



DISCUSSION DOCUMENT

March 7, 2013

The Sandbox Project Discussion Document to the Ontario

No Time to Wait: Healthy Kids Strategy

As I'm sure you are aware, the Ontario Government has recently released a report from their Healthy Kids Panel called *No Time to Wait: The Healthy Kids Strategy*¹ – it is linked below. The purpose of this document is to identify and discuss the positive and negative attributes of the report with respect to The Sandbox Project Growing Healthy Bodies Working Group.

On the positive side, the report did attempt to decrease the emphasis on weight especially with respect to children and youth. From the report:

Health is about more than weight. In fact, a child who is a little overweight and who is fit and active is healthier than a child who is the “right” weight for his or her age and height but is more sedentary. Focusing too much on weight is stigmatizing and will not address many of the factors that will contribute to unhealthy weights

Also, the commissioning of the report and the formation of the Healthy Kids Panel shows the government's commitment to investing in Healthy Active Kids. This important first step will hopefully be the first in a long line of investments in Ontario children.

Overall, the report made some good recommendations and observations on the determinants of health for children, factors affecting our communities, the environment and food choices. The recognition of mental health as a factor affecting a healthy start in life was a great asset that we are excited to see in the report. The report recommends that Ontario focus on three main areas that would make a significant difference in our children's weight and health:

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

While this report is a valuable resource that identifies the status of Ontario children's health there are some issues that have been identified. Some of the areas for potential development regarding this report include:

¹ http://www.health.gov.on.ca/en/common/ministry/publications/reports/healthy_kids/healthy_kids.pdf



- The focus group interviews did not include industry representatives. Industry is present in some of the recommendations including the recommendation to use corporate sponsorship to fund programs
- The report does not look towards other programs or organizations to implement the report's recommendations or identify best practice programs currently underway in the province
- The report is flawed methodologically and misleading in how it is presented. The problems exaggerated. We need to remember that even today; over 90% of kids are ***not*** obese. They also are misleading, the problem is not a higher weight that causes poor health outcomes, it is rather that environmental and genetic factors, in the context of a Canadian culture and lifestyle leads to poor health. Higher weight is an associated issue, and it is an imperfect marker
- The media has largely focused on obesity and the marketing of food to children under 12. There was a significant amount of the report that has not garnered media attention (for example poverty, mental health, healthy weight, parents, the environment, sleep, television, etc). This is reflection of the emphasize of the report where a significant number of recommendations focus on marketing, while only making one recommendation on the issue of poverty or mental health.

While this report was a good first step, some issues have been identified regarding the assumptions the report is based upon and should be considered as the government moves forward and works towards making kids healthier. The following are some underlying assumptions and some general discussion comments:

Assumption 1: Health education interventions do no harm and are effective in changing lifestyle behaviours.

- The literature would suggest otherwise on both points.

Assumption 2: Overweight is the same as obese in terms of associated health outcomes.

- This is not the case. Being overweight is not strongly associated with the same outcomes.
- In fact, the overweight category is associated with the longest lifespan and should be renamed (the live the longest category).



Assumption 3: We know how to make a fat person thin. The report discusses maternal weight and outcomes in children as if we can easily get a person to become thinner and that all it takes is “education”.

- Reviews of the literature have repeatedly demonstrated that while achieving weight loss is possible, success is inevitably short lived.
- Maintaining significant weight loss is impossible for the vast majority of people

Assumption 4: This generation of children will live shorter lives.

- However mortality rates are improving for cardiac disorders and cancer and although we are fatter, we continue to live longer. Folks in the overweight category live the longest-how do they explain this?

Assumption 5: We must act now.

- This report assumes we know what to do and have strong evidence to direct us. In fact this is not true.
- The report also assumes that our interventions do no harm. This is also not true.
- Let’s remember that eating disorders in adolescent girls is twice as prevalent as obesity and some interventions can trigger eating disorders. Having an eating disorder can increase risk of death by 2-10 times –not later in life (as the report suggests), but in adolescence.

For reference purposes we have identified the issues identified in the report, the corresponding recommendations and some comments.

Genes-environment interaction (epigenetics). ?

Plentitude of high calorie foods

1.1, 1.3, 2.1, 2.2, 2.3, 2.4, 2.5, 2.8,2.9.2.10, 3.1

1.1, 1.3, 2.3, 2.5, 2.8, 2.9, 2.10, 3.1

There is no corresponding recommendation that specifically addresses this issue

Mostly education interventions and mandating industry to change their practices. The evidence base for the effectiveness of these interventions is not uniformly conclusive. In



Poor sleep habits	1.1, 1.3, 1.5, 3.1, 3.5	1.1, 1.3, 1.5, 3.5	<p>some cases we are putting the horse before the cart. There is some evidence that these interventions can cause harm.</p> <p>There are a number of recommendation that potentially address this issue-but they are educational so unclear as to potential to be effective.</p>
Mental health Disorders-directly and indirectly through side-effects of medication	3.5, 3.7	3.5	<p>The recommendation relating to this issue was essentially. “keep working on this”. There were no specific or directive recommendations that focused on the interaction between weight and health and how, and when to intervene. This may be due to the underrepresentation of mental health experts/advocates on the committee.</p>
Stigma: though media images and bullying by peers	Not addressed in specifically-(maybe covered in education of professionals)		<p>Not only not addressed but the language in the report is stigmatizing and perpetuates the very myths that those little info boxes in the report try to dispel. The report seems to acknowledge that parents are concerned about this, but it was uninterested in any self examination.</p>
Lack of time for parents to prepare meals at home	1.1, 1.2, 1.3, 1.4, 1.5, 3.1, 3.5	1.1, 1.2, 1.3, 1.4, 1.5, 3.1, 3.5	<p>Education interventions (the majority of the recommendations that could address this issue)</p>



Lack of time for families to provide opportunities for physical activity

1.1, 1.5, 3.1, 3.2, 3.3, 3.4, 3.5

1.1, 1.5, 3.5

will not solve this problem-it's a system level issue-when the recommendations are educational in nature, the implication is that parents just need to be told what the problem is and how to solve it. The message is that we expect the individual to solve a problem. However this solutions are not within the individual family's control

See above re educational interventions. The problem on the action level recommendations like creating a health hub in schools is that they are again too vague. For example the use of schools for extracurricular functions is often affected by municipal decisions (e.g. access to pools housed in schools after hours in Toronto). In a bad budget year, access to these spaces are often the first things to be cut or rental costs for these spaces become out of reach for local programs. How will the province ensure this does not occur? The same issue pops up related to the reports recommendations for preschoolers. We cannot get the province to fund universally high-



			quality daycare-where and how and at what cost will this preschool program happen? The only concern here is that the report ends up glossing over the issue of poverty issue. As above, the report recommends that the province. "Keep working on this". This leaves the responsibility of outcome on individuals for a systems wide problem. Poor single parents-end up getting blamed for having a fat kid. As above
Absence of sources (stores) to access health food	2.3, 2.4, 2.5, 2.6, 2.7, 2.8, 2.9, 2.10, 3.1, 3.2, 3.6,	3.1, 2.3, 2.4, 2.5, 2.8, 2., 2.10	
Poverty-cannot afford unprocessed foods	3.6		
Poverty- sports and physical cost money	3.6		
Perceived dangers of letting children be active in unsupervised settings-play outside.	3.1, 3.2, 3.3, 3.5, 3.6	3.1	See above-who will implement at what cost for 3.2-3.5, there are problems with cross jurisdiction issues across levels of government. How will province therefore put these programs in place? While some parents have some gaps, knowledge, Many parents do not need significant amounts of education and are unlikely to make use of much the bulk of what is available. I would not be surprised if some parents are tired of all this "helpful" information. Why are there so many recommendations around education when in the report is seems like less of an issue
Perceived knowledge gaps by parents	1.1, 1.2, 1.3, 1.4, 1.5, 2.8, 2.9, 2.10, 3.1	1.1, 1.2, 1.3, 1.4, 1.5, 2.8, 2.9, 2.10, 3.1	How do we ensure that
Marketing to children	2.1-2.10, 3.1	2.3, 2.4, 2.5, 2.8,	



of calorie/fat/sugar dense foods

2.9, 2.103.1

we are we wasting time and tax payer dollars doing things that really do not have large effects- and may only serve to assuage concerns by appearing to address the issue. A program that is designed to address weight and growth in children can look like good idea and have no real effect no matter how much money we spend on it and no matter how impressive it appears.

Screen time decreases amount of physical activity

3.1, 3.2, 3.3, 3.5

3.1

These recommendations have been addressed above as problematic.

Eating during screen time leads to overeating

1.5, 2.8, 2.9 3.1, 3.2, 3.3, 3.5

1.5, 2.8, 2.9, 3.1

These recommendations have been addressed above as problematic

What the province needs are more recommendations that are detailed enough and consider how our society actually functions. What sounds like a good idea may not turn out to be so great in its implementation or effect is-there is no evidence that it works and no assurance that it does no harm. It also has to be possible to implement in the context of how government is structured in this country and how parents and families actually live their day to day lives. Otherwise we are wasting time and money that would be better served in other areas of health and social justice.

Again, the purpose of this document is to continue the conversation about the health of children and youth in Canada. Let's work together, continue this important conversation, invest in children and youth and make Canada the healthiest place in the world for children and youth to grow up.

Sample Coverage:

- CTV News - [Ban Junk Food Ads to Fight Childhood Obesity: Report](#)
- London Free Press - [Ban junk food marketing to kids under 12, panel urges](#)
- CTV News - [Obesity panel urges Ontario to ban junk food marketing aimed at kids](#)
- CP 24 [Report urges ban on marketing junk food to kids](#)
- Government of Ontario - [Giving Kids a Healthier Start](#)
- CityNews - [Ban junk food advertising: Healthy Kids Panel](#)

Sample Responses:



Toronto Star - [Time to start the fight Ontario's obesity epidemic: Editorial](#)

Healthy Debate – Yoni Freedhoff : [Why Ontario's Healthy Active Kids Panel's Report is so Important \(with one caveat\)](#)

The Globe and Mail – [Childhood obesity report blames everything but parents](#)

PLoS Blogs - [The Ontario Panel on Healthy Kids](#)

Wellesley Institute – [Childhood obesity: it's about more than banning marketing of junk food](#)

Canadian Beverage Association [comments on "No Time To Wait: The Healthy Kids Strategy"](#)

Report:



healthy_kids.pdf