

THE 2008 REPORT on the

Integrated Pan-Canadian Healthy Living Strategy



Public Health
Agency of Canada

Agence de la santé
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Canada

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Integrated Pan-Canadian Healthy Living Strategy



**To promote and protect the health of Canadians through leadership,
partnership, innovation and action in public health.**

— Public Health Agency of Canada

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Introduction

In 2005, federal, provincial and territorial (F/P/T) Ministers of Health endorsed the Integrated Pan-Canadian Healthy Living Strategy (HLS), joining other countries around the world that have recognized the importance of promoting healthy living in the population through concerted, sustained national action. Interest and momentum in healthy living continues to grow. As a result, the HLS remains a relevant and useful strategy for all partners.

The HLS is a conceptual framework (Diagram 1) for sustained action on healthy living, with an emphasis on the key modifiable risk factors that are known to have a significant impact on chronic diseases such as cancer, diabetes and cardiovascular disease. The Framework sets out two overarching goals—reduced health disparities and improved overall health outcomes—and four strategic directions—areas in which strategy partners can take meaningful actions to contribute to the advancement of the goals. Strategy partners have identified three initial areas of emphasis: physical activity, healthy eating, and their relationship to healthy weights. The HLS framework, however, lends itself to future action on additional areas of emphasis.

Healthy Living Strategies Around the World

Australia: *A Healthy & Active Australia Initiative*

United Kingdom: *Change4Life*

United States: *Healthy People 2010*

International: *The World Health Organization's Global Strategy on Diet, Physical Activity and Health*

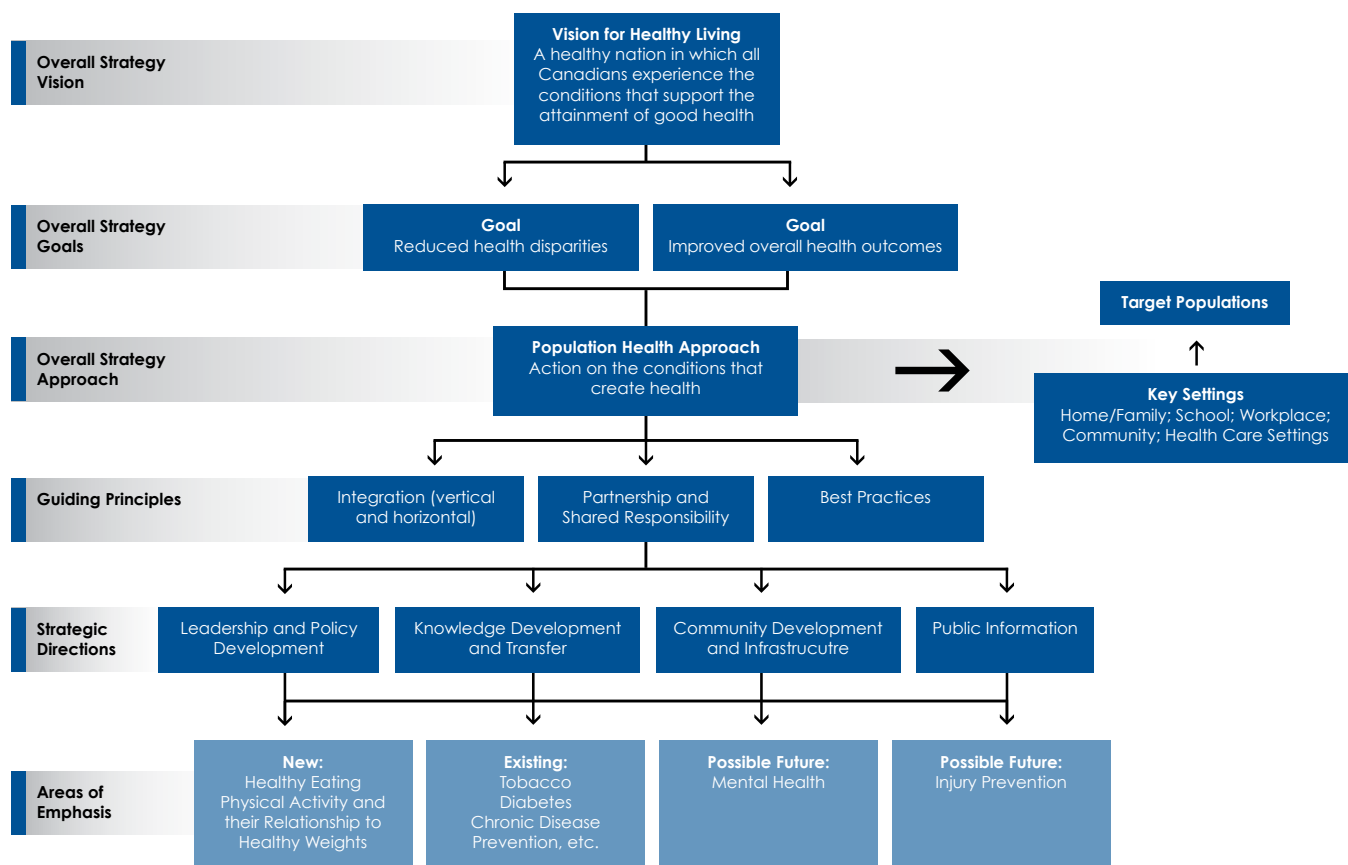
The 2008 Report

The 2008 report is the second since the HLS was endorsed by Ministers, and represents another important milestone in the collective effort to advance the goals of the strategy. This second report includes examples of healthy living strategies and initiatives submitted by HLS partners that contribute to both goals of the strategy. The report has three sections:

- The first section describes progress toward achieving the targets in each of the strategy's three areas of emphasis as set out in the HLS, building on the 2005 baseline data presented in the 2007 report. It is worth noting that there appears to be a lack of progress on the HLS targets, as measured by the 2008 Canadian Community Health Survey (CCHS). It is important to note that this report reflects healthy living initiatives underway in 2008. However, published reports from 2009 and 2010 underscore the severity of the challenge for HLS partners to address physical activity, healthy eating and healthy weights.* With this in mind, all HLS partners should strengthen their efforts and give consideration to monitoring progress against these targets, using a range of available data sources. The 2009 report will profile data sources beyond the CCHS in an effort to more closely monitor and report on the progress toward these targets.
- The second section provides an overview of health disparities and their determinants, exploring their relevance in the Canadian context, and describing efforts to develop indicators as the basis for ongoing monitoring of health disparities in Canada.
- The third section highlights examples of policies, programs and initiatives underway in Canadian jurisdictions that have been submitted by HLS partners.

*For more information regarding published reports from 2009 and 2010 which will be referenced in the 2009 report but which are not within the purview of this document, see: Shields & Tremblay, *Int. J. Pediatr. Obes.*, in press; Margot Shields, Mark S. Tremblay, Manon Laviolette, Cora L. Craig, Ian Janssen and Sarah Connor Gorber, *Fitness of Canadian adults: Results from the 2007–2009 Canadian Health Measures Survey*.

Diagram 1: Integrated Pan-Canadian Healthy Living Strategy Framework



Strategy Governance and Accountability for Results

A Healthy Living Issue Group (HLIG) was established in 2006. The HLIG includes representation by F/P/T governments, the private sector, the nongovernmental community, and national Aboriginal organizations. It serves as a forum to foster efforts among partners to advance the goals of the strategy, including through collaborative efforts. The HLIG reports through the Population Health Promotion Expert Group (PHPEG) to the Public Health Network (PHN) Council, and on to F/P/T Deputy Ministers of Health and F/P/T Ministers of Health.

The reporting aspect of the HLIG's mandate is fulfilled through the publication and dissemination of this report. It represents a commitment on the part of participating organizations to support the goals of the HLS and to measuring progress to achieve the HLS targets. All HLS partners share in the responsibility to achieve these results.

Tracking Key Healthy Living Indicators

In order to measure progress in the areas of healthy eating, physical activity and healthy weights under the HLS, F/P/T governments developed and endorsed healthy living targets: to increase by 20% by 2015 the proportion of Canadians aged 18 and older who engage in regular physical activity, eat healthily and are at a healthy body weight. Progress toward meeting these targets is measured using national population surveys including Statistics Canada's Canadian Community Health Survey. This section of the report describes progress toward achieving the HLS targets in each of the strategy's three areas of emphasis, building on the 2005 baseline data presented in the 2007 report.¹

Table 1

Target	Indicators	Baseline Percentages (2005)	2008 Percentages
Physical Activity	% of population aged 18 and older classified as active or moderately active.	In 2005, 50% of the population aged 18 or older was classified as active or moderately active.	In 2008, 48.5% of the population aged 18 or older was classified as active or moderately active.
Healthy Eating	% of population aged 18 and older reporting eating fruit and vegetables at least five times per day.	In 2005, 42% of the population aged 18 or older was classified as eating fruit and vegetables 5 or more times per day.	In 2008, 43.3% of the population aged 18 or older was classified as eating fruit and vegetables 5 or more times per day.
Healthy Weights	% of population aged 18 and older with a "normal" body weight, based on a BMI of 18.5 to 24.9.	In 2005, 47.4% of the population aged 18 or older was classified with a BMI between 18.5 and 24.9.	In 2008, 46.3% of the population aged 18 or older was classified with a BMI between 18.5 and 24.9.

Physical Activity

The CCHS classifies Canadians' physical activity according to an index with three levels—inactive, moderately active and active. As reported in [Table 1](#), 48.5% of the Canadian population 18 or older was classified as active or moderately active in 2008. The data indicate that while men and women had a similar prevalence of moderate activity, a higher percentage of men (26.7% of men versus 20.8 % of women) were active and a lower percentage of men were inactive (48.3% versus 54.5% for women).

Healthy Eating

The healthy eating indicator uses CCHS data to determine the percentage of the population who self-report eating fruit and vegetables five or more times per day. This data provides the total number of times (frequency) the population self-reports eating fruit and vegetables each day but does not measure the quantity of fruit and vegetables consumed per day. In 2008, 43.3% of the population reported eating fruit and

vegetables five or more times per day. The percentage of men who reported consuming fruit and vegetables five or more times a day is much lower than the percentage for women (35.7% for men versus 50.4% for women).

Healthy Body Weights

Healthy body weights are tracked using the body mass index (BMI) based on self-reported body weight and height in the CCHS. The BMI indicator is based on the percentage of the Canadian population with BMI in the "normal" range (BMI between 18.5 and 24.9). In 2008, 46.3% of the population was classified as having a BMI in this range. Other categories for BMI include "underweight" (BMI <18.5), "overweight" (BMI 25–29.9) and "obese" (BMI ≥ 30). Data for 2008 indicate that as compared to women, a higher percentage of men were classified both as overweight (40.6% for men compared to 27.4% for women) and obese (18.3% for men compared to 16.0% for women). It should be noted that self-reported data are known to underestimate the prevalence of overweight and obesity.²

Health Disparities and Healthy Living: Moving Toward Indicators

Despite the fact that Canada is a relatively healthy nation³, challenges remain in supporting Canadians to improve and maintain their health. There is compelling evidence that small differences in the way Canadians live have significant impacts on overall health. The HLS strives to reduce health disparities by tackling their determinants with a view to improving overall health outcomes.

This section of the report offers a discussion on health disparities in Canada as they relate to healthy living and shares progress in 2008 to move toward health disparities indicators.

The determinants of health are income and social status, social support networks, education and literacy, employment/working conditions, social environments, physical environments, personal health practices and coping skills, healthy child development, biology and genetic endowment, health services, gender and culture (<http://www.phac-aspc.gc.ca/ph-sp/determinants/index-eng.php#determinants>)

Health Disparities and Healthy Living

In Canada, socio-economic status (SES), Aboriginal identity, gender and geographic location are some of the most important social determinants associated with health disparities.⁴ Differences in health outcomes can be seen in rates of life expectancy at birth, infant mortality, diabetes, lung cancer, infectious diseases, obesity, potential years of life lost due to unintentional injuries, asthma, chronic disease and mortality connected with tobacco use, and suicide rates.⁵

As the HLS highlights, reductions in health disparities will come from addressing all of the determinants of health⁶—the factors that greatly influence why some people and some populations are healthy and others are not.

Individuals in poor health can find it challenging to participate fully in the social, cultural and economic life of their communities. When poor health is found in certain populations, adverse health effects can be compounded. Exclusion, stigma and hopelessness can result.

Some Canadian households, for example, don't have physical and economic access to sufficient, safe and nutritious food to meet their needs for an active and healthy life. Food insecurity is more prevalent in certain sub-populations, including households with low incomes, with social assistance as their primary source of income, that do not own their own home, with children led by a lone female parent and among Aboriginal households. Although the specific factors associated with food insecurity vary, a focus on the underlying social determinants is key to improving food security at the population level.

Similarly, many Canadians live in environments constructed in ways that make health-enhancing behaviours, such as physical activity and healthy eating choices, difficult to pursue. Modifying the built environment to support active transportation and leisure-time physical activities, safe play and walking environments, as well as improving access to affordable, nutritious food sources in resource-deprived areas can have a large impact on health.

Progress in Monitoring Health Disparities

The 2008 final report *Closing the Gap* by the World Health Organization (WHO) Commission on the Social Determinants of Health highlights the fact that action on the social determinants of health will be more effective if basic data systems are put in place to support the development of more effective policies, systems and programs.⁷ Many countries have begun documenting the extent of disparities, developing policies, and evaluating interventions. Canada has taken a similar approach.

According to the WHO, many countries measure health disparities, focusing on socioeconomic differences in the health of children. Progress is monitored using indicators such as antenatal health, smoking during pregnancy, low birth weight, breastfeeding, infant mortality, dental health, accidents and physical activity levels. Child poverty is also highlighted with indicators on the proportion of children living in low-income or jobless households. For youth, socioeconomic inequalities in teenage pregnancy rates, accident rates, smoking, alcohol and drug use, and attempted suicides are common. (*Closing the Health Inequalities Gap: An International Perspective* <http://www.euro.who.int/Document/E87934.pdf>)

In 2006, the Public Health Network Council directed the Population Health Promotion Expert Group (PHPEG) to develop a list of pan-Canadian health disparities indicators.

An initial PHPEG workshop was held in October 2006 to establish groundwork for developing a set of health disparities indicators. Subsequent to this workshop, the PHPEG commissioned a report titled, *Health Disparities Indicators: Background Report for Developing Health Disparities Indicators in Canada*.⁸ The report provides suggestions for a common set of health disparities indicators, and a feasible approach to their implementation in the Canadian context. A Joint

In June 2009, the Senate Subcommittee on Population Health—Final Report: *A Healthy, Productive Canada: A Determinant of Health*,⁹ was released explicitly recommending that the PHPEG accelerate its work to complete the development of a national set of indicators of health disparities and that the indicators of health disparities be appropriately matched with the Health Goals for Canada.

PHPEG—HLIG Indicators Task Group was formed to advance this work. A second workshop was held in January 2009 to bring together experts from across Canada to develop an initial list of 10-20 measurable indicators of inequalities in health status and of inequalities in determinants of health. In September 2009, a final report recommending a list of these indicators was submitted to the PHN Council for their consideration.

Progress In Strategic Directions

The goals of the HLS are advanced through four strategic directions—four distinct yet highly inter-related courses of action that will support the achievement of the HLS goals.

- 1. 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 policy at all levels (public and private) that enable people to live healthy lives.
- 2. Knowledge Development and Transfer** is defined as a continuum of activities that includes gathering knowledge (e.g. research, surveillance, 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.
- 3. 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.

4. **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 lifecycle, to develop the skills they need to be healthy and to support others in healthy lifestyle decisions.

This section of the report provides a snapshot of activities undertaken by F/P/T governments and by non-government partners to show momentum toward advancing the goals of the HLS. A selection of policies, programs and initiatives taking place across the country are profiled under each of the strategy's two goals, within each of the four strategic directions. Given the rich mosaic of activities submitted by all partners, initiatives that are new in 2008, or that reflect significant progress since 2007, are highlighted in this report. Please refer to *The 2008 Report on the Integrated Pan-Canadian Healthy Living Strategy Supplement* for additional examples underway in 2008 (<http://www.phac-aspc.gc.ca/hl-vs-strat>). While all activities are profiled under separate goals or strategic directions of the HLS, it is important to note that they are often implemented in an integrated fashion.

HLS Goal: Reduce Health Disparities

Strategic Direction 1: Leadership and Policy Development

Manitoba

The **Manitoba School Fruit and Vegetable Snack Pilot Program** was launched in 2008. The program will run during two school years (2008/09 and 2009/10), providing fruit and vegetable snacks to 1500 students in Manitoba schools with diverse and high need populations, such as low-income and isolated, rural or remote communities. During a three-month period of each school year, students will receive a fruit or vegetable snack at least 3 days per week. Each of the 13 participating schools will develop a unique program based on their own needs and strengths. An evaluation of these experiences will lead to a set of recommendations for a sustainable program model for future implementation.

Food security exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life. **Food costing** is used across Canada to monitor the cost of a basic nutritious diet. It involves collecting prices of specified food items that represent a measure of a basic nutritious diet. In 2008, revisions to the National Nutritious Food Basket (NNFB) template were completed to incorporate the latest dietary guidance and reflect the most current food consumption data. The NNFB is used by stakeholders at various levels of government to monitor the cost and affordability of healthy eating. For more information, visit www.hc-sc.gc.ca/fn-an/surveill/basket-panier/index-eng.php

Source: Canada's Action Plan for Food Security (1998)

Ontario

In July 2008, Ontario released its comprehensive, four-year **diabetes strategy** to prevent, manage and treat diabetes. As part of the prevention component, investments will be made in community- and work-based interventions targeting priority populations and expanding EatRight Ontario information. The strategy also includes a public education component to raise diabetes awareness among at-risk populations such as peoples of Aboriginal, Asian, South Asian, Hispanic, African-Caribbean descent, and people from low-income communities. For more information, visit http://www.ontario.ca/en/initiatives/diabetes/ONT05_017883

Prince Edward Island

Since 2001, the **PEI Healthy Eating Alliance** has made steady progress to provide Island schools with the policy tools to create healthy, supportive environments for children and youth. In 2008, the number of Island school programs expanded significantly. The PEI Healthy Eating Alliance continues to work in collaboration with school boards to amend existing policies to better reflect established criteria for sugar, fat, sodium and other nutrient contents.

The Sport and Recreation Division of the Department of Communities, Cultural Affairs and Labour created **Regional Sport Councils** that allow for the professional delivery of physical activity, recreation and sport services in rural areas where the size of individual municipalities is a barrier to employing a recreation director. Clusters of communities were brought together within each council to work in cooperation to ensure their citizens have access to programs and services. Two councils have been established; additional councils are in the planning stage.

Yukon

The **everybody gets to play northern supplement** initiative is a hands-on resource that raises awareness of barriers to participating in recreation for children and youth living in low-income situations and provides tools to help mobilize communities to improve access to recreation for families. The initiative was developed in early 2008, with a pilot workshop undertaken in September 2008. The initiative has been well received in communities and workshops are on-going as requested. An evaluation will be completed in 2010.

In rural Yukon, community recreation groups and facilities are key partners in delivering healthy living initiatives and outcomes. A **Rural Community Recreation Infrastructure Plan (2008-2023)** has been developed to ensure continued accessibility and delivery of programs related to recreation, sport and healthy living in rural communities. The plan provides a framework for the pro-active and well-planned allocation of resources toward rural community recreation infrastructure, such as community centers, trails and playgrounds.

Federal Government

A number of key federal initiatives noted in this report are advanced through the Healthy Living and Chronic Disease Initiative. The healthy living component of this initiative represents the federal contribution to the HLS.

The **Healthy Living Fund (HLF)** focuses on effective, sustainable actions that promote healthy living and that provide supportive social and physical environments for health, with an aim to improve

health outcomes and reduce health disparities.

The **national stream** of the HLF supports partnerships and collaborative action among stakeholders at the national level. In doing so, it supports dissemination of knowledge and best practices and contributes to capacity development.

In May 2008, together with provincial and territorial governments, the federal government established Canada's first-ever **pan-Canadian physical activity targets for children and youth**. The targets aim to increase by seven percentage points by 2015 the number of children and youth aged five through 19 who participate in 90 minutes of moderate-vigorous activity daily. A key principle of F/P/T government work to achieve these targets is to reduce health disparities by focusing on children, youth and their families who face systemic barriers to regular physical activity, including Aboriginal Canadians, girls and families living in remote, rural and northern settings.

The **Canadian Diabetes Strategy (CDS)** was renewed in 2005 and aims to prevent diabetes among high risk groups, as well as to support early detection and prevention of complications. In 2008, the CDS translated its Diabetes Fact Sheets into a variety of languages to facilitate outreach to immigrant and other non-English non-French speaking populations. These fact sheets will complement future social marketing work involving Canadian pharmacists, who will distribute them to audiences most at-risk.

Assembly of First Nations (AFN)

In 2008, the AFN held a successful **AFN Fitness Challenge**. This is a three-month national fitness challenge and contest designed to raise awareness about the positive link between healthy living and controlling diabetes among First Nations peoples. The three-month-long challenge was launched at the Annual General Assembly in Quebec City in July 2008 and wrapped up on November 14th, 2008—World Diabetes Day. Approximately 42 teams from across Canada, composed of Chiefs, Regional Chiefs and community leaders, led teams of five to ten participants in a three-month long challenge in which

they were asked to participate in daily fitness activities and record their progress. Participant age ranged from 10 to 80 years old. Team activities included walking, running, biking, golfing, ice skating, mall walking, stair climbing, ice hockey and traditional dancing.

Food and Consumer Products of Canada

Under the **Children's Food and Beverage Advertising Initiative**, a number of Canada's leading food and beverage companies have voluntarily committed to shift advertising directed at children under 12 to promote healthy dietary choices, healthy lifestyles and foods and beverages consistent with good nutrition. In 2008, three additional companies joined the 15 already participating. According to the 2008 Compliance Report of the initiative, all of the participating companies either met or exceeded their program commitments. For more information, visit <http://www.adstandards.com/en/ChildrensInitiative/yearOneComplianceReport.pdf>

Strategic Direction 2: Knowledge Development and Transfer

Manitoba

The **Aboriginal Youth Healthy Living Mentor Program** delivers physical activity, nutritional and educational programming for elementary school-aged children. The program is being expanded in 2009/10 to include two new elementary school sites in each of Winnipeg and Northern Manitoba. Aboriginal high school and early years children participants will experience increased participation in physical activities, healthy educational activities and other outcomes that relate to the social determinants of health.

Federal Government

Under the leadership of the First Nations and Inuit Health Branch of Health Canada, the **Food Security Reference Group** brings together the Assembly of First Nations, Inuit Tapiriit Kanatami and the federal government in equal membership to share information, discuss strategies and opportunities, and set priorities for collective actions to improve food security for First Nations and Inuit communities. Other efforts to improve food security for First Nations and Inuit include working with research

partners to build the food security evidence base and working with retailers to improve the availability and accessibility of nutritious foods in northern grocery stores.

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

In November 2008, the CPHI released a report on **Reducing Gaps in Health: A Focus on Socio-Economic Status in Urban Canada**¹⁰. Developed in partnership with the Institute national de santé publique du Québec, Statistics Canada and the Urban Public Health Network, the report provides a broad overview of the links between socio-economic status and health, and profiles differences within and across 15 of Canada's census metropolitan areas.

Strategic Direction 3: Community Development and Infrastructure

British Columbia

The **BC Sport Participation Program** seeks to increase child and youth participation in sport, with a particular focus on children and youth in inner-city areas, girls, Aboriginal youth, persons with a disability and seniors. The programs, delivered by provincial and multi-sport organizations, include "Youth on Wheels" to increase cycling participation; "More Sports" for inner city neighbourhoods; "Bridging the Gap" to promote wheelchair sports; and "Run, Jump, Throw", a skill and movement program for schools and community recreation. Twenty-eight programs are currently being supported through grants ranging from \$10,000 to \$40,000 annually. In 2007/08, the program benefited more than 40,000 new participants, 1,700 coaches and 99 communities.

Alberta

The **Alberta Healthy Living Fund Partnership** was evaluated in 2008, concluding that the funding framework is a strong partnership and a valuable model for future cross-ministry and inter-governmental collaborations. Specific project outcomes include free after-school programs promoting healthy eating and physical activity in 14 low-income urban schools; supporting Treaty Six reserve schools to incorporate healthy eating, active living and mental health through a

Healthy Active Schools Symposium; and supporting the implementation of the Cool Moves program in rural Boys and Girls Clubs to foster awareness of, and appreciation for, an active healthy lifestyle.

Manitoba

Manitoba's **Northern Healthy Foods Initiative** supports community-based projects to promote nutrition and build capacity to access healthy foods. Current activities include an enhanced school curriculum on planting and harvesting healthy foods, working with Northern Regional Health Authorities to promote healthy foods and lifestyles and establishing community gardens and greenhouses. Manitoba's new **Northern Agriculture Program**, a federal/provincial partnership, promotes the development of agricultural production, agriculture education and technology development in Manitoba's north, developing opportunities that will make fresh, locally produced foods accessible to remote communities.

Ontario

Announced in December 2008 as a key initiative of the province's Poverty Reduction Strategy, Ontario developed a **Child and Youth Health and Wellness After-School Strategy**. The strategy will provide some Ontario children and youth in grades one to 12 with access to safe, active and healthy after-school activities in various community settings. Comprising three core components—physical activity, healthy food choices and nutrition and wellness activities—the strategy will initially focus on providing services to at-risk children and youth, including those in low-income and Aboriginal communities.

Ontario is working in collaboration with Aboriginal and First Nations communities to develop and implement health promotion initiatives aimed at improving Aboriginal health. The **Aboriginal Community Recreation Activators Program**, for example, launched in 2007, aims to enhance the quality of life for remote Aboriginal communities by hiring recreation Activators to provide quality recreation and physical activity opportunities. The Program currently includes 15 remote Aboriginal communities.

Nova Scotia

Since 2005, the provincial ministries of Health Promotion and Protection and Education have supported the Provincial Breakfast Program for public school grades one through 12. In 2008 and beyond, the Program will support the implementation of new **Provincial Breakfast Program Standards**, intended to ensure quality breakfast programs in public schools. For more information, visit www.gov.ns.ca/hpp/cdip/healthy-eating-breakfast.asp

Newfoundland and Labrador

The *Poverty Reduction Strategy* provided expanded funding to a number of programs and initiatives that focus on physical activity, healthy eating and healthy weights. Of particular note, additional funding was provided to the **Jumpstart Program** and the **Air Foodlift Subsidy** program. The Jumpstart Program enables children in low-income families to participate in recreational activities offered in their communities. More than 3,500 children have benefited from this program to date. The Air Foodlift Subsidy program ensures that nutritious, perishable items such as fruit, vegetables and dairy products are available to Labrador's coastal communities during the winter months.

Northwest Territories

The **Healthy Foods North** program aims to reduce risk for chronic disease by working in partnership with Inuit, Inuvialuit and First Nations communities to develop, implement and evaluate culturally appropriate community-based intervention programs aimed at improving diet, increasing physical activity and providing education concerning healthy lifestyle choices. The initiative is being implemented in small, primarily Aboriginal communities. In 2008, a process evaluation was undertaken for each phase of the project. The post data collection phase will be initiated in the fall of 2009. For more information, visit www.healthyfoodsnorth.ca

Collaboration In Canada's North

The annual **Drop the Pop Challenge**, celebrated in Canada's three territories during Nutrition Month, encourages students to make healthier food and drink choices and increase their physical activity levels. The expansion of, and additional resources developed for, this program reflect positive evaluations by teachers, who indicated that students are enthusiastic about participating in the contest. A Tri-Territorial Evaluation is underway.

Nunavut

From 2006-2009, a professional yoga instructor has worked under the Healthy Living Initiative to facilitate two-day workshops for teachers from communities across Nunavut. The workshops teach teachers how to use **yoga as a classroom activity** to help teach calming, focus, stress management and relaxation skills. Teachers who attended the workshops have noticed a positive difference in students exposed to yoga techniques. The number of participating communities grows each year.

Federal Government

Through the regional stream of the **Healthy Living Fund**, bilateral agreements in support of physical activity and healthy eating were signed with all 13 P/Ts, with the aim to improve health outcomes for Canadians and reduce health disparities. Provinces and territories match the funding levels provided by the Public Health Agency of Canada (PHAC), to support joint projects or separate projects under bilateral agreements. As of December 2008, ten projects were jointly funded by the Agency and P/Ts. Seven projects were funded solely by the PHAC (note: an additional 22 projects funded solely by the provinces and territories form part of the base of federal matched funds).

ON THE MOVE is one of 11 national projects supported by the Healthy Living Fund. The project, delivered by the Canadian Association for the Advancement of Women and Sport and Physical Activity, seeks to ensure continued community capacity to address disparities affecting the physical activity of girls and young women and to promote the effectiveness of On The Move resources to increase knowledge and understanding of effective programming. For more information, visit www.caaws.ca/onthemove

The **Aboriginal Diabetes Initiative (ADI)**, first launched in 1999, continues to strive to reduce type 2 diabetes in Aboriginal people through a range of health promotion and disease prevention services. ADI is composed of two streams: First Nations On-Reserve and Inuit in Inuit Communities, Métis, Off-Reserve Aboriginal and Urban Inuit. More than 600 First Nations and Inuit communities have access to a range of diabetes services through the ADI. An additional 60 diabetes prevention projects have targeted First Nations people living off reserve, Métis and urban Inuit. By March 2010, a total of over 300 workers will be trained in diabetes prevention.

Assembly of First Nations

First Nations children have an increased risk of obesity and are more likely to live in food-insecure households compared to the overall Canadian population. The AFN continues to jointly support the **ONEXONE First Nations School Nutrition Program**; a national outreach initiative designed to provide First Nations school-aged children with a school breakfast program. Approximately ten pilot projects, many of which are in isolated fly-in communities with limited access to fresh foods, were rolled out in 2008, with a few more projects to begin in the next fiscal year.

Canadian Parks and Recreation Association

Everybody gets to play™ was the winner of the 2008 World Leisure International Innovation Prize. This initiative aims to enhance the quality of life of low-income and Aboriginal families by increasing their access to, and participation in, recreation opportunities. Key results in 2008 included the dissemination of over 215 Tool Kits, identification of 21 new Ambassadors across Canada, delivery of 24 workshops to approximately 550 participants and ongoing development of a database documenting 80 community success stories.

Strategic Direction 4: Public Information

Yukon

In 2008, a Healthy Living Campaign called **Today for you I care for Me**, targeting women in rural Yukon communities, brought attention to the importance of healthy eating, increased physical activity and smoke-free living. **Healthy Options For You** workshops were offered in rural communities with personal follow-up with a registered dietitian. **Healthy Living Theme Months** developed awareness and promoted diabetes and osteoporosis prevention. Participants rated these activities as “above average”, resulting in the continuation of these initiatives in 2009/10.

Federal Government

Recognizing that additional resources were needed to make healthy eating information accessible for Canadians who are new to the country or less familiar with English or French, Health Canada translated **Eating Well with Canada's Food Guide** into ten additional languages: Arabic, Chinese, Farsi, Korean, Punjabi, Russian, Spanish, Tagalog, Tamil, and Urdu. In the first year of availability approximately 370,000 translated Guides were distributed, in addition to the English and French versions. For more information, visit www.healthcanada.gc.ca/foodguide

HLS Goal: Improve Overall Health Outcomes

Strategic Direction 1: Leadership and Policy Development

British Columbia

ActNow BC, the province's healthy living initiative, includes a whole-of-government approach that encourages health promoting policy in all sectors of government. ActNow BC works with partners to create health promoting programs/initiatives and environments, and includes a comprehensive marketing plan to support making the healthy choice the easy choice. BC continues to make

progress toward its targets for 2010, and has the lowest self-reported obesity rates in ten years. BC is the only province to achieve a significant drop in self-reported adult obesity, decreasing by 15%, from 12.7% (2005) to 10.9% (2007)—the first key decrease since reporting began in 1996. BC is among the top provinces for physical activity levels—better than the Canadian average. The World Health Organization collaborating centre has completed a case study to assess BC's program as a potential best practices model for international use. For more information, visit www.actnowbc.ca

Action Schools! BC is an internationally accepted best practice physical activity and healthy eating model designed to assist schools in creating individualized action plans to promote healthy living. In 2006/07, two pilots were conducted, one with grade four and five students (aged 8-10), the other with grade five and six students (aged 9-11). The outcomes are encouraging and provide evidence that the initiative is effective at increasing frequency of consumption, number of servings, and variety of fruits and vegetables eaten. For more information, visit www.actionschoolsbc.ca

Alberta

In response to increasing rates of childhood obesity and with the goal to reduce the risk for chronic disease in adulthood, the province of Alberta invested \$18 million in strategies to encourage healthy eating and active living among Alberta's children and youth. In 2008, under the **Promotion of Healthy Weights to Prevent Childhood Obesity** initiative, Alberta became the first province to develop **Nutrition Guidelines for Children and Youth** for use in facilities where children and youth are cared for, taught or gather for recreation. Regional health promotion coordinators for healthy weights will facilitate the implementation of *Canada's Physical Activity Guides for Children and Youth* and the *Alberta Nutrition Guidelines*, and support the development of nutrition policies.

Alberta's **Wellness Fund for Healthy School Communities** funds projects that address at least two of the three priority areas: healthy eating, active living and/or positive social environments. In 2008, 53 projects were funded involving a total of 300 schools and more than 350 collaborators.

Baseline data for the evaluation of the Healthy Weights Initiatives was completed in spring 2008 using the **Raising Healthy Eating and Active Living Kids (REAL Kids Alberta) Survey**. The Survey gathered information on physical activity, screen time, dietary habits and nutrient intake, as well as measuring the heights and weights of more than 3,900 grade five students in 174 randomly selected schools.

Manitoba

The **Healthy Child Manitoba Strategy (HCM)** supports intersectoral collaboration, community partnerships, evidence-based decision making and increased investments in prevention and early intervention to achieve the best possible outcomes for children and youth. One of the Strategy's four goals is to promote the physical health of Manitoba's children through a comprehensive system of policies, programs and services that are evidence-based, multi-level, universal, targeted and clinical. HCM reports annually on the progress of early childhood development, the outcomes of HCM program evaluations and the effects of the Strategy. For copies of these reports, visit www.gov.mb.ca/healthychild

New Brunswick

In 2008, the **Select Committee on Wellness** traveled across the province to engage New Brunswickers in a dialogue around the roles of individuals, communities, stakeholders and government in improving wellness. The results of these discussions informed the Final Report of the Select Committee on Wellness to the Second Session of the 56th Legislative Assembly of New Brunswick in July 2008, entitled *Wellness...we each have a role to play*. The Report indicated that an enhanced Provincial Wellness Strategy should be developed to reflect the Committee's recommendations. The enhanced Provincial Wellness Strategy, *'Live Well, Be Well'*, is available at <http://www.gnb.ca/0131/pdf/w/Live%2owell,%2obe%2owell.%20New%20Brunswick's%20Wellness%20Strategy%202009-2013.pdf>

Nova Scotia

Through the **Municipal Physical Activity Leadership Program**, the Ministry of Health Promotion and Protection has been working with municipalities to develop and implement comprehensive physical activity strategies to reduce inactivity. The program provides a mechanism to cost-share a staff position for up to five years to increase the municipalities' capacity to develop and implement comprehensive physical activity plans. The program has expanded to 12 positions with a total of 17 municipalities participating, at a cost of \$289,000 per year. Baseline data on activity levels has been collected in all municipalities.

Collaborating in Atlantic Canada

On December 12, 2007, the **Council of Atlantic Premiers** directed Atlantic Ministers to discuss a framework for collaborative action focused on healthy food choices, physical activity and a reduction in smoking. Since that time:

- partners participated in a regional forum on wellness in November 2008 that provided an opportunity for stakeholders and governments to discuss collaborative approaches on wellness/ health promotion;
- a policy template has been designed to include guidelines for ensuring the availability of nutritious food and incorporating healthy practices into government sponsored meetings and events; and
- a marketing and communication campaign has been designed and launched to improve the overall well-being of children and youth by encouraging them to be more active and to eat healthier. For more information, visit www.rightthefuture.ca

Prince Edward Island

Partners of the PEI Healthy Living Strategy worked together to develop a **Healthy Living Collaborative** project aimed at young parents (20-34 years old) with a focus on increased levels of physical activity and consumption of fruits and vegetables. Key project activities include the development and delivery of community workshops to provide healthy living information to participants and collect target audience data, a community-level healthy living initiatives program and a media campaign to provide healthy living messages regarding physical activity and healthy eating. The project was approved for funding in December 2008 under the Physical Activity and Healthy Eating Bilateral Agreements.

In 2008, the Western School Board adopted a new **School Nutrition Policy**, with full implementation planned for September 2009. The departments of Health and Education and Early Childhood Development have re-configured funding provided to the PEI Healthy Eating Alliance to increase support to schools that are working to comply with the new policy. The first study of the schools' perceived adherence with nutrition policies was released in 2008. The mean overall policy adherence score was 78%, with 56% of schools achieving a perceived policy adherence score of > 75% (the study's cut point indicating 'good adherence'). For more information, visit www.healthyeatingpei.ca

Newfoundland and Labrador

The Recreation and Sport Division of the Department of Tourism, Culture and Recreation has developed a strategy titled **Active, Healthy Newfoundland and Labrador**. The strategy provides a framework of principles and practices that will guide collaborative efforts to increase engagement in physical activity throughout the province. It encourages citizens to pursue physical activity, recreation and sport for

improved quality of life, improved health, enhanced social interaction, personal fulfillment and the achievement of excellence. For more information, visit http://www.tcr.gov.nl.ca/tcr/publications/2007/active_healthyNL.pdf

Yukon

In 2008, the Yukon's Department of Education approved a **School Nutrition Policy** that identifies ways of promoting healthy eating within schools, food safety and recognition and inclusion of traditional First Nations foods in school activities. The policy provides a framework to encourage and enable schools to develop a school-specific nutrition policy to reflect the needs, goals and culture of the local community. For more information, visit www.education.gov.yk.ca/policy/nutrition.html

Federal Government

The PHAC is leading the federal health portfolio in the development of federal opportunities for action on overweight and obesity. This process includes an evidence review, examination of current activities and gap analysis to inform future actions. Particular emphasis is being placed on developing healthy public policy to influence the environments where Canadians live, work and play. Opportunities to collaborate with other federal departments are being explored to build a broader government approach to this complex and escalating public health issue.

With support from the PHAC, the **Mental Health Issue Group** (MHIG) was created in 2008 to provide an intergovernmental forum for F/P/T collaboration. The MHIG contributes to the development and maintenance of strong F/P/T efforts in mental health promotion and mental illness prevention by supporting research, evidence-based policy, practices and activities, including those that integrate with other relevant initiatives.

Collaborating Across Canada

The **Joint Consortium for School Health** (JCSH) supports the advancement of comprehensive school health—incorporating policies and practices that support better learning and better health into every aspect of the school environment. The Consortium acts as a catalyst, supporting provinces, territories and the federal government to work together more closely, effectively and efficiently. It provides a forum, tools and resources for keeping up to date on comprehensive school health in Canada and around the world. In 2008, the JCSH developed a series of fact sheets that summarize the most important findings of the report on **Healthy Settings for Young People in Canada**, which is based on the Canadian Health Behaviour of School-Aged Children survey 2005/06. The JCSH also began the development of the **Healthy Schools Planner Tool**, a simple on-line tool schools can use to gauge their school health environment. For more information, visit www.jcsh-cces.ca

Strategic Direction 2: Knowledge Development and Transfer

Ontario

The **Northern Fruits and Vegetable Pilot** is designed to educate elementary school-aged children and their families about the importance of eating fruits and vegetables, and the benefits of healthy eating and physical activity to their overall health. As of 2008, approximately 12,000 students in 60 northern Ontario elementary schools received fruit and vegetable snacks twice a week and education promoting the benefits of a healthy diet.

EatRight Ontario (ERO) is a province-wide, interactive phone and web-based resource that provides free access to registered dietitians for credible nutrition and healthy eating information in more than 110 languages. Primarily targeting adult users, ERO offers healthy eating information to parents, teachers, health professionals and other caregivers. To date, it has received over 24,000 email and on-line inquiries, combined, and 630,000 website visits. For more information, visit <http://www.eatrightontario.ca/en/Default.aspx>

New Brunswick

New Brunswick Wellness Strategy surveillance focuses on promoting action on results of data collection, as well as data collection itself. In 2008, efforts focused on encouraging and supporting schools and districts in

using their *Student Wellness Survey Feedback Reports* (based on data collected in 2007) to take action on wellness. In addition, a comprehensive data collection of physical activity, healthy eating, mental fitness/resilience and tobacco-free living was undertaken in elementary schools. This included a grade four to five student survey, a parent survey, collection of direct measures of grade one, three and five students (height and weight) and a direct measure of grade five students' physical activity levels using accelerometers.

Prince Edward Island

The PEI Department of Education and Early Childhood Development has introduced the **School Health Action Planning and Evaluation System** (SHAPES) to Island schools. SHAPES generates school health profiles of students and schools to support planning, evaluation, surveillance and research. Data collection areas include physical activity, healthy eating and mental fitness. Fifty-eight Island schools are participating in the program. For more information, visit http://www.upei.ca/cshr/html/shapes_yss-pe.html

Newfoundland and Labrador

The Provincial Wellness Plan, **Go Healthy**, aims to improve the health of the population and to help Newfoundlanders and Labradorians achieve their optimal state of wellness. Phase I (2006-2008) focused on healthy eating, physical activity, tobacco control and injury prevention. Key activities in 2008 included a provincial scan of toddler and

preschool nutrition programs, policies and resources; development and distribution of a suite of infant and child feeding resources; a provincial survey to obtain feedback on the implementation of School District Healthy Eating/Nutrition Policies; and the development of School Food Guideline Resources. Evaluation results from 2008 suggest that *Go Healthy* has created a foundation for change in policies and programs, particularly related to healthy eating and tobacco control, and that a broad range of initiatives supported and/or influenced by the Provincial Wellness Plan are worth sustaining. For more information, visit www.gohealthy.ca

Federal Government

In November 2008, the PHAC, together with other Canadian partners, contributed to the **McGill Integrative Health Challenge Think Tank: Active Living and Energy Balance**, the second of a two-year program focused on childhood obesity. Participants explored innovations, best practices and the unique partnerships that could contribute to preventing the global epidemic of childhood obesity. The think tank brought together experts from a diverse range of disciplines and sectors. Videos of presentations made at the McGill Integrative Health Challenge are available at http://www.mcgill.ca/files/healthchallenge/HCo8_Program_291008.pdf

In 2008, the PHAC supported the Canadian Society for Exercise Physiology to organize an **International Consensus Conference** in Kananaskis, Alberta held in January 2009 to review the science behind Canada's physical activity guidelines. The conference included discussion on current Canadian guidelines, guideline gaps and international physical activity guideline initiatives. An independent international scientific panel assessed the evidence from the systematic reviews and developed consensus recommendations. The outcomes of the conference, including recommended physical activity guidelines, will be published in a peer-reviewed journal. For more information, visit <http://www.csep.ca/english/view.asp?x=700>

Phase 2 of the **Canadian Best Practices Portal** (CBPP) was released in November 2008. Phase 2 represents an expansion of the Portal content beyond best practices to include effective interventions with varying levels of evidence. The number of chronic disease prevention and health promotion interventions housed on the Portal now exceeds 250 in various topic areas and settings including promoting healthy behaviours/ reducing unhealthy behaviours in community settings and preventing specific chronic diseases. The CBPP also includes tools and resources to help Portal users make informed decisions for health planning. The updated Phase 2 website includes new content in mental health, obesity, and interventions targeted to vulnerable groups with all topics considering at least one or more priority determinants of health.

Strategic Direction 3: Community Development and Infrastructure

British Columbia

The **Active Communities Initiative** is a cross-sectoral initiative focused on supporting communities to increase physical activity levels of British Columbians by 20%. The initiative mobilizes communities, local governments, Aboriginal organizations and partner organizations to promote healthy lifestyle choices, increase accessibility to physical activities and build supportive community environments. The network of more than 200 registered Active Communities covers all seven BC Recreation and Parks Association regions. Over 90% of the population lives in or near a community where there is a local Active Communities program. For more information, visit http://www.bcrpa.bc.ca/recreation_parks/active_communities.htm

The BC Healthy Living Alliance has initiated a number of **Healthy Eating Strategy Initiatives**. Examples include **Farm to School Salad Bar**, launched in 2008, within which schools partner with a local farm that provides fresh foods for the school's salad bar with the aim of improving children's access to locally grown, nutritious, safe and culturally appropriate foods; and **Healthy Food and Beverage at School**,

Work and Play, launched in 2007, which supports schools' implementation of the *Guidelines for Food and Beverage Sales in BC Schools* with customized support from Dietitians of Canada. These guidelines are effective September 2008 and require all schools to eliminate the sale of food and beverages meeting the "choose least and not recommended" categories.

Each initiative has an evaluation component to assess both impact and feasibility of the initiative. No results are available at this time. For more information, visit www.bchealthyiving.ca

Alberta

Healthy Alberta Communities (HAC) is a five-year project funded by Alberta Health and Wellness and guided by researchers from the Centre for Health Promotion Studies in the School of Public Health, University of Alberta. The project has developed a made-in-Alberta model that can be used to create environments that promote and support healthy choices. HAC has been implemented in four Alberta communities. Impact will be determined based on pre- and post-intervention phone survey and measurement clinics in the summer of 2010. For more information, visit <http://www.healthyalbertacommunities.com/>

Communities ChooseWell is a Healthy U provincial initiative. During 2008, 162 communities joined the challenge. Since 2007, there has been a shift in focus from recognition toward empowerment and sustainability within communities. Over a four-year period, Communities ChooseWell has recognized over 171 different communities in Alberta that are making healthier choices regarding physical activity and nutrition. For more information, visit www.healthyalberta.com

Manitoba

Manitoba's 26 **Parent Child Coalitions** bring together community strengths and resources within geographic boundaries through intersectoral partnerships. The coalitions promote and support community-based programs and activities for children and families,

including activities that promote healthy lifestyles, healthy nutrition and physical activity through education and community supports. Yearly community-level data reports provide each coalition with information on the development of its community's children, including physical health and well-being data, helping the coalitions to develop optimal approaches to supporting their physical health and well-being.

Ontario

The **Healthy Communities Fund**, developed in 2008, will provide support to provincial and community-based organizations to help plan and deliver integrated, holistic initiatives that address multiple risk factors and promote health and wellness. The initiative will be launched in 2009. For more information, visit http://www.mhp.gov.on.ca/english/healthy_communities/default.asp

New Brunswick

In partnership with the Heart and Stroke Foundation of New Brunswick, and the College of Psychologists, New Brunswick implemented the **Wellness at Heart Award**—New Brunswick's Workplace Wellness Awards Program. The Program recognizes organizations that help employees lead healthier lives, both at work and at home. In 2008, 11 different companies received Wellness at Heart awards. Also in 2008, the same three partners launched the **Wellness At Heart Tool Kit**—an information and resource guide for comprehensive workplace wellness program planning in NB. For more information, visit <http://www.heartandstroke.nb.ca/atf/cf/%7Be9d7fd18-5e5f-4b5fb6cf4142e95dc0c8%7D/FINAL%20ENGLISH%20TOOLKIT%20PROOF.PDF>

Nova Scotia

Active & Safe Routes to School (ASRTS) is a comprehensive approach to increasing the use of active transportation by children and youth. Since 2001, participation in Walk to School Week/Month has grown from nine schools in 2001 to 140 schools in 2006 (almost one-third of about 450 schools in the province). From 2001 to early 2009, almost 250 schools/groups have participated in at least

one aspect of ASRTS programming. In 2007/08, three pilot programs were developed: Making Tracks, offering walking, cycling, in-line skating and skateboarding safety skills training, the Neighbourhood Pace Car anti-speeding program; and the School Travel Planning national project. The WOW—We Often Walk (or Wheel) program was piloted with several schools and will roll-out provincially in 2009.

Newfoundland and Labrador

The Department of Health and Community Services supports six **Regional Wellness Coalitions** across the province to provide opportunities for people to become involved in community action around issues affecting their health and well-being. The coalitions, funded annually, provide leadership, coordination and support for local wellness initiatives. Throughout 2008, the coalitions provided Health Promotion 101 workshops and on-line courses to community groups to aid in the development of wellness initiatives incorporating the principles and strategies of health promotion. The coalitions also offered workshops on proposal writing, community development and population health approaches to promote health and well-being. For more information, visit www.gohealthy.ca

Strategic Direction 4: Public Information

British Columbia

Launched in November 2008, **HealthLink BC** provides citizens with information on health topics, allows them to check their symptoms and find the health services and resources that they need for healthy living by calling 8-1-1 for a consultation with a nurse, pharmacist or dietitian. The telehealth line also has a website for easy access to find local health services. For more information, visit www.healthlinkbc.ca/kbaltindex.asp

Saskatchewan

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 which foods to choose and how to read product labels.

New Brunswick

As part of the *New Brunswick Wellness Strategy*, the first phase of a two-year social marketing campaign concluded in April 2008. Post-campaign evaluation of the **Get Wellness Soon** campaign indicated a heightened awareness of the issues surrounding children's wellness. Phase I research indicated that awareness levels of issues relating to the wellness crisis have risen significantly compared to the benchmarks established in 2007. Awareness of physical inactivity, unhealthy eating habits and obesity has increased markedly. In addition, behaviours relating to increased physical activity and healthy eating increased significantly. The second phase of the campaign, **Good News for a Change**, was launched in October 2008 to encourage New Brunswickers to adopt behaviour change, improve their families' wellness and lead by example with their kids.

Nova Scotia

Walkabout, launched in October 2007, is five-year initiative of the Heart and Stroke Foundation of Nova Scotia, Nova Scotia Department of Health Promotion and Protection, and the Ecology Action Centre. The long-term goal is to increase the number of Nova Scotians who walk 30 to 60 minutes, most days of the week, for health benefits, or as a mode of active transportation. In the first year, it has focused on supporting and celebrating current walkers in Nova Scotia, while building momentum for more participation. An evaluation framework has been developed. For more information, visit www.walkaboutns.ca/about.aspx

Yukon

The **Athletes and Nutrition** initiative focuses on the nutrition needs of young recreational and competitive athletes. Nearly 750 participants in the annual Polar Games competition received nutrition information and coupons for free healthy snacks at concession stands. A new resource, *Sport Nutrition for the Yukon Athlete*, was developed for competitive young athletes.

Collaborating Across Western and Northern Canada

Participating partners of the Western and Northern Canadian Collaborative for Healthy Living have developed a series of **Eat Smart Meef Smart** resources, including a guide to assist workplaces in planning and hosting healthier meetings, events and conferences by providing healthy snacks and meals and encouraging physical activity among meeting participants. For more information, visit www.healthyalberta.com

Federal Government

ParticipACTION is jointly funded by the PHAC and Sport Canada. The Agency's contribution supports projects under ParticipACTION's public communications and media strategy. In 2008, ParticipACTION launched a **national physical activity campaign** including advertising, public relations activities, web development and specific sponsorship activities.

In January 2008, Health Canada launched a **Healthy Eating Advertising Campaign** to promote the use of the Nutrition Facts table to make informed food choices. The campaign included a 30-second French and English television ad, Internet banner ads and search engine keyword purchases, a coupon-size ad featured in 3,152 grocery stores across the country and a print ad in SmartSource (Utilisource in French). A campaign evaluation showed that 53% of Canadians recalled at least one element of the 2008 campaign, one in ten Canadians reported having taken some sort of action related to the Nutrition Facts table.

Food and Consumer Products of Canada

In 2006, Food and Consumer Products of Canada's members issued a **Statement of Commitment on Healthy Active Living** based on the key areas where industry can contribute to healthy active living: products and choices; consumer information; advertising and marketing; promotion of healthy lifestyles and workplace wellness. In 2008, Canadian food and beverage companies continued to significantly

invest in new product development and reformulation to enhance the nutrition profile and increase the choices available to consumers. Industry leadership and commitment to change is further exemplified through its support for programs and initiatives designed to promote healthy active living or physical activity including research, sponsoring physical activity programs for children and workplace wellness programs for employees.

Conclusion

This report on the HLS showcases examples of strategies and initiatives that support healthy living where the *Integrated Pan-Canadian Healthy Living Strategy* acts as a conceptual framework for action. The report highlights examples of progress toward achieving HLS targets in each of the strategy's three areas of emphasis, building on the baseline data presented in the 2007 report. The report also provides an overview of health disparities and their determinants and describes progress to date in monitoring health disparities in Canada. Finally, the report and *The 2008 Report on the Integrated Pan-Canadian Healthy Living Strategy Supplement*, profile examples of policies, programs and initiatives underway across Canada that have been submitted by HLS partners to demonstrate momentum toward the advancement of the goals of the HLS.

Notes

- ¹ All data in the healthy living indicators section was drawn from the CCHS share file.
- ² Michael Tjepkema, “Adult obesity in Canada: Measured height and weight,” in *Nutrition: Findings from the Canadian Community Health Survey Issue no. 1* [online]. (Ottawa: Statistics Canada; Cat. No. 82-620-MWE) [Accessed May 2009]. Available at: <http://www.statcan.gc.ca/pub/82-620-m/2005001/article/adults-adultes/8060-eng.htm>
- ³ Canada performs better than the peer country average on five indicators: life expectancy, self-reported health status, mortality due to circulatory diseases, mortality due to respiratory diseases, and mortality due to mental disorders. Canada’s performance is noticeably worse than the peer country average on three indicators—mortality due to cancer, mortality due to diabetes, and infant mortality. On premature mortality and mortality due to musculoskeletal diseases, Canada is close to average. The Conference Board of Canada. *How Canada Performs* [website]. 2008 [Accessed May 2009]. Available at: <http://www.conferenceboard.ca/HCP/default.aspx>
- ⁴ 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: Health Canada, 2005).
- ⁵ Katherine L. Frohlich, Nancy Ross, and Chantelle Richmond, “Health disparities in Canada today: Some evidence and a theoretical framework,” *Health Policy* 79, 2-3 (Dec 2006): 132-143.
- ⁶ Canada. Public Health Agency of Canada. *What Determines Health: Key Determinants* [online] Ottawa, ON: Public Health Agency of Canada [Accessed April 2010]. Available at: http://www.phac-aspc.gc.ca/ph-sp/determinants/index-eng.php#key_determinants
- ⁷ Commission on Social Determinants of Health, *Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health: Final Report* (Geneva: World Health Organization, 2008) [Accessed May 2009]. Available at: http://www.who.int/social_determinants/thecommission/finalreport/en/index.html
- ⁸ Karen Hayward, Ronald Colman and Linda Panozzo, *Health Disparities Indicators: Background Report for Developing Health Disparities Indicators in Canada* (Glen Haven, NS: GPIAtlantic, 2008). Available at: <http://www.gpiatlantic.org/pdf/health/hdio8.pdf>
- ⁹ The Standing Senate Committee on Social Affairs, Science and Technology, *A Healthy Productive Canada: A Determinant of Health Approach: Final Report of Senate Subcommittee on Population Health* (Ottawa: The Senate, 2009). Available at: <http://www.parl.gc.ca/40/2/parlbus/commbus/senate/com-e/popu-e/rep-e/rephealth1jun09-e.pdf>
- ¹⁰ Canadian Institute for Health Information, *Reducing Gaps in Health: A Focus on Socio-Economic Status in Urban Canada* (Ottawa: CIHI, 2008).