

**Ontario Collaborative Group on Healthy Eating and Physical Activity (OCGHEPA)  
Advocacy Subcommittee  
Submission to the Standing Committee on Finance and Economic Affairs  
January 2014**

---

**OCGHEPA – A Comprehensive and Collaborative Approach**

The OCGHEPA is a provincial collaboration of health professionals from organizations dedicated to addressing population-based issues related to healthy eating and physical activity. By aligning our health promotion efforts, the OCGHEPA ensures that a systems approach is taken in order to ensure that recommendations and action are comprehensive and inclusive.

**Summary of OCGHEPA Recommendations**

To further advance healthy eating and active living in Ontario, the OCGHEPA submits the following recommendations for consideration by the Standing Committee on Finance and Economic Affairs and the Ministry of Finance:

- Adopt a “Health in All Policies” approach to ensure that healthy eating and physical activity initiatives are a priority for all ministries.
- Support the implementation of an [Ontario Food and Nutrition Strategy](#) and the Healthy Kids Panel recommendations with staffing and resourcing that will ensure cross-ministry and cross-sector collaboration and a strong voice within government to move these strategies, recommendations and outcomes forward.
- Improve access to quality physical activity opportunities for children at school and in the community.
- Create or revitalize built and social environments in which we live, work and play to support and encourage healthy eating and active living.
- Monitor and evaluate programs, policies and strategies to improve health and reduce health inequities and work on further execution of the provincial poverty reduction strategy, with attention to the food and nutrition components.

**Government Opportunity: Align Budget with Needs**

In Ontario, in 2009, it was calculated that the economic burden of physical inactivity was \$3.4 billion while the burden associated with obesity was \$4.5 billion.<sup>1</sup> Health care costs are projected to reach 70 per cent of the provincial budget by 2022 and 80 per cent by 2030.<sup>2</sup> To tackle these challenges proactively, the Government of Ontario must invest in cost-effective strategies that address the social, cultural and environmental factors influencing poor diet and physical inactivity levels that are responsible for substantial health risks for Ontarians.

The [Drummond](#) report has highlighted the need for increased health promotion as vital to saving health care dollars.<sup>3</sup> A large number of chronic diseases such as cancer, type 2 diabetes, heart disease and stroke, can be prevented through lifestyle changes through healthy public policies. Influencing societal lifestyle behaviours is the key to Ontario becoming the healthiest province in Canada. With 25 per cent of health care costs due to preventable illnesses, the government must recognize that now is the time to invest in a healthier Ontario.<sup>4</sup>

Chronic disease prevention should be at the forefront of provincial budget considerations across the country, yet Ontario is lagging, allocating only one-third of the amount in total health

---

<sup>1</sup> Health and Fitness Journal of Canada, ISSN 1920-6216, Vol 4, No. 4. December 30, 2011.

<http://www.healthandfitnessjournalofcanada.com/index.php/html/article/view/112/78>

<sup>2</sup> George Zegarac, Food and Health – Advancing the Policy Agenda, 2010 [http://blogs.ivey.ca/agri-food/files/2010/07/5500-2\\_food\\_and\\_health-report.pdf](http://blogs.ivey.ca/agri-food/files/2010/07/5500-2_food_and_health-report.pdf)

<sup>3</sup> Commission on the Reform of Ontario's Public Service. Public Services for Ontarians: A Path to Sustainability and Excellence. February 2012. <http://www.fin.gov.on.ca/en/reformcommission/chapters/report.pdf>

<sup>4</sup> Ministry of Health and Long-Term Care. Ontario's Action Plan for Health Care: Better patient care through better value from our health care dollars. January, 2012.

[http://www.health.gov.on.ca/en/ms/ecfa/healthy\\_change/docs/rep\\_healthychange.pdf](http://www.health.gov.on.ca/en/ms/ecfa/healthy_change/docs/rep_healthychange.pdf)

behaviour strategies that British Columbia allocates (\$7.40 vs. \$21.00 per person, per year).<sup>5</sup> The Institute for Clinical Evaluation Sciences identified the need for increased financial commitment for the purpose of health promotion by government by a total increase of \$170 million more per year, in order to improve health behaviours related to physical activity, diet and obesity.<sup>6</sup>

Obesity is becoming as big a threat to health as tobacco.<sup>7</sup> Over 60 per cent of Ontario adults are overweight or obese. More concerning, 27 per cent of Ontario children and youth aged 2 to 17 are overweight or obese.<sup>8</sup> Only 15 per cent of adults achieve the minimum recommended amount of 150 minutes of moderate-to-vigorous intensity physical activity per week.<sup>9</sup> Young people fare even worse with just 7 per cent of those aged 5 to 17 attaining the minimum level of physical activity each day.<sup>10</sup>

In its [Action Plan for Health Care in Ontario](#), the Government committed to promoting healthy behaviours, supporting lifestyle changes and better managing chronic disease. There is an urgent need for Ontario to take action on the recommendations put forward by experts and stakeholders, such as in the [Ontario Food and Nutrition Strategy](#)<sup>11</sup> and the [Healthy Kids Panel](#)<sup>12</sup>, in order to set clear goals and measurable targets for health that should be as ambitious as other leading jurisdictions.<sup>13</sup>

## OCGHEPA Recommendations - Background

**Adopt a “Health in All Policies” approach to ensure that healthy eating and physical activity initiatives are a priority for all ministries.**

As noted in the November 2009 report put forward by the Institute for Clinical Evaluation Sciences (ICES), Ontario must not lose sight of the imminent need to address the need to improve the health of citizens through a comprehensive, whole of government approach. Through government priorities being integrated with health initiatives, improving the health of all Ontarians can be maintained as the number one priority.

Dr. Arlene King, Ontario’s Chief Medical Officer of Health emphasizes in her [2010 report](#) that “real public health – the kind of public health Ontarians deserve – will truly be practiced only when we apply a health lens to every policy that is implemented in this province, every program that is carried out and every service that is delivered”.<sup>14</sup> To help achieve the target childhood obesity

---

<sup>5</sup> Institute for Clinical Evaluative Sciences. What Does it Take to Make a Healthy Province? ICES, November 2009. [www.ices.on.ca/file/Healthy%20province%20November%20release.pdf](http://www.ices.on.ca/file/Healthy%20province%20November%20release.pdf)

<sup>6</sup> Ibid.

<sup>7</sup> Haomiao Jai PhD, Erica I. Lubetkin, MD, MPH “Trends in Quality-Adjusted Life-Years Lost Contributed by Smoking and Obesity, *American Journal of Preventive Medicine*, Feb. 2010, 138-144.

<sup>8</sup> Shields M. Measured obesity. Overweight Canadian children and adolescents. In: Nutrition: findings from the Canadian Community Health Survey 2004; Issue 1 (cat no 82-620-MWE2005001). Available from: <http://www.statcan.gc.ca/pub/82-620-m/2005001/pdf/4193660-eng.pdf>

<sup>9</sup> Statistics Canada, Canada Health Measures Survey – Physical Activity of Canadian Adults, 2011 [www.statcan.gc.ca/pub/82-003-x/2011001/article/11396-eng.htm](http://www.statcan.gc.ca/pub/82-003-x/2011001/article/11396-eng.htm)

<sup>10</sup> Ibid.

<sup>11</sup> Ontario Collaborative Group on Healthy Eating and Physical Activity, Ontario Food and Nutrition Strategy, Dec 2012. Available from: <http://sustainontario.com/initiatives/ontario-food-and-nutrition-strategy>

<sup>12</sup> Ontario Ministry of Health and Long Term Care – No Time to Wait – Healthy Kids Strategy, March 4, 2013. Available from:

[http://www.health.gov.on.ca/en/common/ministry/publications/reports/healthy\\_kids/healthy\\_kids.pdf](http://www.health.gov.on.ca/en/common/ministry/publications/reports/healthy_kids/healthy_kids.pdf)

<sup>13</sup> Institute for Clinical Evaluative Sciences. What does it take to make a healthy province? A benchmark study of jurisdictions in Canada and around the world with the highest levels of health and the best health behaviours. Nov 2009. [www.ices.on.ca/file/Healthy%20province%20November%20release.pdf](http://www.ices.on.ca/file/Healthy%20province%20November%20release.pdf)

<sup>14</sup> Ontario Ministry of Health and Long Term Care, *Health Not Health Care – Changing the Conversation*. Report of the Chief Medical Officer of Health, 2010. Available at: <http://news.ontario.ca/mohltc/en/2011/12/ontario-needs-new-conversation-on-health.html>

reduction of 20 per cent in 5 years as the Government of Ontario set out in its *Ontario Action Plan for Health Care*, the Government must adopt a health in all policy approach and commit to working collaboratively with partners and stakeholders.

The [Chief Medical Officer of Health's 2011 Report](#) lists 12 important health indicators Ontario needs to track its health progress.<sup>15</sup> Healthy child development at school entry, overweight and obesity are just a few of the indicators required to ensure the ministry is being effective at tackling childhood obesity.

The OCGHEPA recommends that clear objectives and measurable, realistic health targets be set, when funding is allocated to specific projects, initiatives or strategies related to childhood healthy weights. In the 2008/2009 budget, Ontario made a commitment of \$10 million annually over three years to address childhood obesity in Ontario – an investment that had the potential to have a significant impact on providing Ontario's children with the supportive environments necessary to live healthier lives. However, Ontario's After-School Initiative received the funds that were allocated toward childhood obesity and shifted focus to achieve a number of other government priorities, including providing supportive environments for children living in communities with high risk poverty levels. The After School program was expanded in 2012 as part of [Ontario's Youth Action Plan](#) to reach more targeted communities.

While OCGHEPA commends the government for moving forward with the after-school program to focus on high-need populations, the program should be expanded so that all Ontario children have access to quality after-school programming regardless of the community in which they live. The Healthy Kids Panel recommendation B.3 asks for a commitment of at least \$80 million per year in new funding to reduce childhood overweight and obesity. It is important that funding be dedicated to address specifically the childhood obesity reduction effort and not get rolled into other government initiatives, without clear indicators and tools to track success.

**Support the implementation of an [Ontario Food and Nutrition Strategy](#) and the Healthy Kids Panel recommendations with staffing and resourcing that will ensure cross-ministry and cross-sector collaboration and a strong voice within government to move these strategies, recommendations and outcomes forward.**

The OCGHEPA and the Ontario Food and Nutrition Strategy Design Team have been working diligently on the [Ontario Food and Nutrition Strategy](#) (OFNS)<sup>16</sup>. The goals of the OFNS are to promote health through healthy eating and access to healthful food for all Ontarians, to reduce the burden of obesity and chronic disease on Ontarians and the Ontario health care system, and to strengthen the Ontario economy and environment through a diverse, healthy and resilient food system. The OFNS strategy is intended to work across government fostering an inter-ministerial approach.

The OFNS Design Team has shared development progress with many stakeholders and government ministries such as Health and Long-Term Care, Children and Youth Services, Education, Agriculture, Food and Rural Affairs, and the response has been very positive and encouraging with the various ministries being able to see how the OFNS aligns with government commitments in the areas of healthy eating and active living and with their priorities.

The OFNS Design Team has identified three key strategic directions: 1. Ontarians should have access and means to obtain safe, healthy, local and culturally acceptable food; 2. Ontarians have

---

<sup>15</sup> Ontario Ministry of Health and Long Term Care, *Maintaining the Gains – Moving the Yardstick*. Report of the Chief Medical Officer of Health, 2011. Available at: <http://news.ontario.ca/mohltc/en/2013/02/are-ontarians-healthy.html>

<sup>16</sup> Ontario Food and Nutrition Strategy and Backgrounder, September 30, 2013. Available at: <http://sustainontario.com/initiatives/ontario-food-and-nutrition-strategy>

the information, knowledge, skills, relationships and supportive environments to make healthy choices; and 3. Ontario has a diverse healthy and resilient food production system that contributes to an equitable and prosperous economy. Some of the long term outcomes of relevance from the OFNS are:

- Increased individual and household food security
- Increased access to safe, healthy, local, culturally acceptable foods, especially for vulnerable populations
- Increased use of local food by public sector organizations
- Enhanced food access through municipal and regional land-use policies and community planning
- Increased healthy eating knowledge and food skills throughout the lifecycle
- Increased availability of public information about healthy eating through retailers and food service
- Increased availability of professional services in health, community and work settings (e.g. EatRight Ontario, public health programs, access to Registered Dietitians)
- Enhanced services to identify, refer and treat people with unhealthy lifestyle behaviours and those at early risk of chronic disease or obesity (e.g. adopt NutriSTEP for early years in all health units, access to Registered Dietitians and Certified Exercise Physiologists)

We are pleased to see some initiatives coming out of the Healthy Kids Panel recommendations. We applaud investments in breastfeeding supports through Ontario's 36 public health units as prenatal education and support for breastfeeding is essential for healthy child development. Further initiatives such as investing an additional \$3 million in Ontario's [Student Nutrition Program](#) to create more than 200 new breakfast and morning meal programs for approximately 33,000 kids in higher-needs communities, including First Nations communities and to support the hiring of 14 food distribution and logistics co-ordinators, is a positive step towards increasing access to healthy foods. The OFNS goes further to recommend supporting a vegetable and fruit program in all public schools across Ontario.

The School Food and Beverage Policy (PPM 150), which has been in place since September 2011 aims to ensure that food and beverages sold in schools, are nutritious, however, the standards only apply to food "sold" at school and does not address foods offered to students, or accessed at local shops. An evaluation of the effectiveness of this policy is required, as are resources to support parents.

The OCGHEPA would like to see the government follow through on its stated intent to introduce menu labelling legislation that would, if passed, require large chain restaurants to include calories and other nutritional information on menus. The OCGHEPA recommends that the government's menu labelling legislation:

*Provide consistent, clear and visible nutrition information*

- Require food service premises in Ontario to provide consistent, clear and visible nutrition information available about the foods they sell. While large chain restaurants have a greater capacity to implement and roll out this type of legislation, smaller establishments may need more time and supportive resources to facilitate their participation.
- Calories and sodium should be clearly displayed on menu boards and menus. Menus and menu boards should also include reference values for calories and sodium in order to put nutrient amounts in the context of daily needs.

- Show the 13 core nutrients per ready-to-consume serving of each menu item in the available supporting materials. This can be done through product information pamphlets, websites or other communication tools. Consumers could be directed to EatRight Ontario for information and tools to help put this nutrition information into context for their own personal use.

#### *Public focused nutrition communications strategy*

- Implement a nutrition communications strategy and education campaign to increase awareness and educate the public on menu labelling and making healthier choices when eating out.
- Ensure that any proposed legislation encompass education and awareness-building of healthy eating patterns consistent with Eating Well with Canada's Food Guide, and incorporates a strong evaluation component to monitor both intended and unintended effects.

#### *Support Access to Nutrition information about menu labelling*

- Support access to nutrition information and programs about menu labelling and making healthy food choices through publicly available means such as Public Health, Nutrition Resource Centre, EatRight Ontario, Dietitians of Canada's Eatracker and Eatwise and private, voluntary initiatives.

Initiatives such as the revised Health and Physical Education Curriculum, Ontario's School Food and Beverage Policy along with the passage of menu labelling legislation have the potential to have a great impact in achieving the government's target of reducing childhood obesity by 20 per cent over five years. We also recommend more support for healthy eating and food skills education as was also noted in the Drummond Report, Recommendation 5-84: Do more to promote population health and healthy lifestyles and to reverse the trend of childhood obesity, especially through schools.

Funds should be dedicated to food skills education as part of the school curriculum as children are not always provided with food skills or knowledge at home. Nutrition resources should be made available for teachers with examples of how to incorporate nutrition into various classes to foster the skills necessary to develop lifelong healthy eating habits. Home economics is a main source of nutrition education and contributes to food literacy and food skills development, but is currently lacking in Ontario schools.<sup>17</sup> A positive relationship has been found between cooking skills and healthy food consumption in youth.<sup>18</sup> In a survey conducted in Ontario, 76 per cent of adults support student nutrition programs that provide children with one healthy meal per day.<sup>19</sup>

The EatRight Ontario (ERO) Dietitian Advisory Service increases access to nutrition advice from Registered Dietitians through a toll-free number and web-based services. EatRight Ontario has expanded its role to support implementation of provincial policies and programming such as the Ministry of Education's School Food and Beverage Policy, and is exploring options to better integrate with other provincial nutrition services delivery. This program requires continued funding for operations, as well as promotion strategies, particularly to groups at high risk of poor nutrition and chronic diseases, and to health intermediaries, to ensure it achieves its mandate.

<sup>17</sup>Oogarah-Pratap B, Bholah R, Cyparsade M, Mathoor K. Influence of home economics on the nutrition knowledge and food skills of Marutian school adolescents. *Nutrition and Food Science*. 2004 Dec 1;34(6):264-7.

<sup>18</sup> Larson NI, Perry CL, Story M, Neumark-Sztainer D. Food preparation by young adults is associated with better diet quality. *J AM Diet Assoc*. 2006 Dec;106(12):2001-7.

<sup>19</sup>FoodShare. 2010. "Ontario Online Polling Results." Strategic Communications Inc.

## **Improve access to quality physical activity opportunities for children at school and in the community.**

Children spend a large part of their formative years in school, with the education system playing a vital role in the development of their attitudes towards physical activity and healthy living. As part of a comprehensive obesity strategy, constant monitoring and systematic review of existing programs must be done to ensure schools are effectively and uniformly adopting and implementing policies. The Daily Physical Activity (DPA PPM 138) policy in elementary schools issued in 2005 aims to have elementary students engage in 20 minutes of moderate-to-vigorous intensity physical activity each school day. The DPA PPM 138 policy is a great way to engage students and promote physical activity, however, regulation is an issue because administration is the responsibility of the school authority so implementation is not uniform among schools and no evaluation has been done of the program.

Inclusive, quality physical activity should be a school and community priority from kindergarten throughout secondary school and not focus on just traditional, competitive organized sports. Other creative ways of engaging children in enjoyable quality daily physical activity should be explored within and outside of the curriculum (e.g. adopting a Teaching Games for Understanding (TGfU) approach to physical activity, community access to facilities, and after-school programs).

The OCGHEPA echoes the recommendation that a health and physical education credit should be made mandatory in every grade throughout secondary school as was put forward in the Cancer Care Ontario and Public Health Ontario blueprint [\*Taking action to prevent chronic disease: recommendations for a healthier Ontario\*](#).<sup>20</sup> The Government should invest, support and implement the revised Health and Physical Education Curriculum for elementary and secondary schools as it will result in increased physical and health literacy, capacity building and skills development that will provide children with a solid foundation to lead a healthy and active life. Note that this curriculum was revised in 2010 but has not yet been fully implemented, with only 90% of the elementary curriculum released and the entirety of the secondary curriculum currently being withheld.

The OCGHEPA is very supportive of the comprehensive direction of Ontario's revised elementary Health and Physical Education Curriculum. The curriculum, once fully released, has the capacity to act as the single largest health promotion mechanism in the province, providing 2.1 million students with the tools to lead a healthy, active lifestyle. The OCGHEPA would like to see the holistic foundations of this policy adopted as a strategy across government to support healthy lifestyles for children. It is our belief that this curriculum can help an entire generation get a healthy start, create healthier individuals and communities, and lessen the burden on our health care and social service systems.

Studies have shown that children may get up to 30% of their daily physical activity between 3pm and 6pm, which means the after school period provides a window of opportunity to engage and instil positive physical activity behaviours in children.<sup>21</sup> Like physical activity, food skills should be a component of recreational programs after school targeted to both children and parents. Use of school kitchen facilities would be required for these programs. Schools can be used as community food centres and are ideal venues to teach food skills outside of school hours. Affordable or free programs help provide children and their families with opportunities to get the recommended

---

<sup>20</sup> Cancer Care Ontario, Ontario Agency for Health Protection and Promotion (Public Health Ontario). *Taking action to prevent chronic disease: recommendations for a healthier Ontario*. Toronto: Queen's Printer for Ontario; 2012.

<sup>21</sup> Active Healthy Kids Canada Report Card on Physical Activity for children and youth, 2011. <http://dvqdas9ity7q6.cloudfront.net/reportcard2011/ahkcreportcard20110429final.pdf>



daily amount of physical activity as recommended by the Canadian Physical Activity Guidelines is important to combat childhood obesity and improve the health of today's children and youth across Ontario. We support [Ontario's Community Use of Schools initiative](#), which provides the much needed access to schools for community programs that promote physical activity and healthy eating.

**Monitor and evaluate programs, policies and strategies to improve health and reduce health inequities, update the Day Nurseries Act and work on further execution of the provincial poverty reduction strategy, with attention to the food and nutrition components.**

People in the lowest socio-economic position account for the greatest proportion of a jurisdiction's poor health and negative health behaviours.<sup>22</sup> Focused efforts to reduce health inequities and continued work on the poverty reduction strategy are imperative. In a 2012 Canadian Medical Association Report Card on Health survey, 22 per cent of parents in low-income families reported having overweight children, compared to 9 per cent in families with higher incomes.<sup>23</sup>

The [Household Food Insecurity in Canada Report](#) (2013) reports that 573,500 households in Ontario were food insecure in 2011 and that food insecurity was closely related to income level. The Poverty Reduction Strategy should address the fundamental issue of food access – the ability of all Ontarians to procure nutritious and culturally acceptable food at all times. We recognize this is not a simple matter. The government needs to improve individual and household income to enable citizens to afford healthy food through adequate minimum wage and social service allotments, improve the availability of affordable housing, affordable childcare, seniors care, public transportation, education and training and employment opportunities.

The Nutritious Food Basket data (collected annually by all health units) and the cost of housing (reported by the Canada Mortgage and Housing Corporation) should be used to increase the rates for social assistance (OW and ODSP), the minimum wage, and in the review of the Special Diet Allowance.

Many low-income families are unable to provide nutritious meals to their children due to the lack of availability and affordability of healthy foods in their community. As a result, parents often turn to cheap, processed, readily available alternatives that are low in nutritional value and high in sodium, fats and empty calories. Healthy foods should be competitively priced and made available as attractive alternatives to junk food, so that parents can be enabled to provide healthier meals. Further community food access solutions that promote the availability and affordability of fresh, locally or regionally grown foods and create opportunities to implement and expand these initiatives throughout the province should be supported (e.g. fresh vegetable and fruit boxes, preparation of traditional foods, farmers' markets, community food hubs, and community gardens).

As part of the efforts being undertaken to curb childhood obesity, the current *Day Nurseries Act* needs to be updated as it is based on the 1977 version of Canada's Food Guide. Updating the *Day Nurseries Act* would not only help alleviate some at home financial burdens as it could mandate to provide healthy and nutritious foods that are consistent with the current Canada's Food Guide to children who are in child care, including those in full day kindergarten and before and after school programs, but also provide education opportunities related to food skills, menu planning

---

<sup>22</sup>Institute for Clinical Evaluative Sciences. What does it take to make a healthy province? A benchmark study of jurisdictions in Canada and around the world with the highest levels of health and the best health behaviours. Nov 2009. [www.ices.on.ca/file/Healthy%20province%20November%20release.pdf](http://www.ices.on.ca/file/Healthy%20province%20November%20release.pdf)

<sup>23</sup>Canadian Medical Association (2012). 12th Annual National Report Card on Health Care. Accessed at: [http://www.cma.ca/multimedia/CMA/Content/Images/Inside\\_cma/Media\\_Release/2012/reportcard/CMA-2012National-Report-Card\\_en.pdf](http://www.cma.ca/multimedia/CMA/Content/Images/Inside_cma/Media_Release/2012/reportcard/CMA-2012National-Report-Card_en.pdf)

and food preparation from an early age, laying the groundwork for healthy habits. Leveraging this opportunity, separate nutrition guidelines should be developed, independent of the legislation, similar to the Nutrition Guidelines for Student Nutrition Programs and PPM150, allowing the guidelines greater flexibility to be updated as it becomes necessary to align with changes made to Canada's Food Guide and harmonization with other provinces. Ontario can look to Nova Scotia and Prince Edward Island who both have nutrition guidelines for child care centres.<sup>24</sup>

**Create or revitalize built and social environments in which we live, work and play to support and encourage healthy eating and active living.**

The perceived safety of a neighbourhood has an impact on physical activity levels, so built environments, including community design, land use, and the building of transportation systems, can either encourage or discourage physical activity. Working with builders and planners, all levels and ministries of government can work together to create a safe and functional built environment promoting active living in the community. Access to community centres with affordable or free programs would help provide individuals with opportunities to participate in the recommended daily amount of physical activity recommended by Health Canada without financial burden.

Prior to hosting the Olympic and Paralympic Games in 2010, British Columbia launched the World Healthy Living Challenge that asked participants to take the ActNow BC Healthy Living Pledge and make three small improvements to their daily lifestyles (related to its main focus on chronic disease reduction factors). Healthy living prizes such as personal training sessions, dietitian consultations and tickets to the 2010 Winter Games were provided as incentives.<sup>25</sup> In 2008, the ActNow BC Road to Health Community Tour engaged people across the province and encouraged them to take the Act Now BC Healthy Living Pledge to live a healthier lifestyle. During this tour, 26,903 people pledged to live a healthier lifestyle in 20 different communities and 470 people in 24 Aboriginal communities pledged to live a healthier lifestyle when the Aboriginal Community Tour visited eight locations across the province.<sup>26</sup>

With the Pan Am Games coming to Ontario in 2015, this is the perfect opportunity to build the infrastructure that would support access to healthy food and physical activity in order to combat childhood obesity. An awareness and engagement campaign focused on the benefits of healthy eating and active living geared towards children and youth with healthy incentives to participate should be made a part of promotional programming for the Pan Am Games.

## **Conclusion**

Effective health promotion programs can return over \$5 for every \$1 spent; prevention saves government dollars in the long run.<sup>27</sup> The time to invest in a healthier Ontario is now and the Government of Ontario needs to invest 0.5 per cent of the budget towards health promotion. Increased investment in health promotion and disease prevention will help counteract the increasing costs and burden on the health care system and improve the overall health of Ontarians.

The recommendations put forward by the OCGHEPA are aimed at ensuring all Ontarians have access to healthy options regardless of their socio-economic circumstance. Inaction will continue

---

<sup>24</sup> [http://www.gov.ns.ca/coms/families/provider/documents/Manual-Food\\_and\\_Nutrition.pdf](http://www.gov.ns.ca/coms/families/provider/documents/Manual-Food_and_Nutrition.pdf)

<sup>25</sup> British Columbia Ministry of Healthy Living and Sport News Release. Province Challenges the World in Healthy Living. [http://www2.news.gov.bc.ca/news\\_releases\\_2005-2009/2009HLS0005-000178.htm](http://www2.news.gov.bc.ca/news_releases_2005-2009/2009HLS0005-000178.htm)

<sup>26</sup> 2010 Legacies Now Society. Inspiring Stories. <http://www.2010andbeyond.ca/html/inspiring-stories/74>

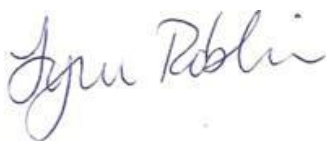
<sup>27</sup> Trust for America's Health. Prevention for a Healthier America: Investments in Disease Prevention Yield Significant Savings, Stronger Communities. July 2008. <http://healthyamericans.org/reports/prevention08/>



this unhealthy trend that, by 2040, will result in up to 70 per cent of today's children being overweight or obese adults and almost half of the children will be an unhealthy weight.<sup>28</sup>

The Government of Ontario needs to support the implementation of the Ontario Food and Nutrition strategy and the Healthy Kids Panel recommendations with a focus on creating environments that support healthy eating and active living and reducing health inequities. Dedicated funding and resources for these strategies and the recommended initiatives is necessary to achieve government's goal of reducing obesity by 20 per cent over five years, reducing chronic disease in Ontario's residents and ultimately reducing health care costs. This will involve strengthening important initiatives that are already underway as well as identifying much needed policies and environmental supports. Leveraging the strengths, energy and resources of the various ministries within government and other important health partners and stakeholders, we can make Ontario the healthiest province in Canada. We look forward to the next steps and the opportunity to provide input into programs and initiatives that will provide Ontarians with environmental supports so that the healthy choice becomes the easy choice.

***Submitted on behalf of:  
Ontario Collaborative Group on Healthy Eating and Physical Activity (OCGHEPA)  
Advocacy Subcommittee***



***Lynn Roblin, MSc, RD, FDC  
Chair Ontario Collaborative Group on Healthy Eating and Physical Activity (OCGHEPA)  
905-338-6214  
[lroblin@cogeco.ca](mailto:lroblin@cogeco.ca)***

***The mission of the Ontario Collaborative Group on Healthy Eating and Physical Activity (OCGHEPA)\* is to improve the health of all Ontarians by advancing healthy eating and physical activity initiatives through strategic partnerships, knowledge exchange and collective action. We envision an Ontario that supports healthy eating and active living for all.***

***\*The Ontario Collaborative Group on Healthy Eating and Physical Activity is a provincial collaboration of non-profit, health and academic organizations dedicated to addressing population-based issues relating to healthy eating, physical activity, healthy weights and the determinants of health, including food access, availability and adequacy. Partners on the Advocacy Subcommittee include Breakfast for Learning, Canadian Cancer Society, Canadian Diabetes Association, Dietitians of Canada, Heart and Stroke Foundation, Ontario Society of Nutrition Professionals in Public Health, Ontario Chronic Disease Prevention Management in Public Health, Parks and Recreation Ontario, Ophea and Sustain Ontario.***

---

<sup>28</sup> Le Petit C, Berthelot JM. Obesity: A Growing Issue. Statistics Canada catalogue no. 82-618-MWE2005003. 2012.