The Integrated Pan-Canadian Healthy Living Strategy

2005

Prepared by:

The Secretariat for the Intersectoral Healthy Living Network in partnership with the F/P/T Healthy Living Task Group and the F/P/T Advisory Committee on Population Health and Health Security (ACPHHS)

Également disponible en français sous le titre : *La Stratégie pancanadienne intégrée en matière de modes de vie sains*

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Cat. N° HP10-1/2005
ISBN 0-662-69384-1

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Executive Summary

Chronic Disease and Obesity in Canada

Each year in Canada, more than two-thirds of deaths result from four groups of chronic diseases – cardiovascular, cancer, type 2 diabetes and respiratory. These chronic diseases share common preventable risk factors (physical inactivity, unhealthy diet and tobacco use) and the environmental determinants that underlie these personal health practices, including income, employment, education, geographic isolation, social exclusion, and other factors. According to the World Health Organization, over 90% of type 2 diabetes and 80% of coronary heart disease could be avoided or postponed with good nutrition, regular physical activity, the elimination of smoking and effective stress management.

- The estimated total cost in Canada of illness, disability and death attributable to chronic diseases amounts to over $80 billion annually.[1]

The number of Canadians who are overweight or obese has steadily increased over the last 25 years. Today, nearly one-quarter (23.1%) of adult Canadians, 5.5 million people aged 18 or older, are obese. An additional 36.1% (8.6 million) are overweight, bringing the total number of adult Canadians who are overweight or obese to over 59%.[2] Of even greater concern, 26% of Canadian children and adolescents aged 2 to 17 are overweight or obese; 8% are obese.[3] For children aged 6 to 11 and adolescents aged 12 to 17, the likelihood of being overweight or obese tends to rise as the time spent watching TV, playing video games or using the computer increases. For the majority of Canadians, current physical activity patterns are not optimal for health. Obese individuals tend to have sedentary leisure-time pursuits and to consume fruits and vegetables relatively infrequently.

- Physical inactivity costs the Canadian health care system at least $2.1 billion annually in direct health care costs,[4] and the estimated annual economic burden is $5.3 billion.[5]

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1 Federal/Provincial/Territorial Advisory Committee on Population Health. *Advancing Integrated Prevention Strategies in Canada: An Approach to Reducing the Burden of Chronic Diseases.* Ottawa, June 2002; Health Canada. *Economic Burden of Illness, 1998*. Ottawa, 2002; World Health Organization. *World Health Report 2002: Reducing Risks, Promoting Healthy Life.* Geneva, 2002.

2 Nutrition: Findings from the Canadian Community Health Survey. Issue no.1. Measured Obesity: Adult Obesity in Canada, Michael Tjepkema and Margot Shields, 2004.

3 Nutrition: Findings from the Canadian Community Health Survey. Issue no.1. Measured Obesity: Overweight Canadian Children and Adolescents, Michael Tjepkema and Margot Shields, 2004.

4 Katzmarzyk, P.T., Gledhill, N. & Shephard, R.J. (2000). The economic burden of physical inactivity in Canada. *Canadian Medical Association Journal, 163*(11), 1435–1440.

5 Katzmarzyk, P.T. & Janssen, I. (2004). The economic costs of physical inactivity and obesity in Canada: an update. *Canadian Journal of Applied Physiology, 29*(1), 90-115.

Less is known about the eating practices of Canadians, but we do know that the proportion of Canadians reporting poor eating habits is increasing. In 2001, 21% of Canadians reported their eating habits as fair or poor compared with 17% in 1997 and 15% in 1994.[6] We also know that those who eat fruit and vegetables less than three times a day are more likely to be obese than are those who consume such foods five or more times a day.[7]

The Need For Collaborative Action

The need for a pan-Canadian healthy living approach was expressed in 2002 by the Federal, Provincial and Territorial (F/P/T) Ministers of Health, who sought a collaborative and coordinated approach to reducing non-communicable diseases by addressing their common risk factors and the underlying conditions in society that contribute to them.[8]

An extensive consultation process, including a national symposium, was undertaken to develop a Healthy Living Strategy. Consensus was achieved, and endorsed by Ministers, that the first areas of emphasis would be healthy eating, physical activity and their relationship to healthy weights, with other areas such as mental health and injury prevention identified for potential future action.

The World Health Organization's *Global Strategy on Diet, Physical Activity and Health* supports an integrated, collaborative approach, stating that the responsibilities for action to bring about changes in dietary habits and patterns of physical activity rest with many stakeholders from public, private and civil society, over several decades.

Without integrated effort on healthy living:

- *opportunities for collaboration will not be fully realized;*
- *gaps in knowledge development and exchange will persist;*
- *public "messages" will be inconsistent and confusing;*
- *community capacity to promote healthy living will be limited;*
- *chronic diseases and obesity rates are likely to continue to rise; and*
- *disparities will continue to grow and widen.*

6 Tracking Nutrition Trends 1989-1994-1997, 2000. An Update on Canadians' Attitudes, Knowledge, and Reported Actions, 2001.

7 Statistics Canada. The Daily. July 6, 2005.

8 It should be noted that although Quebec shares the general goals of this strategy it was not involved in developing it and does not subscribe to a Canada-wide strategy in this area. Quebec intends to remain solely responsible for developing and implementing programs for promoting healthy living within its territory. However, Quebec does intend to continue exchanging information and expertise with other governments in Canada.

The Healthy Living Strategy

The Healthy Living Strategy is a conceptual framework for sustained action based on a population health approach.[9] Its **vision** is a healthy nation in which all Canadians experience the conditions that support the attainment of good health. To achieve this, the **goals** of the Strategy are to:

- improve overall health outcomes; and
- reduce health disparities.[10]

As an integrated approach involving many sectors working together towards common goals, the Strategy offers a means to ensure greater alignment, coordination and direction for all sectors, and provides a forum for multiple players to align efforts and to work collaboratively to address common risk factors. This integration ensures that stakeholders are better and more broadly informed, thereby facilitating greater synergy and improved identification of opportunities across sectors. The intersectoral nature of the Healthy Living Strategy also provides a national context and reference point for all sectors, governments and Aboriginal organizations to measure the success of their own strategies and interventions.

Healthy Living Targets

Given the trends in current eating and physical activity patterns, and in the consequent increases in rates of overweight and obesity, decisive action is required by all partners and sectors with an interest in improving the health of Canadians.

Every province and territory in Canada, and the federal government, has adopted the physical activity target of increasing regular levels of physical activity by 10% (endorsed by Ministers responsible for physical activity, recreation and sport in June 2003), and most already have targets on healthy eating and healthy weights that are consistent with those proposed for the Healthy Living Strategy. *A list of provincial/territorial targets for healthy eating, physical activity and healthy weights is included as Appendix A.*

Around the world, other countries are striving to address the same issues. England, Scotland, New Zealand and the United States are only some of the countries that have set targets to increase physical activity, and improve healthy eating and healthy weights – consistent with the Canadian healthy living targets.

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[9] A population health approach focusses on improving the health status of the population. Action is directed at the health of an entire population, or sub-population, rather than individuals. Focussing on the health of populations also necessitates the reduction of inequalities in health status between population groups.

[10] Health disparities refer to differences in health status that occur among population groups defined by specific characteristics. The most prominent factors in Canada are socio-economic status (SES), Aboriginal identity, gender, disability, culture and geographic location.

The proposed pan-Canadian Healthy Living targets seek to obtain a 20% increase in the proportion of Canadians who are physically active, eat healthily and are at healthy body weights.

While ambitious, these targets can be achieved through collaborative action and will serve to sustain momentum from the existing physical activity target set by Ministers responsible for physical activity, recreation and sport. Although the targets are intended to roll out over 10 years, success will require sustained effort over a much longer period. For this reason, 2015 should be considered as a first marker, with ongoing monitoring and evaluation undertaken in order to assess progress and allow for adjustments as appropriate.

The targets of the Healthy Living Strategy are:

Healthy Eating

- By 2015, increase by 20% the proportion of Canadians who make healthy food choices according to the Canadian Community Health Survey (CCHS), and Statistics Canada (SC)/Canadian Institute for Health Information(CIHI) health indicators.[11]

Physical Activity

- By 2015, increase by 20% the proportion of Canadians who participate in regular physical activity based on 30 minutes/day of moderate to vigorous activity as measured by the CCHS and the Physical Activity Benchmarks/ Monitoring Program.[12]

Healthy Weights

- By 2015, increase by 20% the proportion of Canadians at a "normal"[13] body weight based on a Body Mass Index (BMI) of 18.5 to 24.9 as measured by the National Population Health Survey (NPHS), CCHS, and SC/CIHI health indicators.[14]

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[11] This target would seek to measure, for instance, the food insecurity index and the consumption of vegetables and fruits, where 5-10 servings/day of vegetables and fruit are recommended by Canada's Food Guide to Healthy Eating, and "increasing the consumption of fruits and vegetables" is one of the dietary recommendations in the WHO *Global Strategy on Diet, Physical Activity and Health*. ref: Health Canada. Summary document from: "The Food and Nutrition Surveillance System: Moving Forward with Nutrition" meeting, March 31, 2003.

[12] The physical activity target builds on the target of 10% by 2010 set by Ministers responsible for physical activity, recreation and sport. The benchmark of 30 minutes/day is consistent with the WHO *Global Strategy on Diet, Physical Activity and Health*.

[13] "normal" (instead of "healthy") is used to be consistent with terminology used in the Body Mass Index.

[14] Health Canada, Canadian Guidelines for Body Weight Classification in Adults, 2003.

Available at: http://www.hc-sc.gc.ca/hpfb-dgpsa/onpp-bppn/weight_book_cp_e.html

Nota Bene:
Healthy Living targets will need to be aligned with the Public Health Goals (currently in discussion), accompanied by measures of disparities and disparities reduction, and may be adjusted in the future for consistency. It is expected that the Healthy Living targets will complement and support the broader Public Health Goals.

It is recognized that targets still need to be set for specific populations (including new Canadians, minority cultural communities, and others) as well as indicators to measure the reduction of disparities among Canadians by sex, race (Aboriginal identity), geographic location and socio-economic factors. As well, the measurement tools for the targets will evolve as data become available (e.g. CCHS, measured BMI results, Physical Activity Benchmarks/Monitoring Program, and others), and appropriate tools will be used or developed where possible to measure progress in older adults, Aboriginal Peoples and other cultures, and other target populations.

Intersectoral Partnerships/Collaboration in Action

To support the intersectoral development of the Strategy, the Coordinating Committee of the Intersectoral Healthy Living Network was established in September 2004, led by three chairs representing federal, provincial/territorial governments, and the non-government sector. Comprising representatives of regional networks, governments, the private and voluntary sectors, and national Aboriginal organizations,[15] the Coordinating Committee acts as an engine to move the Pan-Canadian Healthy Living agenda forward.

A number of working groups were formed, consisting of members of the Coordinating Committee and experts drawn from across the Network, to advise and support the implementation of the "action" areas identified by the F/P/T Conference of Deputy Ministers and by F/P/T Ministers of Health in September 2003. These included the development of

- healthy living priorities and targets for the Strategy;
- an integrated research and surveillance agenda, including best practices; and
- a public information campaign and social marketing program.

In addition, there has been continued dialogue with Aboriginal communities.

Opportunities for Action

While the Healthy Living goals and targets provide a standard reference point for all sectors to measure the success of their own strategies and interventions, to be successful, *coordinated* effort is required. Proposed activities have been developed through intersectoral working groups to be considered in the implementation of the Strategy.

[15] Assembly of First Nations, Inuit Tapiriit Kanatami, and Métis National Council.

Policy and Program

From a **policy and program** perspective, a number of opportunities for action have been identified to:

- improve physical activity and healthy eating patterns, behaviours and choices among Canadians;
- improve access to, and the affordability of, healthy food choices and physical activity opportunities;
- reduce the gap in physical activity levels that exists at different age, sex, education and income levels; and
- enhance collaboration and planning across health and "non-health" sectors.

Research and Surveillance

At the same time, an **integrated research and surveillance agenda**, including best practices, outlines gaps and details specific recommendations to enable:

- increased capacity for knowledge development and exchange;
- increased population-level, intervention research to understand and address the determinants of healthy eating, physical activity and their relationship to healthy weights; and
- an integrated system for knowledge development and exchange.

Public Information

Social marketing efforts in the area of physical activity and healthy eating abound across the country, whether from governments, the voluntary sector or the private sector. With support from the working group, plans for continued efforts to leverage opportunities and ensure consistent messaging are under way. This coordination aims to bring about positive change in healthy eating behaviours and levels of physical activity among Canadians.

Implementing the Healthy Living Strategy

Having set targets and priorities, and identified opportunities for action, the Coordinating Committee for the Healthy Living Network will provide leadership in the implementation of the Strategy, with a focus on activities with the greatest potential to positively affect the health of Canadians. In this phase, an evaluation strategy will be a first priority to ensure that, collectively, we can measure not only progress on targets but also the success of and benefit to Canadians of this intersectoral healthy living strategy. Annual progress reports to F/P/T Conferences of Deputy Ministers of Health and to F/P/T Ministers of Health will be provided.

1.0 Context and Overview

1.1 Current Context and Mandate of the Healthy Living Strategy

In 2002, Federal/Provincial/Territorial (F/P/T) Ministers of Health recognized the need for integrated action on healthy living in order to consolidate efforts to address the challenges posed by overweight, obesity and chronic disease. They agreed to develop a long-term comprehensive strategy to increase Canadians' participation in healthy living practices. In the first phase, they would "work together on short-, medium- and long-term pan-Canadian healthy living strategies that emphasize nutrition, physical activity and healthy weights." While the first areas of emphasis are healthy eating, physical activity and their relationship to healthy weights, the Healthy Living Strategy is expected to also address areas such as mental health and injury prevention in the future.

Chronic diseases pose a significant threat to the health of Canadians and to the sustainability of our health system. Each year in Canada, more than two-thirds of deaths result from four groups of chronic diseases – cardiovascular, cancer, type 2 diabetes and respiratory. The estimated total cost in Canada of illness, disability and death attributable to chronic diseases amounts to over $80 billion annually. These chronic diseases share common preventable risk factors, including physical inactivity, unhealthy diet and tobacco use, and the environmental determinants that underlie these personal health practices, including income, employment, education, geographic isolation, culture, social exclusion and other factors. According to the World Health Organization, over 90% of type 2 diabetes and 80% of coronary heart disease could be avoided or postponed with good nutrition, regular physical activity, the elimination of smoking and effective stress management.[16]

The goals of the Healthy Living Strategy are to improve overall health outcomes and to reduce health disparities. Continuing disparities in health status pose a serious challenge, as some populations are at high risk of poor health, chronic disease, inequities that influence health practices, and early death. These include individuals and families with low incomes, people with disabilities, Aboriginal Peoples, people who live in the North and some rural areas, and other population groups that are socially and/or economically disadvantaged, excluded or marginalized.

In September 2003, F/P/T Ministers of Health agreed to continue to work together on the Healthy Living Strategy and confirmed the importance of a Strategy that reflects the unique needs of Aboriginal Peoples. This Strategy continues to fit squarely within the mandate of chronic disease prevention and health promotion.

[16] Federal/Provincial/Territorial Advisory Committee on Population Health. *Advancing Integrated Prevention Strategies in Canada: An Approach to Reducing the Burden of Chronic Diseases.* Ottawa, June 2002; Health Canada. *Economic Burden of Illness, 1998*. Ottawa, 2002; World Health Organization. *World Health Report 2002: Reducing Risks, Promoting Healthy Life*. Geneva, 2002.

This commitment was re-affirmed by F/P/T Ministers of Health, the Government of Canada and First Ministers in the fall of 2004.

It should be noted that although Quebec shares the general goals of this strategy it was not involved in developing it and does not subscribe to a Canada-wide strategy in this area. Quebec intends to remain solely responsible for developing and implementing programs for promoting healthy living within its territory. However, Quebec does intend to continue exchanging information and expertise with other governments in Canada.

1.2 Developing the Strategy

Significant work has been undertaken by the Advisory Committee on Population Health and Health Security and its Healthy Living Task Group to develop the Integrated Pan-Canadian Healthy Living Strategy.

In 2003, a consultation process was conducted to solicit input from stakeholders across the country. This included numerous *Strategic Roundtables*, an online consultation workbook, meetings with key stakeholder groups and a national level Healthy Living Symposium. The two-day Symposium brought together almost 300 participants to discuss a Healthy Living Strategy Framework with short-, medium- and long-term objectives, overall priorities and directions, short-term actions, and partnerships for integrated action. On the basis of these discussions, the Strategy Framework (below) was developed and several areas for action were identified. These were endorsed by F/P/T Ministers in September 2003.

In recognition of the need for a coordinating body to move forward on the development of the Strategy, the Coordinating Committee of the Intersectoral Healthy Living Network (IHLN) was established in September 2004. Consisting of representatives from government, private sector and non-governmental organizations and drawing from health and non-health sectors, the Coordinating Committee acts as the engine to move the healthy living agenda forward in line with the guiding principles of the Network and Strategy. The Coordinating Committee has met twice to provide input into the development of this Strategy document. In addition, consultation on elements of the Strategy through Coordinating Committee members has made real the intent of the IHLN as “a network of networks”.

Working groups established from members of the Coordinating Committee and their networks, and from federal/provincial/territorial networks, the private sector and non-governmental organizations provided essential advice and support for implementation of the “action” areas identified by Ministers in September 2003, namely the development of

- healthy living priorities and targets for the Strategy;
- an integrated research and surveillance agenda, including best practices, and
- a public information campaign and social marketing program.

Integrated Pan-Canadian Healthy Living Strategy Framework

Final 11-08-03

A separate dialogue process was undertaken with national Aboriginal organizations in 2005 to ensure that the specific needs of Aboriginal people are addressed in the Healthy Living Strategy. *(Appendix B contains a summary report on this dialogue.)*

To inform work on the Strategy, the IHLN commissioned a synthesis and analysis of environmental scans on healthy living-related policies, programs and initiatives from across Canada. This study provides a strategic foundation for expanding and enhancing existing policies and programs, building new linkages and moving forward in a strategic way to advance healthy living goals and objectives. *(Please see Appendix C for the executive summary arising from this work.)*

2.0 The Integrated Pan-Canadian Healthy Living Strategy

2.1 Key Elements of the Healthy Living Strategy

Vision

The vision of the Healthy Living Strategy is a healthy nation in which all Canadians experience the conditions that support the attainment of good health.

Goals

To achieve the vision, the goals of the Strategy are to:

- improve overall health outcomes, and
- reduce health disparities.[17]

Population Health Approach

The Healthy Living Strategy is grounded in a population health approach, which strives to address some of the root causes that lead to poor health outcomes. This approach focusses on the living and working environments that affect people's health, the conditions that enable and support people in making healthy choices, and the services that promote and maintain health.

Populations and Settings

The Healthy Living Strategy targets the entire population, with particular emphasis on children and youth; those in isolated, remote and rural areas; and Aboriginal communities. Certain population groups, such as Aboriginal Peoples, suffer a great risk and burden of poor health compared with the general Canadian population. To reduce disparities among Aboriginal Peoples and other at-risk populations, particular attention will be paid to low socio-economic status, gender, people with disabilities, population group, culture, and geographic location.

The settings that the Strategy will focus on include the home/family, school, workplace, community and health settings.

Strategic Directions

Guided by the principles of integration, partnership and shared responsibility, and best practices, the Strategy is oriented around four strategic directions:

[17] Health disparities refers to differences in health status that occur among population groups defined by specific characteristics. The most prominent factors in Canada are socio-economic status (SES), Aboriginal identity, gender, disability, culture, and geographic location. The Healthy Living Strategy is one of many instruments required to reduce socio-economic, regional and gender disparities.

1. Leadership and Policy Development
2. Knowledge Development and Transfer
3. Community Development and Infrastructure
4. Public Information

Anticipated Results

Short-term results (6-18 months)

Promoting:

- increased knowledge of health information by individuals and population groups of interest;
- increased access to health information and health-promoting programs; and
- enhanced collaboration and integration of healthy living approaches that address high priority health issues.

Medium-term results (18-60 months)

Facilitating:

- increased access to health-supporting physical and social environments in rural, remote and northern communities;
- increased capacity of communities to create health-promoting social and physical environments; and
- increased proportion of populations engaging in healthy behaviours.

Long-term results (5 years plus)

Contributing to:

- reduction in health disparities;
- reduced human and economic burden of disease;
- improved health outcomes; and
- improved quality of life for Canadians.

2.2 Moving Forward – A Pan-Canadian Approach

Active2010 is designed to offer opportunities to Ontarians to participate in daily physical activity and become involved in high-quality sport activities.

ActNowBC targets common risk factors for chronic diseases and aims to promote physical activity, healthy eating, living tobacco free, and making healthy choices during pregnancy.

Healthy U is a health promotion and prevention initiative to increase physical activity and healthy eating among Albertans.

Saskatchewan in Motion is a province-wide movement aimed at increasing physical activity for health benefits.

To move forward on healthy living, it is necessary to build upon the many innovative strategies and initiatives that are already in place in an integrated and coordinated way. Over the past 15 years, a number of initiatives in Canada have demonstrated the value of collaborative action on health issues by governments, the voluntary sector and private industry. Coordinated strategies based on a population health approach and a comprehensive framework – such as the National Strategies: New Directions for Tobacco Control in Canada, the National Immunization Strategy, the Canadian Heart Health Initiative, the Community Action Program for Children, Aboriginal Head Start, the Canada Prenatal Nutrition Program and the Early Childhood Development Agreement – have paved the way for successful future collaboration.

The text boxes in the following sections highlight some of the exciting activities underway in many sectors – private, voluntary and non-profit, provincial and municipal, federal and beyond. But all too often, initiatives are undertaken in isolation or focus on one aspect of the Healthy Living issue. Intersectoral cooperation and collaboration are critical, as action to address healthy living goes beyond the mandate of the health sector alone; success requires that all sectors work together to effect change. As well, success entails using all appropriate levers of influence at all possible levels of intervention: this includes public education; policy, legislation and regulations; fiscal measures; advocacy; social marketing; and community action.

> *Taking action on a wide spectrum of factors – and their interactions – known to influence health is essential to reducing health disparities. This requires participation from those sectors whose work aligns with key health determinants.*[18]

The Healthy Living Strategy is an integrated strategy involving all sectors working together towards common goals. This approach is consistent with the World Health Organization's (WHO) *Global Strategy on Diet, Physical Activity and Health*, which states that the responsibilities for action to bring about changes in dietary habits and

[18] *Reducing Health Disparities: Roles of the Health Sector: A Discussion Paper* prepared by the Health Disparities Task Group for the FPT Advisory Committee on Population Health and Health Security; page 28.

Jumpstart, launched by *Canadian Tire*, is designed to help remove barriers to recreation and sports for 20,000 kids across Canada.

President's Choice Blue Menu, a new product line launched by *Loblaws* to promote healthy eating, highlights the nutritional benefits of lower fat, lower calorie and high fibre pre-packaged foods.

Sensible Solutions is a new labelling program promoting healthier foods, soon to be launched by *Kraft Foods*.

Heart Health is a 28-day challenge launched by *Unilever Becel* to improve Canadians' heart health through better nutrition, exercise and relaxation.

patterns of physical activity rest with many stakeholders from public, private and civil society, over several decades. The roles and responsibilities of the various sectors engaged in the Healthy Living Strategy are similar to, and in many respects modelled on, those outlined by the WHO Strategy.

The Healthy Living Strategy offers a means to ensure greater alignment, coordination and direction for all sectors. It provides a forum for multiple players to work collaboratively to achieve common goals, share best practices and leverage ongoing work in other regions. This collaboration and integration ensures that stakeholders, including policy- and decision-makers, are better and more broadly informed, thereby facilitating greater synergy and improved identification of opportunities across sectors. Moreover, the intersectoral nature of the Healthy Living Strategy provides a national mechanism and resource for provinces, territories, the federal government, and other sectors to develop and measure their own healthy living approaches.

Social marketing has already shown itself to be a key factor in the success of the Healthy Living Strategy. Members from a range of sectors, including private, voluntary, government (at different levels), professional, and other, have come together to inform the work of the federal government (Public Health Agency of Canada, Health Canada, Indian and Northern Affairs and Sport Canada) in developing a federal advertising campaign dedicated to promoting healthy eating, physical activity and sport participation. The campaign will be launched in fall 2005/ winter 2006.

The needs of Aboriginal Peoples must also be taken into consideration in the development of the Healthy Living Strategy. Aboriginal participation has been diverse and varied, depending on the particular activity. As members of the Coordinating Committee or the working groups of the Intersectoral Healthy Living

Drop the Pop, led by the *Nunavut Department of Health and Social Services in partnership with the Department of Education and local grocery and co-op stores*, is a school-based campaign that was carried out in 14 schools (34% of Nunavut schools) in 2004 and in 26 schools (63%) in 2005. It consists of the development and distribution of resources for grades K-12 and a challenge for schools/classrooms/students to give up pop for one week.

Network, or in Aboriginal-specific discussions, Aboriginal Peoples and organizations agreed that Aboriginal Peoples could benefit from healthier living through increased physical activity and healthy eating opportunities. While identifying the need for a "carve-out" from the Federal Budget (2005) announcement in support of an integrated healthy living and chronic disease prevention strategy, national Aboriginal organizations also expressed the need for a diversified approach that meets the needs of the various population groups. *Please see Appendix B for the summary report from the dialogue with national Aboriginal organizations.*

An integrated research and surveillance agenda on healthy eating and physical activity is another critical component of the Healthy Living Strategy, which aims to align efforts nationally to effect change and to ensure the following:

- Policy and program decisions are based on timely, regular and meaningful data.
- There is coordination and integration of investments in research, policy and practice.
- Communities have easy, efficient, timely access to the knowledge they need, in usable form, to inform decisions.
- Researchers are better able to conduct research to address policy and practice.
- The existing research is synthesized and translated for use by population and public health organizations.
- Key intersectoral stakeholders at all levels collaborate in the various phases of the knowledge development and exchange cycle, to create the ability to "learn as we go" – what works, and in what context.
- Research, surveillance and evaluation are integrated with policy and program development.

Joint Consortium for School Health
In fall 2004, the *Council of Ministers of Education, Canada* (CMEC) and the *Conference of F/P/T Deputy Ministers of Health* (CDMH) endorsed the establishment of a Joint Consortium for School Health and a School Health Action Plan that address a variety of health, social and learning-related challenges of school-aged children and youth. The founding meeting took place in March 2005.

The endorsement provided by F/P/T Ministers of Health provides the Healthy Living Strategy with the potential to transform the health promotion agenda. Significant inroads have already been made in integrating healthy eating and physical activity in a way that has not been done before. Examples of such initiatives, identified on the basis of the best available evidence of their effectiveness, are available upon request. The examples include provincial/territorial and national strategies for healthy eating, physical activity and/or healthy weights, as well as innovative and successful initiatives developed by NGOs, the private sector and governments that are contributing to the success of broader F/P/T strategies.

An important feature of the success of the Integrated Pan-Canadian Healthy Living Strategy is its capacity to reinforce and build on the momentum of the many current and promising initiatives already under way across the country. Further, the Healthy Living Strategy has the potential to shift and evolve to address emerging issues and priorities, such as mental health and injury prevention.

2.3 Reporting to Canadians

Having set targets and priorities, it is now important to move towards implementation, with a focus on activities with the greatest potential to positively affect the health of Canadians. In this phase, an evaluation strategy will be a first priority to ensure that, collectively, we can measure not only progress on targets, but also the success of and benefit to Canadians of this intersectoral healthy living strategy. Annual progress reports will be provided to future Conferences of F/P/T Deputy Ministers of Health and to F/P/T Ministers of Health.

3.0 A Framework for Action

Action on the Healthy Living Strategy will be undertaken in the following areas:

- Healthy Living Targets;
- Partnerships/Collaboration;
- Research and Surveillance; and
- Public Information.

3.1 Healthy Living Targets

Why Set Targets?

The number of Canadians who are overweight or obese has steadily increased over the last 20 years. The current physical activity patterns of most Canadians are not optimal for health, and the proportion of Canadians reporting poor eating habits is increasing. These are disturbing trends that require immediate attention.

A great deal of work is underway to advance healthy living in Canada. Without a clear goal or measure of success, however, there is no way to know whether these initiatives are having their desired effect. Aggressive targets are needed to generate momentum for lasting behaviour change and to stop, and begin to reverse, the alarming trends in overweight and obesity. With the target set by F/P/T Ministers for physical activity, recreation and sport in 2003 this process is underway for physical activity, but we need to go further. We need to look beyond 2010, and we need to address healthy eating and healthy weight as well.

The Current Situation

For the majority of Canadians, current physical activity patterns are not optimal for health. While less is known about the eating practices of Canadians, we do know that the proportion reporting poor eating habits is increasing.

- In 2001, 21% of Canadians reported their eating habits as being fair or poor compared with 17% in 1997 and 15% in 1994.[19]
- Almost two-thirds (63%) of Canadians aged 12 and over are not sufficiently active to benefit their health.[20] The majority of Canadians aged 12 and over (57%) were classified as "inactive" in the 1996/97 National Population Health Survey.[21]

[19] Tracking Nutrition Trends 1989-1994-1997, 2000. An Update on Canadians' Attitudes, Knowledge, and Reported Actions, 2001.

[20] Canadian Fitness and Lifestyle Research Institute. *Physical Activity Monitor*, Ottawa: CFLRI, 1998.

[21] Federal, Provincial Territorial Advisory Committee on Population Health. 1996-97 Population Health Survey in *Second Report on the Health of Canadians*. Ottawa, 1999.

- Similarly, three out of five children and youth aged 5 to 17 are not active enough for optimal growth and development.[22]

The number of Canadians who are overweight or obese has steadily increased over the last 25 years.

- Today, approximately 59% of adult Canadians aged 18 or older (65% of men and 53% of women) are either overweight or obese (body mass index greater than 25). Nearly one quarter (23%) of the adult population were obese (BMI greater than 30), which was up significantly from the 1978/79 obesity rate of 13.8%.[23]
- In 2004, among children and youth (aged 2 to 17), 18% were overweight and an additional 8% were obese, compared to 12% and 3% in 1978/79.[24]

Mobilizing for Change

Every province and territory in Canada and the federal government has adopted the physical activity target of increasing regular levels of physical activity by 10 percentage points by 2010 (endorsed by Ministers responsible for physical activity, recreation and sport in June 2003), and most already have targets on healthy eating and healthy weights that are consistent with those proposed for the Healthy Living Strategy. *A list of provincial/territorial targets for healthy eating, physical activity and healthy weights is included as Appendix A.*

While the proposed Healthy Living targets have been set to roll out over a 10-year period, to be successful, sustained effort over a much longer period will be required. For this reason, 2015 should be considered as a first marker, with ongoing monitoring and evaluation to be undertaken in order to assess progress and allow for adjustments as appropriate. Measurement tools for the targets will evolve as data become available (e.g. CCHS, measured BMI results, Physical Activity Benchmarks/ Monitoring Program, and other), and appropriate tools will be used or developed where possible to measure progress in older adults, Aboriginal Peoples and other cultures, and other target populations.

It is recognized that targets still need to be set for specific populations (including new Canadians, minority cultural communities and others) as well as indicators to measure reduction in disparities among Canadians by characteristics of sex, race (Aboriginal identity), geographic location and socio-economic factors.[25]

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[22] Canadian Fitness and Lifestyle Research Institute. *Physical Activity Monitor*, Ottawa: CFLRI, 1998.

[23] Nutrition: Findings from the Canadian Community Health Survey. Issue no.1 Measured Obesity: Adult Obesity in Canada, Michael Tjepkema and Margot Shields, 2004.

[24] Nutrition: Findings from the Canadian Community Health Survey. Issue no.1 Measured Obesity: Overweight Canadian Children and Adolescents, Michael Tjepkema and Margot Shields, 2004.

[25] Work in setting indicators for vulnerable, at-risk populations supports recommendations contained in *Reducing Health Disparities: Roles of the Health Sector: A Discussion Paper* prepared by the Health Disparities Task Group for the FPT Advisory Committee on Population Health and Health Security.

Around the world, other countries are striving to address the same issues. For instance, England, Scotland, New Zealand and the United States are only some of the countries that have set targets to increase physical activity and improve healthy eating and healthy weights, consistent with the Canadian healthy living targets. The United States, for example, has set targets to:

- increase to 30% from 15%, the proportion of adults who engage regularly, preferably daily, in moderate physical activity for at least 30 minutes per day;
- increase to 60% from 42% the proportion of adults who are at a healthy body weight;
- increase the proportion of persons aged two years and older who consume at least three daily servings of vegetables, at least one-third being dark green or orange vegetables, from 3% to 50%; and
- increase the proportion of persons aged two years and older who consume at least two daily servings of fruit to 75% from 28%.[26]

For Canada, each Healthy Living target seeks to obtain a 20% increase in the proportion of Canadians who eat healthy foods, are physically active and are at healthy body weights. These targets are ambitious, but achievable, given the many partners from all sectors in Canada implementing activities related to healthy living. Furthermore, such an increase in the physical activity target level is consistent with the current 2010 Physical Activity target. By extending the timeline to 2015, momentum can be sustained.

Given that healthy weights also require improved nutrition, equally aggressive targets are necessary to generate momentum for healthy eating practices and healthy weights. With recent data from the NPHS and CCHS[27] suggesting that the proportion of Canadians with healthy body weights is not increasing over time, despite modest increases in physical activity levels, correspondingly aggressive targets have been set to ensure the desired result of these behaviour changes.

[26] U.S. Department of Health and Human Services. *Healthy People 2010: Understanding and Improving Health.* 2nd ed. Washington, DC: U.S. Government Printing Office, November 2000. www.heartstats.org/datapage.asp?id=1016

[27] Based on data from: NPHS 1994/95, 1996/97 & 1998/99; CCHS 2000/01 & 2003. Data from CCHS cycle 2.2 is to be released in early Summer 2005.

Proposed Healthy Living Targets

Healthy Eating

- By 2015, increase by 20% the proportion of Canadians who make healthy food choices according to the CCHS, SC/CIHI health indicators.[28]

  According to the baseline data in the 2003 CCHS, the proportion of the adult population consuming fruits and vegetables at least five times per day was 39.0%. A 20% increase would mean that 46.8% of people would be doing so.

Physical Activity

- By 2015, increase by 20% the proportion of Canadians who participate in regular physical activity based on 30 minutes/day of moderate to vigorous activity as measured by the CCHS and the Physical Activity Benchmarks/ Monitoring Program.[29]

  According to the baseline data in the 2003 CCHS, 50.4% reported at least 30 minutes of daily physical activity. A 20% increase would mean that 60.5% of people would be participating in regular physical activity by 2015.

Healthy Weights

- By 2015, increase by 20% the proportion of Canadians at a "normal"[30] body weight based on a BMI of 18.5 to 24.9 as measured by the NPHS, CCHS, SC/ CIHI health indicators.[31]

  According to the baseline data in the 2003 CCHS, 46.7% reported heights and weights that translated to a "normal" body weight. A 20% increase would mean that 56.0% of people would have a "normal" body weight.

Nota Bene:
Healthy Living targets will need to be aligned with the Public Health Goals (currently in discussion), accompanied by measures of disparities and disparities reduction, and may be adjusted in the future for consistency. It is expected that the Healthy Living targets will complement and support the broader Public Health Goals.

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[28] This target would seek to measure, for instance, the food insecurity index and the consumption of vegetables and fruits where 5-10 servings/day of vegetables and fruit are recommended in Canada's Food Guide to Healthy Eating, and "increasing the consumption of fruits and vegetables" is one of the dietary recommendations in the WHO *Global Strategy on Diet, Physical Activity and Health*. ref: Health Canada. Summary document from: "The Food and Nutrition Surveillance System: Moving Forward with Nutrition" meeting, March 31, 2003.

[29] The physical activity target builds on the target of 10 percentage points by 2010 set by Ministers responsible for physical activity, recreation and sport. The benchmark of 30 minutes/day is consistent with the WHO *Global Strategy on Diet, Physical Activity and Health*.

[30] "normal" (instead of "healthy") is used to be consistent with terminology used in the Body Mass Index

[31] ref: Health Canada, Canadian Guidelines for Body Weight Classification in Adults, 2003.

Available at: http://www.hc-sc.gc.ca/hpfb-dgpsa/onpp-bppn/weight_book_cp_e.html

3.2 Partnerships/Collaboration

Opportunities for Action

Goals and targets provide a clear focus but, without action, the desired outcomes of improving the overall health of Canadians and reducing disparities are unlikely to be realized. For this reason, the Coordinating Committee and its working groups developed high-priority areas and specific opportunities for action to support the implementation of the Strategy.

These opportunities for action will be taken up by many stakeholders in healthy living, including:

- parents and families
- professionals (health services and beyond)
- communities and non-profit organizations
- Aboriginal Peoples
- provincial, territorial and municipal governments and health authorities (including and beyond the health sector)
- national networks/alliances/initiatives
- federal government (including and beyond the health sector)
- private sector (including media)
- other

With the Healthy Living goals and targets as a standard reference point for all sectors to measure the success of their own strategies and interventions, to be successful, *coordinated* effort is required in a number of areas. For that reason, it is recommended that integrated action be undertaken in activities related to Aboriginal Peoples, as well as policy and programs.

Aboriginal Peoples

Supporting healthy living for Aboriginal Peoples is an important part of the fundamental Strategy goal to reduce health disparities in Canada. F/P/T Ministers of Health (September 2003) requested that officials undertake further dialogue with Aboriginal stakeholders under the direction of the Advisory Committee on Population Health and Health Security (ACPHHS). F/P/T Ministers of Health reconfirmed their commitment in October 2004 and asked that a Healthy Living Strategy be presented to them in September 2005 that is inclusive of an Aboriginal component based on meaningful input with Aboriginal people. National Aboriginal organizations were engaged in a multi-pronged process. *(Please see Appendix B for a summary report of this dialogue.)* Efforts will be made to coordinate the work of the Healthy Living Strategy with current and future initiatives to improve the health of Aboriginal peoples, such as the Aboriginal Diabetes Initiative and the Blueprint for Aboriginal Health.

Policy and Program

To have maximum impact, community-wide policies and programs designed to address healthy eating and physical activity must be:

> *"accompanied by broader environmental changes in areas like urban design, transportation, and food pricing and advertising. For community-wide policies and programs to succeed local governments need to work with all sectors including businesses, non-governmental organizations and citizens, and with senior levels of government." (CPHI, 2004)*

In particular, the Healthy Living Strategy identifies the need for action in order to:

- improve physical activity and healthy eating patterns, behaviours and choices among Canadians; and
- improve access to, and the affordability of, healthy food choices and physical activity opportunities.

Significant effort is already under way, but more can be done. For example, the federal government is currently taking steps to meet the action areas highlighted, as evidenced, for instance, by the revisions being undertaken to Canada's Food Guide to Healthy Eating;[32] the support given to healthy eating and physical activity programs (e.g., the Combined Guide to Healthy Eating and Physical Activity); and the new nutrition labelling legislation. Provincial and territorial governments are also conducting important healthy living initiatives.

Each of these pieces is important, but insufficient if not enhanced through partnerships with other sectors. For instance, the new nutrition labelling will enable private sector companies to provide consumers with understandable nutrition information about their products. Couple these initiatives with improved training for community service providers and there will be strengthened awareness of healthy eating and physical activity choices among Canadians. These efforts would be further reinforced if/when they could be combined with action by municipal and local authorities to ensure that grocery stores with affordable healthy food choices are accessible in low-income areas and to support community food-security strategies (such as community gardens, co-op kitchens, etc.).

Action is also needed to reduce the gap in physical activity levels that exists at different age, sex, abilities, education and income levels.

[32] The revision was undertaken in large part to address challenges related to the understanding and application of the Food Guide by individuals.

> *Leadership on disparities reduction within the health sector is needed to facilitate the roles of the health sector and to support growing awareness and policy action in other sectors to achieve health gains.*[33]

Much is being done to support and encourage physical activity among Canadians,[34] but often the initiatives are disparate and ad hoc. The Healthy Living Strategy offers a valuable means of integrating and aligning those efforts. Programs already exist. For example, *Go for Green's* **Walking School Bus** is designed to provide children with safe, active, sustainable transportation to and from school. It is a component of the national **Active & Safe Routes to School** program, a joint venture of Go for Green, Green Communities Association; the Way to Go! School Program of British Columbia, Recreation Parks Association of the Yukon; Ecology Action Centre (Nova Scotia); Resource Conservation Manitoba; SHAPE Alberta; and the Public Health Agency of Canada. The potential for success would be even greater if these types of efforts were aligned and supplemented by municipal, provincial and federal government initiatives to improve infrastructure and neighbourhood design in such a way as to facilitate and encourage healthy eating and physical activity. This could be achieved, for example, through the establishment of parks, play structures, healthy workplaces and community gardens.

The Healthy Living Strategy also fosters:

- enhanced collaboration and planning across health and "non-health" sectors.

Health promotion and chronic disease prevention extend beyond the scope of the health sector alone. The health of Canadians is affected by the environment, transportation, infrastructure, agriculture and many other areas. Bringing these different areas together will be critical to the success of ensuring the health of Canadians. However, more needs to be done. A good example of a current initiative bringing together members across the health and education sectors is the newly formed Joint Consortium for School Health, which aims to:

- act as a catalyst for strengthening intersectoral collaboration;
- enhance the capacity of stakeholders to work together to promote the healthy development of children and youth through school-based and school-linked policies, programs, and activities;
- develop mechanisms and activities that align efforts at all levels (for example, the establishment of P/T School Health Coordinators); and
- assess the case for local-level School Health Coordinators to act on behalf of local school boards and public health authorities, in partnership with other stakeholders in the community.

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[33] *Reducing Health Disparities: Roles of the Health Sector: A Discussion Paper* prepared by the Health Disparities Task Group for the F/P/T Advisory Committee on Population Health and Health Security; page 26.

[34] Please see Appendix C: Synthesis and Analysis of Existing Environmental Scans on Healthy Living-related Policies, Programs & Initiatives – Executive Summary

Summary of Policy and Program Priorities

Healthy Eating

- Improve healthy eating patterns, behaviours, and choices among Canadians.
- Improve access to, and affordability of, healthy food choices.

Physical Activity

- Support and facilitate affordable, appropriate and accessible physical activity facilities and opportunities.
- Reduce the gap in physical activity levels that exists at different age, sex, abilities, education and income levels.

Cross-sector Collaboration

- Enhance collaboration, understanding and planning across health and "non-health" sectors.

(Please see Appendix D for more detail on policy and program options, including examples of potential strategies to address these priorities.)

The unique needs and concerns of Aboriginal Peoples will be considered as new policies and programs are developed.

3.3 Research and Surveillance

Research includes knowledge development, synthesis, translation and exchange, with an ultimate goal of informing policy and program decision-making. Best practices are addressed through the inclusion of such concepts as intervention research, and the review and development of resources for communities.

A *Healthy Living Integrated Research and Surveillance Agenda*, including best practices, will be used to support and help with the implementation of actions and to measure progress in achieving goals. This agenda seeks to address current gaps, which include:

- lack of implementation and costing data, which are crucial for informed decision-making;
- little coordination among and within sectors, especially in integrating research with policy and practice;
- limited capacity for research and surveillance related to health promotion and prevention; and
- little understanding of what interventions (for example, in the built environment) will best support healthy living.

Canada on the Move, led by the *Institute of Nutrition, Metabolism and Diabetes, CIHR*, is a national platform that will be used for data collection, research and evaluation of programs that support increased physical activity and healthy eating. It engages individual Canadians representing a wide range of demographics to provide information on their physical activity; helps organizations from various sectors to track the success of their programs; and is intended to be a source of data for researchers to evaluate health promotion activities.

In order to address some of these gaps, the following objectives have been specified for the research and surveillance agenda:

- policy and program decisions based on timely, regular and meaningful data;
- coordination and integration of investments in research, policy and practice;
- easy, efficient and timely access by communities to knowledge (in a usable form) needed to inform decisions;
- improved ability of researchers in conducting research to address policy and practice;
- synthesis and translation of existing research for use by population and public health organizations;
- collaboration of key intersectoral stakeholders at all levels in various phases of knowledge development and exchange; and
- integration of research, surveillance and evaluation with policy and program development.

In particular, the agenda will focus on three priority areas:

- increased capacity for knowledge development and exchange to promote healthy eating, physical activity and their relationship to healthy weights;
- increased population-level intervention research to understand and address the determinants of healthy eating, physical activity and their relationship to healthy weights; and
- implementation of an integrated system for knowledge development and exchange regarding policies and programs in the health and "non-health" sectors.

It is understood that research, surveillance and best practices must consider the specific needs of various Aboriginal communities and support knowledge development in the area of disparities reduction.

(Please see Appendix E for more detail on the integrated research and surveillance agenda.)

3.4 Public Information

Social marketing is an important mechanism to communicate messages arising from policy, program, research and surveillance initiatives. The Healthy Living social marketing plan was conceived in collaboration with partners from federal and provincial/territorial governments together with members from the private and voluntary sectors. This plan will contribute to and deliver key messages on each of the targets. For instance, the Healthy Living Strategy currently envisions:

> **Long Live Kids** is an NGO-led initiative led by *Concerned Children's Advertisers* and involving the collaboration of industry, issue experts and government with the goal of providing Canadian children with tools for healthy eating, active living and improved media literacy. There is a series of child-directed public service messages and an education program for educators, parents and community leaders.

- *Forging strategic alliances* – Canadians are faced with an enormous amount of information, including conflicting messages, on how to make healthy choices.
  Forging strategic alliances between the private sector, NGOs and F/P/T governments will assist by offering consistent information from a variety of trusted sources.
- *Healthy Living Strategic Alliance Toolkit* – to assist collaborating organizations in creating common ties between initiatives and programs or messages. In particular, it would address the need for common tools to be used for individual self-assessment and to facilitate behaviour and broader social change.
- *National advertising campaign* – motivating Canadians to be healthier, more physically active and involved in sport, in addition to communicating the importance of integrating these activities into their daily lives.
  - *An Aboriginal-specific social marketing campaign* that is tailored to the diversity of Aboriginal Peoples.
- *Website and 1 800 O Canada* – for Canadians to learn more and access tools for informed healthy living choices.

(Please see Appendix F for more detail on the social marketing strategic plan.)

4.0 Conclusion

Many innovative strategies and initiatives are already in place in all sectors – private, voluntary and non-profit, provincial/territorial and municipal, federal and beyond. But often these initiatives are undertaken in isolation or in an ad hoc manner. The Healthy Living Strategy offers a means to ensure greater alignment, coordination and direction for all sectors. It provides a forum for multiple players to work collaboratively to achieve common goals. This integration ensures that stakeholders are better and more broadly informed, thereby facilitating greater synergy and improved identification of opportunities across sectors. Moreover, the intersectoral nature of the Healthy Living Strategy provides a national mechanism/resource for provinces, territories, the federal government and other sectors to develop and measure their own healthy living approaches.

This integrated action on healthy living will also serve to raise awareness of effective interventions and enable best practices to be shared; fill gaps in knowledge development and exchange; ensure consistent messaging across sectors and to all people; assist community capacity in promoting and supporting healthy living; help counter the rising rates of chronic disease, overweight and obesity; and reduce health disparities.

Taken together, the goals, strategic directions, targets and priorities for action will contribute to the success of the Healthy Living Strategy by helping to:

- improve healthy eating practices and activity levels among Canadians, particularly children and youth;
- increase the prevalence of healthy weights – achieved through healthy means – among Canadians;
- increase access to affordable healthy food choices, appropriate physical activity facilities and opportunities for at-risk and vulnerable communities/individuals;
- improve infrastructure and neighbourhood design that support opportunities for healthy eating and physical activity;
- reduce health disparities; and
- ensure safe and healthy environments that make healthy choices easier.

Appendix A: Provincial/Territorial Healthy Living Targets

The provincial and territorial targets listed in the following chart relate to healthy eating, physical activity and healthy weights only.

Province	Related Target	Coherence
British Columbia ActNowBC – targets common risk factors for chronic diseases and aims to promote physical activity, healthy eating, living tobacco free, and making healthy choices during pregnancy.	Increase by 20% the proportion of BC population who eat the recommended level of fruit and vegetables daily from the current level (2003) of 40% to 48% by 2010	Goal is a 20% increase – same as HLS target
	Increase by 20% the proportion of the BC population who are physically active or moderately active during their leisure time from the current level (2003) of 58% to 69.6% by 2010.	Goal is a 20% increase – same as HLS target
	Reduce by 20% the proportion of the BC population currently classified as obese or overweight from the current prevalence rate (2003) of 42.3% to 33.9% by 2010.	Goal is a 20% decrease – same as HLS target
Alberta Framework for a Healthy Alberta	Increase the proportion of Albertans who are physically active, from 52% (in 2002) to 62% (in 2012)	Goal is a 10% increase – coherent with HLS target
	Increase the proportion of Albertans who eat at least 5 to 10 servings of fruits and vegetables each day, from 34% (in 2002) to 50% (in 2012)	Goal is a 16% increase – coherent with HLS target
	Increase the proportion of Albertans with a healthy weight (Body Mass Index), from 47% (in 2002) to 55% (in 2012)	Goal is an 8% increase – coherent with HLS target; both use BMI as indicator
Saskatchewan	Increase the proportion of the Saskatchewan population who are physically active by 10% by 2010.	Goal is a 10% increase – coherent with HLS target
Manitoba	Increase the proportion of the Manitoba population who are physically active by 10% by 2010.	Goal is a 10% increase – coherent with HLS target
Ontario Active2010	Increase the proportion of Ontarians who are physically active (equivalent of 30 minutes a day of walking) to 55% by 2010.	Goal is a 10% increase – coherent with HLS target

Province	Related Target	Coherence
Quebec Défi Santé 5/30 2005 (30 janvier au 23 avril)	Défi 5/30 invites people in Quebec to move into action by eating more healthily, becoming more active and getting their weight under control	Consistent with HLS targets
Newfoundland & Labrador Healthier Together: A Strategic Health Plan for Newfoundland and Labrador (2003)	Decrease the number of adults in the province who are inactive from 64% to 54% by 2007	Goal is a 10% decrease – consistent with HLS target
	Decrease the proportion of the population who are overweight (Body Mass Index > 25) from 60% to 55% by 2007	Consistent with HLS target; both use BMI as indicator
	Decrease the percentage of youth in the province who are inactive from 33% to 23% by 2007	Goal is a 10% decrease – consistent with HLS target
New Brunswick A Wellness Strategy for New Brunswick (2001)	10% increase in physical activity by 2010	Consistent with HLS target
	5-10 vegetables and fruits a day – increase by 10% by 2010	Consistent with HLS target
	BMI of 20-25 from 36% of New Brunswickers to 46% by 2010	Consistent with HLS target
Nova Scotia	Increase the percentage of population (12 yrs +) who report eating 5-10 fruit/ vegetable servings per day from 29% to 34% by 2009/10.	Consistent with HLS target
	Increase percentage of children and youth who are active for 60 minutes per day, 5 days per week.	Consistent with HLS target
	Increase percentage of adults active enough for health benefits from 44% to 54%.	Goal is a 10% increase – coherent with HLS target
Prince Edward Island PEI Healthy Eating Alliance (intersectoral)	Increase the number of Island children and youth whose eating habits are within the guidelines of the Nutrition Recommendations for Canadians.	Consistent with HLS healthy eating target.
PEI Government PEI Strategy for Healthy Living (2003) www.gov.pe.ca/go/hls	Increase the number of Islanders who participate in regular physical activity by 10% by the year 2010	Consistent with HLS targets
	Increase the number of Islanders with eating habits that support good nutritional health	Consistent with HLS targets

Province	Related Target	Coherence
Yukon	Increase the proportion of the population who are physically active by 10% by 2010.	Goal is a 10% increase – coherent with HLS target
Northwest Territories	Increase the proportion of the population who are physically active by 10% by 2010.	Goal is a 10% increase – coherent with HLS target
Nunavut	Increase the proportion of the Nunavut population who are physically active by 10% by 2010.	Goal is a 10% increase – coherent with HLS target

Appendix B: Aboriginal Peoples and the Healthy Living Strategy – Summary Report[35]

Background

Aboriginal Peoples suffer a great risk and burden of poor health compared with the general Canadian population. Type 2 diabetes, in particular, is increasingly prevalent, as is its main risk factor – excess body weight. Rates have escalated from 9.3% in 1995 to 15% in 2002.

One of the goals of the Healthy Living Strategy is to ensure that it meets the unique needs of Aboriginal Peoples. At their annual meeting in October 2004, Ministers of Health re-confirmed their commitment to the Healthy Living Strategy and asked that a Healthy Living Strategy be presented to them in September 2005.

Aboriginal Participation

Aboriginal participation in activities related to the development of the Healthy Living Strategy was diverse and varied depending on the particular activity.

Intersectoral Healthy Living Network Coordinating Committee and Working Groups

Three national Aboriginal organizations (NAO) were invited to participate in the Coordinating Committee: Assembly of First Nations, Inuit Tapiriit Kanatami, and Métis National Council. These same NAOs were also invited to join any of the four working groups that were established in September 2004. One member of the Research and Surveillance Working Group represented the First Nations House of Learning at The Longhouse of the University of British Columbia. The Public Information Working Group developed a social marketing strategy in collaboration with Indian and Northern Affairs Canada.

A number of meetings were held with the five NAOs (Assembly of First Nations, the Inuit Tapiriit Kanatami, the Congress of Aboriginal Peoples, the Native Women's Association of Canada and the Métis National Council) to determine an agreed-upon approach for the involvement of Aboriginal Peoples. The approach included the following three key elements: an initial information session, group-specific reports with recommendations, and an advisory session.

[35] A copy of the full report (prepared by Blue Sky Planners & Consultants, Inc., March 2005) is available upon request.

Information Session on Healthy Living

An information session was held with participating NAOs on January 31, 2005, to discuss, and provide a starting point for, the Aboriginal Dialogue process on healthy living. It provided an opportunity to examine the various aspects of the Integrated Pan-Canadian Healthy Living Strategy (HLS) and related activities that were underway.

Group-specific Reports with Recommendations

Four NAOs agreed to develop a group-specific report with recommendations and to share their outcomes in an advisory session. They are the Assembly of First Nations, the Inuit Tapiriit Kanatami, the Congress of Aboriginal Peoples and the Native Women's Association of Canada.

Advisory Session on Healthy Living

An advisory session was held on March 3-4, 2005, to invite NAOs to present their draft reports, including their perspectives on healthy living, and to examine approaches to involving Aboriginal Peoples in current activities within the scope of the HLS. A facilitated discussion was held with an Aboriginal consulting firm in order to develop overall recommendations that could be brought forward to the Advisory Committee on Population Health and Health Security. Various participants were in attendance.

Two key questions guided the process, and they are the following:

- How do the initial areas of focus of the Healthy Living Strategy, specifically physical activity and healthy eating, relate to the situation and context of Aboriginal Peoples?
- How do Aboriginal Peoples want to be involved in the current strategic directions and F/P/T activities of the Healthy Living Strategy (e.g., Coordinating Committee of the Intersectoral Healthy Living Network, research and surveillance, the Healthy Living Fund, social marketing, school health, and others)?

Recommendations Made by the National Aboriginal Organizations

Each NAO presented key points specific to each Aboriginal community. The following is a summary of the key points made by the four participating NAOs (the Assembly of First Nations, the Inuit Tapiriit Kanatami, the Congress of Aboriginal Peoples and the Native Women's Association of Canada) at the Advisory Session on Healthy Living of March 3-4, 2005.

Issue-related Topics

- Mental health and food security are priorities.
- Physical activities to support healthy living must be promoted and encouraged at all public events.

- Programs and services available to the Aboriginal population must be coordinated:
  - Carry out Aboriginal community (on/off reserve) surveys to capture needs
  - Support and build on existing programs (not just pilots)
- Increase access to suitable housing.
- Increase health promotion and prevention opportunities.
- Better coordination of services.
- Domestic, racialized and sexualized violence must be taken into consideration.
- Realities of Aboriginal women's lives need to be considered.
- Must support women-centered activities and sports.
- Innovative approaches need to be considered.
- Sexual and reproductive health information needs to be integrated into approaches.
- Promote positive messages.
- Program design must be open and flexible (not prescribed) to support community control.

Stakeholders

- The Aboriginal community needs to be involved in all HLS activities including all facets of the consultation process.
- Youth must be involved in all Healthy Living Strategy processes.
- There must be control of off-reserve programs by Aboriginal off-reserve organizations.
- Include Indian and Northern Affairs Canada (INAC), HC, PHAC, First Nations Governments, CCOH and the National First Nations Health Technicians Network.
- Strategy needs to be applied at national, regional and local levels.

Process

- Build on the precedents set by the Blueprint on Aboriginal Health and the 2005 First Ministers meeting.
- Recognition of First Nations jurisdiction in health service delivery founded on Treaty and Inherent Rights.
- Minimal national framework with measurable, attainable expectations.
- A gender-based analysis is required.

Further Development

The NAOs support the further development of an Aboriginal-specific component of the Integrated pan-Canadian Healthy Living Strategy through the following activities or processes:

- funding allocated to each Aboriginal organization leading this development, both at the national and regional levels through their different, yet complementary, processes;

- meaningful engagement of NAOs in the federal, provincial and territorial processes;
- regional dialogues led by Aboriginal governments, service delivery organizations and community groups;
- a gender-based analysis that recognizes the unique role of Aboriginal women in promoting health and well-being;
- involvement of Aboriginal youth;
- exploration of the necessary linkages to existing F/P/T and Aboriginal processes.

Consensus was reached by the participating NAOs on key guidelines for success in the further development of an Aboriginal component of the Integrated pan-Canadian Healthy Living Strategy.

Linkages with Other Initiatives

At the September 13, 2004, Special Meeting of First Ministers and Aboriginal Leaders, F/P/T Ministers responsible for Health and Aboriginal Affairs were tasked to work in partnership with Aboriginal leaders to develop a Blueprint on Aboriginal Health and report back within one year at the fall 2005 First Ministers Meeting.

The purpose of the Blueprint is to improve the health status of Aboriginal peoples and health services in Canada through concrete initiatives for:

- improved delivery of and access to health services to meet the needs of all Aboriginal peoples through better integration and adaptation of all health systems;
- measures that will ensure that Aboriginal peoples benefit fully from improvements to Canadian health systems; and,
- a forward-looking agenda of prevention, health promotion and other upstream investments for Aboriginal peoples.

Efforts will be made to coordinate the work of the Healthy Living Strategy with the above initiatives.

Appendix C: Synthesis and Analysis of Healthy Living-related Policies, Programs and Initiatives – Executive Summary[36]

In September 2002, the federal/provincial/territorial (F/P/T) Ministers of Health announced the Integrated pan-Canadian Healthy Living Strategy, a collaborative effort to reduce the incidence of non-communicable diseases in Canada by addressing their common risk factors and the underlying conditions that contribute to them. The Strategy's two main goals are to improve health outcomes and to help reduce health disparities.

The initial areas of focus for the Strategy are physical activity and healthy eating and their relationship to healthy weights. To increase understanding about the scope of current efforts and priority areas for action, the Healthy Living Task Group commissioned a research project to identify and analyze existing healthy living environmental scans summarizing relevant programs, policies and other initiatives. The results of the research, which are summarized in this report, are intended to provide a strategic foundation for expanding and enhancing existing policies and programs, building new linkages and otherwise moving forward in a strategic way to develop and implement healthy living priorities that will benefit Canadians.

Conducted from mid-March to early May of 2005, the study involved interviews with more than 50 key informants, including members of the key groups associated with the Strategy (Healthy Living Task Group, Healthy Living Coordinating Committee, Healthy Living working groups). Respondents were asked to identify existing scans relevant to the project and to comment on key opportunities and challenges in the area of healthy living in Canada. In addition to the interviews, the researchers conducted further telephone and Web research to obtain the recommended scans and other documents.

The results of the research, including an analysis of more than 40 scans and other documents and the key informant interviews, clearly demonstrate that there is a receptive environment for moving forward on a pan-Canadian healthy living agenda. Many of the provinces and territories have their own healthy living strategies either in place or in development. A number of key national organizations and alliances are working together to focus on a range of healthy living issues, including obesity and chronic disease prevention. As well, an array of successful programs are up and running in communities across the country. And healthy living issues appear to be high on the public agenda, with concerns about obesity and the life-enhancing benefits of healthy eating and physical activity receiving increasing attention.

[36] A copy of the full report (prepared by BeverleyWebster &Associates, May 13, 2005) is available upon request.

The research also identified a number of important issues that will help to guide the strategic direction of current and future activities aimed at promoting healthy living in Canada. Specifically, the scans and the key informant interviews underscored the need for:

- a well-articulated, comprehensive and integrated strategy that provides guidance and support for ongoing efforts to advance healthy living;
- strong, centralized leadership to provide direction and support in promoting and advancing healthy living initiatives;
- a multisectoral approach that brings together the full range of players to mobilize and coordinate efforts;
- supportive policy and regulatory options that encourage life-enhancing behaviours;
- evidence-based research, including the development of targets and indicators, and rigorous impact evaluation, from which to plan and deliver programming, develop policy and ensure sustained progress;
- targeted policies and programs that address existing health disparities and the specific needs of a range of groups;
- supportive environments that encourage healthy, active living;
- comprehensive and effective communications and social marketing initiatives that provide clear messages to Canadians about the implications of their lifestyle choices, and strategies for improving them;
- enhanced funding that supports ongoing development and implementation of healthy living infrastructure and processes, as well as policies, programs and other initiatives across the country.

With these issues in mind, the report makes a number of recommendations for action that can be undertaken by governments, communities, the private sector, health care professionals, and parents and families to build on the current momentum and achieve substantial progress.

Appendix D: Policy and Program – Opportunities for Action

Please note that the following list is preliminary and serves to illustrate possible policy/program activities that could be undertaken to help realize the Healthy Living goals and targets. The timelines are somewhat arbitrary as work will necessarily be required to meet the timelines noted.

Strategy #1 Healthy Eating

- **Improve healthy eating patterns, behaviours, and choices among Canadians; and**
- **Improve access to, and affordability of, healthy food choices**

Sample Activities:

Short Term (6–18 months)

Parents/families

- Engage in and promote healthy dietary intakes and active lifestyles (increased physical activity, reduced TV and other screen time, more healthy diets).

Health professionals

- Routinely track BMI in children and youth and offer appropriate counseling and guidance to children and families.
- Include nutrition training and continuing education for community health service providers.

Community/NGO

- Strengthen healthy eating programs, especially for high-risk populations, including Aboriginal people and new Canadians.

Provincial/municipal/health authorities

- Develop school nutrition policies/standards as part of comprehensive school health efforts.

Federal

- Support P/T collaborative opportunities to assist in developing and implementing healthy eating programs and policies.

Private sector

- Increase the availability of nutritional content information of unlabelled foods in food outlets.

Medium Term (18–60 months)

Community/NGO

- Develop and implement programs with "hands on" education for key target audiences – Aboriginal, new Canadians, low income Canadians, young parents, and seniors.

Provincial/municipal/health authorities

- Ensure that grocery stores with affordable healthy food choices are accessible in low income areas.
- Support community food security strategies (e.g. community gardens, coop kitchens).

Federal

- Investigate ways to subsidize access to healthy food choices.

Private sector

- Consider introducing new products with better nutritional value.

Strategy #2 Physical Activity

- **Support and facilitate affordable, appropriate and accessible physical activity facilities and opportunities.**
- **Reduce the gap in physical activity levels that exists at different age, sex, education and income levels.**

Sample Activities:

Short Term (6–18 months)

Parents/families

- Engage in and promote healthy dietary intakes and active lifestyles (increased physical activity, reduced TV and other screen time, more healthy dietary behaviour).

Health professionals

- Provide clear and consistent messages to clients that promote and support healthy eating and physical activity.

Community/NGO

- Include physical activity in existing and new community programs, especially for high-risk populations, including Aboriginal people and new Canadians.

Provincial/municipal/health authorities

- Enhance physical activity opportunities through changes in ordinances, infrastructure improvement programs, urban planning regulations, and other planning practices.

Federal

- Set up multiyear F/P/T bilateral agreements to assist with P/T integrated physical activity/healthy eating strategies.
- Develop physical activity guides for people with disabilities, Aboriginal populations.

Medium Term (18–60 months)

Health professionals

- Include physical activity training and continuing education for community health service providers.

Provincial/municipal/health authorities

- Improve neighbourhood design to facilitate and encourage healthy eating and physical activity (e.g. parks, play structures, workplaces, community gardens, etc).
- Facilitate access to facilities in rural and remote communities (e.g. community centres and church halls), as well as for those with disabilities.

Federal

- Investigate ways to reduce user fees and subsidize access to physical activity opportunities.

Private sector

- Assist in developing and implementing healthy eating and physical activity programs.

Strategy #3 Cross-Sector Collaboration

- **Enhance collaboration, understanding and planning across health and "non-health" sectors**

Sample Activities:

Short Term (6–18 months)

Community/NGO

- Lead grass-roots mobilization and advocacy efforts to place healthy eating and physical activity high on the public agenda.
- Share best practices/lessons learned (especially re evaluation of projects).

Federal

- Support research, surveillance, dissemination, monitoring and evaluation.
- Allocate some infrastructure investments to projects that support physical activity and healthy eating.
- Review and prioritize recommendations from the recent National Roundtable Reports (i.e. on physical activity and others).

Medium Term (18–60 months)

Federal

- Undertake feasibility study on fiscal measures to encourage healthy living (i.e. tax credits/penalties, subsidies, price supports, etc.)
- Explore regulation of advertising and marketing to children in support of healthy living.

Long Term (5 years plus)

Health professionals

- Update assessment tools for health care professionals (example: revise PAR-Q and PAR-MED).
- Work to include and maintain nutrition services as part of comprehensive health services in both existing and evolving community-based settings.

Community/NGO

- Enhance vibrant national voluntary sector in support of healthy living.

Federal

- Regulate land-use and transportation policy to promote active transportation.
- Support healthy community design and infrastructure.

Appendix E: Integrated Research and Surveillance Agenda

Mandate

The mandate of the Research and Surveillance Working Group of the Intersectoral Healthy Living Network Coordinating Committee is to support the development of an integrated research and surveillance agenda on physical activity, healthy eating and their relationship to healthy weights, by building on existing efforts.

Current Context

Since September 2002, the Federal/Provincial/Territorial (F/P/T) Ministers of Health have been working together on an *Integrated Pan-Canadian Healthy Living Strategy*. The goals of the Strategy are to improve overall health outcomes and to reduce health disparities. The initial areas of emphasis for the Strategy are physical activity, healthy eating and their relationship to healthy weights.

In September 2003, the F/P/T Ministers of Health endorsed the Healthy Living Strategy Framework, involving action in the areas of research and surveillance, including best practices.

A pan-Canadian initiative such as the Healthy Living Strategy must be intimately linked to an integrated research and surveillance agenda to ensure that policy and program interventions are based on the best possible evidence. At all levels (federal/provincial/territorial, regional and local) integrated efforts in knowledge development, synthesis, translation and exchange on physical activity and healthy eating are required to guide population and public health promotion and to support community activities.

Knowledge development (through research and surveillance), knowledge synthesis, knowledge exchange and the application of knowledge into policies, programs and practices are strategic directions of the Healthy Living Strategy Framework.

Background – Development of Research and Surveillance Agenda

In September 2004, the Coordinating Committee of the Intersectoral Healthy Living Network (IHLN) was formed and held its first meeting. Four working groups were established, including the Research and Surveillance Working Group (Working Group). The Working Group comprised approximately 25 individuals across diverse sectors, lenses and perspectives.

To achieve its goal, the Working Group identified gaps and recommendations for action in the areas of research, surveillance and best practices through a review of key documents in Canada and internationally. A matrix and synthesis were prepared

to identify action areas of high priority. Strategies and activities to address the action statements were subsequently developed in collaboration with the Intersectoral Healthy Living Network Coordinating Committee.

Rationale for a Primary Focus on Knowledge Development and Exchange

Development of knowledge that can directly guide policy and program decision-making can be informed by research and surveillance activities.

Population-level intervention research is a form of research intended to understand and address real world concerns in different contexts, recognizing their complexity and attempting to answer such questions as "What are the effects of policies and programs on the health of populations?"

Multiple sectors (e.g. food industry, all levels of government, including departments of recreation, agriculture, finance, etc.) implement policies and programs that have an impact (beneficial or deleterious) on healthy eating and physical activity. The impact of these interventions is rarely studied: we miss critical opportunities to study these "natural experiments" to learn what works and in what context, in order to inform future policies and programs. The ethical onus is to support fewer but more rigorously evaluated interventions that have been demonstrated to be more effective and safe. For example, some healthy living interventions have, in the past, been shown to increase rather than reduce health disparities. It is also important to assess the probable impact of a policy or program decision before a decision is made to implement (and evaluate) it.

With so many social, cultural and environmental factors affecting an individual's conditions for healthy living, health surveillance is an essential tool in knowledge development. Surveillance helps us understand overall progress, as well as the factors, subpopulations, and trends that require the most attention; it can also measure the combined impact of policies and programs at the population level.

For expenditures on investments in research and surveillance to have impact, the knowledge gained must be synthesized, translated and exchanged with those who make policy and program decisions. Alternatively, policy and program decision-makers are key drivers of the research and surveillance undertaken.This is central to integrating knowledge use within the health promotion and chronic disease prevention system. Special skills are needed to assemble the available information into useful tools for decision-makers. Underfunding of research, surveillance and knowledge exchange at all levels over the past decade has left Canada with a significant shortage of expertise.

Given the importance of improved risk factor surveillance systems, some levels of government have already made expenditures in this area. In addition, through an F/P/T process, the surveillance systems for the Chronic Disease Risk Factors Task

Group of the Advisory Committee on Population Health and Health Security (ACPHHS) developed a detailed strategy for surveillance relevant to healthy living, including physical activity and healthy eating. Since the surveillance Task Group also reports to the ACPHHS, their efforts have been incorporated in the development of this Integrated Research and Surveillance Agenda. To reduce duplication (a principle of the Healthy Living Strategy), the Research and Surveillance Working Group of the Healthy Living Strategy did not develop a detailed action plan for surveillance but, rather, highlighted surveillance as a necessary tool where appropriate.

Summary of Gaps

- Factors like the built environment (e.g., road and transportation systems) are known to have an impact on the physical activity and body weight of the population. But little is known about which specific interventions will best support healthy living.
- Determining and analyzing causal relationships that drive positive change will facilitate effective decision-making and funding decisions.
- Implementation and costing data are often not collected and/or disseminated with research results. Such data are crucial for informing decisions. Implementation, cost-benefit and cost-effectiveness analyses must become central components of prevention research to guide policy-makers on the best use of limited resources.
- Multiple sectors and systems (e.g., those responsible for public policy, public health programs and research funding) often do not coordinate their efforts. A culture shift, incentives, and enabling mechanisms are needed to integrate research, policy, and practice.
- Qualified researchers and program evaluators must be directed to and provided with the resources necessary to tackle the problems of greatest importance to decision-makers.
- It is difficult to obtain funding to build the public assets (e.g., local data collection systems to support planning, evaluation and knowledge generation; linked databases; and technology-based interventions for non-profit public health intervention) required to integrate research, policy and practice, and to use resources to best advantage.
- Research funding agencies have limited capacity to fund strategic research
- Chronic underfunding of prevention research and public health systems for surveillance, knowledge synthesis and exchange means that there is limited capacity for this work in Canada. New capacity must be developed to implement a successful healthy living strategy.

Integrated Research and Surveillance Agenda

Vision

Canadians will have improved overall health outcomes and reduced health disparities as a result of effective policies and programs based on synthesis, translation and exchange of knowledge based on research and surveillance.

Goal

To implement an integrated system that has seamless linkages between research, surveillance, policy and practice for physical activity and healthy eating.

Objectives

The objectives of the overall Healthy Living Strategy are the following:

- increased prevalence of healthy weights – achieved through healthy means – among Canadians
- increased levels of regular physical activity among Canadians
- improved healthy eating practices and activity levels among Canadians, particularly infants, children and youth
- increased access to affordable healthy food choices, appropriate physical activity facilities and opportunities for at risk/vulnerable communities
- improved infrastructure and neighbourhood design that support opportunities for healthy eating and physical activity
- reduced health disparities.

The objectives of the *Integrated Research and Surveillance Agenda* are consistent with those of the Healthy Living Strategy (above) and include the following:

- Policy and program decisions are based on timely, regular, and meaningful data.
- There is coordination and integration of investments in research, policy and practice.
- Communities have easy, efficient, timely access to the knowledge they need, in usable form, to inform decisions.
- Researchers are better able to conduct research to address policy and practice.
- The existing research is synthesized and translated for use by population and public health organizations.
- Key intersectoral stakeholders at all levels collaborate in the various phases of the knowledge development and exchange cycle, to create the ability to "learn as we go" – what works, and in what context.
- Research, surveillance and evaluation are integrated with policy and program development.

Strategies

The following priorities are proposed to further develop an integrated research and surveillance agenda:

Strategy # 1
Increase capacity for knowledge development and exchange to promote healthy eating, physical activity and their relationship to healthy weights.

Strategy # 2
Increase population-level intervention research to understand and address the determinants of healthy eating, physical activity and their relation to healthy weights.

Strategy # 3
Implement an integrated system for knowledge development and exchange regarding policies and programs in the health and "non-health" sectors.

Guiding Principles

The development and implementation of the *Integrated Research and Surveillance Agenda* are guided by the following principles:

- The *Integrated Research and Surveillance Agenda* should be consistent with the Integrated Pan-Canadian Healthy Living Strategy.
- Given the intersectoral nature of the Healthy Living Strategy, key stakeholders should be involved in various roles and multiple activities throughout the continued development and implementation of the *Integrated Research and Surveillance Agenda*.
- The *Integrated Research and Surveillance Agenda* should be based on a population health approach and take into account the broader public health context (e.g., development of a pan-Canadian public health strategy).
- The *Integrated Research and Surveillance Agenda* is being recommended to the F/P/T Deputy Ministers of Health and the F/P/T Ministers of Health. This *Integrated Research and Surveillance Agenda* has been developed as a proposed plan and is evolving.
- The diversity of people and environments in Canada must be recognized and reflected in the development and implementation of the *Integrated Research and Surveillance Agenda.*
- The "integrated" (research, surveillance, policy, practice) nature of this *Integrated Research and Surveillance Agenda* is an inherent part of its added value to ensure continuous generation and use of timely, pertinent data that contribute to ongoing improvement in policies and programs.

Integrated = *adj.* **combined into a whole; united; undivided.**
(Canadian Oxford Dictionary: 2001)

Key Related Stakeholders *[List Appears in Alphabetical Order]*

A list of stakeholders has been prepared to provide an overview of the current landscape of the research, surveillance and best practices field related to physical activity and healthy eating. This list is not meant to be exclusive and is open to further modification.

- Government of Canada
  - Example(s): Canadian Institutes of Health Research
    Canadian Heritage
    Health Canada
    Indian and Northern Affairs Canada
    Public Health Agency of Canada
    Social Development Canada
    Statistics Canada
    Transport Canada

- National Non-Governmental Organizations
  - Example(s): Canadian Fitness and Lifestyle Research Institute
    Canadian Institute for Health Information
    Canadian Population Health Initiative
    Canadian Society for Exercise Physiology
    Chronic Disease Prevention Alliance of Canada
    National Cancer Institute of Canada
    Regional health authorities and public health units

- Private Sector

- Provincial/Territorial Governments

- Universities

Strategy #1 Increase capacity for knowledge development and exchange to promote healthy eating, physical activity and their relationship to healthy weights

Activities:

Short Term (6–18 months)

- Identify and align strategic directions, investments, knowledge generation and exchange activities.
  - Identify appropriate and relevant course of action or mechanisms; determine key stakeholders to involve in order to accomplish particular activities; review plans and priorities.
  - Develop, implement and integrate activities of various partners across sectors.

Medium Term (18–60 months)

- Create a sustainable, intersectoral knowledge development and exchange system through national and/or regional centres for continuously improving policy and programs in the health and non-health sectors.
  - Leadership by the federal government for developing and maintaining the infrastructure, in collaboration with an intersectoral advisory group (note: this could involve building on existing and/or developing infrastructure)
- Increase and promote institutionalized opportunities for cross-sectoral collaborations and exchanges for researchers, policy-makers and practitioners across various environments and sectors.
  - Leadership by the Public Health Agency of Canada, supported by an intersectoral advisory group

Strategy #2 Increase population-level intervention research to understand and address the determinants of healthy eating, physical activity and their relationship to healthy weights

Activities:

Medium/Long Term (18–60 months, +)

- Establish a group of leaders who are currently building foundational capacity in this field to align investments and plans across organizations.
- Support the development of common tools, measures, and mechanisms (e.g. data collection, analysis and translation) that can be used by multiple communities and sectors to facilitate both synthesis and exchange of knowledge and surveillance.
- Develop a longitudinal study on healthy living that will examine various population level indicators.
- Conduct cost-benefit analyses of the impact of health and non-health sector policies and programs at all levels
  - Leadership by the Public Health Agency of Canada, supported by an intersectoral advisory group

Strategy #3 Implement an integrated system for knowledge development and exchange regarding policies and programs in the health and "non-health" sectors

Activities:

Medium/Long Term (18–60 months, +)

- Examine and expand upon successful models of integrated decision-making systems to facilitate intersectoral planning.
- Support the development and exchange of practical and relevant resources for communities.
  - Leadership by the Public Health Agency of Canada, supported by an intersectoral advisory group

Appendix F: Public Information – Social Marketing Strategic Plan

Initiative #1 Healthy Living & Sport Participation Advertising Campaign

Objective:

The overall objective of the national advertising campaign is to motivate Canadians to eat more healthily, be more physically active and to participate in sport, in addition to communicating the importance of integrating these activities into their daily lives. The campaign will demonstrate how making small steps can lead to significant improvements to Canadians' health.

Rationale:

Research has shown that while some effort has been made on many levels to encourage Canadians to eat healthily and engage in regular physical activity, an increasing number of Canadians are overweight and obese.

Target Audience:

- *Primary target audience: General population* – parents aged 25-45 years of age with children aged 2-12 years, with a particular emphasis on women; *Aboriginal peoples* – parents and people caring for children 2-12 years;
- *Secondary target audience: General population* – relevant intermediaries i.e. NGOs, private sector, provincial/territorial governments, health professionals, and sport and community partners; *Aboriginal peoples* – children aged 8-12 years, community leaders, teachers and health professionals.

Timeline:

The launch of the campaign is expected in fall/winter 2005-2006.

Evaluation:

Tracking surveys will be conducted at regular intervals in addition to the Advertising Campaign Evaluation Tool (ACET). Other public opinion research activities preceding the actual evaluation will include qualitative research to test creative products developed for the advertising campaign as well as the Website and associated tools.

Initiative #2 Website and 1 800 O Canada

The Website and the 1 800 O Canada provide the target audience with ways to access useful information about healthy living tools. On the Healthy Living Website, there will be a link to provincial 1 800 lines to provide more local information.

Objective:

- Provide the target audience with a one-stop shop that provides solutions to incorporate healthy eating, physical activity and sport participation into their busy lives.
- Encourage users to return to the Website and regularly use the information and tools provided.
- Fulfill the strategic goals and mandate of the Healthy Living and Sport Participation Advertising Campaign.

Rationale:

The Website will be the main place to go to get reliable, credible and up-to-date information on healthy living. The Web provides users with the flexibility they need to find tips and information to incorporate healthy living habits into their daily life.

Information Architecture:

- Website will focus on "what, where and how" to achieve healthy living.
- Information architecture will be structured by setting – at home, at school, at work and in the community – in order to integrate as much as possible the three main components, which are sport participation, healthy eating and physical activity.
- Other sections of Website: campaign information, government initiatives, success stories, the basics of healthy living, interactive area and health professionals.

Interactive Features:

Specific interactive features will be designed for the launch. The site will be built in a phased approach, in which some content will be developed for the first phase and additional content will be developed for the second phase to ensure novelty and get repeat visits to the site.

Timeline:

The launch is expected in fall/winter 2005-2006 to coincide with the advertising campaign.

Initiative #3 Strategic Alliances Plan

Objective:

Canadians are faced with an enormous amount of information, including conflicting messages, on how to make healthy choices. Forging strategic alliances with the private sector, NGOs and the provinces/territories will assist by offering consistent information from a variety of trusted sources.

Rationale:

While an advertising and communications campaign can be designed and implemented at the national level, the majority of tools and resources that encourage healthy eating, physical activity and sport participation are located at the local level. Therefore, national initiatives need to be complemented by more localized initiatives, tools and resources attained through the leverage of existing programs and stakeholder activities.

Timeline:

Opportunities for strategic alliances are already being identified, with a view to establishing alliances over the course of 2005-2006.

Initiative #4 Strategic Alliances Toolkit

Objective:

Consideration is being given to the development of a Healthy Living Strategic Alliance Toolkit. The toolkit would assist participating organizations from all sectors in creating common ties between federal initiatives and their own programs or messages. In particular, it would address the need for common tools to be used for individual self-assessment and to facilitate behaviour and broader social change.

Rationale:

Health Canada, the PHAC, Canadian Heritage and INAC will be developing a variety of materials and tools as part of its Healthy Living and Sport Participation plan. These resources will complement the advertising campaign and could be distributed through provincial, territorial and municipal delivery networks. For example, municipal recreation facilities and community centres may be a good channel for the distribution of printed materials. As well, information, ideas and resources developed by one government could be shared with others and adapted to suit different populations, allowing wider use by Canadians.

Implementation:

Possible materials for inclusion in the toolkit include:

- key messages on healthy eating, physical activity and sport participation
- research facts on Canadians and healthy eating, physical activity, sport participation, obesity and related illness
- Body Mass Index Chart
- information on reading and interpreting nutrition labelling
- combined Guide to Healthy Eating and Physical Activity
- portion size information
- information on how to measure levels of physical activity (e.g. pedometers)
- information on recommended levels and types of physical activity

- Health Canada guidelines on strategic alliances, and use of information and federal government identifiers.

The main distribution channel for the toolkit will likely be the Health Canada, PHAC, Canadian Heritage, and/or Canadian Health Network Websites, although limited print copies will also be used. Partners will be encouraged to contribute by providing expertise and advice on related issues, such as mental health and physical activity. Once a healthy living and sport participation Website has been developed, links to partners' sites on these issues may be beneficial. The items contained in the toolkit will be made available in a way that allows partners to manipulate the tools so that they are suited to unique audiences.

Timeline:

The Strategic Alliances Toolkit is to be developed over the course of 2005-2006 with a view to beginning implementation early in 2006-2007.