Working together on the Healthy Kids Strategy

Change the Food Environment: Strategy #2

July 17, 2014 • 1:00 p.m. – 2:30 p.m.

Sandra Laclé
Interim chief executive officer, Sudbury District Health Unit

Rhona Hanning
Professor, School of Public Health and Health Systems, University of Waterloo

Gayle Kabbash-Cruikshank
Chair, Halton Region Food Council

Tracey Weatherbe
Manager of Health Promotion, Sudbury District Health Unit

Alexandra Lacarte
Public Health dietitian, North Bay Parry Sound District Health Unit

Meaghan Richardson
Coordinator, Feeding Halton

RECORDING NOTICE: This webinar is recorded and will be made available to the general public on the HC Link website.
Strategy #2. Change the Food Environment

2.1 Ban the marketing of high-calorie, low-nutrient foods, beverages and snacks to children under age 12.

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.

2.3 Require all restaurants, including fast food outlets and retail grocery stores, to list the calories in each item on their menus and to make this information visible on menu boards.

2.4 Encourage food retailers to adopt transparent, easy-to-understand, standard, objective nutrition rating systems for the products in their stores.

2.5 Support the use of Canada’s Food Guide and the nutrition facts panel.
| 2.6  | Provide incentives for Ontario food growers and producers, food distributors, corporate food retailers, and non-governmental organizations to support community-based food distribution programs. |
| 2.7  | Provide incentives for food retailers to develop stores in food deserts. |
| 2.8  | Establish a universal school nutrition program for all Ontario publicly funded elementary and secondary schools. |
| 2.9  | Establish a universal school nutrition program for First Nations communities. |
| 2.10 | Develop a single standard guideline for food and beverages served or sold where children play and learn. |
No Time to Wait: The Healthy Kids Strategy

CHANGE THE FOOD ENVIRONMENT

Sandra Laclé, RN, BN, MScN
Tracey Weatherbe, RD, OCT
July 2014
OUTLINE

• The Healthy Kids Panel
• The Healthy Kids Strategy
• Part 2: Change the Food Environment
THE HEALTHY KIDS PANEL

**A bold but practical strategy**
- Thought leader engagement
- Parent & youth consultation
- Written submissions & stakeholder meetings
- Review of evidence

**Panel terms – recommendations to Minister**
- Identify specific factors affecting childhood obesity rates
- Identify comprehensive, innovative, multisectoral interventions for sustainable childhood obesity rate reduction
  - evidence informed
  - public accountability
  - cost effective
  - viability for implementation

**Rationale**
- Physical & mental health impacts
- Health care & societal costs
- A problem 30 years in the making
- Urgency to act now
THE HEALTHY KIDS STRATEGY IN BRIEF
20% REDUCTION IN 5 YEARS

Three-Part Strategy
“What to do” practical 3-step package

1. Start all kids on the path to health
2. Change the food environment
3. Create healthy communities

ABCs of Successful Action
“How to” advice on implementation

A. Make child health everyone’s priority
B. Invest in child health
C. Use evidence, monitor progress, ensure accountability
THE RESPONSE

("On this complex issue, if we end up with everyone being equally unhappy with our recommendations, we have probably struck the right balance"  HKP MEMBER)

Top nursing organization applauds province's solid plan to tackle childhood obesity

TORONTO, March 5, 2013 /CNW/ - A report aimed at driving down Ontario's sky high childhood obesity rate has the backing of the province's registered nurses.

Ontario's Doctors encouraged by obesity report

TORONTO, March 4, 2013 /CNW/ - Ontario's doctors are very encouraged by the release of "No Time to Wait: The Healthy Kids Panel" report, and would like to congratulate members of the Healthy Kids Panel for their work on this crucial health issue.

GLOBE EDITORIAL FIRST TAKE
Childhood obesity report blames everything but parents

The Globe and Mail
Published Tuesday, Mar 05 2013, 9:12 AM EST
Last updated Tuesday, Mar 05 2013, 11:39 AM EST

NATIONAL POST
Chris Selley: Healthy kids report more about the pitiful excuses for children not getting exercise

CHRISS SELLEY | 13/03/04 | Last Updated: 13/03/05 11.41 AM ET
More from Chris Selley | @cselley

MATTERS

TUESDAY, MARCH 05, 2013
Why Ontario's Healthy Active Kids Panel's Report is so Important and Heartening

About Me

YONI FREEDHOFF
WE ALL HAVE A « ROLE » TO PLAY

Local Action
SDHU SUGGESTED “ROLES”

- **K (red)** = public health and non-governmental agencies have a **key role to play** in achieving the recommendation

- **S (blue)** = public health and non-governmental agencies have **supportive role to play** in achieving the recommendation

- **A (black)** = public health and non-governmental agencies have **advisory role to play**
PART 2: CHANGE THE FOOD ENVIRONMENT

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2.6 Provide incentives for Ontario food growers and producers, food distributors, corporate food retailers, and non-governmental organizations to support community-based food distribution programs.

2.7 Provide incentives for food retailers to develop stores in food deserts.

2.8 Establish a universal school nutrition program for all Ontario publicly funded elementary and secondary schools.

2.9 Establish a universal school nutrition program for First Nations communities.

2.10 Develop a single standard guideline for food and beverages served or sold where children play and learn.
CHANGE THE FOOD ENVIRONMENT

Key Actions

- Collaborate with communities and engaged citizens to create healthy food systems.
- Collaborate with child and youth service providers to create healthy nutrition environments.

What we can do better

- Enhance relationships with municipal leaders and other key decision makers so that all environments where children live, learn, and play, are supportive of healthy eating.
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All kids deserve to be healthy and live in an environment that fosters healthy behaviours.

We invite others to assess their actions against the HKP recommendations and, then, come together to do our best to ensure healthy kids in the Province of Ontario.
THANK YOU

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Updated from:

Why focus on Aboriginal communities?

• Extensive health disparity has been identified in Canada between Aboriginal and non-Aboriginal populations in Canada, including:
  – ↑ prevalence of obesity, metabolic syndrome, diabetes, even in youth
  – poor diet quality
  – ↑ household food insecurity
Our research on student nutrition programs has been conducted in partnership with the First Nations of the Western James Bay Region, Ontario.
Access to acceptable, healthy foods is limited and costly
Objectives

Guided by local project advisory committees and social cognitive theory, the objectives of our research program have been to:

• Develop tailored approaches to assess student food intake and related determinants and behaviours; and,

• Assist communities in planning, implementing and evaluating student nutrition programs.
Food intake assessment

- 24 h recall (WEB-Q) www.uwfbq.ca
- FFQ (SHAPES) http://www.shapes.uwaterloo.ca/

Web-based school surveillance has been conducted with over 600 students since 2004.

Peetabek Academy, Fort Albany

St. Andrew’s School in Kashechewan
Results indicate high prevalence of overweight and obesity

- From 5 First Nations (n = 443, grade 6 – 12, mean age 13.0, 2004-2010)
  - 31.8% overweight
  - 19.6% obese
    - M Gates, MSc Thesis 2010
    - IOTF cut-offs, self-reported height and weight (Cole et al. 2000)

- Kashechewan (n=72 grade 6-7, mean age 12.1 y, 2012--3)
  - 25% overweight
  - 38% obese
    - M Gates et al. Canadian Obesity Student Meeting, 2014
    - WHO cut-offs, measured heights and weights (De Onis et al. 2007)
Most students fell below Canada’s Food Guide minimum recommendations for Vegetables and Fruit and Milk and Alternatives Food Groups.

<table>
<thead>
<tr>
<th>Group</th>
<th>Students Below Min Reccs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male 9-13, n=140</td>
<td></td>
</tr>
<tr>
<td>Male 14-18, n=73</td>
<td></td>
</tr>
<tr>
<td>Female 9-13, n=172</td>
<td></td>
</tr>
<tr>
<td>Female 14-18, n=58</td>
<td></td>
</tr>
</tbody>
</table>

% of students below min reccs.

V & F

Milk and Alt.

Of the many influences on eating, community members identified school nutrition programs as an opportunity for positive change.
School-based Intervention

**Fort Albany:**
→ Enhancing the school nutrition program 2007
→ Comprehensive program:
→ curriculum, policy (with CCO), school nutrition program, school greenhouse 2009

**Attawapiskat:**
School snack program
→ Milk program 2010

**Kashechewan:**
Introduced school snack and breakfast program 2009

Photos: K Skinner, J Metatawabin
Impact on food intake, knowledge and intentions

• **Short term** (1 – 2 week) pilot studies in Kashechewan and Attawapiskat resulted in significant improvements in food group and nutrient intakes.

• **Medium term** (1 year), significant benefits to 24 hour food intake were not sustained in any of the three communities.

• The comprehensive program in Fort Albany was associated with positive changes in student knowledge, intentions to choose healthy foods and healthy foods tried and liked.
  - Modification of the knowledge, self-efficacy and intentions questionnaire of, De Bourdeaudhuij et al, 2005

• **Long Term** (3 years+): School nutrition programs sustained: Data used to support external funding programs; community capacity enhanced; ongoing data collection indicates improved diet quality from baseline.

- Skinner at al. Rural and Remote Health 2012; 12:2122
Feedback from students, teachers and parents

• The programs were valued by all communities:
  • “I like having food in the morning because I’m hungry”, and “It fills my stomach” (students)
  • “I love this program, I think nutrition classes should happen more often” (teacher)
  • “this program is good for our problem, which some homes don’t receive these kinda healthy food” (parent)
Ongoing Challenges

• Access to both healthy foods and adequate funding to support the high costs of local food on a sustained basis remains a challenge.

• Adequate facilities and equipment to prepare, store and distribute food.

• Even with improvements from school nutrition programs, most students remained well below Canada’s Food Guide recommended intakes.
Opportunities

• School nutrition programs are efficacious and *can* be effective

• Facilitators:
  – adequate funding / resources
  – support from local champions, school nutrition/ health committee
  – comprehensive approaches (including food provision, curriculum, policy, evaluation)
  – community support, ownership
  – multiple strategies for knowledge translation
2.6 Provide incentives for Ontario food growers and producers, food distributors, corporate food retailers, and non-governmental organizations to support community-based food distribution programs.

2.9 Establish a universal school nutrition program for First Nations communities.
Helping Aboriginal Families Make Healthy Choices

Ontario Expanding Healthy Active Living Programs for Aboriginal Children and Youth
March 28, 2014 2:00 p.m.

Ontario is helping more Aboriginal children, youth and their families adopt healthy lifestyles with programs that foster healthy eating and physical activity.

The province is doubling its support for three successful health promotion programs run by Aboriginal organizations and tailored to their unique cultural traditions and knowledge. The programs are:

- The Urban Aboriginal Healthy Living Program, delivered by the Ontario Federation of Indian Friendship Centres.
- The Healthy Eating and Active Living program, delivered by the Aboriginal Health Access Centres.
- The Northern Fruit and Vegetable Program, through partnership with the Ontario Fruit and Vegetable Growers' Association.

These programs provide Aboriginal communities with hands-on experience such as access to community kitchens and gardens, school and family-based healthy eating and physical activity programs, and recreational activities such as sport and dance, which incorporate traditional cultural practices.

Making it easier for Aboriginal children and youth to make healthy choices is a key component of the Healthy Kids Strategy and supports Ontario's Action Plan for Health Care. It is also part of the government's economic plan that is creating jobs for today and tomorrow by focusing on
Food for Thought for More Ontario Students
Province Expanding Student Nutrition Program

April 7, 2014 11:30 a.m. | Ministry of Finance

Ontario is expanding and enhancing its Student Nutrition Program so that 56,000 more children and youth will get the nutritional boost they need to succeed at school.
Importance of sharing ‘lessons learned’

• “One of the lessons I learned [from community research] was that First Nation communities are unique and diverse. ........Nevertheless, the process ..... and the lessons described can be a starting point for health care workers who want to begin the process of gathering community input for health promotion programming.......”

Conclusion

• School Nutrition Programs can support healthier food environments and sustainable improvements to the diets of vulnerable children
Thanks!

- Community Partners, especially Joan Metatawabin, Judy Stephens, Celine Sutherland, Ruby Edwards-Wheesk
- Community Members
- Graduate Students: Allison Gates, Michelle Gates, Kelly Skinner, Megan Chard
- Funders: CIHR, Rx & D, Danone, CFDR
Creating a healthy eating environment in childcare centres

Alexandra Lacarte, Registered Dietitian (RD)
North Bay Parry Sound District Health Unit
Healthy Schools & Families Program
Agenda

• Background
• Healthy Eating Environment Toolkit (HEET)
• Nutrition Standards
• Evaluation
Eating habits are established early

Up to a third of a child’s consumption can happen at child care

Great opportunity to make a positive impact on the foods that they consume
“It is difficult to raise a healthy child in an unsupportive environment. You can do everything ‘right’ at home, but then send your child to child care and they are fed unhealthy foods.”

- Focus group parent, HKP Report
Local Initiative

- HEET – Healthy Eating Environment Toolkit

- **Goal:** Help create and support a healthy nutrition environment
  
  - Healthy eating is promoted through role modeling, education, positive social interactions and the provision of safe and healthy foods
Overview

- Public Health RD compiled best practice resources to create the HEET
- Training sessions were held to educate supervisors, cooks and ECEs
Moving from Practice to Policy

• Adapted into policy at the Nipissing Best Start Children’s Planning Table in early 2013
  – Included in their quality assurance program.

• In early 2014 it was adapted into policy at the Parry Sound Best Start Table
HEET Checklist

- Day Nurseries Act (Nutrition and Anaphylactic Standards)
- Nutrition Standards
- Meal and Snack Guidelines
- Breastfeeding Support
- Food Safety
- Pleasant Eating Environments
- Safe Eating Location
- Use of Food
- Meetings, Workshops and Events
- Diversity
- Nutrition Education
2.10 Develop a single standard guideline for food and beverages served or sold where children play and learn.

“Extend Ontario’s School Food and Beverage policy to apply to all publicly funded, subsidized or regulated settings where children play and learn”
Nutrition Standards

The nutrition standards:

- are intended to ensure that the food provided contributes to healthy growth and development
- embody the principles of healthy eating outlined in Canada’s Food Guide.
Nutrition Standards

• Nutrition Tools for Schools (NTS) Nutrition Standards

• Adapted from the Ministry of Education’s School Food and Beverage Policy (P/PM 150)

• Food and beverages with Maximum Nutritional Value meet or exceed P/PM 150
P/PM 150 and NTS Standards

- Maximum Nutritional Value
- Sell/Offer Most (≥ 80%)
- Sell/Offer Less (≤ 20%)
- Not Permitted for Sale
Nutrition Standards

• General Feeding Messages for Children 0 to 2 years of age
• Supporting Documents
• Training
• Ran focus groups to:
  – Explore perceptions of the HEET
  – Determine current impact
  – Support sustainability
Findings - Value

• Healthy nutrition is a high priority
• “I think it’s very important because a lot of those children…it might be their only healthy food experience in a day.”
• Educates child of healthy nutrition
• Understand caregiver constraints
  – Financial
  – Time
Findings - Value

“If the children are educated at the childcare then often they go home and ask for those things and then it educates the parents with ideas…we had a kid that asked for his birthday meal to be spaghetti squash…”
Findings – Nutrition Standards

• Universally receptive to the purpose of the HEET and its strategies and guidelines
• Less subjectivity $\rightarrow$ easier to manage
  – “DNA is very vague, it just says healthy…”
• Consistency
  – “I think for... an agency I’ll say, we all practice different things”
• Provides leverage and direction for change
Findings – Nutrition Standards

“This is a requirement... because it is more expensive to serve healthy foods. So it also gives us a little bit of leverage, right, to people that approve our budget to ensure that we are able to validate why.”
Next Steps

- Recommendation 2.10 from the HKP is feasible
- Public health can support and help implement nutrition standards in partnership with early learning partners
Questions?

Alexandra Lacarte
alexandra.lacarte@nbpsdhu.ca
705-474-1400 ext 2209
Feeding Halton

A Collaborative of Social Service Organizations and the Agricultural Community working to create efficiencies in local food procurement. The Feeding Halton Collaborative members serve over 40,000 people a month.
Thank you for allowing us to participate in the Healthy Kids Strategy webinar on behalf of Feeding Halton and the Halton Food Council

For more information please contact:

Gayle Kabbash-Cruikshank
- Halton Food Council, Chair
- gkabbash@cogeco.ca (905) 630-1718
- Find us on Facebook by searching: Halton Food Council

Meaghan Richardson, P.Ag
- Feeding Halton, Coordinator
- feedinghalton@outlook.com (905) 691-7299
- Find us on Facebook by searching: Feeding Halton