Public Health Agency of Canada | Agence de la santé publique du Canada

The 2007 Report on the Integrated Pan-Canadian Healthy Living Strategy

Canada

Table of Contents

Executive Summary

The *Integrated Pan-Canadian Healthy Living Strategy* (HLS) provides a conceptual framework for sustained action based on healthy living. It envisions a healthy nation in which all Canadians experience the conditions that support the attainment of good health. The goals of the HLS are *to improve overall health outcomes and to reduce health disparities*. Grounded in a population health approach, the HLS emphasizes key modifiable risk factors for chronic disease—physical inactivity, unhealthy eating and their relationship to unhealthy weights. This approach focuses 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.

The HLS provides a national context and reference point for all sectors, including governments, non-governmental organizations, Aboriginal organizations and the private sector. Using the HLS, all stakeholders consider their role and what actions they will take on healthy living. The HLS offers a means to ensure greater alignment, coordination and direction for all partners. It provides a forum for multiple players to align efforts. It is a tool for all to work collaboratively to address common risk factors and a rallying point around which like-minded partners can achieve shared results.

Integration, partnership and shared responsibility, and best practices are key guiding principles of the HLS. The HLS targets the entire population, with particular emphasis on children and youth; those in isolated, remote and rural areas; and Aboriginal communities. The settings that the HLS focuses on include the home/family, school, workplace, community and health care settings.

The HLS includes healthy living targets, which seek to obtain a 20% increase by 2015 in the proportion of Canadians who are physically active, eat healthily and are at healthy body weights. Data to measure progress on these three indicators are taken from the Canadian Community Health Survey 2005. They set a baseline against which progress will be monitored:

- **Physical activity:** In 2005, 25% of Canadians aged 18 and older were active in their leisure time and an additional 25% were moderately active—a total of 50%.
- **Healthy eating:** In 2005, 42% of Canadians aged 18 and older reported that they consumed fruit and vegetables five or more times per day.
- **Healthy body weights:** In 2005, 47.4% of Canadians aged 18 and older had a body mass index (BMI) in the "normal" range.

While every group in society demonstrates a range of health status, certain groups tend to experience poorer health than others. The HLS will benefit from collaboration between the Population Health Promotion Expert Group and the Healthy Living Issue Group on a Health Disparities Indicators Project to identify, analyze and recommend a common set of health disparities indicators and provide an analysis of the feasibility of their use in the Canadian context.

The HLS is oriented around four strategic directions:

- Leadership and Policy Development;
- Knowledge Development and Transfer;
- Community Development and Infrastructure; and
- Public Information.

This first annual report showcases healthy living initiatives under way across Canada within each of these strategic directions.

Future reports will continue to tell the story of how these and other efforts are moving us closer to the vision for healthy living in Canada—a healthy nation in which all Canadians experience the conditions that support the attainment of good health.

Introduction

It is well known that healthy living behaviours are important factors in promoting health.[1] Eating healthily, being physically active and maintaining a healthy body weight reduce the risk of developing chronic diseases. These behaviours contribute to improved health and quality of life. However, healthy living strategies are only one factor in a broader health determinants approach that strives to address some of the root causes that lead to poor health outcomes. It is within this context that there is a growing commitment to taking action to support Canadians in attaining good health through healthy living.

As the first annual report of the *Integrated Pan-Canadian Healthy Living Strategy* (HLS), this document profiles and celebrates some of the many healthy living policies, programs and initiatives that exist across the country. The report describes the indicators that will be used to measure the success of the HLS in achieving its goals. Importantly, it includes some information on what is known about health disparities in Canada, and it outlines the role of the HLS in reducing health disparities. While most examples in the report are focused on addressing improved health outcomes, work under the HLS by all partners is aligned with other important Canadian and international work undertaken by governments and other stakeholders aimed at reducing health disparities. As such, the HLS is well positioned to play a strategic role in reducing health disparities in the future.

Start Sidebar
The ***Integrated Pan-Canadian Healthy Living Strategy*** (HLS) provides a conceptual framework for sustained action based on healthy living, with an initial emphasis on key modifiable risk factors that are known to have a significant impact on chronic diseases such as cancer, diabetes and cardiovascular disease—physical inactivity, unhealthy eating and their relationship to unhealthy weights. The HLS envisions a healthy nation in which all Canadians experience the conditions that support the attainment of good health. The goals of the HLS are *to improve overall health outcomes and to reduce health disparities*.[2] The HLS is grounded in a population health approach that focuses 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.
End sidebar

The HLS is a conceptual framework for sustained action. It is not a prescriptive plan of action for healthy living. It provides a national context and reference point for all sectors, including governments, non-governmental organizations (NGOs), Aboriginal organizations and the private sector. Using the HLS, all stakeholders consider their role and what actions they will take on healthy living.

The HLS offers a means to ensure greater alignment, coordination and direction for all partners. It provides a forum for multiple players to align efforts. It is a tool for all to work collaboratively to address common risk factors and a rallying point around which like-minded partners can achieve shared results.

The HLS is consistent with the World Health Organization's *Global Strategy on Diet, Physical Activity and Health,* which 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, and will occur over several decades.

Development of the Integrated Pan-Canadian Healthy Living Strategy

Federal, provincial and territorial (F/P/T) Ministers of Health approved the HLS in October 2005*, with healthy eating, physical activity and their relationship to healthy weights as the first priorities for action. Other areas, such as mental health and injury prevention, were identified for potential future action. The HLS was developed based on the Healthy Living Strategy Framework (see Diagram 1).

The HLS is oriented around four strategic directions:

- Leadership and Policy Development;
- Knowledge Development and Transfer;
- Community Development and Infrastructure; and
- Public Information.

Included in the HLS are healthy living targets, which seek to obtain a 20% increase by 2015 in the proportion of Canadians who are physically active, eat healthily and are at healthy body weights. 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. To this end, the Healthy Living Issue Group (HLIG) was established in 2006.

The HLIG provides a forum to foster collaborative efforts involving all interested partners in the HLS. It exists to ensure that the purpose and guiding principles of the HLS are upheld. The HLIG is made up of representatives of the federal and provincial/territorial governments, the private sector, the non-governmental community and Aboriginal organizations.

Start Sidebar
Integration, partnership and shared responsibility, and best practices are key guiding principles of the HLS. The HLS targets the entire population, with particular emphasis on children and youth; those in isolated, remote and rural areas; and Aboriginal communities. The settings that the HLS focuses on include the home/family, school, workplace, community and health care settings.
End sidebar

The HLIG also serves to support the Intersectoral Healthy Living Network (IHLN) by fostering appropriate linkages and lines of communication with relevant stakeholder groups across all sectors. The IHLN is a pan-Canadian, virtual forum dedicated to healthy living that exists to help improve collaboration and information exchange.

Responsibility for advancing the goals of the HLS rests with all partners. The HLIG helps to facilitate the advancement of the HLS and reports through the Population Health Promotion Expert Group to the Public Health Network Council and on to the F/P/T Ministers of Health (see Diagram 2).

Toward the Vision for Healthy Living in Canada

This report showcases healthy living initiatives under way across Canada. The examples represent a snapshot of activities that reflect the principles outlined in the HLS—integration, partnership and shared responsibility, and best practices. While these examples are awarded the spotlight in this inaugural report, many other efforts not found in this report are also under way.

* 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.

Future reports will continue to tell the story of how these and other efforts are moving us closer to the vision for healthy living in Canada—a healthy nation in which all Canadians experience the conditions that support the attainment of good health.

Diagram 1

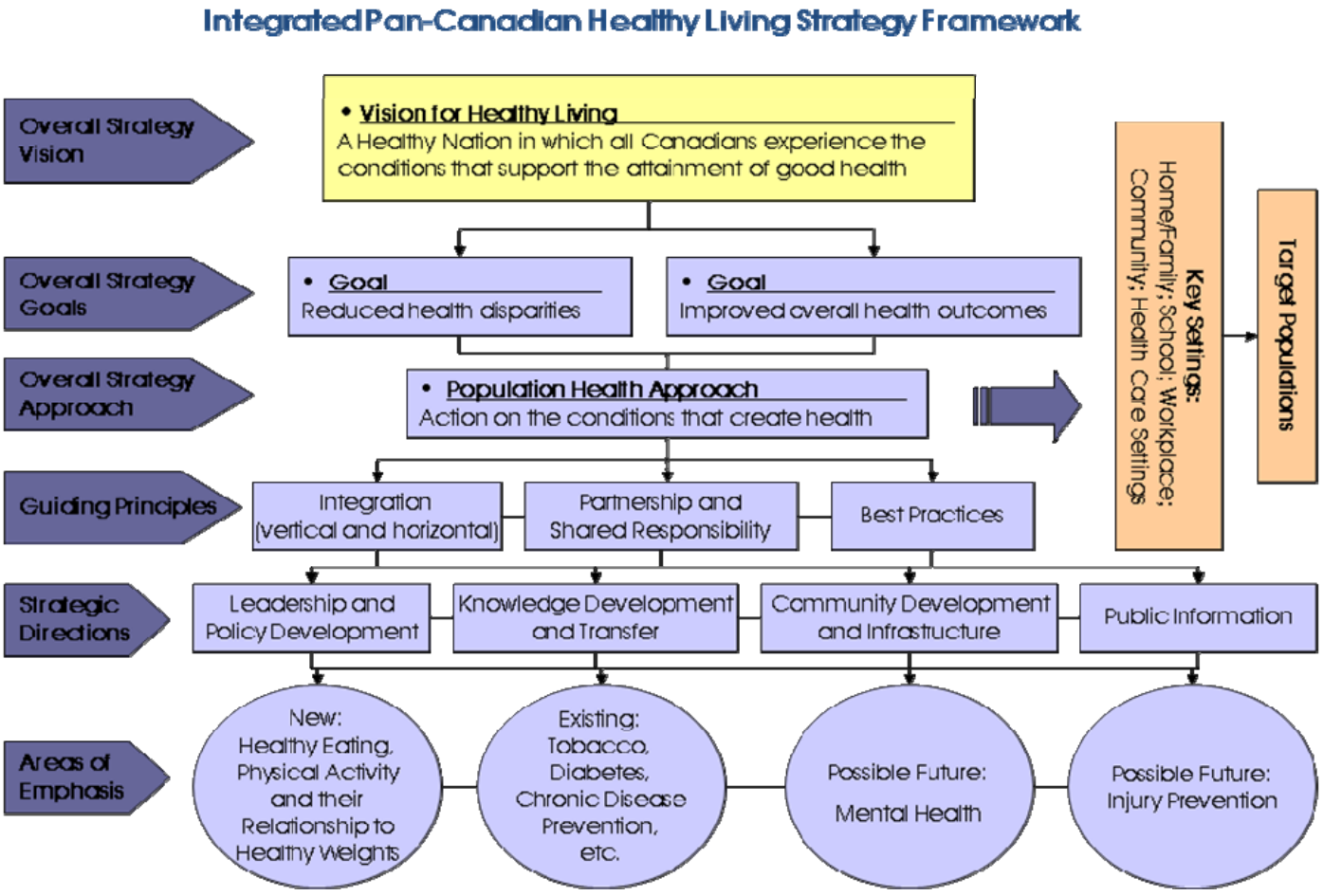
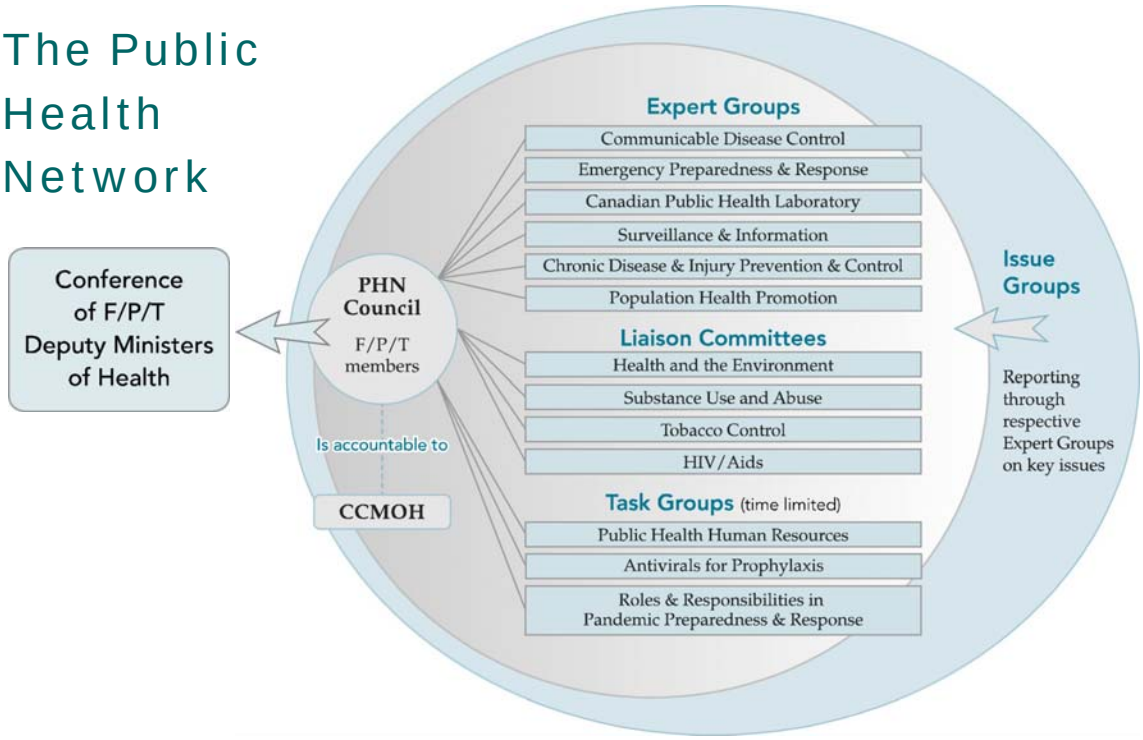


Diagram 2



Tracking Key Healthy Living Indicators

The *Integrated Pan-Canadian Healthy Living Strategy* represents a formal commitment by F/P/T governments to improve overall health outcomes and reduce health disparities, with an emphasis on healthy eating, physical activity and their relationship to healthy weights. F/P/T governments agreed to healthy living targets, which aim for a 20% increase by 2015 in the proportion of Canadians who are physically active, eat healthily and are at a healthy body weight.[3]

This section will describe the data that are available to use as baselines against which progress will be monitored. It will also note, where applicable, the shortcomings of the data and provide additional sources of data, where available. This report will focus on indicators identified in the HLS (see Table 1). In future years, other sources of data will be considered and reported on, as appropriate (e.g., Canadian Health Measures Survey).

Data are taken from the Canadian Fitness and Lifestyle Research Institute (CFLRI) and Statistics Canada's Canadian Community Health Survey (CCHS) 2005, as reported in *Healthy Canadians: A Federal Report on Comparable Health Indicators 2006*.[4] *Healthy Canadians* is a biannual report published by Health Canada that reports on a number of health indicators relevant to the Canadian population.

Begin sidebar box
The **Canadian Community Health Survey** (CCHS) provides timely cross-sectional estimates of health determinants, health status and health system utilization at a subprovincial level (health region or combination of health regions). CCHS data comprise two distinct surveys: a general health region-level survey and a focused topic provincial-level survey. The 2005 survey is the

third cycle since the CCHS's inception in 2000. The CCHS is a joint effort of Health Canada, Statistics Canada and the Canadian Institute for Health Information.
End sidebar box

Table 1

Targets	Indicators	Data Sources
Physical Activity	% of population aged 18 and older classified as active or moderately active	CCHS and Physical Activity Monitor
Healthy Eating	% of population aged 18 and older reporting frequency of fruit and vegetable consumption	CCHS
Healthy Weights	% of population aged 18 and older with a "normal" body weight, based on a body mass index (BMI) of 18.5 to 24.9	CCHS

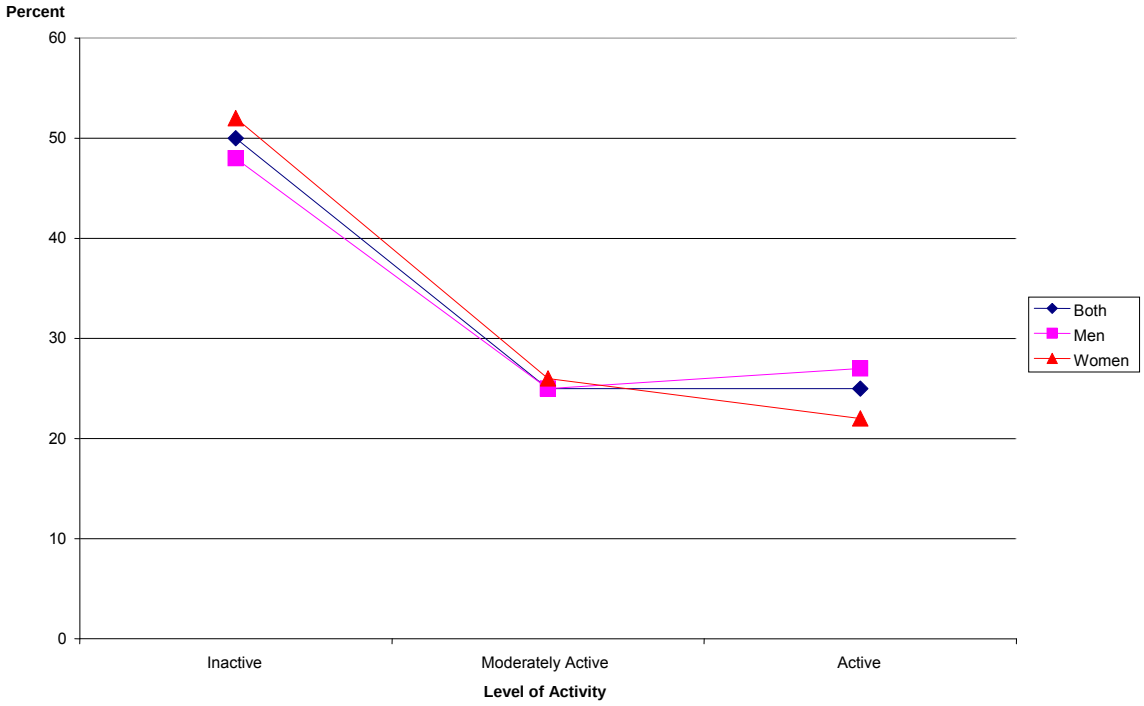
Physical Activity

In 2003, F/P/T governments in Canada (except Quebec) set a joint physical activity target to increase levels of regular physical activity among Canadians aged 20 and older by 10 percentage points by 2010. However, in recognition of the need for sustained effort over a longer period, the HLS set a target in 2005 to increase by 20% the proportion of Canadians aged 18 and older who engage in regular physical activity by 2015. Efforts are under way by governments to align their efforts to contribute to achieving increased levels of physical activity.

Data to evaluate the achievement of this target are taken from the 2005 CCHS, which classified respondents as "active," "moderately active" or "inactive," based on their self-reported leisure-time pursuits. Respondents were asked about the frequency and duration of their participation in a variety of activities over the previous three months. For each activity reported, average daily energy expenditure was calculated by multiplying the number of times the activity was performed by the average duration, by the energy cost. The sum of the average daily energy expenditure of all activities was used to classify respondents as follows: "active"—equivalent to walking an hour a day or jogging 20 minutes per day; "moderately active"—equivalent to walking 30 to 60 minutes a day or taking an hour-long exercise class three times a week; or "inactive"—equivalent to walking less than 30 minutes each day.

Based on these measures, 25% of Canadians aged 18 and older were active in their leisure time, and an additional 25% were moderately active (see Figure 1). Combined, 50% of Canadians aged 18 years and older reported that they were at least moderately active in 2005. More men (52%) than women (48%) said they were active or moderately active in 2005. A 20% increase would mean that 60% of Canadians aged 18 and older would be accumulating at least 30 minutes a day of moderate physical activity by 2015.

Figure 1. Self-Reported Physical Activity: Percentage of population (aged 18+) reporting various activity levels, by sex



Source: Canadian Community Health Survey (2005)

Additional sources of data

Physical activity was also reported in "Canada's Nutrition and Health Atlas." Data in the Atlas come from the CCHS, Cycle 2.2, Nutrition (2004). The Physical Activity Index categorizes respondents aged 12 years or older as being "active", "moderate" or "inactive," based on their total daily energy expenditure values.

According to the Atlas, roughly one fifth, or 20.3%, of Canadians qualify as being active[5] (22.6% of males[6] and 18% of females[7]). Another one quarter of them (24.6%) are moderately active[8] (24.4% of males[9] and 24.8% of females[10]). More than half—55.1%—of Canadians are inactive,[11] with more women (57.2%[12]) than men (53%[13]) falling into the inactive category.

The Atlas maps the percentage of Canadians who engage in at least 15 minutes of daily physical activity. To collect these data, respondents were asked how often they engaged in specific activities in the previous three months; these times were then reduced to a one-month average. According to the Atlas, 29.6% of Canadians take part in at least 15 minutes of daily physical activity.[14] There is no appreciable difference between sexes, with 29.7% of men[15] and 29.6% of women[16] taking part in at least 15 minutes of daily physical activity.

The Atlas reports on physical activity among children, estimating the average of the total number of hours per week that children between the ages of 6 and 11 take part in physical activities at school or outside of school. It also reports on the average of the total number of hours per day that children between the ages of 6 and 11 participate in sedentary activities, such as watching TV, playing video games or spending time on a computer.

In 2005, F/P/T ministers responsible for sport, physical activity and recreation commissioned the Canadian Fitness and Lifestyle Research Institute to develop and implement the Canadian Physical Activity Levels Among Youth (CANPLAY) study—the first nationally representative study in Canada and in the world using pedometers to objectively measure physical activity in children and youth (aged 5 to 19 years). The advantage of using pedometers over proxy and self-reported information is that they are likely to provide a more accurate picture of the total daily physical activity levels of Canada's young people, as they avoid recall bias. They provide an estimate of overall physical activity, rather than being restricted to one domain, such as leisure time. The disadvantage of pedometers is that they do not accurately reflect activities such as skating, bicycling and swimming.[17]

The first round of data collection for the CANPLAY study (2005/06) indicates that only 9% of Canadian children and youth reach 16,500 daily steps, which is roughly equivalent to the recommended guideline in *Canada's Physical Activity Guides for Children and Youth*. The CANPLAY study provides national objective baseline data on the physical activity levels of Canadian children and youth. Clear regional differences exist, with more children and youth in the West and North and relatively fewer children in Quebec taking 16,500 daily steps. Boys are more likely than girls (12% vs. 5%) to meet the step count. Even among children who participate in organized physical activities and sport, only 11% get 16,500 steps, compared with 5% of those who do not. Children living in smaller communities (10,000 to 29,999 residents) are more likely to meet the guidelines than those living in communities with one million or more residents.[18]

According to the 2002/03 First Nations Regional Health Survey, approximately 20% of First Nations adults on-reserve were sufficiently active for health benefits (i.e., reporting at least 30 minutes of daily moderate-to-vigorous physical activity).

The Canadian Health Measures Survey is a new survey currently in the field (winter 2007 to winter 2009) that will collect both self-reported information (e.g., physical activity and food frequencies) and direct physical measures (e.g., height, weight, physical fitness and physical activity, using accelerometers) on a representative sample of approximately 5,000 Canadians aged 6 to 79 years. Results are to be released over 2010 and 2011 and will be of particular interest to HLS partners.

Increasingly, alternative sources of physical activity data are coming into existence. They will be monitored for their applicability to the HLS, but ongoing debate is expected over the course of the HLS on how best to measure population-level physical activity. For the purposes of comparability, however, the CCHS data on self-reported physical activity will continue to be the indicator for evaluating improvements in physical activity. Further iterations of the CCHS will provide data to compare with the 2005 data.

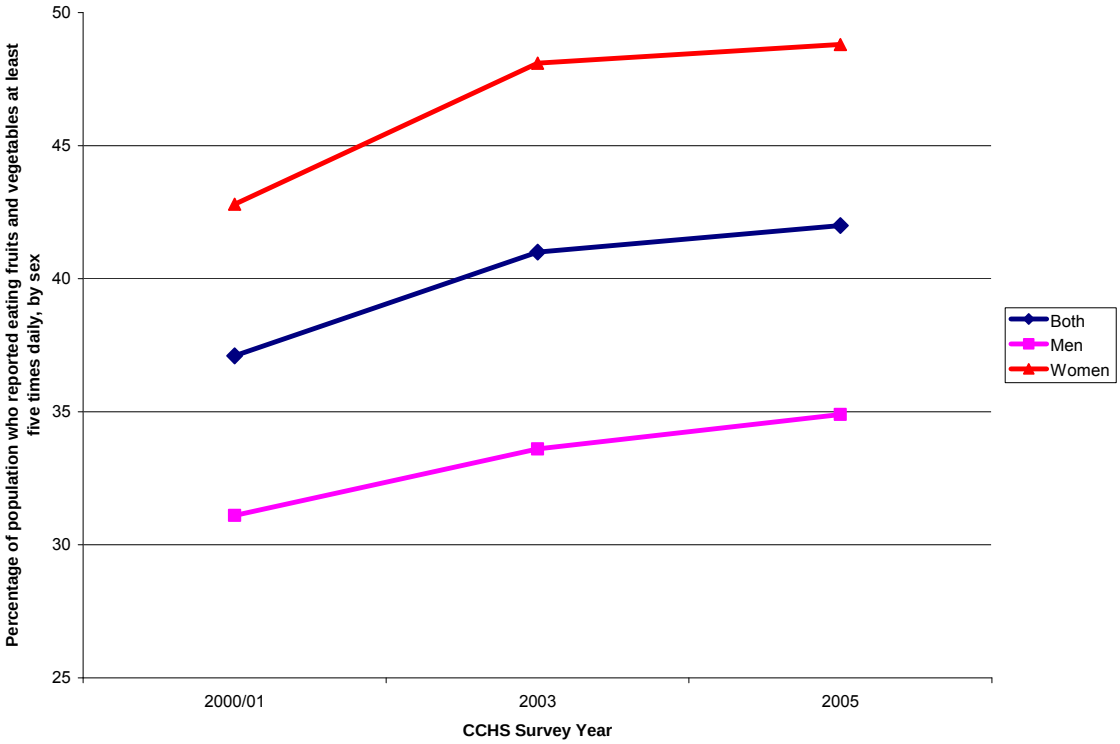
Healthy Eating

Among the health indicators reported on by the different cycles of the CCHS is the self-reported frequency of fruit and vegetable consumption. These data can be used to classify individuals based on the total number of *times* they ate fruit and vegetables per day (frequency), though not on the *quantity* of fruits and vegetables they consumed per day. Thus, the resulting indicator does not allow one to make any statements regarding actual consumption of fruits and vegetables or references to meeting the recommended servings of vegetables and fruits in *Eating Well with Canada's Food Guide*. However, it does allow for monitoring trends in terms of the number of times the population (aged 12+) reports consuming fruits and vegetables.

In 2005, the results from the CCHS, Cycle 3.1, revealed that 42% of Canadians aged 18 and older reported that they consumed fruits and vegetables five or more times per day (see Figure 2). More females (48.8%) than males (34.9%) reported consuming fruits and vegetables five or

more times daily.[19] A 20% increase would mean that 50.4% of Canadians aged 18 and older would report that they consumed fruits and vegetables five or more times per day by 2015.

Figure 2: Self-Reported Fruit and Vegetable Consumption: Percentage of population (aged 18+) who reported eating fruits and vegetables at least five times daily, by sex



Source: Canadian Community Health Survey (2005)

Additional sources of data

The CCHS, Cycle 2.2, Nutrition (2004) provides data on what Canadians are eating using dietary recall. These data will fill a critical 35-year gap in national food consumption data. The results from the CCHS 2.2 show that 52.3% of Canadians[20] consumed fewer than five servings of fruits and vegetables each day (47.7% of males and 56.9% of females). [21,22]

With discussions under way to repeat the CCHS (Nutrition focus), there is an opportunity to develop indicators that better reflect the complexity of healthy eating.[23] Until that time, however, for the purposes of the HLS, the indicator will continue to be the frequency of fruit and vegetable consumption as reported in the 2005 CCHS 3.1; future iterations of this survey will provide data against which to compare.

Healthy Body Weights

The HLS has set a target, for 2015, of increasing by 20% the proportion of Canadians at a "normal" body weight based on a BMI of 18.5 to 24.9.[24] The BMI indicator measures the

percentage of adults who reported a height and weight corresponding to a BMI classified as "underweight," "normal weight," "overweight" or "obese."

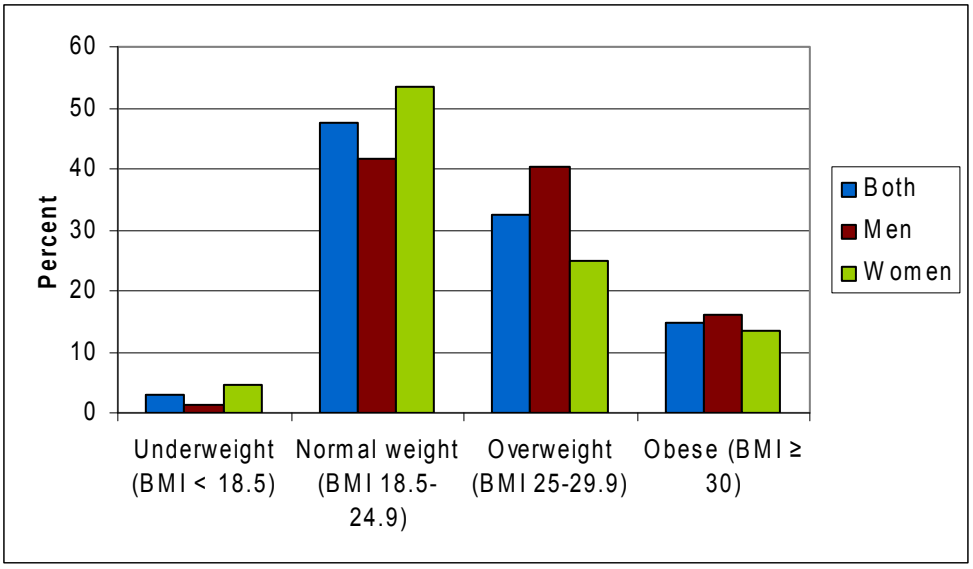
The 2005 CCHS provides data, as reported in *Healthy Canadians,*[25] based on self-reported height and weight, calculated for persons 18 years of age and over, excluding pregnant women. Self-reported height and weight tend to yield underestimates of the prevalence of overweight and obesity in the population.

According to the 2005 CCHS, almost one third (32.5%) of Canadians aged 18 years and older were considered overweight and 14.9% were considered obese (see Figure 3).[26] The BMI of nearly half (47.4%) of Canadian adults was in the normal range. A 20% increase would mean that 56.88% of Canadians aged 18 and older would be in the normal range by 2015.

More females (4.7%) than males (1.2%) had a BMI in the underweight range, while more males than females were considered overweight (40.3% for males and 24.8% for females) and obese (16.2% and 13.6% respectively).

Both BMI and waist circumference are important measures in assessing health risk. According to Health Canada, at the population level, "BMI is the most useful indicator, to date, of weight-related health risk and waist circumference is a practical indicator of risk associated with excess abdominal fat".[27] BMI was chosen as an indicator of health risk, given that trend data are available from repeated cycles of CCHS. Similar data are not available for waist circumference.

Figure 3. Self-Reported Body Mass Index: Percentage of population (aged 18+) who reported height and weight corresponding to a BMI in specified categories, by sex (age-standardized)*



Source: Canadian Community Health Survey (2005)

* Excludes pregnant women

Additional sources of data

According to *Canada's Nutrition and Health Atlas*, nearly one fifth (18.1%)[28] of all children in Canada aged 2 to 17 years were considered overweight (17.8% of boys[29] and 18.3% of girls[30]) in 2004, based on measured height and weight data. For obesity, the proportion is 8.2% for all children[31] (9.2% for boys[32] and 7.2% for girls[33]).

The *Atlas* also reports on BMI for people aged 18 years or over. According to the *Atlas*, 36.1% of Canadian adults were overweight[34] (42.2% of men[35] and 30.2% of women[36]) and 23.1% of all adults[37] were obese (22.9% of men[38] and 23.4% of women[39]) in 2004.

As noted above, the CCHS (Nutrition focus) is to be repeated. This will be particularly important for assessing progress with respect to childhood obesity, since regular cycles of the CCHS do not include children under 12. In addition, the Canadian Health Measures Survey, a joint initiative of Health Canada and Statistics Canada, will report on measured BMI for ages 6 and over. This national survey, which collects information from Canadians about their general health, is being carried out over 24 months, beginning in winter 2007, and will be repeated on a regular basis.

The Parliamentary Standing Committee on Health, in its 2007 report on childhood obesity, was one of many voices that have noted the particular need to address the specific circumstances facing Aboriginal children and youth.[40] Data on Aboriginal peoples can be found in the Regional Health Survey (RHS) (2002/03), which reported that about one in four First Nations adults are at a healthy weight. First Nations adult women were more likely to be obese (34.3%) or morbidly obese (6.8%), as compared with First Nations males. More than 40% of First Nations men were overweight. More than half (57.8%) of First Nations youth were normal or underweight, while 28% were overweight and 14.1% were obese. According to the RHS, 41.5% of First Nations children were of normal weight or underweight, while 22% were overweight and 36% were obese.[41]

Health Disparities

In every population group, there exists a gradient in health status, from very good to very poor, with some individuals experiencing poorer health than others. It is also clear that, taken as a whole, certain population groups experience poorer health than other groups in society. This section outlines what is known about health inequalities or disparities, what is being done to address them, both internationally and in Canada, and the role of the HLS in reducing health disparities. In Canada, "socio-economic status (SES), Aboriginal identity, gender and geographic location are the most important factors associated with health disparities."[42]

Here are some examples:

- Women can expect to live six years longer than men. However, though gaps between inhabitants in neighbourhoods with the highest and lowest incomes and between men and women are narrowing, they have persisted since the early 1970s, with even the lowest-income women having a longer life expectancy than men with the highest income.[43]

- 1998 survey data showed that employed, low-income men had nearly double the number of health problems and more than triple the number of disability days as their high-income counterparts. It took the poorest fifth of Canadians until the mid-1990s to reach the life expectancy of the richest fifth 25 years earlier.[44]

- While the life expectancy for registered status Indians has increased since 1980, it has remained below that of the general population for both male and female populations.[45] Although the gap is narrowing, a persistent difference remains between First Nations people and other Canadians.

- Infant mortality rates among Aboriginal peoples and those living in Canada's northern communities are estimated to be higher than the general population. The infant mortality rate among First Nations people living on-reserve is estimated at 7 deaths per 1,000 live births.[46]

- People living in Canada's northern remote communities have the lowest disability-free life expectancy and the lowest life expectancy in the country. Their rates of smoking, obesity and heavy drinking are above Canadian averages.[47]

- In 2005, the overall poverty rate in Canada (i.e., persons living in low income after tax) was estimated at close to 11%. Poverty rates are estimated to be significantly higher than average among certain groups: lone parents (26%), work-limited persons (21%), recent immigrants (19%) and off-reserve Aboriginal Peoples (17%). As well, they are higher in some neighbourhoods within Canadian cities.[48]

- In 2004, more than 1.1 million households (9.2%) were food-insecure at some point in the previous year as a result of financial challenges faced in accessing adequate food.[49]

Health disparities are a major burden for both individuals and society. For individuals, poor health makes it difficult to participate fully in the economic, social and cultural life of their communities. At a societal level, poor health and the conditions that cause it create huge direct costs for the health care system and indirect costs to the economy in general. By one estimate, the total cost of illness and injury in Canada in 1998 was $150 billion, about equally split between direct (health care) and indirect (lost productivity and other factors) costs.[50] Health disparities are also "inconsistent with Canadian values, threaten the cohesiveness of community and society, challenge the sustainability of the health system and have an impact on the economy."[51]

It is generally acknowledged that the most effective way to address health disparities is through the use of a balance of universal and targeted approaches that address the underlying determinants of health.[52]

Internationally, the World Health Organization's Commission on Social Determinants and Health, launched in March 2005, supports countries and global health partners in addressing the social factors leading to ill health and inequities. The goal of the Commission is to reduce health inequities within and between countries.[53]

Many European countries have also taken strides in advancing comprehensive strategies to address health disparities. Finland has had an explicit policy aimed at improving population health and reducing health disparities since 1987.[54] England has a long history of pioneering a national approach to population health. It is the first, if not the only, country with a whole-of-government policy to reducing health disparities and improving overall population health. A new policy was initiated in response to the 2002 cross-cutting review that examined all government programs to identify how public spending could be applied to greatest effect on the reduction of health disparities.[55] In Sweden, a sustained national dialogue on the determinants of health and their consequences, a consensus-building process involving all political parties and an evidence-based approach and extensive public consultation have resulted in a strongly supported strategy that focuses almost exclusively on the non-medical determinants of health.[56]

All Canadian jurisdictions and key partners that support the HLS recognize health disparities as a key health issue. While health ministries at all levels, often in collaboration with other sectors, have launched initiatives to improve health and reduce health disparities, goals or targets have generally not been set. A notable gap in addressing health disparities is the lack of health indicator frameworks, particularly as there is little emphasis on disparities in the areas and indicators identified by First Ministers in 2000.[57] In addition, it is acknowledged that we need more comprehensive, integrated efforts to address known health disparities and the factors and conditions that lead to them. It is also recognized that work is under way to identify connections between initiatives across the country with an aim to better coordinate efforts.

Examples of Canadian research initiatives that explicitly address health disparities include these:

- The Canadian Institutes of Health Research (CIHR) has a strategic, cross-cutting research initiative, Reducing Health Disparities and Promoting Equity for Vulnerable Populations, in partnership with Health Canada, the National Secretariat on Homelessness, the Social Sciences and Humanities Research Council of Canada and the Heart and Stroke Foundation.

- The Canadian Population Health Initiative produced important and creative research with findings that influence the policy agenda, including a useful overview of strategies to improve the health of Canadians and reduce inequalities.

- The Public Health Agency of Canada (PHAC) was created, with a set of six collaborating centres to provide leadership and support for a new national public health network. Two of these centres address the issue of health disparities. The National Collaborating Centre for Aboriginal Health aims to increase Aboriginal people's capacity for action on their determinants of health. The National Collaborating Centre for Determinants of Health will translate the work of three knowledge networks of the World Health Organization's Commission on the Social Determinants of Health: early childhood development, women and gender equity, and employment conditions.

From a policy and practice perspective, several recent activities are of interest:

- The second national conference of the Chronic Disease Prevention Alliance of Canada was held in November 2006, with the theme "Integrated Chronic Disease Prevention: Building It Together."

- In June 2008, the Canadian Public Health Association, in collaboration with its partners, hosted its 2008 Annual Conference, with the theme "Reducing Health Inequalities Through Evidence and Action."

- At the provincial level, the 11th "Journées annuelles de santé publique" will be held in Quebec in November 2008 and will have social inequalities of health as the primary theme.

- In April 2008, the Senate Subcommittee on Population Health released several preliminary reports on population health policy in different jurisdictions as well as an issues and options paper focused on improving action to address social determinants of health across government departments. The Subcommittee also hosted a roundtable to discuss potential policy options and priorities for action.

Further development of the knowledge base about disparities in Canada is under way. In doing so, partners aim to advance effective healthy public policy, priority setting and evaluation efforts that could contribute to achieving the HLS's goal of reducing health disparities. A recent example is the collaboration between the Population Health Promotion Expert Group and the Healthy Living Issue Group on a Health Disparities Indicators Project. The identification of indicators could lead to an agreed-upon set of measures that could be used by the F/P/T jurisdictions to assess progress in the reduction of health disparities. Another example is the work of the Public Health Network's Task Group on Surveillance of Chronic Disease and Injury to develop indicators that can be used with the Health Disparities Indicators to show the effect of these disparities on chronic disease.

The HLS has the potential to be a key component of a framework for accelerating progress in reducing disparities.

Progress in Strategic Directions

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

- Leadership and Policy Development;
- Knowledge Development and Transfer;
- Community Development and Infrastructure; and
- Public Information

This section of the report presents activities undertaken by different jurisdictions—federal and provincial/territorial—and by relevant partners in support of these strategic directions. This section is a snapshot of activities under way in 2007. Examples do not reflect the full scope of work by all partners in the HLS, but they do provide an important and helpful overview of key activities to show momentum toward advancing the goals of the HLS. While activities are presented under each strategic direction, it is important to note that they are integrated.

Leadership and Policy Development

Leadership and policy development is defined as a F/P/T commitment to providing strong and continuing leadership to a sustainable, long-term strategy and the creation of policies at all levels (public and private) that enable people to live healthy lives. While a primary focus for this strategic direction by many partners in the HLS over the past year has been on school-based initiatives, examples outside the school setting are also included. These school-based initiatives are part of broad-based provincial/territorial healthy living strategies, with the school setting as one of the first targets for investment.

British Columbia

Begin sidebar box
ActNow BC's All-of-Government Approach*:* ActNow BC is pioneering an all-of-government approach to health promotion. The four pillars of ActNow BC are promoting physical activity, healthy eating, living free from tobacco and making healthy choices during pregnancy. All 19 ministries are required to view their mandate through a health promotion lens and reflect initiatives in their service plans that create health-supporting environments. This approach broadens responsibility for population health beyond the reach of the health sector. It ensures that governments' health-promoting investments work in harmony. ActNow BC is led by the Premier; stewardship falls to the Minister of State for ActNow BC. The Minister of State reports directly to Cabinet and is responsible for several aspects of the framework.
End sidebar box

The development of a First Nations/Aboriginal-specific ActNow BC program was a key action identified in the 2005 Transformative Change Accord: First Nations Health Plan.

In 2007, the Ministry of Health partnered with the National Collaborating Centre for Aboriginal Health to develop an **Aboriginal-specific ActNow** component. The National Collaborating Centre on Aboriginal Health is working with the First Nations Health Council, Métis Nation BC and the BC Association of Aboriginal Friendship Centres to support Aboriginal ActNow programming. Another component of the Aboriginal-specific ActNow BC program, the Honour Your Health Challenge, is a province-wide healthy lifestyles challenge that encourages individuals, groups and communities to live active, healthy and strong lifestyles, free from tobacco misuse. The 2007 Honour Your Health Challenge marked the 8th annual event.

The **School Food and Beverage Sales Guidelines** were developed and implemented as policy to identify the food and beverage products that may be sold in BC schools. All elementary schools must comply with the policy by January 2008; all middle and secondary schools by

September 2008. The **Nutritional Guidelines for Vending Machines in Public Buildings** are being implemented in provincially owned buildings, including health care facilities and educational institutions. Planning is under way for the guidelines to be further adapted for implementation in recreation and other public facilities.

Alberta

Alberta's commitment to creating a better balance between the treatment of disease and the prevention of illness and injury is reflected in **Alberta's Framework for a Healthy Alberta**. The Framework sets 10-year outcomes, objectives and targets for the nine health regions to promote health and prevent disease and injury by 2012.

Alberta supports numerous initiatives that build the capacity of individuals and communities to improve health and create environments that support wellness. The **Alberta Nutrition Guidelines for Children and Youth** were developed to offer advice on how facilities/organizations can provide healthy food choices in child care facilities, in schools, at special events, in recreation centres and in the community at large. The Guidelines will be released in spring 2008.

The **Alberta Healthy Living Network** (AHLN) is a provincial alliance with the mandate for leadership for collaborative, integrated action to promote health and prevent chronic disease. The AHLN is designated a World Health Organization Country Wide Integrated Non-Communicable Disease Intervention (CINDI) Demonstration Site. Since 2002, the AHLN has worked to build, evaluate and sustain partnerships at the provincial, regional and local community level. The AHLN established the Alberta Healthy Living Framework: An Integrated Approach. The framework identifies seven priority strategies: partnership development and community linkages, awareness and education, surveillance, best practices, research and evaluation, health disparities, and healthy public policy. The development and evaluation of the AHLN Framework has contributed evidence showing the effectiveness of intersectoral collaboration for promoting community health.

Saskatchewan

Saskatchewan's provincial population health promotion strategy, **Healthier Places to Live, Work and Play** (www.health.gov.sk.ca/phb-promotion-strategy), provides regional health authorities with a framework for creating healthy communities. Within this framework, regional health authorities continue to work with local partners to plan and implement activities related to accessible nutritious food, active communities and mental well-being. Leadership and policy development activities within this framework include implementing school food/nutrition policies, including the collection of data to monitor progress in this area. Regional health authorities and their partners are also supporting employers to create healthy workplaces, as well as youth engagement initiatives.

Several projects that support healthy living were initiated in 2007 by intersectoral partners. These initiatives include guidelines for school divisions, developed by the Ministry of Education, the Ministry of Health and other partners, intended to lead to nutrition policies. As well, the Ministry of Tourism, Parks, Culture and Sport continued to support **Saskatchewan *in motion*** and its initiatives, which encourage communities, schools and workplaces to take action on improving levels of physical activity.

Manitoba

Manitoba has had a Minister of Healthy Living since 2003, one of the first in Canada. The Department is now called Manitoba Health and Healthy Living. Active living and healthy eating are two of the seven areas of focus for the Department.

Manitoba has a number of initiatives that support the HLS, including:

- **Manitoba *in motion*** programs, which provide grants and resource materials to schools, communities and workplaces to highlight the importance of and promote physical activity in these settings;
- **Moving Around Manitoba**, a campaign for citizens to undertake and register physical activity related to distances;
- The Premier's annual **Healthy Living Awards** to recognize the leadership and involvement of individuals, youth and organizations in healthy living; and
- Healthy foods in schools. Policy development and working with schools has been occurring for the past two years to move toward healthier foods being available in school cafeterias and vending machines. This includes:
    - **Guidelines for Foods Served in Schools** and a healthy vending in schools demonstration project; and
    - The ***Manitoba School Nutrition Handbook, Getting Started with Guidelines and Policies*****,** provided to all publicly funded schools in October 2006.

Manitoba also has the **Healthy Schools Initiative**, a partnership between Manitoba Health and Healthy Living (the lead department), Manitoba Education, Citizenship and Youth, and Healthy Child Manitoba (a partnership of all departments connected to children and run by the Healthy Child Committee of Cabinet, comprising eight cabinet ministers). The Healthy Schools Initiative is designed to promote the physical, emotional and social health of students, their families, school staff and school communities. The initiative is complemented by other activities, including **I Love to Run** month, a low-cost bike helmet program and mandated physical and health education from grades K to 12. Manitoba is the first province in Canada to mandate physical and health education for grades 11 and 12, with implementation to begin in September 2008.

Ontario

In 2004, the Chief Medical Officer of Health released the report Healthy Weights, Healthy Lives, which called for a comprehensive plan to address the two key risk factors for chronic disease and obesity: poor nutrition and physical inactivity. In response, **Ontario's Action Plan for Healthy Eating and Active Living (HEAL)** was launched in 2006, and it represents the first ever province-wide strategy that integrates nutrition and physical activity. It also forms part of a broader effort to reduce chronic disease by targeting nutrition and physical activity. The $10 million Action Plan supports a range of initiatives aimed at preventing obesity and promoting healthy eating and active living among Ontarians, especially children and youth, across a variety of settings. Through this Plan, the Ministry is committed to four key strategic approaches for improving the health of Ontarians: Growing Healthy Children and Youth, Building Healthy Communities, Championing Healthy Public Policy, and Promoting Public Awareness and Engagement. Some key initiatives supported under the HEAL strategy include **The Northern Fruits and Vegetable Program, Raise the Bar** and **Eat Right Ontario.**

Going forward, the 2008 Ontario budget announced an additional $10 million to support the development of a comprehensive childhood obesity strategy.

Quebec

Quebec has its own public health program (**le Programme national de santé publique 2003–2012**), which it continues to implement. It involves, among other things, new actions to prevent mental health problems. Since April 2005, Quebec's Public Health Director has made public, in accordance with the *Public Health Act* (2001), three national reports on the health status of the population of Quebec. Also, a healthy lifestyles promotion campaign was launched in fall 2004 to encourage healthy eating and regular physical activity.

More recently, Quebec put in place its government action plan to promote healthy lifestyles and prevent weight-related problems (**le Plan d'action gouvernemental de promotion des saines**

habitudes de vie et de prévention des problèmes reliés au poids 2006–2012). This plan, the product of intersectoral collaboration among seven government departments and three government agencies, provides for 75 actions that will help improve the health of the Quebec population. Moreover, a fund for the promotion of healthy lifestyles was created in June 2007. Through it, the Quebec government will invest $20 million a year over the next 10 years in partnership with the Fondation Lucie et André Chagnon, which is contributing the same amount. Finally, the past few years have seen consolidation of preventive services for vulnerable families and gradual deployment of the Healthy Schools approach in Quebec primary and secondary schools. For more information, visit www.msss.gouv.qc.ca/.

New Brunswick

The **New Brunswick Wellness Strategy**, which addresses physical activity, healthy eating, mental fitness and resilience as well as tobacco-free living, was introduced in January 2006. The Wellness Strategy is focused on children and youth and their influencers, in the context of schools, communities and workplaces. Coordinated and comprehensive action is reinforced through promotion of interconnected strategic directions, which include partnership and collaboration, community development, promotion of healthy lifestyles, surveillance/evaluation/research and healthy public policy. A key enabler of government and non-government alignment on priorities and action is the NB Healthy Eating and Physical Activity Coalition.

New Brunswick was the first province to implement a comprehensive school nutrition policy (Department of Education Policy 711, October 2005, available at www.gnb.ca/0000/policies.asp). By September 2007, all schools in the province, from kindergarten to Grade 12, were required to have removed unhealthy foods from their cafeterias, vending machines and fundraising programs. Throughout 2007, the departments of Wellness, Culture and Sport and of Education coordinated an effort with regional stakeholders to develop criteria for fat, salt, sugar and other factors that identify foods in the maximum, moderate and minimum nutritional categories identified in the Policy.

Nova Scotia

Nova Scotia launched **Healthy Eating Nova Scotia**, the provincial healthy eating strategy, in March 2005. The strategy was developed to guide coordinated, evidence-based action, decisions and resource allocation on nutrition and healthy eating across a variety of settings (e.g., schools, child care, communities, workplaces) with multiple partners. The strategy's priority areas are breastfeeding, children and youth, fruit and vegetable consumption and food security.

Nova Scotia launched the **School Food and Nutrition Policy** in September 2006. The policy is being phased in over a three-year period, with full implementation required by June 2009. The policy describes standards for foods and beverages served and sold in schools, helps promote nutrition education in the classroom and provides a supportive environment for healthy choices. Only foods and beverages that are part of the maximum and moderate nutrition lists of the Food and Beverage Standards are permitted to be served or sold in schools. Other policy components address fundraising, promotion and advertising, and purchase of locally grown and produced foods.

The province is working with partners to develop a **Physical Activity Sport and Recreation Framework** that will address the needs of all population groups. In addition, the **Active Kids Healthy Kids Strategy** was reviewed and renewed in 2007/08. The newly developed **Sport Plan** will include a revised hosting policy, and a new coaching policy will be released in 2008/09. Physical education is mandatory for grades P–9. Guidelines recommend 100 minutes weekly in grades P–2, 150 minutes weekly in Grade 3, 125 minutes weekly in grades 4–6, and 150 minutes weekly in grades 7–9. Beginning in 2008/09, students entering high school are required to earn one physical education credit (110 hours) in Grade 10, 11, or 12 in order to graduate.

Nova Scotia has committed to a **Health Promoting Schools** model. A school health coordinator position is in place, cost shared by the departments of Health Promotion and Protection and of Education. The coordinator works across the two government departments and with school boards and district health authorities to identify mechanisms and supports that enable schools to become healthier places to learn, work and play. The initial emphasis has been on physical activity and healthy eating.

Prince Edward Island

The **Prince Edward Island Strategy for Healthy Living**, launched in 2003, provides a framework within which government, community alliances and NGOs work together to address the three common risk factors for chronic disease and to encourage healthy eating, active living and reduced use of tobacco. The development, implementation and evaluation of the Strategy are coordinated through a steering committee composed of multisectoral partners.

The recent commitment of the PEI government to health promotion and chronic disease prevention was demonstrated by the Atlantic provinces' leadership at the Council of Atlantic Premiers meeting in January 2008. Work is currently under way to develop the framework for collaborative action.

Examples of other initiatives advancing leadership and policy development in PEI in 2007 include the following:

- Members of the provincial HLS Committee are in the process of updating the provincial Strategy and re-establishing goals and targets, and have identified a target population for their collective focus (parents with children aged 0–12 years).

- The departments of Health and Education continue to support and work with the PEI Healthy Eating Alliance to develop healthier school nutrition policies within the French Language School Board and intermediate and senior high schools (introduced in elementary schools in 2005).

- The Healthy Eating Alliance, working with other HLS partners and community representatives, has established a food security network that works to improve universal access to safe and healthy food.

Newfoundland and Labrador

The **Provincial Wellness Plan "Go Healthy"** was launched in Newfoundland and Labrador in 2006. The aim of the Plan is to improve the health of the population and to help all residents of Newfoundland and Labrador to achieve their optimal state of wellness. This plan builds on the work of the Regional Wellness Coalitions and the Provincial Wellness Advisory Council, which comprises a broad range of government departments, professional associations and community groups. Phase I of the Plan (2006–2008) focuses on healthy eating, physical activity, tobacco control and injury prevention, addressed through strengthening partnerships and collaboration, increasing public awareness, enhancing capacity for health promotion, and developing and expanding wellness initiatives. Phase II of the Plan will include mental health promotion, child and youth development, environmental health and health protection.

The **Healthy Students Healthy Schools** initiative is a priority within the Provincial Wellness Plan. The initiative aims to create school environments that support healthy living for students. The initial focus is to develop policies, programs and supports for healthy eating, physical activity and smoke-free environments as well as to support parents, caregivers, educators and the school community.

School Food Guidelines were developed and jointly released by the departments of Health and Community Services and of Education to help ensure students in grades K–12 are offered healthy food choices at school. All school districts across the province have developed healthy eating/nutrition policies based on the Guidelines. The policies are being phased in over a two-year period, with full implementation by September 2008. The School Food Guidelines outline a selection of food and beverage choices that should be served and sold in school cafeterias, canteens and vending machines.

Yukon

Intergovernmental and NGO collaboration exists territory-wide as Yukon continues to implement the **Yukon Active Living Strategy**. Partnerships between the departments of Education, of Health and Social Services and of Community Services, and various NGO delivery agents ensure effective delivery of programs that encourage physical activity via four strategic pillars: Active Yukon Schools, Active Yukon Lifestyles, Active Yukon Communities and Active Yukon Workplaces. In early 2008, the Yukon government signed a Healthy Living Bilateral Agreement with Canada, which will see Yukon **Healthy Living Campaign** programs such as Active-Healthy Kids, Everybody Gets to Play (Northern Supplement) and other programs specific to women in rural Yukon implemented. Other leadership initiatives include the **Yukon Diabetes Reference Group**, a diverse group of representatives from government, non-government, rural Yukon, health and physical activity sectors. The primary function of this group is to promote and support implementation of the **Yukon Diabetes Strategy**.

Northwest Territories

The **Healthy Choices Framework** intends to increase collaboration among departments, including Municipal and Community Affairs, Education, Culture and Employment, Health and Social Services, and Justice, in the areas of health promotion and prevention activities. The goal is similar to the province of British Columbia, where an “all-of-government approach” views programs/services through a health promotion lens. The Framework promotes government-wide collaboration on several priorities: healthy eating, active living, tobacco reduction, injury prevention, healthy sexuality, and mental health promotion and addictions reduction.

The health facility **Food and Beverage Guidelines** were developed in cooperation with the Department of Health and Social Services and the eight Health and Social Services Authorities in the NWT. The guidelines were adapted from the BC School Food and Beverage Guidelines and provide general direction for the use of healthy foods and beverages in all NWT Health and Social Services facilities. A draft set of guidelines for healthy foods and beverages for meetings and other functions has been drafted. In the education sector, a few divisional school boards have initiated healthy food policies.

Nunavut

Developing Healthy Communities, a Public Health Strategy for Nunavut 2008-2013 provides direction for public health activities in the territory for the next five years and beyond. The goal is to create a stronger public health system for Nunavut, and to increase capacity at the community level by focusing on community development.

In October 2007, the Department of Health & Social Services released a **Nutritional Framework for Action** outlining the steps required to optimize the resources now available using both traditional foods and nutritious store foods so that the basic dietary needs of all Nunavummiut are met. Health research has shown that Nunavut households experience food insecurity at a rate of seven times greater than the Canadian Average. One of the goals of the framework is to improve the nutritional status of infants, preschoolers and school- aged children.

The Department of Education is working with the Territorial Coordinator of Nutrition to plan other ways to address nutrition in the school curriculum and the Department of Education is currently developing a **Healthy Foods Directive** for schools.

Federal Government

The federal **Healthy Living and Chronic Disease (HLCD) Initiative** provides a framework across a range of public health actions to promote the health of Canadians and to reduce the impact of chronic diseases. It focuses on the full spectrum of health promotion and chronic disease prevention that integrates approaches to improve health and reduce disparities. Health promotion activities are delivered through the Healthy Living Strategy under the initiative. These activities represent the federal contribution to the *Integrated Pan-Canadian Healthy Living Strategy*. Both strategies are consistent with the World Health Organization's Global Strategy on Diet, Physical Activity and Health.

As well, the HLCD initiative includes the Canadian Diabetes Strategy, which was renewed in 2005 and funded at $18 million annually. The Canadian Diabetes Strategy contributes to the goals of the *Integrated Pan-Canadian Healthy Living Strategy* through disease prevention activities targeted at high-risk populations, especially those who are overweight or obese.

In February 2007, Health Canada launched the revised **Canada's Food Guide**, after extensive consultations with more than 7,000 stakeholders and the public. The Food Guide is a tool designed to help Canadians make healthy food choices and underpins nutrition and health policies, standards and education programs across the country. Since the launch, more than 11.7 million copies of *Eating Well with Canada's Food Guide* and 250,000 copies of *Eating Well with Canada's Food Guide—A Resource for Educators and Communicators* have been distributed. The "My Food Guide Online", a web-based interactive tool, was also launched in 2007 and allows users to obtain a printout in 10 additional languages, allowing for increased access by ethnic minorities.

In April 2007, a version of **Canada's Food Guide tailored for First Nations, Inuit and Métis** was launched. This guide was developed to reflect the values, traditions and food choices of these populations and is a complement to Canada's Food Guide. It is a basic component of nutrition education activities and provides the basis for nutrition policies, programs and guidelines across the country. The tailored Food Guide can be an important tool for individuals, families and communities to learn about and share ways of eating well, including traditional and store-bought foods, given that Aboriginal identity is one of several key factors that contribute to health inequities.

In 2007, Health Canada led a series of panels and discussions at national and international health conferences, including the Dietitians of Canada conference and the International Union for Health Promotion and Education World Conference, to advance action on healthy eating and food security in Canada.

During 2007, PHAC supported a coalition of NGOs to review recommendations made in 2004 on *The Use of Growth Charts for Assessing and Monitoring Growth in Canadian Infants and Children,* taking into consideration the World Health Organization growth standards released in 2006. Led by Dietitians of Canada and involving the Canadian Paediatric Society, the College of Family Physicians of Canada and the Community Health Nurses Association of Canada, this initiative involved the analysis of Canadian data sets to consider the implications of adopting these new standards on the practice of health care professionals.

In January 2007, the federal **Children's Fitness Tax Credit** came into effect. The tax credit allows parents who register their children (under age 16) in programs that promote physical fitness to claim a federal tax credit on spending of up to $500 per year per child on registration fees and memberships.

Food and Consumer Products of Canada

In April 2007, food and beverage industry leaders announced the **Children's Food and Beverage Advertising Initiative,** which demonstrates their commitment to advertising and marketing of products to Canadian children under age 12 in a responsible way. The initiative integrates self-regulation, social messaging and education. Participating companies have committed to promoting and supporting healthy dietary choices and healthy lifestyles in children, and to shifting the emphasis of children's advertising and marketing to foods and beverages that are consistent with the principles of sound nutrition guidance.

In 2007, Food and Consumer Products of Canada members continued to support a **Statement of Commitment on Healthy Active Living**—a pledge to take leadership in helping Canadians embrace a healthy active lifestyle based on the tenets of moderation, balance and activity. Announced in 2006, this commitment is multifaceted and embraces industry's work on the reformulation and enhancement of processed food and beverage products, consumer education initiatives, responsible marketing/advertising practices and support of workplace and community healthy active living initiatives.

Begin sidebar box

Work under way by the **Joint Consortium for School Health** (JCSH) provides a practical example of how the principles of the HLS (integration, partnership and shared responsibility, and best practices) are put into practice. The JCSH is an intersectoral governmental collaboration established by provincial, territorial and federal governments to serve as a catalyst in supporting health/wellness and education sectors to work together in a more systematic way to effectively implement comprehensive school health. Visit http://www.jcsh-cces.ca/ for more information.

The JCSH has supported the development of a national network of school health coordinators in every participating province and territory, along with a representative from the Public Health Agency of Canada, to help promote collaboration and information sharing between the health and education sectors within and among member jurisdictions.

In 2007, the JCSH co-hosted the World Health Organization Technical Meeting entitled "Building School Partnerships for Health, Education, Achievement and Development," held in Vancouver, June 5–8, 2007.

End sidebar box

Chronic Disease Prevention Alliance of Canada (CDPAC)

CDPAC is a network of health and non-health organizations that share a common vision for an integrated system of research, surveillance, policies and programs for maintaining health and preventing chronic disease in Canada. CDPAC consists of national, provincial and territorial organizations and alliances representing hundreds of groups across Canada.

In 2007, CDPAC confirmed four priority areas: addressing the determinants of physical activity, healthy eating and healthy weights, building a strong public health response to chronic diseases, and protecting Canadians from tobacco exposure.

CDPAC completed or initiated the following activities in 2007: collaborated to develop a position statement on income-related food security, released a background paper on the status and description of the National Child Tax Supplement in Canada, and led a policy consensus conference on obesity and the impact of marketing to children.

Also, CDPAC facilitated the national disease-specific strategies to develop a collaborative action framework in support of their efforts to align their primary prevention efforts and identify priorities. Visit www.cdpac.ca for more information.

Assembly of First Nations (AFN)

The AFN continues to raise health as an area for action at the National Assemblies and the Chiefs Committee on Health and through the work of the AFN Health and Social Secretariat. Regional Chief Katherine Whitecloud presented to the Standing Committee on Health and provided input into its 2007 report *Healthy Weights for Healthy Kids*. She noted that success in reducing obesity levels among children was achieved when people used culturally appropriate and traditional approaches. Both the continuation of traditional games, sports and recreational activities and the provision of traditional foods were seen as inherently critical for the maintenance of physical health in this population.

Also in 2007, the AFN worked with Health Canada's First Nations and Inuit Health Branch on the development of Canada's Food Guide tailored to First Nations, Inuit and Métis.

Knowledge Development and Transfer

Knowledge development and transfer is defined as a continuum of activities that includes gathering knowledge (e.g., research, surveillance and reviews of best practices); analyzing and synthesizing knowledge; and making knowledge available to people who can use it, in forms that are most useful to them. Initiatives undertaken across the country are outlined below.

British Columbia

The innovative **BC Atlas of Wellness**, created in partnership with the University of Victoria, contains more than 270 maps and supporting tables that provide data related to approximately 120 wellness-related indicators. The data will be used to guide planners across government, health authorities, private sector and educational institutions in identifying and planning to improve the state of health in British Columbia.

Alberta

The Alberta Centre for Active Living, in partnership with the Alberta Sport, Recreation, Parks and Wildlife Foundation and the University of Alberta, addresses the research and education needs of more than 6,000 Alberta practitioners and organizations related to the promotion of physical activity. Projects included the 2007 Alberta Survey on Physical Activity, the *Rural Route to Active Aging* resource and workshops reaching 35 small Alberta communities.

Saskatchewan

The Ministry of Health, in partnership with the College of Nursing at the University of Saskatchewan, offered satellite training, available in 35 locations throughout Saskatchewan, on active transportation. The training highlighted federal, provincial and regional opportunities for improving active transportation.

Manitoba

Manitoba purchased an enhanced children's sample in the CCHS Nutrition Focus Study. A report entitled *Weight Status of Manitoba Children* was released in November 2007.

Manitoba also conducted two provincial surveys as part of the **Healthy Schools Evaluation**. A baseline survey was sent to all schools in Manitoba in spring 2005, to understand the strengths and challenges schools face in supporting health. The survey was repeated in spring 2007. The surveys revealed that:

- 82% (2005) and 90% (2007) of schools have established or started to establish policies and guidelines for the health and wellness of children and youth; and

- 88% (2005) and 90% (2007) of schools have established or have started to establish a school health committee/council.

Ontario

Raise the Bar, a program supporting the implementation of intramural physical activity programs in schools, held its first annual intramural student leadership conference on November 16, 2007, in Guelph. More than 400 students and staff were in attendance, representing 87 schools—both elementary and secondary—from 17 school boards across Ontario.

New Brunswick

During the 2006/07 school year, as part of the **NB Wellness Strategy**, a school-based survey of students in grades 6–12 was developed and implemented. The focus was on student knowledge, attitudes and behaviours regarding physical activity, healthy eating, mental fitness/resilience and tobacco (Health Canada Youth Smoking Survey). The survey and subsequent knowledge mobilization activities have been implemented through the Health and Education Research group of the University of New Brunswick in partnership with the Université de Moncton. A total of 184 schools (87%) in all 14 school districts participated, representing over 33,000 students. Each school and each district received individualized feedback reports in each of the four areas of focus, which included not only the results but also suggestions on how students, educators, parents and community could act on the results. Subsequently, in the 2007/08 school year, all districts received presentations to facilitate comprehensive school health action on their results. Additional knowledge mobilization efforts include the development of curriculum connectors, provision of ongoing support/consultation for districts, school and wellness champions and development of provincial fact sheets summarizing the results.

Nova Scotia

Nova Scotia continues to work with school boards and other partners to develop policy implementation monitoring tools for the provincial **School Food and Nutrition Policy**. Resource requirements for full implementation of the policy will be identified as part of the process.

Newfoundland and Labrador

A **Provincial School Needs Assessment** was developed and administered across the province to determine the equipment and infrastructure needed in schools to support the new School Food Guidelines. The Needs Assessment saw a 100% return rate, with all principals (K–12) completing the 24-page questionnaire. The information gathered is being used by the school districts and the departments of Education and of Health and Community Services to help support schools to create a healthier place for students to learn.

The **Newfoundland and Labrador Physical Education Teacher Survey** was sent to all schools (K–12) in the province in 2007 to determine the extent to which students are receiving the recommended physical education curriculum, the impact of the new physical education equipment and support resources, and the successes and challenges experienced by physical education teachers in meeting the requirements of the new physical education curriculum. The Survey results have informed decisions around additional resources and support for schools, and a steering committee has been struck to consider next steps to ensure quality physical education and physical activity for students.

Yukon

The Yukon government's Sport and Recreation Branch, the Department of Education and NGO Sport Yukon have partnered since 2005/06 to conduct a school-based annual **Physical Activity Survey** in all Yukon schools, in an effort to establish a baseline monitoring tool to measure physical activity levels in sport and recreation in youth, including rural Yukon. In 2007, Sport and

Recreation Branch contracted a survey entitled **Active Living Opportunities of Interest to Yukon Seniors,** which provided valuable information regarding program delivery for seniors in Yukon, including rural communities. Since 2006, the Sport and Recreation Branch has conducted an annual **Active Yukon Monitoring Database**, which provides valuable information in terms of trends of recreation and physical activity in Yukon and is used in the implementation of the Yukon Active Living Strategy.

Nunavut

Health and Social Services developed a **Dental Health Manual** for school teachers to support the health curriculum and for health promotion by Community Health Representatives, Dental Assistants and Dental Therapists to help educate students and families in order to help reduce the amount of unhealthy foods and sweetened beverages that are being consumed.

The Department of Education signed a memorandum with Manitoba Education to use their new **Physical Education Program** for Kindergarten to Grade 6.

Physical Activity Kits for the Classrooms for elementary and senior grades have been distributed to the 42 schools in Nunavut. An advisory committee was formed with representatives from the Departments of Education, Health and Social Services and Culture Language Elders and Youth to oversee this project.

The Physical Activity Specialist at the Department of Culture, Language, Elders and Youth conducted a **Pedometer Study** in various communities in collaboration with the Canadian Lifestyle and Research Institute.

Federal Government

Health Canada continues to support the advancement of the scientific underpinning for the development of national dietary guidance in collaboration with the US Institute of Medicine, including participation in and contribution to the Institute's workshop entitled The Development of DRIs 1994–2004: Lessons Learned and New Challenges. As well, Health Canada contributed to the development and dissemination of the French translation of the *Dietary Reference Intakes: The Essential Guide to Nutrient Requirements* (National Academies Press), a summary report of the Dietary Reference Intakes. Health Canada also published the article *Eating Well with Canada's Food Guide (2007): Development of the Food Intake Pattern* in the April 2007 issue of *Nutrition Reviews*.

Health Canada is working closely with Statistics Canada and the Canadian Institutes of Health Research to build capacity and research opportunities in using the CCHS 2.2 (Nutrition focus) data. In October 2007, Health Canada launched the **CCHS 2.2 Users Group** to provide an exchange forum for researchers, public health professionals from the provincial ministries of health, and other users of the data from Statistics Canada, CIHR, Health Canada and PHAC. The goal was to ensure that knowledge generated at the analysis stage would be both relevant and applicable to researcher and policy-maker communities. CIHR issued a Request for Applications and funded seven research teams to provide enhanced opportunities for expert analysis of the CCHS 2.2 data.

In 2007, Health Canada released themed reports and products as part of a series, including *Canadian Community Health Survey, Cycle 2.2, Nutrition (2004): Income-Related Household Food Security in Canada* and *Canadian Community Health Survey, Cycle 2.2, Nutrition (2004): Nutrient Intakes from Food, Provincial, Regional and National Summary Data Tables, Volume 1*. A web-based tool that uses GIS technology to report CCHS 2.2 nutrition indicators by province and for Canada, called **Canada's Nutrition and Health Atlas**, was also launched. Health Canada presented results from the CCHS 2.2, to promote its use and understanding, at the Kellogg Nutrition Symposium as part of the Dietitians of Canada Annual Conference; the Health

Canada Science Forum; and the International Union for Health Promotion and Education World Conference.

On September 26, 2007, PHAC announced federal funding to support the **F/P/T Physical Activity Benchmarks/Monitoring Program**. Undertaken in partnership with provincial and territorial governments since 1995, this monitoring program is managed and administered by the Canadian Fitness and Lifestyle Research Institute (CFLRI). It serves as a mechanism to gather and synthesize the following data: participation data on adults and youth from the CCHS; objective physical activity data among children and youth (aged 5–19 years) from the CANPLAY study, which also reports on the impact of low socio-economic status and education on physical activity levels of children and youth; data on enabling or constraining factors from the individual's perspective from the CFLRI Physical Activity Monitor; and data on enabling or constraining factors within settings from CFLRI's system-capacity studies. The Benchmarks/Monitoring Program is a key example of collaboration between federal and provincial/territorial governments to develop and exchange knowledge to inform policy development.

Also on September 26, 2007, PHAC initiated work in partnership with the Canadian Society for Exercise Physiology to undertake a **scientific review of physical activity guidelines and measurement in Canada,** with the goal of enhancing the scientific integrity of the guidelines and informing the future of Canada's national physical activity guidelines. Initial results of this work were published in the November 2007 edition (Vol. 32) of the journal *Applied Physiology, Nutrition, and Metabolism* as a supplement entitled *Advancing physical activity measurement and guidelines in Canada: a scientific review and evidence-based foundation for the future of Canadian physical activity guidelines*.

PHAC made significant progress in 2007 in developing the **Canadian Best Practices System**, which includes the **Canadian Best Practices Portal for Health Promotion and Chronic Disease Prevention**. The web-based Portal facilitates knowledge exchange about best practices in research, policy development and practice; builds consensus about best practices approaches; and enhances the evaluation of interventions at community and population levels. The Portal currently contains over 110 interventions on a variety of topics covering healthy living and chronic disease prevention. The Best Practices Portal includes best practices on physical activity and healthy eating interventions. Visit http://cbpp-pcpe.phac-aspc.gc.ca/about/index_e.cfm for more information.

PHAC conducts risk assessment studies for major chronic diseases such as cancer, cardiovascular disease, diabetes and mental illness. These studies further expand knowledge on social, behavioural (e.g., physical activity, nutrition) and environmental risk factors (including the built environment) and on determinants for chronic diseases. The studies contribute to the evidence base to support healthy living promotion activities.

On November 20, 2007 (National Child Day), PHAC launched the first *Healthy Living E-bulletin*, as a means of communicating with Intersectoral Healthy Living Network members. The *E-bulletin* is a quarterly newsletter designed to keep healthy living stakeholders informed on efforts to promote physical activity, healthy eating and healthy weights across the country. *E-bulletin* themes include "Children and Youth: The Right to be Active," "Populations in Isolated, Remote and Rural Areas," "Aboriginal Communities" and "Health Disparities."

Canadian Institutes of Health Research

CIHR has addressed the Knowledge Development and Transfer strategic direction of the HLS through various activities and partnerships:

- **Intervention research:** Population health intervention research seeks to enhance the evidence base on which the efficacy, effectiveness and cost-effectiveness of population-level interventions can be judged. Given the multisectoral, multi-level collaborations needed to

build an evidence base, many structural changes are required to encourage knowledge exchange and collaboration among researchers, practitioners, policy makers and others with significant roles to play. CIHR is involved at all these levels in its ongoing effort to promote intervention research in Canada. Two specific initiatives are these:

a) Intervention research funding opportunity: Several CIHR institutes and partners, such as the Heart and Stroke Foundation of Canada, the Canadian Population Health Initiative (CPHI), PHAC, the First Nations Inuit Health Branch of Health Canada and the Centre de recherche en prévention de l'obésité, launched a new and innovative program to support prompt initiation of intervention and evaluation research on programs, events and/or policy changes that have the potential to impact healthy living and chronic disease prevention among Canadians.

b) Population Health Intervention Research Initiative for Canada: CIHR, PHAC, CDPAC, CPHI and other partners have formed the Population Health Intervention Research Initiative for Canada. The Initiative is an open collaborative that aims to build capacity in population health intervention research and its quantity, quality and use by policy makers and practitioners.

- **Research into the built environment:** In keeping with the strategic focus to increase the capacity for knowledge development and exchange, the Heart and Stroke Foundation of Canada and several CIHR institutes held a strategic initiative competition in 2007 entitled Built Environment, Obesity and Health. The primary objective of this strategic initiative was to support policy-relevant collaborative projects that advance knowledge and its translation on how the built environment (defined as the outcome of community planning, design and implementation)—in the context of contributing to obesity—is influenced by, and/or impacts on, multiple factors, such as physical activity levels and/or nutrition. A total of nine projects were funded under this funding opportunity.
- **Public Health Chairs:** In keeping with the three areas of strategic focus for the Knowledge Development and Transfer strategic priority of the HLS, CIHR, in partnership with PHAC, the Centre de recherche en prevention de l'obésité and the Heart and Stroke Foundation, funded 11 Applied Public Health Chairs.

Canadian Population Health Initiative (CPHI) of the Canadian Institute for Health Information (CIHI)

***Improving the Health of Canadians: An Introduction to Health in Urban Places*:** Released in November 2006, this report looked at how various social and physical aspects of urban places influence the daily lives and health of people who live in them. Findings from the report were featured in the March 2007 issue (No. 9) of the newsletter of the International Society for Urban Health, *ISUH Connections*. (The full report is available at http://www.cihi.ca/cihiweb/dispPage.jsp?cw_page=PG_471_E&cw_topic=471&cw_rel=AR_1217_E).

CPHI co-sponsored a workshop in May 2007, Healthy Urban Places: Moving from Knowledge to Action, with the Provincial Health Services Authority of British Columbia in Vancouver to bring together policy actors from across Canada to share current research on the link between health and urban places. The workshop findings were released in the December 2007 issue of Health Canada's *Health Policy Research Bulletin*.

***Socio-economic Status and Health in Urban Canada*:** This report explores how health, as measured by a variety of health status indicators, varies by groups with different SES characteristics. Using an index of deprivation developed by the Quebec Public Health Institute (INSPQ), census dissemination areas in 15 Canadian cities were assigned to one of three groups: low SES, average SES and high SES. Health indicators were then calculated for each group. This report will be released in November 2008.

CPHI has partnered with PHAC to host the Reducing the Gaps forum. This group comes together to learn about and share work in the area of disparities. The various reports, the activities in this area and the opportunities for collaboration are part of the discussion.

Begin sidebar box
Research Synthesis: *State of the Evidence Review on Urban Health—Healthy Weights:* The objectives of this CPHI-commissioned study were to review and synthesize the evidence on (a) structural and community-level characteristics of urban environments that promote or inhibit the achievement of healthy weights and (b) the effectiveness of interventions to assist urban populations in achieving healthy weights. This report is available on CPHI's website.
End sidebar box

CPHI is funding three intervention research projects through the **Population Health Program and Policy Intervention Research pilot program**. One of these projects has a specific focus on healthy weights: "Effectiveness of School Programs in Preventing Childhood Overweight: A Natural Experiment Created by New Policy," a study of the effectiveness of a school board-wide health-promoting school program in reducing the prevalence of overweight among primary school students.

CPHI has also been involved with **McGill Integrative Health Challenge Think Tanks:**

- **Knowledge to Action Workshop (February 2007):** Held in Montreal, participants discussed concrete ways forward in the area of childhood obesity prevention. Visit www.mcgill.ca/healthchallenge/2006/kt/ for more information.
- **Knowledge to Action Workshop (November 2007):** This workshop addressed the global context surrounding childhood obesity. For more information, visit www.mcgill.ca/healthchallenge/2007/presentations/.

Chronic Disease Prevention Alliance of Canada (CDPAC)

As a facilitator of knowledge exchange, CDPAC connects people and information together for improved population health. CDPAC brings together researchers, policy makers and practitioners to support systems change in research, surveillance, policy and programs.

In 2007, CDPAC led "webinars" (CDPAC Fireside Chats) on integrated surveillance needs in Canada, alcohol and chronic disease prevention, and income-related food insecurity.

Assembly of First Nations (AFN)

The Health and Social Secretariat of the AFN develops the ***Assembly of First Nations Health Bulletin,*** which covers key health and social issues, including determinants of health affecting First Nations, as well as sharing success stories from communities. It also offers updates on work that the AFN is doing at the national level. The Health Bulletin is sent to First Nations communities across Canada and members of Parliament and is also made available to the Canadian public and media.

Community Development and Infrastructure

Community development and infrastructure is defined as support for effective, sustainable community actions and infrastructures that build community capacity to promote healthy living and provide supportive environments for health. Activities undertaken across the country are outlined below.

British Columbia

The goal of the **Community Food Action Initiative** is to increase community food security, particularly for those with limited incomes. More than 120 communities across the province have applied for funding and are working to improve community food security. A preliminary evaluation is expected in spring 2008.

The BC government granted $25.2 million to the **BC Healthy Living Alliance (BCHLA)** in March 2006 to support the implementation of 27 recommendations identified in the organization's proposal document, *A Winning Legacy: A Plan for Improving the Health of British Columbians by 2010.*

The BCHLA announced the launch of the Healthy Eating, Physical Activity, and Tobacco Reduction strategies on August 14, 2007. At that time, the BCHLA also proposed an integrated **Community Capacity Building Strategy** to invest in high-risk communities and support each of the other strategies.

The BCHLA extensively supports community development initiatives. For example, the **Farm to School Salad Bar** provides a valuable partnership and hands-on learning opportunity for both the farming and school communities. For more information, visit www.bchealthyliving.ca.

Alberta

The **Wellness Fund for Healthy School Communities** was established in 2006 as part of the government's investment in achieving healthy weights in children. Funding is provided to projects that support healthy choices, such as active living, healthy eating and positive social environments in school communities. Six successful projects were selected in June 2007 from the applications received.

As per the priority areas of the Sport and Recreation Branch of the Ministry of Tourism, Parks, Recreation and Culture and the Alberta Sport, Recreation, Parks and Wildlife Foundation (ASRPWF), a focus is on supporting participation in sport, recreation and physical activity. Results achieved include these:

- A total of $1.6 million from the ASRPWF supported 17 provincial/regional active living agencies working together to implement a coordinated provincial delivery system. Services to practitioners and the public in 2007 included fitness certification; community-based healthy living programming; school-based workshops, resources and programs; and practitioner-focused physical activity research and knowledge translation.

- Approximately $10 million was provided by the ASRPWF to provincial sport and recreation associations to support their programs and services for Albertans.

- Grants totalling approximately $700,000 were provided for provincial and community projects related to sport and recreation programs, equipment, leadership development and athlete training.

A new, two-year, $280 million program was created by the Alberta government. The **Major Community Facilities Program** provides funding support to municipalities, not-for-profit organizations and Aboriginal communities for projects that are identified as a priority by a community. Existing programs include the Community Facility Enhancement Program (budget $39 million and maximum grant of $125,000) and the Community Initiatives Program (budget $30 million and maximum grant of $75,000).

PHAC, Alberta Health and Wellness, and the Ministry of Tourism Parks, Recreation and Culture collaborated in establishing Alberta's parameters for implementing the **Healthy Living Funding Framework**.

In support of Active and Safe Routes to School, two major walking initiatives were organized. **Winter Walk Day** engaged nearly 31,000 participants on February 7, 2007, as part of Alberta's promotion of the WinterActive campaign, through coordination by SHAPE (Safe, Healthy, Active, People, Everywhere) and assistance from the Be Fit for Life Program. On October 3, 2007, a cross-Canada **Guinness World Record Walk Challenge** was held in conjunction with the International Walk to School Initiative—155 schools participated, a total of 54,053 people.

Saskatchewan

Within the framework of Saskatchewan's Provincial Population Health Promotion Strategy, **Healthier Places to Live, Work and Play**, regional health authorities are working with local partners to build the capacity to support access to nutritious, affordable food, including food costing, good food boxes, community kitchens and leadership development. They are also supporting the work of sport and recreation sectors in active transportation and built environments and establishing or enhancing family, community or youth centres.

In addition, the Ministry of Health worked with public health nutritionists to develop **Healthy Foods for My School**. This resource supports schools in offering healthy foods by outlining what foods to choose, how to make choices and how to read product labels.

Manitoba

The **Chronic Disease Prevention Initiative** provides grants to community groups to initiate local programs for the enhancement of physical activity, healthy eating, community gardens and smoking reduction.

The **Northern Healthy Foods Initiative** is an interdepartmental initiative that seeks ways to have food more available and economical in northern regions.

Ontario

In 2007, Ontario introduced several new programs. **Raise the Bar** was introduced to improve intramural sport/physical activity programs in Ontario's elementary and secondary schools by providing information and tools to help develop new and innovative approaches to intramural programming.

Begin sidebar box
The **Healthy Schools Recognition Program** was developed in partnership with the Ministry of Education to encourage every school in Ontario to work with students, parents and community partners to find ways of making schools healthier. In the program's first year (2006/07), approximately 1,300 schools participated, introducing close to 2,500 new healthy activities.
End sidebar box

Eat Right Ontario is a program providing free access to dietitians in order to provide nutrition and healthy eating information.

The **Active and Safe Routes to Schools** program was supported, which responds to the need for safe, walkable neighbourhoods so that children can walk or bike to and from school. An estimated 3,000 schools are currently participating in the program, affecting one million students.

The **Northern Fruit and Vegetable Pilot Program** was launched, providing free fruits and vegetables three times per week to elementary students in northern Ontario communities. Twelve thousand students in 61 schools are benefiting from the program. In January 2008, a physical

activity component was introduced to the program on a pilot basis. Preliminary evaluation indicates that the program positively impacts students' overall fruit and vegetable intake and their willingness to try fruits and vegetables.

New Brunswick

The **Active Kids Toolkit**, developed as part of the NB Wellness Strategy, is a training and resource opportunity for parents, caregivers and other adults who work with children to optimize physical activity in the daily lives of New Brunswick's 0-to-5-year-old children and their families. The program was launched province-wide in October 2007. The Active Kids Toolkit involves many partners for the delivery and championing of physical activity: early interventionists, family resource centres, daycare operators, NB libraries, municipal program leaders and many others. Two community colleges have been trained to deliver Active Kids Toolkit training to the Early Childhood Education students in their programs. A monthly newsletter keeps all participants motivated and educated by providing tips, ideas and information around active, healthy living for families.

Nova Scotia

The Department of Health Promotion and Protection (HPP) continues to play a lead role in developing and implementing the **Pathways for People Framework for Action for Advancing Active Transportation in Nova Scotia**. HPP also continues to provide funding to support partnerships with school boards and District Health Authorities to expand the Health Promoting Schools' programs.

The trail movement in Nova Scotia is based on partnerships and community development with support from governments and the corporate sector. HPP introduced a **Trail Maintenance Program** in 2006/07 that funds community trail groups and municipalities to maintain their trails and trail systems.

As a partner of the Tripartite Forum, HPP co-chairs its newly formed **Sport and Recreation Committee**. This Committee started the process of developing a common vision, mission and work plan aimed at increasing physical activity, sport and recreation, and participation in the Aboriginal population.

The **Sport Participation Opportunities for Children and Youth Program** continues to offer, through school and community-based programs, structured and unstructured sporting activities aimed at decreasing current levels of physical inactivity in children.

Prince Edward Island

The PEI Department of Health identified and created a network to link, inform and support health care providers working within primary care, thereby increasing their capacity to promote clients' health. The Department also continued to support the **Active Living Alliance** with a variety of pedometer programs, including the development—in partnership with Girls and Women in Sport—of a successful pilot aimed at increasing the activity of mothers and daughters. The **Healthy Eating Alliance** continues to administer Breakfast and Snack Programs in Island schools.

Newfoundland and Labrador

The six **Regional Wellness Coalitions** covering the health regions across the province continue to provide opportunities for people to become involved in community action around the issues affecting their health and well-being. The Coalitions are providing leadership, coordination and support for local wellness initiatives along with building partnerships by bringing together individuals, groups and organizations interested in working on common wellness issues. The strength of the Coalitions comes from the many partners involved, their ability to reach out and

build capacity in their communities and their experience in sustaining these efforts. The Regional Wellness Coalitions have successfully implemented a Community Wellness Grant Program, where they provide a small amount ($100 to $1,000) of funding to schools and community groups who submit proposals to move the health promotion agenda forward.

As part of its Healthy Students Healthy Schools Initiative, the **Provincial Healthy Students Healthy Schools Committee** facilitates school health promotion efforts across the province. Five School Health Promotion Liaison Consultant positions are jointly funded by the departments of Health and Community Services and of Education. In addition, district principals' meetings were held with all principals in all districts across the province to share ideas and solutions around creating healthy school environments. **District caterers' meetings** were held with school cafeteria front-line staff across the province to review the School Food Guidelines, to develop partnerships and to facilitate the transition to serving healthy foods in schools.

Yukon

The Yukon government's Sport and Recreation Branch is currently developing the Community Recreation Infrastructure Plan, which incorporates identified trends in recreation, sport and active living such as increased use of trail networks. Rural communities are increasingly interested in multi-use trail systems in the North. The Yukon Active Living Strategy supports the **Rural Active Living Coordinator Program,** which provides short-term contracts for rural residents who are interested in increasing the physical activity levels in their communities that lead to longer-term activities in those communities (e.g., local gardening and walking initiatives). The Yukon Diabetes Reference Group continues to work on initiatives, including outreach to rural communities through telehealth and other mechanisms. The Active Yukon Schools program reaches all Yukon communities.

The **Recreation and Parks Association Yukon** continues to provide a wide range of active living activities and information for Yukoners of all ages and abilities throughout the territory. A walking program introduced a number of years ago continued to have great success both with the general public and among those with chronic diseases.

Northwest Territories

The goal of the **Health Promotion Strategy Fund** is to increase capacity at the community level by providing funding to local projects that meet needs in small communities. Examples of approved projects include youth skiing projects, active living kits for classrooms and school cooking programs. A formal evaluation of this fund is planned for 2008/09.

The **NWT Food First Foundation** provides some small grants for school feeding programs to schools. A territorial advisory committee supports the program, projects, partnerships and fundraising.

The **Healthy Foods North** project aims to reduce the risk for chronic disease through multi-institutional partnerships and community-based intervention programs to improve diet, increase physical activity and provide education. To date, baseline information has been collected and community workshops have been held. These workshops provide opportunities for communities to identify their preferred intervention approaches. The intervention consists of several phases, each lasting between six and eight weeks, and is based in stores and other community settings. It is based on a program called Healthy Stores (www.healthystores.org).

Nunavut

Piliriqatigiinngniq – Working Together for the Common Good is a partnership initiative between the Government of Nunavut Department of Health and Social Services, Nunavut Tunngavik, a non-governmental organization and Health Canada, to increase integration of wellness plans especially at the community level, by providing strategic support for community

asset mapping, community needs assessment, development of wellness indicators, human resources and training plans.

Healthy Foods North is a community-based research project initiated in two communities in Nunavut. The focus is on improving health and preventing obesity and disease by improving food choice and promoting physical activity. Baseline dietary data collection and community consultation have taken place and the intervention is scheduled for fall 2008, with evaluation planned a year later.

Project Based Healthy Living Programs are administered by the Department of Health and Social Services for community-based projects and territory-wide initiatives. The goal is to prevent diabetes by promoting good nutrition, physical activity and offering diabetes prevention education and resources to community members and health workers across the territory.

The **Sport Mentor Program**, a healthy living initiative is an after school program that enables all students under 13 to participate in different team sports with no enrolment fees.

Federal Government

In 2007, PHAC established **bilateral agreements** in healthy living with provinces and territories as a means to deliver a pan-Canadian response to the issues of physical inactivity, unhealthy eating and their relationship to unhealthy weights. The objectives of the agreements are to improve health outcomes for Canadians and to reduce health disparities by advancing joint government priorities in healthy living through co-operation and coordination. Bilateral projects promote health by addressing shared priorities aimed at improving health outcomes and reducing health disparities, with an emphasis on children and youth, those living in northern, rural and remote settings, and Aboriginal Canadians. Funded jointly by federal and provincial or territorial governments, community-based joint projects are being implemented over a three-year period, ending March 31, 2010. With a strong focus on evaluation, monitoring and reporting, both levels of government are committed to sharing project outcomes and results with interested stakeholders.

In 2007, the federal government announced two-year funding (2007–2009) for 11 national projects under the national stream of the **Healthy Living Fund—**the Physical Activity and Healthy Eating Contribution Program. The Fund supports projects that aim to increase the number of Canadians who are physically active, eat healthily and are at a healthy weight, with priority given to knowledge development and exchange activities, creating supportive social and physical environments for healthy living, enhancing collaboration and integration, and raising awareness of disparities and their impact on healthy living. Examples include funding to the Centre for Sustainable Transportation to support child- and youth-friendly land-use guidelines in support of physical activity, the Active Living Alliance for Canadians with a Disability to support increased access to physical activity by children and youth with disabilities, and Active Healthy Kids Canada to support Canada's annual physical activity report cards for children and youth. The Healthy Living Fund is supported by the Effectiveness of Community Interventions Project, an interdepartmental initiative of PHAC and Health Canada, which aims to advance our understanding of what makes community-based interventions successful and to develop resources for measuring effectiveness.

The **Demonstration Projects for Chronic Disease Prevention** measure the effectiveness of innovations occurring across the country in chronic disease prevention (including obesity, physical activity, etc.), and share these innovations between jurisdictions and other stakeholders nationally to maximize their uptake and impact. Through these projects, PHAC facilitates common evaluations on programs and policies, as well as knowledge exchange. PHAC has funded the demonstration site elements of Manitoba's Chronic Disease Prevention Initiative as the pilot phase of this initiative.

The **Aboriginal Diabetes Initiative** aims to reduce type 2 diabetes in Aboriginal people through a range of health promotion, prevention, screening and treatment services delivered by an increased number of trained health service providers and community diabetes prevention workers (CDPWs). The CDPWs mobilize their communities to create supportive physical and social environments for healthy eating and increased physical activity. The CDPWs also help ensure Initiative linkages to other programs.

Aboriginal Head Start On Reserve reaches over 9,000 children in over 300 First Nations communities and is now offering outreach services in communities where formal facility-based programming has proven to be difficult (e.g., for young families or where there is a lack of facilities or limited funding). The program focuses on First Nations languages; educational activities to prepare children for school; and activities promoting nutrition, healthy lifestyle choices and physical activity. It also provides services to parents, including parenting workshops and cooking classes.

Public Information

Public information is defined as the provision of information and other communications strategies to motivate people and groups to adopt positive health practices throughout the life cycle, to develop the skills they need to be healthy and to support others in healthy lifestyle decisions.

British Columbia

The ***Healthy Eating for Seniors Handbook*** (October 2007) provides information about healthy eating, including what seniors should pay attention to when it comes to food, meals and supplements; gives tips on how to eat to prevent or manage common chronic diseases; provides advice on simple ways to eat with less salt and fat, how to read labels and how to maintain a healthy body weight; and gives recipes in portion sizes for one or two people. Chinese and Punjabi versions will be released in spring 2008. A series of short video vignettes highlighting information from the handbooks will be available on DVD in fall 2008. The vignettes were developed in collaboration with the Provincial Health Officer and will be in English, Cantonese and Punjabi.

Alberta

A new public awareness campaign called **Create a Movement** was launched in September 2007 to encourage young people (tweens [9–12-year-olds] and teens [13–18-year-olds]) and their parents to eat healthily and be more active to reduce their risk of obesity and chronic disease. The campaign included a series of television, radio, public transit, print and cinema advertisements directed at young people and parents. A website (www.createamovement.ca) was also launched to engage and motivate youth to take action on the challenges of healthy living, as well as link them to reliable information on healthy eating and physical activity.

The following new nutrition resources were developed and released between January 2007 and January 2008:

- *A Guide for Food Serving Sizes for Babies 6 to 12 Months of Age*
- *Healthy Eating and Active Living for 13 to 18-year-olds* and *Food Guide Serving Sizes for 13 to 18 Years*

Saskatchewan

The Saskatchewan Ministry of Health is working with the Ministry of Education on resources and education to support their nutrition grant program for licensed family child-care homes. The grant, education and resources are meant to assist with the provision of well-balanced, nutritious food for the children in these settings.

Manitoba

A food and nutrition website and a food-in-schools website provide public education and prevention information as well as downloadable copies of Manitoba Health and Healthy Living nutrition resources.

The **Healthy Living Resource Clearinghouse** (http://www.mhlrc.ca) is funded by the Ministry of Healthy Living to provide information and support to health practitioners, organizations, groups and communities to develop healthy living programs and activities. The site highlights "success stories" on positive health and wellness initiatives.

New Brunswick

As part of the NB Wellness Strategy, a social marketing campaign targeting parents was launched in September 2007. The objective of the **GET WELLNESS SOON** campaign is to encourage New Brunswick residents to adopt a more positive attitude toward healthy lifestyles by incorporating actions from the four pillars of the Wellness Strategy. The campaign includes newspaper, television, radio and a website, as well as a range of local community presentations by parents or youth who have made a positive difference in their lifestyles ("Lifestyle Leaders"). National exposure for the campaign has been achieved through publications such as *Canadian Living*.

Newfoundland and Labrador

A **Living Healthy Schools** provincial website was developed and launched in September 2007, providing information and resources on healthy eating, physical activity, living smoke-free, addictions, environmental health and other health promotion messages for students, teachers, parents and the larger school community. Visit www.livinghealthyschools.com for more information.

Begin sidebar box
In September 2007, Newfoundland and Labrador's second annual **Living Healthy Commotions** were organized in all 284 (K–12) schools across the province. Living Healthy Commotions are school-based events that provide an opportunity for schools to showcase and celebrate how they're choosing to eat healthier, be more active and stay smoke-free. Commotions bring together students, teachers, administrators, parents and the larger community to celebrate working together to create healthier places for students to learn.
End sidebar box

Yukon

Implementation of the Yukon Active Living Strategy and the new Yukon Healthy Living Bilateral Agreement allows for several opportunities for social marketing, including annual **SummerActive and WinterActive initiatives,** various Yukon-wide health fairs, Seniors Wellness Week, Workplace Wellness Week, Active Yukon Schools, recent collaboration with the renewed ParticipACTION Campaign and the **Yukon Healthy Living Campaign** to be launched in fall 2008.

Early in the calendar year, the Yukon again supported the third pan-territorial **Drop the Pop Campaign**, a week-long campaign during Nutrition Month to encourage elementary school-aged children to "drop the pop" for a week in favour of healthier beverages such as water, milk and 100% fruit juices. In co-operation with schools, the Health Promotion Unit of the Yukon Department of Health and Social Services provided teacher handbooks to enable teachers to provide students with information and facts about healthy drinking. As part of a healthy living/injury prevention campaign, the Health Promotion Unit created ***Freestylin***, a magazine aimed at 14-to-19-year-olds and written in youth-speak. This bilingual magazine addressed

issues of body image, healthy eating and drinking, physical activity, safe sex and substance abuse. It was supported by posters/billboards as well as a YouTube page. In late fall 2007, the Yukon printed **2008 Healthy Living Challenge Calendars** for distribution to all Yukon elementary schoolchildren.

Northwest Territories

The **Drop the Pop Campaign** is in its third year in the NWT. The Campaign is funded by the Aboriginal Diabetes Initiative, with partners from the Government of the Northwest Territories, private business and NGOs, such as the Northern Nutrition Association and the NWT/Nu Medical Association. In 2008, the theme is "Drop the Pop—Grab the Tap" to encourage healthy foods and beverages as well as environmentally friendly practices. Thirty-three schools have registered for the campaign. Each school receives a small grant so that healthy eating activities are promoted. A formal evaluation will be conducted in 2008/09.

Nunavut

Most schools participate in the annual **Drop the Pop Move to the Beat** campaign during Nutrition month in March. Highlights this year include a Smoothie Recipe Contest and a Drop the Pop Art Contest to create a healthy living post card series.

A school Yoga program called **Building Resilience for Youth** teaches students coping skills, uses breathing and awareness practices in combination with physical movement.

The Department of Culture, Language, Elders and Youth provides **Physical Activity funding** in which community members and organizations, supported by the hamlet council, can apply up to $5,000 in grants per fiscal year to run community programs.

Federal Government

Early in 2007, the federal government delivered a social marketing campaign to promote existing and new healthy eating and physical activity tools, including ***Eating Well with Canada's Food Guide*** and ***Canada's Physical Activity Guides for Children and Youth***.

On January 15, 2007, the federal government launched **WinterActive**, a six-week national community mobilization initiative led by the Government of Canada in collaboration with provincial and territorial governments. WinterActive is designed to help Canadians improve their health by supporting and encouraging them to adopt healthier lifestyles, including physical activity, sport participation, making healthier food choices and living tobacco-free. WinterActive is the seasonal counterpart to SummerActive.

On February 19, 2007, the federal government announced funding to re-establish **ParticipACTION**. ParticipACTION is jointly funded by PHAC and Sport Canada. PHAC's contribution is to support projects under ParticipACTION's public communications and media strategy.

Food and Consumer Products of Canada

In 2007, the food and consumer products industry focused on empowering consumers to make **Healthier for You** choices through public information. Eighty-five percent of companies use websites to provide consumers with health and nutrition information, 83% provide consumer call-in support and 97% of companies provide health professionals with information on the nutrition profile of industry products. In addition, 76% financially support research, education and/or programs related to healthy active living. Fifty-eight percent are sponsoring physical activity programs for children.

Assembly of First Nations

In 2007, the Assembly of First Nations developed a video in partnership with Health Canada and First Nations youth called **What Matters to Me.** The goal of the video is to increase public awareness of how social determinants of health such as poverty, housing and education are understood by, and affect, First Nations children and youth, through their own eyes and in their own words.

Conclusion

The first report on the *Integrated Pan-Canadian Healthy Living Strategy* profiles and celebrates only some of the many healthy living policies, programs and initiatives under way in Canada. HLS partners, including federal and provincial/territorial governments, NGOs, the private sector and Aboriginal organizations, are taking action to improve health outcomes and to reduce health disparities.

The HLS has allowed partners to increase the coordination and collaboration around healthy living efforts. It has contributed to increased information sharing, better alignment of policies and programs, and the achievement of shared results.

Future reports of the HLS will highlight the growing number of examples of how Canadians are benefiting from the efforts of many stakeholders to support them to increase physical activity, improve healthy eating and achieve healthy weights.

This first report represents our initial step together to achieving our vision of a healthy nation in which all Canadians experience the conditions that support the attainment of good health.

Notes

[1] The World Health Organization defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19 June–22 July 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948. See http://www.who.int/suggestions/faq/en/.

[2] 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). *The Integrated Pan-Canadian Healthy Living Strategy*. Ottawa: Health Canada; 2005. p. 10. Available at: http://www.phac-aspc.gc.ca/hl-vs-strat/pdf/hls_e.pdf.

[3] 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). *The Integrated Pan-Canadian Healthy Living Strategy*. Ottawa: Health Canada; 2005. p. 4. Available at: http://www.phac-aspc.gc.ca/hl-vs-strat/pdf/hls_e.pdf.

[4] Health Canada. *Healthy Canadians: A Federal Report on Comparable Health Indicators 2006*. Ottawa: Health Canada; 2006. Available at: http://www.hc-sc.gc.ca/hcs-sss/pubs/system-regime/2006-fed-comp-indicat/index-eng.php.

[5] Health Canada. Map of "Active" Physical Activity Index in Canada (both males and females). In: *Canada's Nutrition and Health Atlas* [online]. Health Canada. [Accessed February 10, 2008]. Available at: http://www.hc-sc.gc.ca/fn-an/surveill/atlas/map-carte/physic_s_a_acti_mf-hf_e.html.

[6] Health Canada. Map of "Active" Physical Activity Index in Canada (males). In: *Canada's Nutrition and Health Atlas* [online]. Health Canada. [Accessed February 10, 2008]. Available at: http://www.hc-sc.gc.ca/fn-an/surveill/atlas/map-carte/physic_s_a_acti_mal-hom_e.html.

[7] Health Canada. Map of "Active" Physical Activity Index in Canada (females). In: *Canada's Nutrition and Health Atlas* [online]. Health Canada. [Accessed February 10, 2008]. Available at: http://www.hc-sc.gc.ca/fn-an/surveill/atlas/map-carte/physic_s_a_acti_fem_e.html.

[8] Health Canada. Map of "Moderate" Physical Activity Index in Canada (both males and females). In: *Canada's Nutrition and Health Atlas* [online]. Health Canada. [Accessed February 10, 2008]. Available at: http://www.hc-sc.gc.ca/fn-an/surveill/atlas/map-carte/physic_s_a_moder_mf-hf_e.html.

[9] Health Canada. Map of "Moderate" Physical Activity Index in Canada (males). In: *Canada's Nutrition and Health Atlas* [online]. Health Canada. [Accessed February 10, 2008]. Available at: http://www.hc-sc.gc.ca/fn-an/surveill/atlas/map-carte/physic_s_a_moder_mal-hom_e.html.

[10] Health Canada. Map of "Moderate" Physical Activity Index in Canada (females). In: *Canada's Nutrition and Health Atlas* [online]. Health Canada. [Accessed February 10, 2008]. Available at: http://www.hc-sc.gc.ca/fn-an/surveill/atlas/map-carte/physic_s_a_moder_fem_e.html.

[11] Health Canada. Map of "Inactive" Physical Activity Index in Canada (both males and females). In: *Canada's Nutrition and Health Atlas* [online]. Health Canada. [Accessed February 10, 2008]. Available at: http://www.hc-sc.gc.ca/fn-an/surveill/atlas/map-carte/physic_s_a_inacti_mf-hf_e.html.

[12] Health Canada. Map of "Inactive" Physical Activity Index in Canada (females). In: *Canada's Nutrition and Health Atlas* [online]. Health Canada. [Accessed February 10, 2008]. Available at: http://www.hc-sc.gc.ca/fn-an/surveill/atlas/map-carte/physic_s_a_inacti_fem_e.html.

[13] Health Canada. Map of "Inactive" Physical Activity Index in Canada (males). In: *Canada's Nutrition and Health Atlas* [online]. Health Canada. [Accessed February 10, 2008]. Available at: http://www.hc-sc.gc.ca/fn-an/surveill/atlas/map-carte/physic_s_a_inacti_mal-hom_e.html.

[14] Health Canada. Map of At Least 15 Minutes of Daily Physical Activity in Canada (both males and females). In: *Canada's Nutrition and Health Atlas* [online]. Health Canada. [Accessed February 10, 2008]. Available at: http://www.hc-sc.gc.ca/fn-an/surveill/atlas/map-carte/physic_s_a_daily-quotid_mf-hf_e.html.

[15] Health Canada. Map of At Least 15 Minutes of Daily Physical Activity in Canada (males). In: *Canada's Nutrition and Health Atlas* [online]. Health Canada. [Accessed February 10, 2008]. Available at: http://www.hc-sc.gc.ca/fn-an/surveill/atlas/map-carte/physic_s_a_daily-quotid_mal-hom_e.html.

[16] Health Canada. Map of At Least 15 Minutes of Daily Physical Activity in Canada (females). In: *Canada's Nutrition and Health Atlas* [online]. Health Canada. [Accessed February 10, 2008]. Available at: http://www.hc-sc.gc.ca/fn-an/surveill/atlas/map-carte/physic_s_a_daily-quotid_fem_e.html.

[17] Canadian Fitness and Lifestyle Research Institute, *Physical Activity Among Canadians: The Current Situation.* Ottawa: CFLRI; 2005. p. 6. Available at: http://www.cflri.ca/eng/statistics/surveys/documents/pam2005_sec1.pdf.

[18] Ibid., pp. 14-15.

[19] Office of Nutrition Policy and Promotion, Health Products and Food Branch, Health Canada. Canadian Community Health Survey Cycle 3.1 custom tabulations 2008 (unpublished).

[20] Health Canada. Map of Consumption of Less Than Five Servings of Fruit and Vegetables in Canada (both males and females). In: *Canada's Nutrition and Health Atlas* [online]. Health Canada. [Accessed January 25, 2008]. Available at: www.hc-sc.gc.ca/fn-an/surveill/atlas/map-carte/fv-u5_mf-hg_e.html.

[21] Health Canada. Map of Consumption of Less Than Five Servings of Fruit and Vegetables in Canada (males). In: *Canada's Nutrition and Health Atlas* [online]. Health Canada. [Accessed January 25, 2008]. Available at: www.hc-sc.gc.ca/fn-an/surveill/atlas/map-carte/fv-u5_mal-hom_e.html.

[22] Health Canada. Map of Consumption of Less Than Five Servings of Fruit and Vegetables in Canada (females). In: *Canada's Nutrition and Health Atlas* [online]. Health Canada. [Accessed January 25, 2008]. Available at: www.hc-sc.gc.ca/fn-an/surveill/atlas/map-carte/fv-u5_fem_e.html.

[23] Conclusion found in Government of Canada Response to *Healthy Weights for Healthy Kids*, p. 9.

[24] See Health Canada's "Canadian Guidelines for Body Weight Classification in Adults." [Accessed February 10, 2008.] Available at: http://www.hc-sc.gc.ca/fn-an/nutrition/weights-poids/guide-ld-adult/weight_book_tc-livres_des_poids_tm_e.html.

[25] Health Canada. *Healthy Canadians: A Federal Report on Comparable Health Indicators 2006*. Ottawa: Health Canada; 2006. Available at: http://www.hc-sc.gc.ca/hcs-sss/pubs/system-regime/2006-fed-comp-indicat/index-eng.php.

[26] According to Health Canada, a BMI of 25.0 to 29.9 is considered overweight, while a BMI of 30.0 or above is considered obese. See "Body Mass Index Nomogram." [Accessed April 7, 2008.] Available at: http://www.hc-sc.gc.ca/fn-an/nutrition/weights-poids/guide-ld-adult/bmi_chart_java-graph_imc_java_e.html.

[27] See Health Canada's "Canadian Guidelines for Body Weight Classification in Adults." Accessed February 10, 2008. Available at: http://www.hc-sc.gc.ca/fn-an/nutrition/weights-poids/guide-ld-adult/weight_book_tc-livres_des_poids_tm_e.html.

[28] Health Canada. Map of Overweight According to Measured Body Mass Index (BMI) in Children in Canada (both males and females). In: *Canada's Nutrition and Health Atlas* [online]. Health Canada. [Accessed February 10, 2008]. Available at: www.hc-sc.gc.ca/fn-an/surveill/atlas/map-carte/mass_c-e_over-exces_mf-hf_e.html.

[29] Health Canada. Map of Overweight According to Measured Body Mass Index (BMI) in Children in Canada (males). In: *Canada's Nutrition and Health Atlas* [online]. Health Canada. [Accessed February 10, 2008]. Available at: www.hc-sc.gc.ca/fn-an/surveill/atlas/map-carte/mass_c-e_over-exces_mal-hom_e.html.

[30] Health Canada. Map of Overweight According to Measured Body Mass Index (BMI) in Children in Canada (females). In: *Canada's Nutrition and Health Atlas* [online]. Health Canada. [Accessed February 10, 2008]. Available at: www.hc-sc.gc.ca/fn-an/surveill/atlas/map-carte/mass_c-e_over-exces_fem_e.html.

[31] Health Canada. Map of Obesity According to Measured Body Mass Index (BMI) in Children in Canada (both males and females). In: *Canada's Nutrition and Health Atlas* [online]. Health

Canada. [Accessed February 10, 2008]. Available at: http://www.hc-sc.gc.ca/fn-an/surveill/atlas/map-carte/mass_c-e_obes_norm-sans_exces_mf-hf_e.html.

[32] Health Canada. Map of Obesity According to Measured Body Mass Index (BMI) in Children in Canada (males). In: *Canada's Nutrition and Health Atlas* [online]. Health Canada. [Accessed February 10, 2008]. Available at: http://www.hc-sc.gc.ca/fn-an/surveill/atlas/map-carte/mass_c-e_obes_norm-sans_exces_mal-hom_e.html.

[33] Health Canada. Map of Overweight According to Measured Body Mass Index (BMI) in Children in Canada (females). In: *Canada's Nutrition and Health Atlas* [online]. Health Canada. [Accessed February 10, 2008]. Available at: http://www.hc-sc.gc.ca/fn-an/surveill/atlas/map-carte/mass_c-e_obes_norm-sans_exces_fem_e.html.

[34] Health Canada. Map of Overweight According to Measured Body Mass Index (BMI) in Adults in Canada (both males and females). In: *Canada's Nutrition and Health Atlas* [online]. Health Canada. [Accessed February 10, 2008]. Available at: http://www.hc-sc.gc.ca/fn-an/surveill/atlas/map-carte/mass_adult_over-exces_mf-hf_e.html.

[35] Health Canada. Map of Overweight According to Measured Body Mass Index (BMI) in Adults in Canada (males). In: *Canada's Nutrition and Health Atlas* [online]. Health Canada. [Accessed February 10, 2008]. Available at: http://www.hc-sc.gc.ca/fn-an/surveill/atlas/map-carte/mass_adult_over-exces_mal-hom_e.html.

[36] Health Canada. Map of Overweight According to Measured Body Mass Index (BMI) in Adults in Canada (females). In: *Canada's Nutrition and Health Atlas* [online]. Health Canada. [Accessed February 10, 2008]. Available at: http://www.hc-sc.gc.ca/fn-an/surveill/atlas/map-carte/mass_adult_over-exces_fem_e.html.

[37] Health Canada. Map of Obesity According to Measured Body Mass Index (BMI) in Adults in Canada (both males and females). In: *Canada's Nutrition and Health Atlas* [online]. Health Canada. [Accessed February 10, 2008]. Available at: http://www.hc-sc.gc.ca/fn-an/surveill/atlas/map-carte/mass_adult_obes_mf-hf_e.html.

[38] Health Canada. Map of Obesity According to Measured Body Mass Index (BMI) in Adults in Canada (males). In: *Canada's Nutrition and Health Atlas* [online]. Health Canada. [Accessed February 10, 2008]. Available at: http://www.hc-sc.gc.ca/fn-an/surveill/atlas/map-carte/mass_adult_obes_m-h_e.html.

[39] Health Canada. Map of Obesity According to Measured Body Mass Index (BMI) in Adults in Canada (females). In: *Canada's Nutrition and Health Atlas* [online]. Health Canada. [Accessed February 10, 2008]. Available at: http://www.hc-sc.gc.ca/fn-an/surveill/atlas/map-carte/mass_adult_obes_fem_e.html.

[40] See Government of Canada Response to *Healthy Weights for Healthy Kids*, p. 3.

[41] Assembly of First Nations. *RHS: Our Voice, Our Survey, Our Reality. Selected Results from RHS Phase 1 (2002/03).* Ottawa: Assembly of First Nations, 2007. [Accessed February 4, 2008]. Available at: http://www.rhs-ers.ca/english/pdf/rhs2002-03reports/rhs2002-03-quickfacts.pdf.

[42] Health Disparities Task Group of the Federal/Provincial/Territorial Advisory Committee on Population Health and Health Security. *Reducing Health Disparities—Roles of the Health Sector: Discussion Paper.* Ottawa; 2005.

[43] Wilkins R. *Mortality by Neighbourhood Income in Urban Canada From 1971 to 2001*. HAMG Seminar and special compilations. Ottawa: Statistics Canada, Health Analysis and Measurement Group (HAMG); 2007. For the data sources and methods, see Wilkins R, Berthelot JM, Ng E. Trends in Mortality by Neighbourhood Income in Urban Canada From 1971 to 1996. *Health Reports* 2002; 13 (Supplement): 45-71. [Accessed January 11, 2008]. Available at: http://www.statcan.ca/english/freepub/82-003-SIE/2002001/pdf/82-003-SIE2002007.pdf.

[44] Cited in Canadian Institute of Health Information. *Improving the Health of Canadians 2004.* Ottawa: CIHI; 2004. pp. 24-25.

[45] Cooke M, Beavon D, McHardy M. *Measuring the Well-Being of Aboriginal People: An Application of the United Nations' Human Development Index to Registered Indians in Canada, 1981-2001*. Ottawa: Indian and Northern Affairs Canada, Strategic Research and Analysis Directorate; 2004.

[46] Indian and Northern Affairs Canada. *Basic Department Data: 2004.* First Nations and Northern Statistics sections. Ottawa: INAC, 2005.
[47] Health Disparities Task Group of the Federal/Provincial/Territorial Advisory Committee on Population Health and Health Security. *Reducing Health Disparities—Roles of the Health Sector: Discussion Paper.* Ottawa; 2005. p. 2.
[48] Human Resources and Social Development Canada. (2008). *Indicators of Well-being in Canada* [website]. 2008. [Accessed April 11, 2008]. Available at: http://www4.hrsdc.gc.ca/home.jsp?lang=en.
[49] Health Canada (Office of Nutrition Policy and Promotion). *The Canadian Community Health Survey, Cycle 2.2, Nutrition (2004): Income-Related Household Food Security in Canada.* Ottawa: Health Canada; 2007.
[50] Health Disparities Task Group of the Federal/Provincial/Territorial Advisory Committee on Population Health and Health Security. *Reducing Health Disparities—Roles of the Health Sector: Discussion Paper.* Ottawa; 2005. p. 4.
[51] Ibid., p. 10.
[52] Frohlich KL, Potvin L. Transcending the Known in Public Health Practice: The Inequality Paradox: The Population Approach and Vulnerable Populations. *American Journal of Public Health* 2008; 98(2): 216-221.
[53] World Health Organization. *Commission on Social Determinants of Health* [website]. WHO. [Accessed April 7, 2008]. Available at: www.who.int/social_determinants/about/en/.
[54] *Population Health Policy: International Perspectives*. First Report of the Subcommittee on Population Health of the Standing Senate Committee on Social Affairs, Science and Technology. February 2008. p. 2.
[55] Ibid., p. 1.
[56] Reported in Health Disparities Task Group of the Federal/Provincial/Territorial Advisory Committee on Population Health and Health Security. *Reducing Health Disparities—Roles of the Health Sector: Discussion Paper.* Ottawa; 2005. p. 13.
[57] The most recent report on these indicators is *Healthy Canadians 2006*, the source for data in the section on Tracking Key Healthy Living Indicators. See Health Canada. *Healthy Canadians: A Federal Report on Comparable Health Indicators 2006*. Ottawa: Health Canada; 2006. Available at: http://www.hc-sc.gc.ca/hcs-sss/pubs/system-regime/2006-fed-comp-indicat/index-eng.php.