

For Information

DATE: April 4, 2013

REPORT TITLE: **THE ONTARIO HEALTHY KIDS PANEL REPORT**

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OBJECTIVE

To provide an overview of recommendations made by the provincially-appointed Healthy Kids Panel related to childhood obesity and children's health and well-being, and highlight related Peel Public Health initiatives and priorities.

REPORT HIGHLIGHTS

- In January 2012, the Ontario government made a commitment in its Action Plan for Health Care to reduce childhood obesity by 20 per cent in five years and subsequently established the Healthy Kids Panel to provide advice on how to achieve that target.
- The Healthy Kids Panel released its report entitled No Time to Wait: The Healthy Kids Strategy on March 4, 2013. The report includes 23 recommendations focusing on 1) impacting the early years by starting all children on the path to health; 2) changing the food environment; and 3) creating healthy communities.
- Peel Public Health is actively engaged in chronic disease prevention and efforts to improve child health and well-being. Our initiatives and existing programs align well with a number of the Healthy Kids Panel recommendations. In particular, The Region of Peel's Supportive Environments for Healthy Living (SEHL) strategy, a Term of Council Priority, focuses on addressing issues that contribute to physical inactivity, unhealthy eating and sedentary behaviours, aligns well with the Panel's recommendations.
- In addition to the components included in the Healthy Kids Panel Report, The Region's SEHL strategy outlines the need to move forward with policies specifically related to the built environment, sedentary behaviour, and active parent involvement, in order to impact the obesity epidemic at the population level.
- As the provincial government moves to implement the Healthy Kids Panel Report recommendations, there may be opportunities for the Region of Peel to showcase its current work, influence specific policies and interventions based on local experiences, and leverage any potential resources and opportunities that may become available.

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DISCUSSION

1. Background

In May 2012, the provincial government appointed an 18 member Healthy Kids Panel to provide advice on how to achieve a 20 per cent reduction in childhood obesity by 2018. The Panel, which included representatives from health care, public health, food retail and manufacturing, and community-based organizations, was tasked with:

- Identifying the specific factors that affect childhood obesity and the health of children; and
- Identifying comprehensive, innovative, and multi-sectoral interventions for sustainable childhood obesity reduction and improved child health.

Over a six month period, the Panel's approach included:

- A review of the relevant research;
- Consultations through focus groups and surveys of parents and youth;
- Written submissions and stakeholder meetings; and
- Interviews with "thought leaders".

The Panel submitted its report entitled *No Time to Wait: The Healthy Kids Strategy* to the Minister of Health and Long-Term Care on March 4, 2013.

The Minister of Health and Long-Term Care has stated that the government is "committed to taking action on a number of these recommendations in the coming months" and as a first step has established an inter-ministerial working group which she will co-chair with the Minister of Children and Youth Services.

2. Overview

The full Healthy Kids Panel Report can be found at the following link http://www.health.gov.on.ca/en/common/ministry/publications/reports/healthy_kids/healthy_kids.pdf.

The report concludes that childhood obesity is an urgent problem; that Ontario is lagging behind other jurisdictions with respect to a coordinated strategy, that a long term commitment of at least 10 years is required, and that multiple interventions in various domains are necessary to ensure a more significant overall impact.

Acknowledging that the government's childhood obesity reduction target is an ambitious goal, the report emphasizes the need to change the trajectory of childhood obesity and the need to use evidence-informed decision making to continuously measure the impact of interventions and progress.

The Panel presents its 23 recommendations as a three-pronged strategy:

- **Start All Kids on a Path to Health (5 recommendations)**

Focus on interventions related to preconception, prenatal and infant health. For example, support and encourage breastfeeding for at least six months of life.

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- **Change the Food Environment (10 recommendations)**

Focus on adapting the food environment to support healthy food choices. For example, develop a single standard guideline for food and beverages served or sold where children play and learn.

- **Create Healthy Communities (8 recommendations)**

Focus on community driven efforts to raise healthy children by providing opportunities to play, spend time with family and friends, and to learn to manage stress. For example, create school communities where nutrition, physical education, and health are an integral part of every school day including strategies such as enhancements to the health and physical education curriculum, active school transportation, and improved use of schools by the community.

The report also includes an action plan with recommendations for successful implementation and outlines suggested milestones for the first 12 months (i.e., establish a cross-ministry committee, develop an implementation plan, indicators, and a reporting mechanism).

The report makes specific recommendations about funding, including:

- Maintenance of current level of funding for programs and interventions related to healthy weights and childhood overweight and obesity;
- The investment of at least \$80M per year to reduce childhood overweight and obesity;
- Repurposing existing government investments in healthy eating and physical activity to activities that align with the Panel's recommendations and are effective; and
- Establishing a public-private philanthropic trust fund to invest in innovative new programs and services.

3. Implications and Priorities for Peel Public Health

Appendix I includes additional information regarding Region of Peel initiatives that relate to the Healthy Kids Panel Recommendations.

The Healthy Kids Panel Report emphasizes the need for coordinated action by all levels of government and various sectors. The report emphasizes a disease prevention approach focusing on healthy eating, healthy weights and physical activity. This is consistent with key public health responsibilities.

Given Peel Public Health's role and active involvement in chronic disease prevention and promotion and protection of child health and well-being, we are well positioned to collaborate with the provincial government and other partners on the policy changes recommended by the Panel.

Consistent with the Peel Public Health's Supportive Environments for Healthy Living (SEHL) strategy, tabled with Council on September 27, 2012, the Healthy Kids Panel Report highlights the need for coordinated multi-sectoral action, addresses broader social and health disparities that affect child health and obesity, and shifts the focus from individual level behaviour change to creating supportive environments.

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Key areas of intersection between Peel's SEHL strategy and the Panel's recommendations include:

- **A focus on preconception, prenatal, and infancy interventions** for women and children;
- **Recommendations to create environments** that better support healthy eating and active living in settings where children live, play and learn, including early learning centres, child care settings, schools and community sport and recreation facilities. Including specific recommendations related to physical activity and policy interventions related to food marketing and the food environment;
- **Using social marketing** to influence social norms and promote social change to shape attitudes related to food, eating and physical activity; and
- **Using surveillance and evaluation** to measure and understand the impact of interventions, apply what is learned and use evidence to inform action.

There are a few areas that are not comprehensively covered in the Healthy Kids Panel Report:

- **Built environment:** The linkages between health and the built environment are strong, and a large proportion of the avoidable burden of chronic disease in our province stems from this 'unnatural cause'. Public health has a role to play in supporting planners, engineers, and policy makers towards stronger land use and transportation policies that build healthy, active communities.
- **Sedentary behaviour and screen time:** Health impacts of sedentary behaviour are independent of lack of physical activity. There is a need for specific interventions and policies that support recommended guidelines related to sedentary behaviour and screen time.
- **Role modeling and active parent/caregiver involvement:** Parents and caregivers need to be actively involved and role model healthy behaviour. This requires tools and resources that support parents and caregivers in meal planning and preparation, reduction of sedentary behaviours and being active as a family. In addition to supporting breastfeeding for the first six months of life and policies for school-aged children, there is a need for interventions that focus on the development of a healthy relationship with food and physical activity levels for young and pre-school children.

Peel Public Health will continue to work with our network of partners and stakeholders such as Public Health Ontario, and school boards, to contribute, where possible, to the further development and implementation of the Panel's recommendations and to ensure that Peel's local context and needs are understood and reflected.

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CONCLUSION

The Ontario Healthy Kids Panel Report presents a comprehensive approach to reducing childhood obesity by emphasizing a healthy start to life, a healthy food environment, and supportive communities. Current priorities of Peel Public Health correspond well with the Panel's approach and recommendations. As we continue work on our priorities and the Supportive Environments for Healthy Living (SEHL) strategy, we will continue to liaise and work with partners, demonstrate leadership and action in areas covered by the Panel's Report, and utilize opportunities and resources that may become available as the provincial government moves to act on the Panel's recommendations.

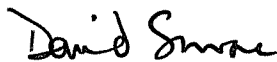


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c. Legislative Services

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Analysis of Recommendations

Healthy Kids Panel Recommendation	Peel Public Health (PPH) and Region of Peel (ROP) Initiatives
1. Start All Kids on the Path to Health	
1.1 Educate women about impact of health and weight on own well-being and well-being of kids.	<p>Support this recommendation.</p> <p>Peel Public Health (PPH) has developed media campaigns focused on preconception health in the past. These materials are currently available on our website. The campaigns have not focused on weight specifically. Public health nurses talk to clients about pregnancy weight gain with prenatal services delivery.</p> <p>'Destination Parenthood: Arrive Prepared' is a curriculum resource for educators who teach the Grade Eleven Parenting Course and other secondary level Social Science and Humanities Courses. It incorporates topics such as: planning and preparation for parenthood, conception, pregnancy.</p>
1.2 Enhance primary and obstetrical care to include a standard pre-pregnancy health check and wellness visit for women planning a pregnancy and their partners.	<p>Support in principle; however this health check is outside the scope of PPH and the Region of Peel (ROP).</p> <p>PPH has partnerships with primary care providers and promotes the use of validated screening tools (i.e., TWEAK and TACE prenatal alcohol screens) to aid in primary care assessments.</p>
1.3 Adopt a standardized prenatal education curriculum and ensure that courses are accessible and affordable for all women.	<p>Support this recommendation.</p> <p>PPH offers free prenatal classes in face-to-face (group) and in on-line formats. This enhances accessibility for all parents-to-be in Peel. 2,049 clients were served in 2012. Our classes currently offer information and education in all of the proposed topics: prenatal care and healthy eating; changes in pregnancy, pre-term labour, and physical and emotional fitness; newborn care and safety; and breastfeeding and postpartum depression.</p>

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	<p>PPH is currently in a partnership with 10 other health units offering a standardized online prenatal curriculum. A revised and more culturally inclusive on-line program will be launched in 2013 with other health units indicating interest in joining the collaborative.</p>
<p>1.4 Support and encourage breastfeeding for at least the first six months of life.</p>	<p>Support this recommendation.</p> <p>PPH is actively involved in promoting breastfeeding and is a leader in the community. Currently we have breastfeeding clinics to support breastfeeding families and partnerships with area hospitals to improve breastfeeding initiation and exclusivity rates before discharge.</p> <p>PPH received the Baby Friendly Initiative (BFI) designation in June 2009 and supports area hospitals in working toward their respective designations. The goal of the BFI is to increase breastfeeding initiation and duration rates by promoting and supporting breastfeeding. PPH is also working toward BFI re-designation in 2014.</p> <p>The Healthy Babies Healthy Children program addresses breastfeeding in the 48 hour discharge follow up call. Referrals to other breastfeeding services (i.e., clinics) are made as needed.</p> <p>PPH has a Breastfeeding Contact Centre which provides telephone support.</p> <p>PPH has a breastfeeding workplace policy and supports other workplaces, restaurants and organizations with developing breastfeeding policies in their establishments.</p>
<p>1.5 Leverage well-baby and childhood immunization visits to promote healthy weights and enhance surveillance.</p>	<p>PPH supports the surveillance of children's weights in the primary care setting.</p> <p>PPH completes children's health status reports however; there are some data gaps related to children's weights.</p> <p>The use of the World Health Organization (WHO) growth charts, which better reflect the growth rate of breastfed children, should be promoted. PPH promotes the use of these charts and sent a Health Professionals</p>

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	<p>Update to physicians in December 2010 encouraging the use of this tool.</p> <p>PPH promotes the importance of the 18-month well-baby visit and has developed a referral pathway for physicians' and service providers' use, although a healthy weight has not been a key area of focus.</p>
2. Change the Food Environment	
<p>2.1 Ban the marketing of high-calorie low-nutrient foods, beverages, and snacks to children under age twelve.</p>	<p>A total ban of commercial marketing to children and youth may be a more effective approach as it would address the challenges with a nutrient-based approach. A partial ban could become paralyzed by the complexities and potential legal challenges to defining what "healthy and unhealthy" food is and allows for the food industry to take advantage of potential loopholes (e.g. using other techniques and mediums).</p> <p>PPH is not currently actively involved in this issue. There is a potential role for PPH in supporting this recommendation at local level and this is being explored.</p>
<p>2.2 Ban point-of-sale promotions and displays of high-calorie, low-nutrient foods and beverages in retail settings, beginning with sugar-sweetened beverages.</p>	<p>As part of the Supportive Environments for Healthy Living (SEHL) strategy PPH is examining the evidence base to determine if this approach shows promise to implement in different settings in Peel. The initial focus is on sugar sweetened beverages.</p>
<p>2.3 Require restaurants and fast food outlets to list calories in each item on their menus and make information visible.</p>	<p>On June 14, 2012 Region of Peel Council, recognizing that point of purchase strategies such as calorie, fat, trans fat and sodium labeling on menus in places where food is served and sold are effective approaches to lowering their consumption, passed resolution <u>2012-716</u> to implement calorie, sodium and fat labeling on foods sold in cafeterias and vending machines at 10 Peel Centre Drive and 7120 Hurontario Street.</p> <p>PPH continues to work with partners such as the Ontario Society of Nutrition Professionals in Public Health regarding effective approaches and strategies related to menu labeling.</p>
<p>2.4 Encourage food retailers to adopt transparent, easy-to-understand, standard, objective nutrition rating systems.</p>	<p>A consistent, reliable, non-industry driven, federal rating system may be preferable, as nutrition rating systems developed by different retailers may be inconsistent, confusing to the consumer and potentially allow the food industry to find loopholes to market their products.</p>

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2.5 Support the use of Canada's Food Guide and the nutrition facts panel.	<p>These are federal tools and regulations. There are limitations with both that should be addressed (e.g. quality of information).</p> <p>PPH currently uses the food guide and nutrition facts panel in its messaging and programs.</p> <p>PPH endorses the Nutrition for Healthy Term Infants: Recommendation for Birth to Six months, joint statement from Health Canada, Canadian Paediatric Society, Dietitians of Canada, and Breastfeeding Committee for Canada. Canada's Food Guide is used to promote the healthy feeding of children beyond 2 years of age.</p>
2.6 Provide incentives for Ontario food growers and producers, food distributors, corporate food retailers, and NGOs to support community-based food distribution programs.	The Region of Peel has the Golden Horseshoe Food and Farming Action Plan, 2021 which outlines the plan for a sustainable food and farming sector in the region.
2.7 Provide incentives for food retailers to develop stores in food deserts.	Support this recommendation for communities that have identified food deserts as an issue. It has been established that food deserts are not an issue in Peel Region.
2.8 Establish a universal school nutrition program for all Ontario publicly funded elementary and secondary schools.	PPH currently supports schools on the implementation of the School Food and Beverage Policy and the Student Nutrition Program Guidelines and is well-positioned to support local implementation of new or enhanced policies.
2.9 Establish a universal school nutrition program for First Nations communities.	Peel Region does not have a high population of First Nations residents.
2.10 Develop a single standard guideline for food and beverages served or sold where children play and learn.	<p>Peel Public Health supports this recommendation in principle.</p> <p>PPH is advocating for the Ministry of Education to update the <i>Day Nurseries Act</i> to reflect a standardized nutrition guideline in child care settings.</p> <p>PPH is also on the Healthy Eating in Recreational Setting workgroup with the Ontario Society of Nutrition Professionals in Public Health and conducting a situational assessment to determine how to engage child and youth-based community groups/organizations to support a food and beverage policy.</p>
3. Create Healthy Communities	

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<p>3.1 Develop a comprehensive healthy kids social marketing program that focuses on healthy eating, active living (including active transportation), mental health, and adequate sleep.</p>	<p>Addressing social norms through social marketing is one of the foundational components of the Supportive Environments for Healthy Living (SEHL) strategy.</p> <p>PPH has led media campaigns in the past which focus on healthy eating, active living, being active as a family and healthy eating for children. The materials are available on our website.</p> <p>PPH has undertaken breastfeeding promotion media campaigns which explicitly linked the correlation between breastfeeding and obesity prevention. The materials are currently available on our website.</p> <p>PPH is also in the process of re-launching its social marketing campaign targeting secondary school youth related to enticing students to try healthy food in their school cafeterias as part of the school food and beverage policy.</p>
<p>3.2 Join EPODE (Ensemble Prévenons l'Obésité des Enfants – Together Let's Prevent Childhood Obesity) International and adopt a coordinated, community-driven approach to developing healthy communities for kids. Begin with launching this type of community approach in 10 communities.</p>	<p>Need to better understand the EPODE approach and how it relates to current work in Peel. Given Peel's active role in chronic disease prevention and the SEHL strategy, Peel may be well positioned to be one of the 10 initial communities to adapt an Ontario version of the EPODE approach, depending on the program parameters.</p>
<p>3.3 Make schools a hub for child health and community engagement. All schools should be required to:</p> <ul style="list-style-type: none"> - Implement the Foundations for a Healthy School framework - Establish Student Wellness Committees, and actively engage children and youth in developing relevant physical and mental wellness programs and activities to build resilience and promote healthy eating, active living, coping skills and adequate sleep - Implement and enforce the health and physical education curriculum, as well as minimum physical activity requirements, including: 	<p>Recommendation does not speak to the need to reduce sedentary behaviour including during the school day. Peel's SEHL strategy emphasizes the importance of specific interventions and policies that support recommended guidelines related to sedentary behaviour.</p> <p>Through Peel's Public Health Nurses and the Comprehensive School Health approach Wellness Committees are encouraged to use the Foundations for Healthy Schools framework to address many of the health issues referenced in this recommendation, as well as bullying.</p> <p>PPH offers resources to teachers to assist in implementing Daily Physical Activity requirements.</p>

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<ul style="list-style-type: none"> - increasing the minimum required Daily Physical Activity (DPA) in elementary school from 20 to 30 minutes per day - giving teachers the tools they need to implement the DPA - making physical education compulsory in every year of high school - Incorporate play-based learning to meet DPA requirements and give kids more opportunities to be active each day - Develop locally driven strategies to ensure that children with special needs and children who live in rural or remote areas have equitable opportunities to be physically active - Encourage active school transportation initiatives - Improve community use of schools and increase access to affordable opportunities for physical activity 	<p>PPH is encouraging active transportation options in school settings by initiating a Pilot School Travel Planning program and offering active transportation resources (web links) to schools. We are also reviewing research to recognize the most effective active transportation interventions to increase walking and cycling behaviour to school.</p>
<p>3.4 Create healthy environments for preschool children. Establish and enforce minimum physical activity requirements in all Early Years Centres, Best Start Hubs and child care settings. Expedite local efforts to create healthy kids "hubs".</p>	<p>Support this recommendation in principle.</p> <p>PPH is involved in the plans for the implementation of Best Start Child and Family Centres in Peel though our involvement in Success by 6 Peel.</p> <p>PPH supports the development of standard physical activity guidelines for children from birth to age four. We currently endorse and promote the guidelines created by the Canadian Society of Exercise Physiology.</p> <p>PPH has begun work with child care centres to influence policy that encourages healthy eating, participation in physical activity and limited sedentary time.</p> <p><i>The recommendation fails to address the sedentary behaviours of preschool children.</i></p> <p>Additionally, the Report fails to understand the nature of these settings like Early Years Centres and Best Start Hubs where, enforcing minimal physical activity for children would be impossible given the drop-in and parental supervision in these settings.</p>

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Healthy Kids Panel Recommendation	Peel Public Health (PPH) and Region of Peel (ROP) Initiatives
<p>3.5 Develop knowledge and skills of key professions to support parents in raising healthy kids. Includes "nurses in public health and other professionals on their teams".</p>	<p>There is a need for recognition of breadth of public health professions such as health promoters and registered dietitians.</p> <p>Public health nurses and various other public health professionals (e.g. health promoters, registered dietitians) are actively supporting parents and other providers and ensuring dissemination of information, knowledge and research.</p> <p>Various initiatives under the SEHL strategy relate to knowledge and skills development in various settings in particular child care and schools.</p> <p>PPH regularly provides staff updates and education related to breastfeeding, healthy nutrition, and physical activity guidelines for young children.</p>
<p>3.6 Speed up the implementation of the Poverty Reduction Strategy.</p>	<p>The Region of Peel has a Poverty Reduction Strategy. The Region of Peel continues to collaborate with and advocate to the province on key issues outlined in the Strategy.</p>
<p>3.7 Continue to implement the Mental Health and Addictions Strategy.</p>	<p>The Region of Peel supports the Mental Health and Addictions Strategy and the necessary supports to build service capacity and community-based mental health services in Peel.</p> <p>PPH has as one of its strategic priorities 'Nurturing the Next Generation'. The focus of this priority is to ensure that children are healthy socially, emotionally, and cognitively. Research supports that the foundations of health begin in-utero, infancy and early childhood. Attachment and self-regulation, formed by the relationships between children and their caregivers are key mechanisms to promote the health of growing children – including their mental health.</p>
<p>3.8 Ensure families have timely access to specialized obesity programs when needed.</p>	<p>PPH through the Contact Centres and public health nurses provide information related to treatment services to clients.</p>