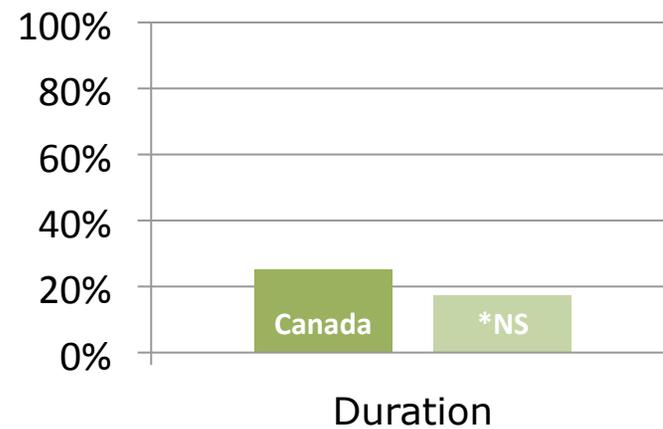
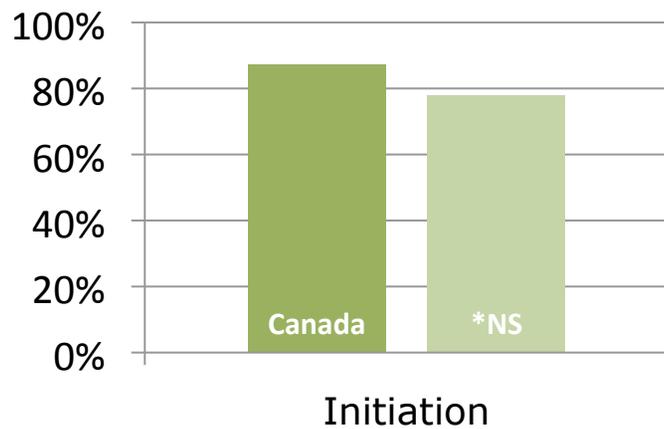
• High and Increasing

Dietary Intake

• Often Inadequate

# Breastfeeding

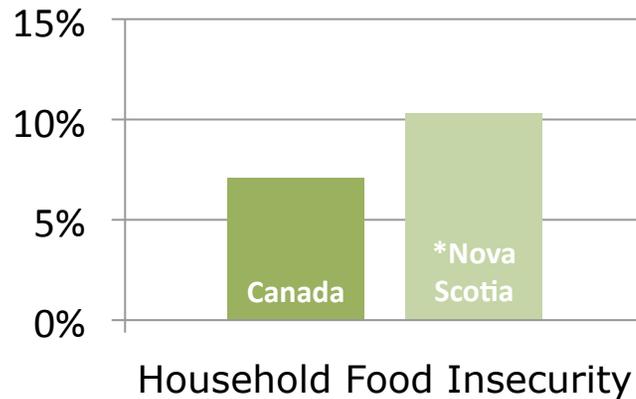
Breastfeeding is recommended exclusively for the first 6 months of life.



Infants in Nova Scotia are breastfed less frequently and for shorter periods of time than the rest of Canada.

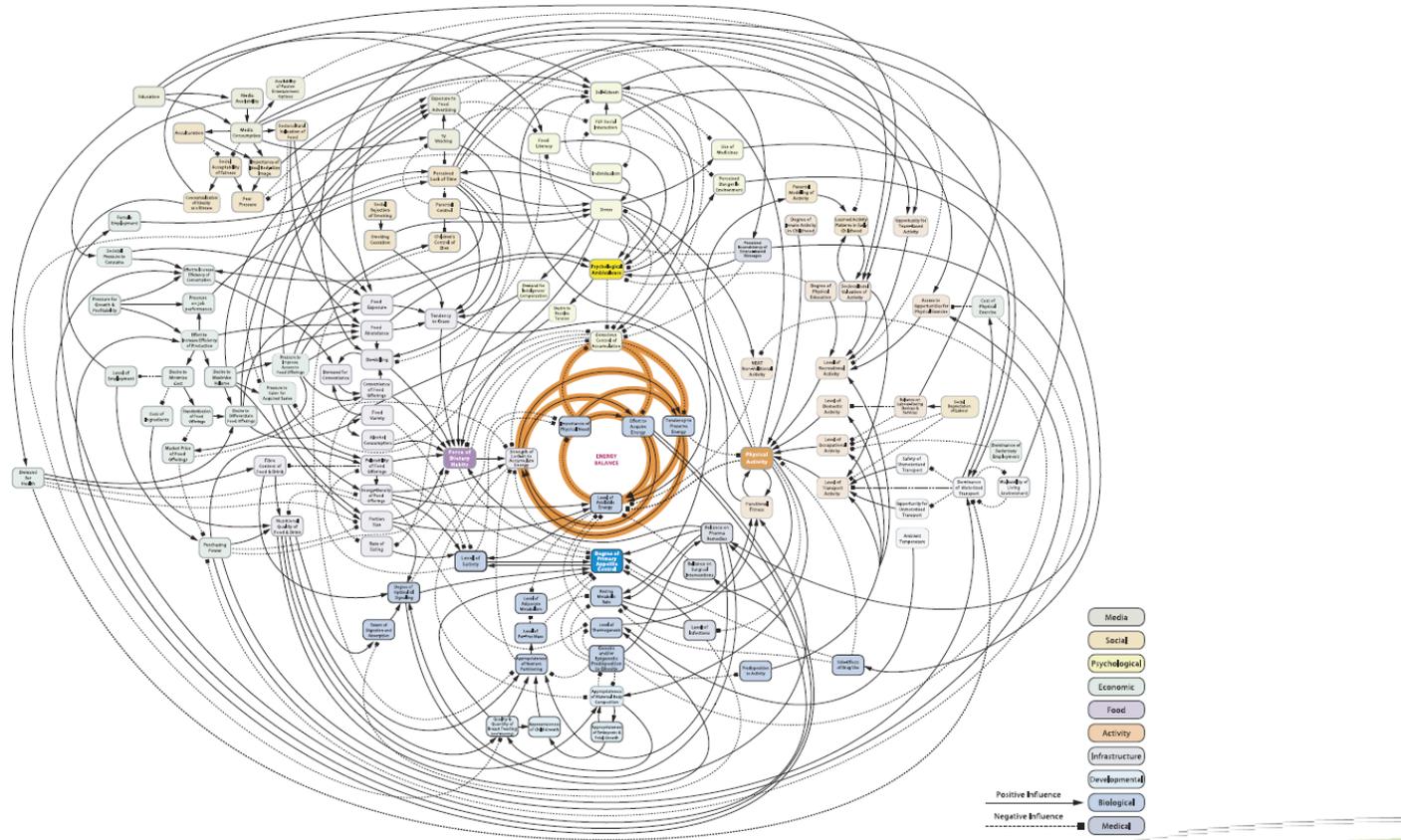
# Food Security

Being “**food insecure**” means not always being able to afford safe, healthy food.



Nova Scotians consistently report rates higher than the Canadian average.

# It is COMPLEX!



# Looking ahead...

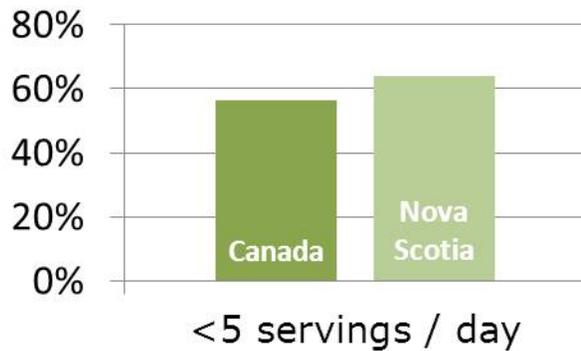
**“Looking at the increasing rate of childhood obesity is like looking into the future health of Nova Scotians.”**

*Dr. Keith McCormick  
Doctors Nova Scotia  
Health Promotion Section Chair*

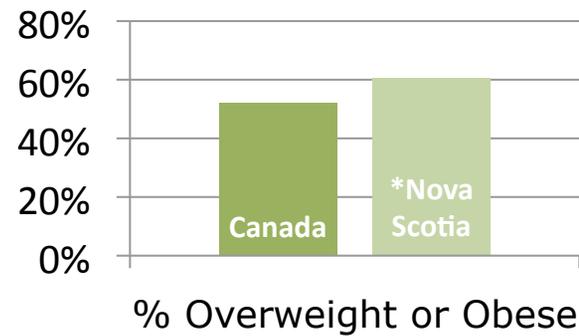


# How Do Adults Compare?

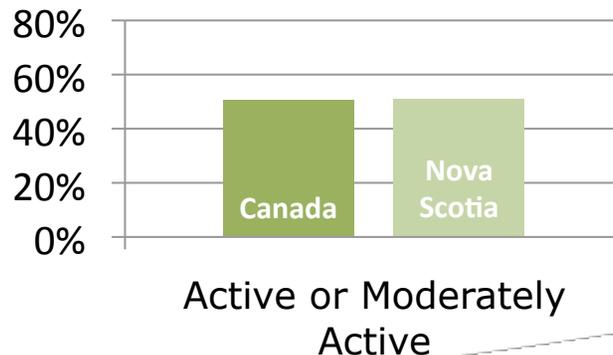
## Less Vegetables and Fruit



## More Overweight and Obese



## Similar level of Physical Activity



# Adult Health Outcomes

Nova Scotia currently has the **highest incidence** of chronic disease in Canada

- 1<sup>st</sup> for heart and lung disease
- 2<sup>nd</sup> highest diabetes and hypertension
- 1<sup>st</sup> for multiple chronic diseases (co-morbidity)

**Much of this is preventable!**

# Choice or Response?

- Many people believe that we simply need to make better choices (it's about 'will power')
- Individual choices are important – we all need to take more responsibility for our health
- Choices we *make* are shaped by the choices we *have*

*What kind of choices do we have today?*

# A New Environment

The World Health Organization calls our environment “*obesogenic*”

- Abundant, cheap processed food
- Increasingly stressed for time
- Food and lifestyle marketing
- Communities designed for cars
- Sitting at desks, cars, screens

**Today, it's harder to be healthy!**



# Developing a Strategy

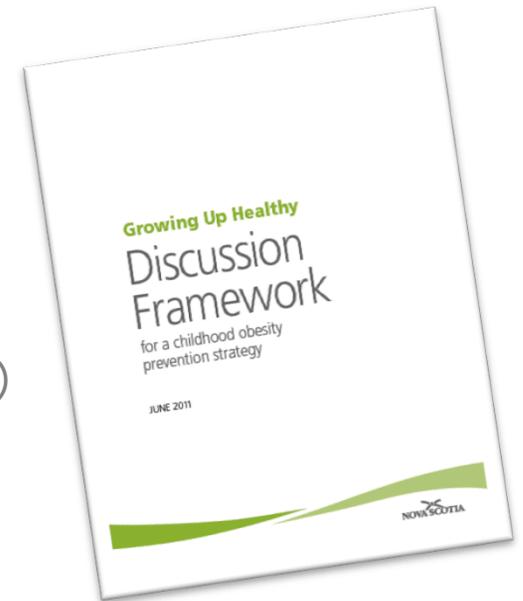
- Define the problem, scope, causes and solutions
- Assess expectations
- Consider feasibility analysis / sphere of influence
- Timeline!
- Engage partners and stakeholders
- External processes / moving targets

# Our Initial Approach

- Make healthy eating and physical activity easier for all Nova Scotians
- More a **societal** problem than **health** problem
- Focus on healthy public policy across government
- Solutions are complex
- Engaging multiple sectors, strategies, settings
- Align with national initiatives
- Celebrate and build upon success
- Sustained, coordinated effort

# Process Overview

- Review of evidence, best and promising practice
- Developed *Discussion Framework* and Growing Up Healthy web site
- Initial Engagement
  - Government forum
  - Task Teams (Healthy Eating and Physical Activity)
  - Stakeholders (100+ groups)
  - Scientific Advisory Panel
  - Online (900+ online submissions)
- *What We Heard* to be released in April (TBD)



# Consultation Highlights

- “Healthy food is too expensive”
- Government must lead (act, coordinate, role model, invest)
- Healthy eating and physical activity need to be easier (affordable, accessible, convenient)
- Schools are key (daily physical education, facilities)
- Lack of supportive infrastructure in communities (eg. sidewalks, bike lanes, playgrounds, food stores)
- Engage and educate (parents and decision-makers)
- Build upon what works

\* Based on Interim Analysis

# What Will We Do?

**"No ONE thing will ever prevent childhood obesity... or any obesity for that matter."**

*Dr. Yoni Freedhoff  
Obesity Expert  
Weighty Matters*



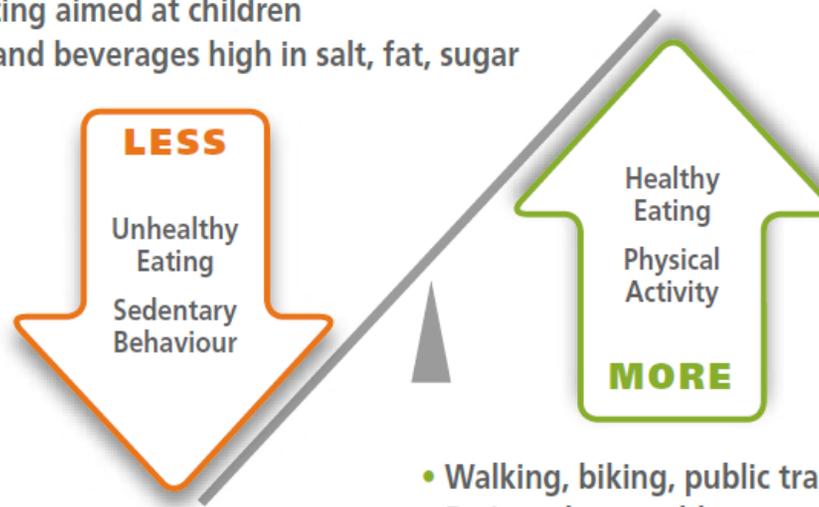
The “sandbag phenomenon”

# Foundation – Social Policy

- 75% of the factors affecting our health are outside healthcare system (e.g. education, income, housing)
- Countries with the smallest gap between rich and poor have better health outcomes
- Health improves at every step up the socio-economic ladder

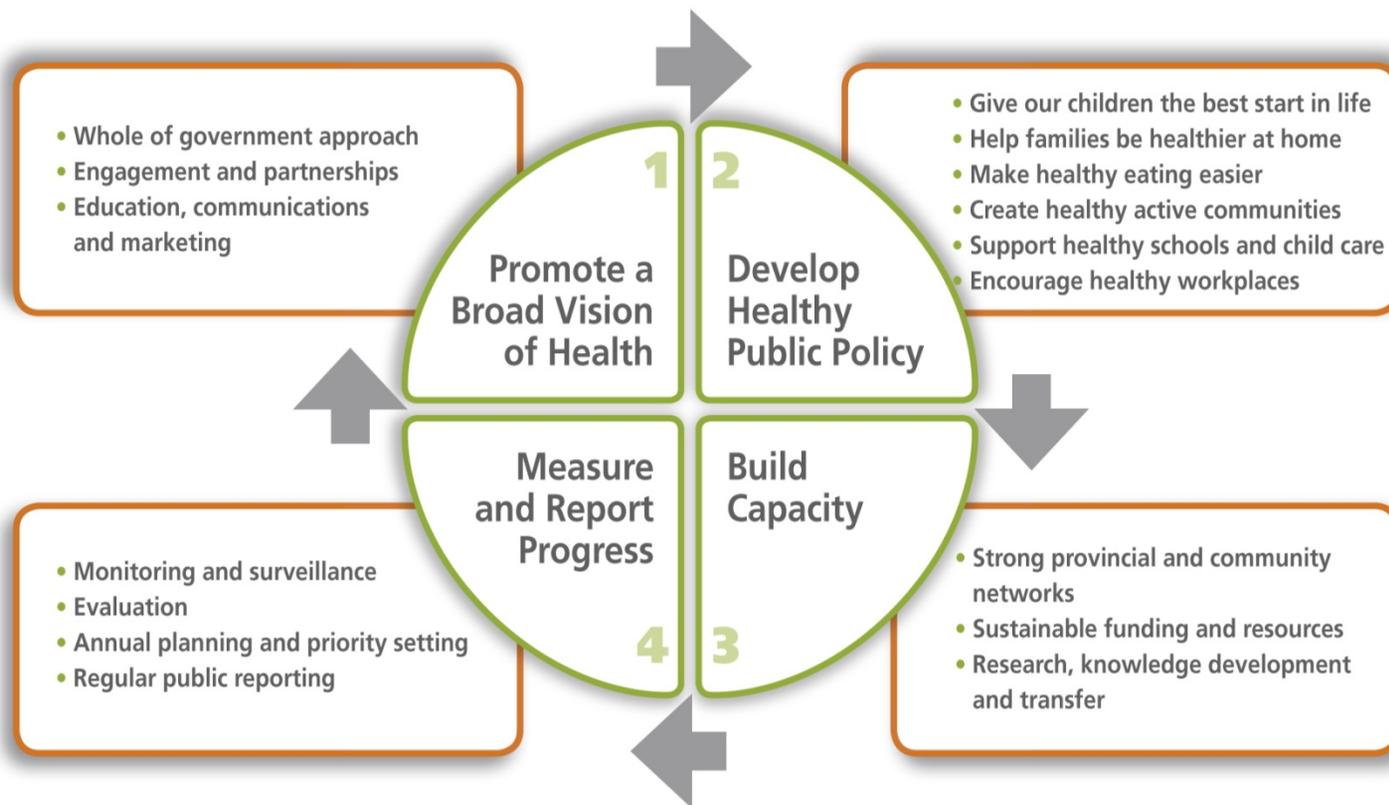
# Shifting the Balance

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



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

# Key Directions



# Next Steps

- Ongoing work to engage with partners and finalize strategy content
- Release *What We Heard* report in April
- Launch strategy later this spring



# Discussion