

HEALTHY KIDS & YOUTH

IT'S TIME FOR
COLLABORATIVE
ACTION

GREY BRUCE
HEALTHY COMMUNITIES PARTNERSHIP
WORKING TOGETHER TO CREATE
HEALTHY PUBLIC POLICY

ACKNOWLEDGEMENTS

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CONTENTS

4	INTRODUCTION
5	VULNERABLE PERIODS OF GROWTH
7	SOCIAL DETERMINANTS OF HEALTH
8	POLICY GOALS
9	RECOMMENDATIONS FOR ACTIONS
11	IMPLEMENTATION STRATEGIES

INTRODUCTION

This report captures the collaborative efforts of the Grey Bruce Healthy Communities Partnership (Appendix A1) and highlights the role each sector can play to reducing childhood obesity. Guided by the recommendations of the 2013 Healthy Kids Panel report, *No Time to Wait*, a three pronged approach to improve the health of children in Ontario has been launched with a focus on the following outcomes:

- Start all kids on the path to good health by enhancing prenatal care for families and promotion of exclusive breastfeeding.
- Change the food environment to increase the availability of healthy choices, expand nutrition programs in schools and dissuade easy access to high calorie, low nutrient foods.
- Build healthy communities that encourage healthy eating and active living through increased collaboration and partnership across all sectors.

It is time for “comprehensive, collaborative action to address the complex issue of childhood obesity within our neighbourhoods. Grey Bruce is known for coming up with creative solutions to meet the needs of our rural communities. Working together we can improve the health of our children and youth” (Dr. Hazel Lynn, Medical Officer of Health, Grey Bruce Health Unit, 2014). Now is the time to put discussion into action.

CURRENT LANDSCAPE

Childhood obesity has increased significantly in the past 30 years. Recent studies indicate nearly one-third of Ontario children are overweight or obese (Statistics Canada, 2011). This is a major public health concern and the potential cost to the health care system is overwhelming.

Rates of overweight and obesity are higher in Grey and Bruce counties than the province as a whole (58.6 % vs. 52.6%) (Statistics Canada, 2011). Our society has become one that encourages inactivity, fast food consumption, and excessive screen time while presenting significant barriers to breastfeeding and adequate sleep. Health issues most commonly experienced by children and youth related to excess weight include insulin resistance, type 2 diabetes, hypertension, poor emotional health, and diminished social well-being (Roberts, Shields, Groh, Aziz & Gilbert, 2012).



VULNERABLE PERIODS OF GROWTH

There are three developmental stages where children and youth are most vulnerable: during pregnancy, the first six months of life, and adolescence. Therefore, policy changes and education focused on these life stages may have the greatest effect on population health.

Pregnancy is a critical period of growth for the mother and unborn child. Prenatal obesity increases the risk of gestational diabetes, large birth weight babies, and a multitude of other health issues. New research suggests that when and how quickly a mother gains weight throughout pregnancy has health implications. Exceeding the Institute of Medicine guidelines for weight gain during pregnancy increases the risk of an “overgrown baby”. To combat these concerns, we need to

encourage all Health Care Providers to discuss coming into pregnancy at an appropriate weight and maintaining a healthy weight throughout pregnancy.

It is well recognized that exclusive breastfeeding for the **first six months of life** has a protective effect on healthy childhood weights. The longer exclusive breastfeeding continues the more protective effects are seen. While breastfeeding initiation rates in Grey Bruce are high (98%), rates of breastfeeding for the minimum recommended duration of six months are quite low (43%) (GBHU, 2013a). In order to improve these local outcomes, we must create a baby friendly culture in Grey Bruce. Baby Friendly communities promote, protect, and support informed decisions for infant feeding including breastfeeding.

Body Mass Index (BMI) is influenced by many factors in **adolescence**. Grey Bruce adolescent boys tend to have a high rate of overweight and obesity. The Bluewater Nutrition Project revealed possible cultural forces in Grey Bruce that emphasize large body size in boys. Boys tended to express a desire to be large and are self-conscious about being considered underweight or small (Galloway, 2006). Girls also experience weight gain at this developmental stage, possibly related to reductions in activity. Statistics show that 55 % of girls aged 12-14 years,

and 63 % of girls aged 15-19, are inactive, meaning that they are not moving more than 15 minutes a day (Canadian Fitness and Lifestyle Research Institute, 2010). Adolescents are vulnerable to peer and societal influences and they spend large portions of their time socializing with peers outside of the home environment. As such, they are increasingly responsible for making more of their own decisions about food consumption and activity levels (Healthy Kids Panel, 2013).



Youth have keen senses and will respond negatively to approaches which are inappropriately marketed to their demographic. Planned strategies need to be relevant and timely for this intended audience. An effective youth engagement strategy will be critical to the success of the policy goals recommended in this report. Young people want to have a say in the decisions that will affect their lives. Only by following youth engagement principles can we ensure youth are meaningfully engaged in the process. Youth engagement should not be seen as

a program, but rather as a natural way of working in an organization. Peer-to-peer approaches require education, training, engagement and involvement of youth (Healthy Schools BC, 2012). Using a peer education approach fits the culture of youth and makes use of peer influence in a positive way. These approaches create a dialogue among equals and through participation will empower youth to take action.



SOCIAL DETERMINANTS OF HEALTH

Understanding the causes of obesity has expanded beyond physical activity and nutrition to include the social determinants of health (Figure 1). These determinants often include factors outside the health care system, specifically social and economic factors such as low income, high costs for housing, transportation, under-employment and food insecurity, as well as the physical environment (Mikkonen & Raphael, 2010). Moreover, Aboriginal peoples and under-resourced populations experience disproportionately high rates of overweight and obesity.

Consideration of **Health in All Policies (HiAP)** could have beneficial outcomes for children. Healthy Public Policies are most effective if they are coordinated across departments and varying levels of government. Policy efforts need to concentrate on creating under-resourced groups and neighbourhoods. Collaborative approaches that affect a number of policy areas, such as education, food security, housing, transportation and land use planning, are the most effective (Barnes, 2012).

Figure 1: Social Determinants of Health

- Income and income distribution
- Education
- Employment, job security and working conditions
- Physical environment including housing, transportation, isolation and environmental conditions
- Food security
- Social status including social seclusion, social support networks
- Mental health and addiction status
- Disability
- Gender
- Race/ culture/ethnicity
- Availability of health services
- Early childhood development

(Public Health Agency of Canada, 2011)

In January 2012, the Ontario Government set a target to reduce childhood obesity by 20% in five years. There are examples in which similar targets have been reached around the globe through multi-sectoral partnerships. The Healthy Kids Panel was created to review the literature and recommend ways to address childhood obesity. As of yet, there is no comprehensive provincial strategy or policy to achieve the proposed goal.

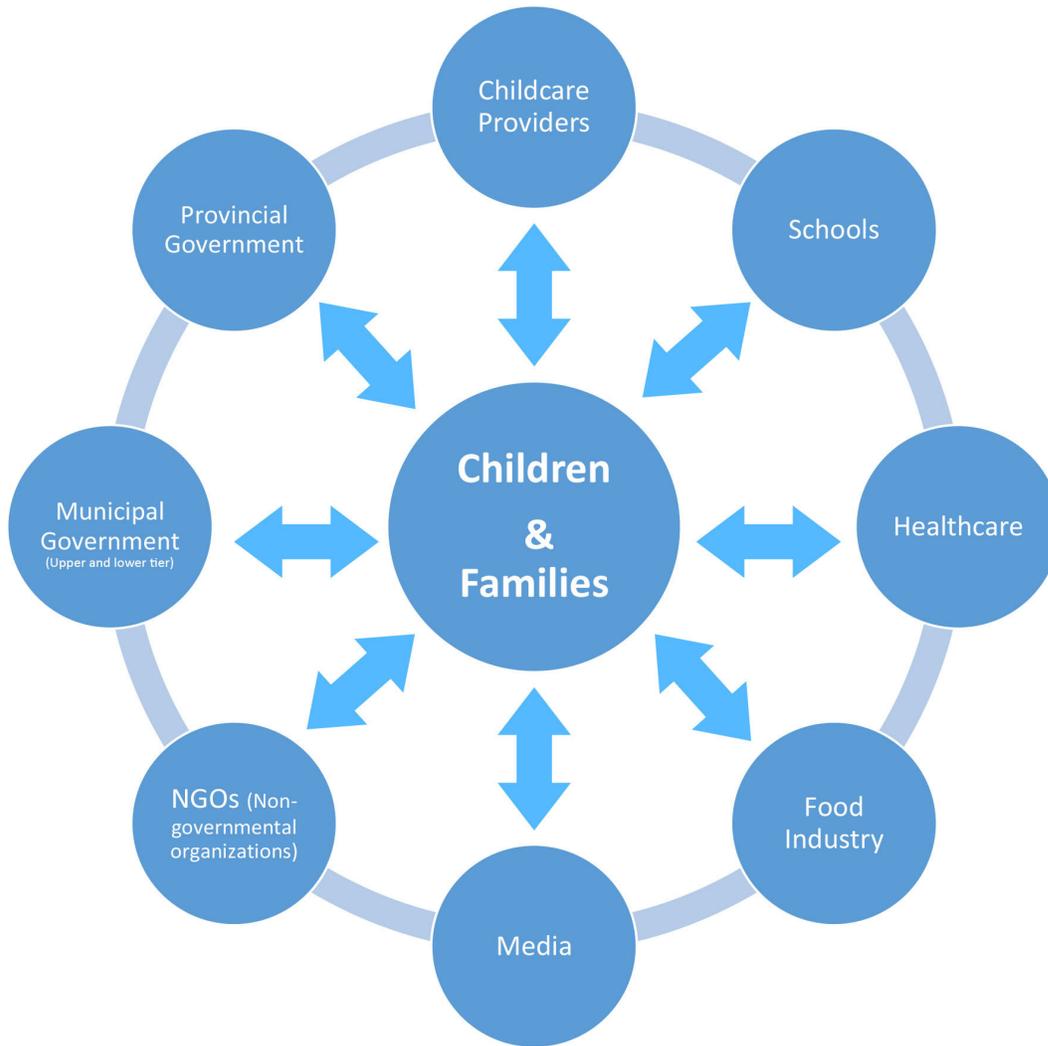


MOVING ACTION **FORWARD**

The Grey Bruce Healthy Communities Partnership is committed to working together to make Grey Bruce a healthy place to live, learn, work, and play. The Partnership has committed to create policy and mobilization for healthy community environments. The Partnership and its stakeholders are urged to commit to immediate and sustained action in order to meet target goals. These evidence informed actions will outline the role that each sector needs to play in addressing healthy eating and active living among children and youth. For success, we will need:

- **Home environments** where caregivers are supported to be positive role models.
- **Child care centres** with healthy eating and active living policies and practices in place.
- **Non-governmental organizations (NGOs)**, community organizations and local leaders advocating for change.
- **Schools** that follow the policies and practices based on the Foundations for a Healthy School.
- **Media and food industry** support of government legislation to prohibit marketing to children.
- **Upper and lower-tier municipalities** and other partners create accessible and inclusive recreational opportunities, while supporting active transportation routes and accessible, affordable, local food.
- A **health care system** which follows provincial and professional recommendations for appropriate screening and effective referrals that promote preventative measures and reduce the need for costly treatment.
- **Provincial Leaders** enact legislation that support the development of healthy environments.

FIGURE 2: Who needs to be involved



Many organizations are already working to address the complex issue of obesity. Environments where children and families come together hold a unique opportunity to support healthy choices. Incorporating active living and healthy eating into existing policies, programs and curriculum have the potential to improve outcomes across the lifespan. Individuals can be engaged by tapping into popular social networks such as social media and using peer-to-peer engagement models. Teachers, primary health care providers, coaches, parents and politicians need to be champions for policy change (Figure 2).

This report recommends eight evidence-based actions, in a variety of settings, identified by the Grey Bruce Healthy Communities Partnership. This collaborative work will help to improve the health of all children in Grey Bruce. The success of the following recommendations, however, will be measured by their ability to further align multiple organizations through a renewed focus on the common agenda of reducing childhood obesity using a shared measurement system, mutually reinforcing activities, and continuous communication (Collective Impact Forum, 2014).

POLICY GOALS

The report from the Healthy Kids Panel: *No Time to Wait* (2013) outlines twenty eight recommendations under three pillars of action that will move toward a provincial strategy. The following 8 policy goals for Grey Bruce align with this strategy in anticipation of future collaboration.

1. Create a supportive environment for exclusive breastfeeding for the first six months of life and continued breastfeeding for up to 2 years and beyond.

2. Create a culture that supports the proper growth and development of children including a wellness screening standard.

3. Reduce availability of non-nutritious food and sugar sweetened beverages (SSBs).

4. Facilitate the promotion and availability of affordable healthy food and beverage choices.

5. Improve the school environment using the Foundations for a Healthy School framework and Nutrition Tools for School resources.

6. Prohibit all commercial advertising to children less than 13 years old.

7. Create an environment that supports active living for the whole community.

8. Collaborate with youth health councils and coalitions to support youth led initiatives.



The following tables outline the roles and responsibilities of the Healthy Community Partnership and its broader stakeholders:

1

Create a supportive environment for exclusive Breast-feeding for the first 6 months of life and continued breastfeeding for up to two years and beyond.



	Community	Education	NGOs	Local Government	Private Sector	Health Sector	Provincial/Federal Government	Healthy Communities Partnership
a. Achieve Baby Friendly Initiative (BFI) designation within health care facilities.						✓	✓	
b. Ensure the World Health Organization (WHO) International code for the marketing of breast milk substitutes is followed.	✓	✓	✓	✓	✓	✓	✓	✓
c. Increase employee capacity to support infant feeding practices in health care, parent education and early years settings.	✓	✓	✓			✓		
d. Strengthen breastfeeding specific content in prenatal curriculums.		✓	✓		✓	✓		
e. Advocate for Baby Friendly spaces in the community	✓		✓	✓				✓
f. Support secondary school health curriculum by adding best practice infant feeding content.		✓				✓		

2

Create a culture that supports the proper growth and development of children.



	Community	Education	NGOs	Local Government	Private Sector	Health Sector	Provincial/Federal Government	Healthy Communities Partnership
a. Ensure strong policies are in place to create a supportive environment for mental wellness, active play, healthy eating, and adequate sleep in all parent education and health care sectors.		✓	✓	✓	✓	✓	✓	
b. Support continued training & education of all childcare centre staff on food and physical literacy.		✓	✓	✓	✓	✓	✓	
c. Implement a standard health screening process using NutriSTEP for all children at 18 months, 2-3 years, and 4-5 years old.						✓	✓	
d. Ensure appropriate community referrals are made for children identified by the screening process.		✓	✓			✓	✓	✓
e. Improve access to dietitians, parenting programs, and mental health counseling.			✓			✓	✓	

3

Reduce availability of non-nutritious food and SSBs (sugar-sweetened beverages) to children.



	Community	Education	NGOs	Local Government	Private Sector	Health Sector	Provincial/Federal Government	Healthy Communities Partnership
a. Restrict promotion of and easy access to non-nutritious food and drink in retail settings for children.		✓	✓	✓	✓			✓
b. Limit sales and distribution of non-nutritious food and drink in all public venues and vending machines.			✓	✓	✓	✓	✓	
c. Prohibit advertisement, sale, and distribution of SSBs at all public venues and recreation centres.	✓	✓	✓	✓	✓	✓	✓	✓
d. Increase capacity of youth leaders, sports and recreation leaders to support healthy food & drink choices.	✓	✓	✓					✓
e. Ensure access to municipal water.		✓	✓	✓	✓			

4 Facilitate promotion and availability of affordable healthy food and beverage choices.



	Community	Education	NGOs	Local Government	Private Sector	Health Sector	Provincial/Federal Government	Healthy Communities Partnership
a. Strengthen existing policies on availability of affordable, healthy food and beverages in public venues.	✓	✓	✓	✓	✓		✓	✓
b. Improve availability of affordable healthy food and beverage choices in under resourced areas.	✓		✓	✓	✓			
c. Support legislation for the Local Food Act (Bill 36, 2013).	✓	✓	✓	✓	✓		✓	✓
d. Endorse the Bruce Grey Food Charter.	✓	✓	✓	✓	✓	✓	✓	✓
e. Promote smaller portion sizes.			✓		✓			✓
f. Advocate for and support menu labeling legislation.			✓				✓	✓

5 Establish a Healthy School Environment.



	Community	Education	NGOs	Local Government	Private Sector	Health Sector	Provincial/Federal Government	Healthy Communities Partnership
a. Promote and implement curriculum-related activities for media literacy in public schools.		✓	✓					
b. Effectively implement and encourage active engagement in existing policies (i.e., School Food and Beverage Policy).		✓			✓		✓	✓
c. Implement Nutrition Tools for Schools (i.e., increase parent/caregiver involvement in activities such as Student Nutrition Action Committees).	✓	✓	✓			✓	✓	
d. Prohibit use of non-nutritious food and drink for fundraisers, field trips, special days and classroom performance.	✓	✓	✓			✓	✓	
e. Ensure sustainability of the provincially funded Ontario Student Nutrition Programs (known locally as Grey Bruce Eat and Learn).	✓	✓	✓		✓	✓	✓	✓
f. Encourage implementation of subsidized milk programs in every school.	✓	✓	✓		✓			

5 Establish a Healthy School Environment. (CONTINUED)



	Community	Education	NGOs	Local Government	Private Sector	Health Sector	Provincial/Federal Government	Healthy Communities Partnership
g. Ensure a healthy and safe environment for meals including adequate seating and supervision.		✓	✓					
h. Facilitate evening and weekend recreation opportunities by using schools as hubs for free activities.	✓	✓	✓			✓		
i. Ensure reciprocal agreements are in place between all schools and municipalities for community use of facilities.		✓	✓	✓				
j. Advocate for mandatory physical education through Grade 12.		✓	✓			✓	✓	
k. Establish policies to protect children's right to physical activity at recess, gym time and legislated daily physical activity (DPA).		✓	✓			✓		
l. Eliminate non-curriculum use of screen time at schools.		✓	✓			✓		

6 Prohibit all commercial advertising to children under 13 years old.



	Community	Education	NGOs	Local Government	Private Sector	Health Sector	Provincial/Federal Government	Healthy Communities Partnership
a. Support the 2013 Public Health Resolution restricting advertising to children less than 13 years of age.	✓		✓	✓	✓	✓	✓	
b. Enlist support of National and Provincial stakeholders (i.e., Concerned Children's Advertisers).			✓		✓	✓		
c. Engage with members of parliament about this issue using direct correspondence.	✓	✓	✓	✓	✓	✓	✓	✓



Create an environment that supports active living and is *accessible recreation opportunities* for the whole community.



	Community	Education	NGOs	Local Government	Private Sector	Health Sector	Provincial/Federal Government	Healthy Communities Partnership
a. Ensure policy statements support active transportation and complete streets in all official plans and other guiding documents.	✓	✓	✓	✓			✓	
b. Support connective linkages such as sidewalks, trails and cycling routes within and between Grey and Bruce counties.		✓	✓	✓	✓		✓	
c. Create supportive environments such as outdoor walking spaces that support physical activity near public institutions.	✓	✓	✓	✓		✓		
d. Facilitate the placement of bike racks at all public institutions, recreation venues, private work places and outdoor public spaces.	✓	✓	✓	✓	✓	✓		
e. Implement the Active and Safe Routes to School Program in Grey and Bruce.	✓	✓	✓	✓			✓	
f. Establish policies that prioritize snow removal on school route sidewalks.		✓	✓	✓			✓	
g. Improve access to public transportation.			✓	✓			✓	
h. Support access to free physical activity opportunities (i.e., PLAY in Bruce Grey, Healthy Kids Community Challenge).			✓	✓			✓	
i. Inform families about subsidy programs and policies (i.e., National Child Benefit).		✓	✓	✓				



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Collaborate with youth health councils and coalitions to support youth led initiatives.



	Community	Education	NGOs	Local Government	Private Sector	Health Sector	Provincial/Federal Government	Healthy Communities Partnership
a. Develop a youth steering committee to help guide policy direction and decision making.	✓	✓	✓	✓	✓	✓	✓	✓
b. Encourage peer to peer engagement models that support initiatives to increase physical activity and healthy eating.	✓	✓	✓			✓		
c. Support a social marketing program that is youth led and capitalizes on technologies (i.e., apps or TargetYouth.ca).			✓		✓	✓		

The community partners responsible for the implementation of these actions will need to collaborate, be flexible and responsive to the unique needs of each community. There are no guarantees that any one recommendation will have a direct effect on the rates of obesity. We are certain, however, that a collective effort in a variety of settings by a diverse group of partners will improve the health of all children in Grey Bruce. If we can create supportive environments, reduce access to unhealthy choices, increase active living opportunities, and improve our wellness screening and referral systems, we may begin to see a reversal in the rates of obesity in Grey Bruce. There is no time to wait. The time for collaborative action is now.

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APPENDIX

Grey Bruce Healthy Communities Partnership

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Bruce Grey Canadian Mental Health Association
Central Westside United Church
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Community Advocate Mental Health
Grey County
Grey Bruce Health Unit & Grey Bruce Board of Health
Employee Wellness Solutions
Grey Sauble Conservation Authority
Heart and Stroke Foundation
Hope Grey Bruce Mental Health & Addiction Services
Keystone Child, Youth and Family Services
Kiwanis Club

Leads Employment Services
M'Wikwedong Native Cultural Resource Centre
Military Family Resource Centre/Integrated Personnel
Support Centre 4th Canadian Division Training Centre
Owen Sound & North Grey Union Public Library
South Bruce Detachment, Ontario Provincial Police
South West Community Care Access Centre, Connecting
SouthWest Ontario
Southwest Ontario Aboriginal Health Access Centre
United Way Bruce Grey
Victorian Order of Nurses
YMCA, Owen Sound and Area

