



STRATEGIC ACTIONS TO ADDRESS CHILDHOOD OBESITY DEVELOPED BY THE COLLABORATIVE CHRONIC DISEASE PREVENTION WORK GROUP

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Ontario Chronic Disease Prevention Management in Public Health
Ontario Society of Nutrition Professionals in Public Health
Ontario Society of Physical Activity Promoters in Public Health
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Ontario Association of Public Health Dentistry
Registered Nurses Association of Ontario - Community Health Nurses Initiative Group**

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CHAPTER 1 – INTRODUCTION

The Collaborative Chronic Disease Prevention Work Group

The Chronic Disease Prevention Work Group (CDPWG) is a collaboration of public health professional associations and societies representing a broad spectrum of professionals and disciplines within the public and community health sectors. These associations and societies include:

- Ontario Public Health Association (OPHA): S. Cheng, L. Stinson, C. Timmings (Research from A. Ecker)
- Ontario Chronic Disease Prevention Management in Public Health (OCDPMPH): E. Wodchis, A. Birks, R. Moon-Kelly
- Ontario Society of Nutrition Professionals in Public Health (OSNPPH): H. Thomas, A. MacDonald
- Ontario Society of Physical Activity Promoters in Public Health (OSPAPPH): C. Lalonde, L. Kaldeway
- Health Promotion Ontario (HPO): T. Martin, L. Fellner
- Ontario Association of Public Health Dentistry (OAPHD): A. Gauthier
- Registered Nurses Association of Ontario - Community Health Nurses Initiative Group (RNAO-CHNIG): C. Baker-Barill

This work group is supported by the OPHA administration.

The Ontario Public Health Association

OPHA is a not-for-profit member-based association that provides a strong, unified, independent and comprehensive voice for public and community health professionals committed to improving the health of Ontarians. OPHA is a unique member-based association because it represents nine other public health associations within the province. Since 1949, OPHA has served as a catalyst for advancing public health within Ontario. OPHA galvanizes communities, governments and decision makers to addressing current and emerging public-health challenges, launch new initiatives, and act in a responsive and accountable manner. Through strategic partnerships with health units, non-governmental organizations, addiction centres, academic institutions and community health centres, OPHA has succeeded in influencing and addressing specific public health issues by influencing healthy policy, programming and services, standards and regulations and education and awareness. Examples of topics OPHA has been actively engaged with include preserving the environment, promoting health and preventing disease and injury prevention, encouraging healthy built environments, narrowing health disparities and reducing poverty.

OPHA fosters and maintains strong relationships with, among other key stakeholders, the Ministry of Health and Long-Term Care, the Ministry of Municipal Affairs and Housing, the Ministry of Children and Youth Services, and Public Health Ontario. OPHA's track record of program development and advocacy, combined with its unique interdisciplinary approach to public health issues, has earned the organization a wealth of credibility as an active participant at the policy development table.

OPHA's nine
Constituent
Societies:
ANDSOOHA,
ASPHIO,
CIPHIO, HPO,
OAPHD,
OPHLA,
OSNPPH,
RNAO-CHNIG.

Purpose of this Document

Childhood obesity rates in Canada are increasing at an alarming rate, having nearly doubled from 1978 to 2007ⁱ. In Ontario 28% of children were classified as overweight or obese according to 2006 statisticsⁱⁱ. Obesity in childhood leads to chronic diseases, such as diabetes, cancer and cardiovascular disease, leading some experts to believe this generation could be the first to live shorter lives than their parentsⁱⁱⁱ.

In 2004, the cost of obesity to Canadians through direct and indirect healthcare costs was \$4.3 billion^{iv}, prompting the Ontario Government to develop an ambitious strategy to reduce childhood obesity by 20 per cent over five years^v. The CPDWG is providing the recommendations herein in order to support provincial efforts in addressing healthy weights, specifically, childhood obesity.

As public health practitioners, the CDPWG supports the definition of “healthy weights” found in the Ontario Public Health Standards which indicates that “healthy weights” entails the promotion of healthy eating (as opposed to dieting) and regular physical activity. A healthy weight approach supports physical, social and psychological well-being. “Healthy weights” is a continuum that focuses on healthy behaviours and supportive environments rather than only measures of Body Mass Index (BMI). Further, the Foundational Standard indicates that boards of health must consider both the effectiveness and unintended consequences of interventions^{vi}. Therefore, the recommendations presented ensure that underlying and fundamental barriers and enablers are addressed so that childhood obesity can be addressed within a sustainable, feasible and responsible manner within the province. The objectives of the recommended courses of action are to:

- Ensure that enablers at the provincial level are in place to support local public health unit models and strategies targeting childhood obesity within their regions;
- Tackle system barriers and obstacles that may prevent effective implementation of interventions against childhood obesity; and
- Ensure a **whole of society** and **whole of government** approach is used.

These recommendations are intended to support and complement specific local level efforts.

Methodology

This report was developed using the following methodology:

- 1) A review was undertaken of recent, relevant documents pertaining to chronic disease prevention with a focus on childhood obesity. A summary was created of the recommended programs, services and polices to address this issue. The following documents were included in the review and summary:
 - Canadian Partnership Against Cancer - Nutrition and Physical Activity Policy Alignment in Action Initiative: Canadian Priorities for Addressing Obesity as a Cancer and Chronic Disease Risk Factors
 - Sustain Ontario - Ontario Food and Nutrition Strategy: A Plan for Healthy Food and Farming
 - Sport Information Resource Centre - Canadian Sport Policy 2.0^{vii}
 - Cancer Care Ontario and Public Health Ontario - Taking Action to Prevent Chronic Disease: Recommendations for a Healthier Ontario

In an sample of Ontario Children, as many as 30% of girls and 25% of boys between the ages of 10-14 years report engaging in restrictive dieting to lose weight despite being in a healthy weight range^a.

- Cancer Care Ontario - Healthy Eating, Physical Activity, and Healthy Weights Guideline for Public Health in Ontario
- Global Advocacy for Physical Activity - The Advocacy Council of the International Society for Physical Activity and Health - NCD Prevention: Investments that Work for Physical Activity
- Active Healthy Kids Canada Report Card 2012^{viii}
- Active Canada 20/20 - A Physical Activity Strategy & Change Agenda for Canada
- Ontario Task Group on Access to Recreation for Low-Income Families - Affordable Access to Recreation for Ontarians Policy Framework.
- Ontario Society of Physical Activity Promoters in Public Health - (draft) Access to Recreation and Physical Literacy Key Messages for Public Health Documents

2) Each alliance/association reviewed the documents and sought broader input and commentary, respectively.

3) The CDPWG reviewed collective responses and identified priority actions to address childhood obesity.

CHAPTER 2 – OVERVIEW OF STRATEGIC RECOMMENDATIONS

Introduction

This report highlights the strategic actions to be addressed at the provincial level as they impact all the publicly funded health unit regions in Ontario. The actions are supportive and enabling; applicable to all population needs, and incorporate the social determinants of health in public health unit regions. There is an urgent need to address the social determinants of health at the societal level in the context of enabling health enhancing behaviour and ultimately improving the health and well-being of children. The focus of these efforts is to buttress upstream of the care continuum – prevention, health promotion and screening. There are a number of specific recommendations that are either program or policy based. Healthy eating and nutrition and physical activity are two common themes that emerge from many of these specific recommendations. The workgroup recognizes the importance of both and the need to address substantive gaps in these two areas in the province. The intent is to build optimal healthy eating and nutrition and physical activity conditions that are reflective of the evidence supporting their varying degree of impact on addressing childhood obesity.

It is important to note that the strategic actions and recommendations showcase and demonstrate the critical role that the public health sector (public health units, public health associations and societies, publicly funded health promotion centres and provincially funded public health prevention, promotion and screening programs) has in stemming the tide of the childhood obesity epidemic.

Five strategic actions have been proposed and a set of specific policy and programming and service interventions have been recommended for each strategic action. These strategic actions consider those settings where a child's lifestyle can be influenced:

- Home setting;
- School setting; and
- Community setting.

Further, they address the entire childhood lifecycle from preconception through to the end of childhood age.

Scope

These strategic actions and recommendations were developed within the scope of the following inclusions and exclusions:

Included

- Childhood lifecycle from preconception through to age 17. The recommendations are intended to target children primarily, however the CDPWG is aware of the importance of promoting healthy behaviour from preconception.
- All geographic areas in Ontario.

- Local and provincial government levels.
- Ontario public health units.
- Other components of publicly funded sectors that advance prevention and health promotion.
- Community health (e.g., community health centres and other community health partners).

Excluded

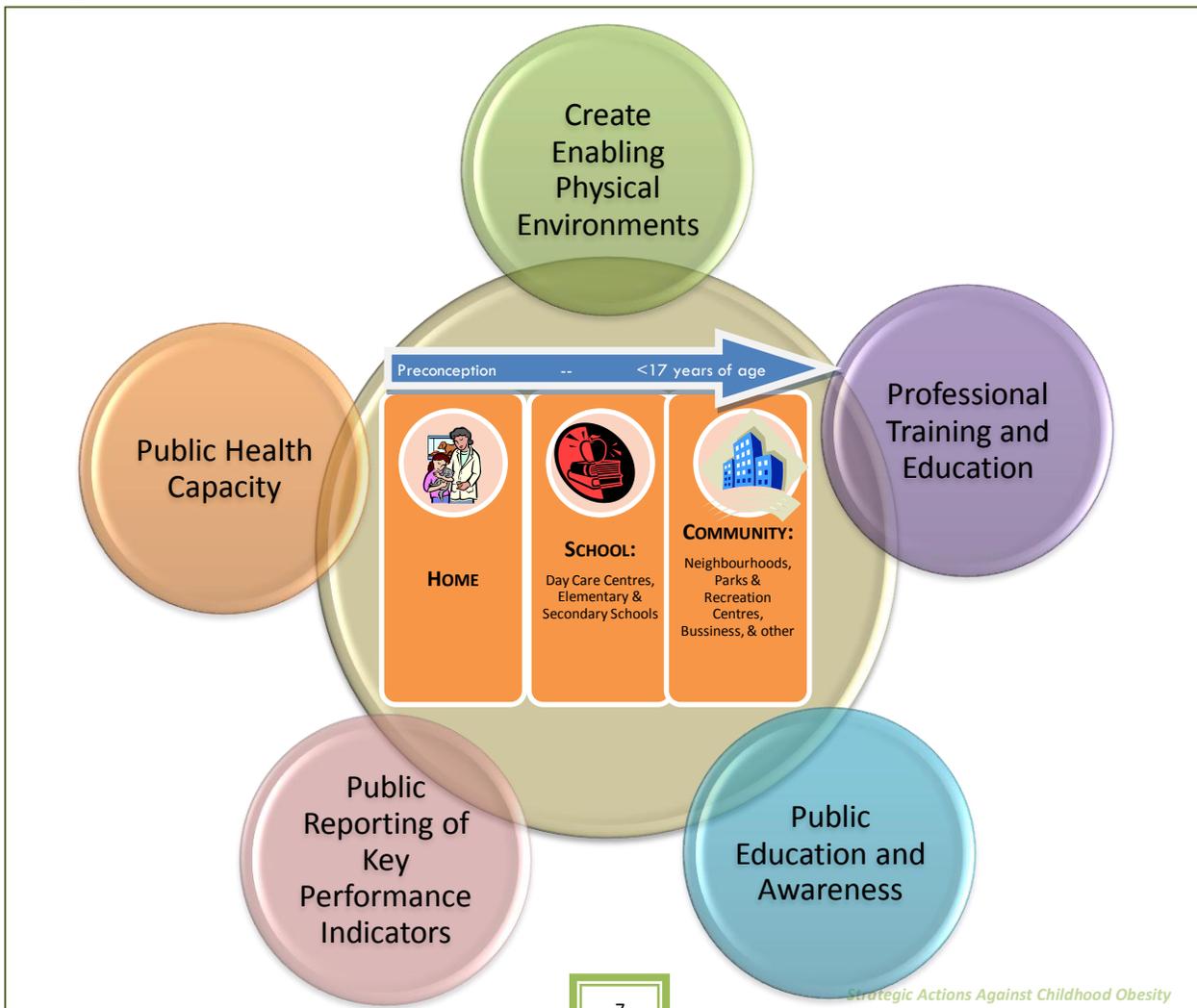
- Actions and recommendations targeted in the acute care setting or that address disease management have been excluded. Along the care continuum, the focus will be on up-stream efforts, prevention, health promotion and screening.

Key Components

The recommendations presented by the CDPWG are grouped into five provincial level priorities for action:

1. Create supportive physical environments that promote healthy behaviours.
2. Enhance training and education of all professionals working with children.
3. Enhance public education, skill building and awareness with a specific focus on children.
4. Ensure public reporting of key health promotion and prevention performance indicators.
5. Build capacity within the public health sector to adequately address childhood obesity.

Figure 1.0



CHAPTER 3 – CREATE SUPPORTIVE PHYSICAL ENVIRONMENTS

Strategic Action #1

The provincial government must create physical environments that support healthy weights in children by investing in, and developing policies to support healthy eating, physical activity and active transport^{ix}.

Specific Recommendations

1) Policies to Ensure Foods of Maximum Nutritional Value

Require foods of maximum nutritional value in publicly-funded institutions^x, with a focus on:

- Daycares (need to update nutrition component of Day Nurseries Act),
- Schools (need to expand the Policy/Program Memorandum 150 to be more comprehensive, e.g. Nutrition Tools for Schools), and
- Recreation facilities/programs.

2) Landuse Planning To Address Food Deserts

Make explicit in the Provincial Policy Statement to require landuse planning that limits food deserts from occurring.

- Establish a targeted community fund reserve/grant that allows for municipalities and public health units to address this specific issue at the local level.
- This must be undertaken through an inter-sectoral approach at the local level including public health units, municipalities, the social services sector and community leaders
- Planning must allow for accessible, quality foods of maximum nutritional value.

3) Policies to Improve Access to Physical Activity Opportunities

Develop and invest in policies to improve access to physical activity opportunities for all children and youth:

- Provide provincial funding to municipalities for universal access to community-identified core programs^{xi},
- Provide guidance and direction to municipal governments on developing comprehensive access to recreation policies using existing literature, e.g. Ontario Task Group Policy Framework^{xii} and Policy Development & Implementation Guide for Communities^{xiii}),
- Establishment of targeted government funding to address the recreation infrastructure deficit to ensure everyone has access to indoor and outdoor facilities and safe spaces to be physically active^{xiv},
- The government must promote enhanced collaboration between school board administrators and recreational directors for shared use and shared maintenance of facilities^{xv}.

4) Policies to Support Active Transportation

Make explicit a commitment towards active transportation in the Provincial Policy Statement.

For every 5% improvement in the walkability of a neighbourhood, adults walk and cycle 32% more, have a lower body mass index, and enjoy reduced pollution from automobiles^b.

- Support municipalities to ensure transport plans include walking and cycling infrastructure and public transportation,
- Develop and advance a provincial “Bike policy” for safe cycling^{xvi}.

CHAPTER 4 – ENHANCED PROFESSIONAL TRAINING AND EDUCATION

Strategic Action #2

Increased training and professional development directed to all professionals with the ability to impact children through their work.

Specific Recommendations:

1) *Implement Policies and Programs to Train Professionals in Schools and Recreation*

Policies and programs for healthy children focused on training and education for professionals in the school sector and in recreation centres. This includes day care through to secondary school and will target teachers, child care workers, early child educators, day care providers and sport and recreation providers (including programs or services arising from the **Community Use of Schools Initiative** and **After School Initiative**).

- These programs and services should be delivered through publicly funded health promotion resource centres (i.e., the Nutrition Resource Centre, the Physical Activity Resource Centre) and/or the local public health units.
- Training must include a focus on child health, healthy eating and nutrition, healthy weights and physical activity.

2) *Implement Policies and Programs to Train Professionals in Health Care*

Training and Education on child health for health care workers including primary care and home care^{xvii}. This includes general practitioners, nurse practitioners, personal support workers and all other health professionals who have contact with children.

Specifically, training should include:

- Health from preconception through to birthing- including healthy weight, physical activity, nutritional intake and food access, smoking, diabetes, screening and breastfeeding.
- Guidelines for Health Care Providers on prevention, screening, diagnosis, counseling and sources of referral.
- Use and implementation of healthy eating and nutrition screening tools: NutriSTEP®^{xviii} and Toddler NutriSTEP®.

3) *Implement Policies and Programs to Train Professional in Social Services*

Training and educational programs and services to enhance knowledge of the social determinants of health's role in childhood obesity for professionals working in the area of social services should be developed and made available.

- These programs and services can be delivered through publicly funded health promotion centres and public health units with targeted incremental funding.
- Training should include a focus on child health, healthy eating and nutrition, healthy weights and physical activity.

NutriSTEP® is a valid and reliable questionnaire that can differentiate between preschoolers (ages 3-5 years) who are at nutrition risk and those who are not. toddler NutriSTEP® is a nutrition risk screening tool for toddlers, aged 18-35 months⁵.

CHAPTER 5 – PUBLIC EDUCATION, SKILL BUILDING AND AWARENESS

Strategic Action #3

Increase public education, skill building and awareness in all topic areas related to childhood obesity.

Specific Recommendations

1) *Implement Revised Health and Physical Education Curricula*

The Ministry of Education must support all school boards and schools to commit to full implementation of the Health and Physical Education (H&PE) curricula^{xix} to ensure that every child can develop the knowledge, skills and habits for a healthy, active lifestyle.

- Health, nutrition and physical literacy need to be held to the same standard as literacy and numeracy.
- The H&PE curricula must be delivered by health and physical education specialists in all Ontario elementary and secondary schools.
- The feasibility, approach and outcomes of making Health, Nutrition and Physical Education credits a mandatory requirement for grades 9-12 must be investigated.
- Stronger accountability measures are needed to ensure the revised H&PE curricula are taught within the school setting.

2) *Public Competency To Address Childhood Obesity*

Make available provincially funded education and training programs, delivered through provincial health promotion resource centres and/or public health units, targeted for the public to increase competency on obesity related issues including:

- Food skills development,
- Breastfeeding^{xx}, and
- Physical literacy

3) *Improve Nutrition Labeling*

Require that all food manufacturers, retailers and food services provide consistent, clear and visible nutrition information for all the foods they sell to support consumers in making informed and healthy food choices. This requires a need for changes to Food and Drugs Act and Consumer Packaging and Labelling Act^{xxi}.

4) *Undertake Provincial Marketing Campaign*

Undertake a provincial marketing and promotion campaign on healthy eating and physical activity (in collaboration with the public health sector, EatRight Ontario, the Nutrition Resource Centre and the Physical Activity Resource Centre).

5) *Ban Marketing to Children*

Ban marketing of unhealthy food and beverage to children - specifically under the age of 13^{xxii}.



Reducing the prevalence of physical inactivity by 10% has the ability to decrease direct health care expenditures by \$150 million each year²¹

Did you know?

In a recent report by Coalition Poids they demonstrated that nutritional labeling was not available for certain sugary sweetened energy beverages despite evidence that such labelling is required²⁴.

CHAPTER 6 – PUBLIC REPORTING ON KEY INDICATORS

Strategic Action #4

The government must support the establishment of standardized and comprehensive performance indicators to inform initiatives that address healthy weights including childhood obesity.

Specific Recommendations

1) Fund Data Collection to Inform Performance Indicators

Common data sets must be identified, defined and collected consistently by public health units to populate proposed standardized performance indicators related to healthy behaviours in children.

- This will require incremental financial resources by the Government of Ontario.
- Data collected at the local level must be collated into a centralized database.

2) Ensure Performance Indicators are Comprehensive

The proposed standardized performance indicators must be publicly reported and must reflect the following:

- Societal/distal risk factors that can influence incidence and prevalence (ie. built environment, social economic status, poverty, cultural influences);
- Behavioural risk factors associated with obesity (physical activity, healthy eating and nutrition, and others);
- Other intermediate conditions related to chronic disease; and
- Outcomes tied to the obesity strategy and related indicators.

3) Ensure Surveillance for Outcomes Measures

Provincial surveillance must be established and undertaken through an organization that will act as a central and provincial resource for the provincial public health sector and other related partners.

4) Whole of Government Approach to Indicators

The development of a comprehensive set of performance indicators should be through an inter-sectoral, interdisciplinary taskforce supported and led by government and public health units.

- A whole of government approach should be taken to include each Ministry having indicators and performance measures that they are accountable for.

CHAPTER 7 –CAPACITY BUILDING

Strategic Action #5

The public health sector is well positioned to successfully deliver interventions to improve child health and target efforts against childhood obesity. Public health sector employees possess the expertise and ability to partner with other organizations to maximize impact. Public health efforts are intimately linked across sectors, therefore one discipline of public health does not work without the other. Human resources capacity in public health is not growing at the same rate as population health challenges and concerns.

The government must ensure strategic investment in human resources to build capacity in the public health and community health sectors to adequately address childhood obesity at the provincial level.

Specific Recommendations

1) More Public Health Professionals

Increase number of professionals working within the public health sector including:

- registered dietitians,
- public health planners,
- policy analysts,
- health promoters,
- physical activity specialists,
- public health nurses,
- public health dental staff (they can be instrumental in collecting surveillance data in schools as they are already there collecting dental surveillance data),
- epidemiologists.

This investment should reflect the population health needs as well as the social determinants of health of particular communities and neighbourhoods.

2) Provincial Chief Nutrition Officer

The government must establish a Chief Provincial Nutrition Officer within the Ministry of Health and Long Term Care. This position will be responsible and held accountable, on behalf of the province, to lead and implement an effective provincial childhood obesity strategy.

3) Investigation of Appropriate Public Health Human Resources

The Ministry of Health and Long Term Care or a designated agent must undertake or support the study and investigation of appropriate human resource levels within the public health sector to address the childhood obesity epidemic. Such an undertaking must actively include partnerships with public health disciplines.

4) Internal Expertise

The following ministries should secure internal expertise for policy and programming linked to child and youth health (i.e., in child health, healthy eating and nutrition and physical activity) in homes, schools and communities:

- Ministry of Education

The **Ontario Public Health Standards** have provided the public health sector with a comprehensive approach to addressing population health, however, there exists **capacity** challenges to adequately carry out these



FACT:
In Ontario, it was reported in 2009 there are only 203 Registered Dietitians employed in the Public Health sector. This equates to 17FTE Registered Dietitians for every 1 Million Ontarians¹.

- Ministry of Child & Youth Services
- Ministry of Municipal Affairs and Housing
- Ministry of Community and Social Services
- Ministry of Tourism, Culture and Sport

5) Leverage The Existing Collaborative Chronic Disease Prevention Work Group

The government should leverage the existing and standing collaborative Chronic Disease Prevention Work Group (CDPWG) to support the implementation of a provincial government childhood obesity strategy.

- The CDPWG can provide advice and guidance to ensure that policy, program and services approaches are:
 - Practical;
 - Implementable;
 - Applicable at the public health unit and local levels; and
 - Advanced by public health front-line staff and management.
- The CDPWG can provide advice and input that reflects a comprehensive group of public health disciplines to ensure that childhood obesity and healthy weights actions and approaches consider all necessary issues. Disciplines include:
- The CDPWG can act as a central point to disseminate information, approaches and actions on the provincial obesity prevention strategy broadly and quickly across the province to all key stakeholders through the collective membership of the collaborative CDPWG.
- The CDPWG is a single-point of access for broad consultation within Ontario across disciplines and sectors.
- The CDPWG can support and enable pan-Canadian engagement and consultation on a provincial childhood obesity strategy, through its national and provincial-territorial relationships and partnerships.

REFERENCES

Fact Boxes:

- ^a McVey et al, (2004) Dieting among preadolescent and young adolescent females. *Canadian Medical Association Journal*. 170, 1559-1561
- ^b Lawrence D. Frank et al. (2006). "Many Pathways from Land Use to Health: Associations between Neighbourhood Walkability and Active Transportation, Body Mass Index, and Air Quality." *Journal of the American Planning Association*, Volume 72, Issue 1, p. 75-87
- ^c NutriSTEP® (2012), About NutriSTEP® <http://www.nutristep.ca/en/about.aspx>
- ^d Physical and Health Education (2012), Quality Daily Physical Education: The Facts <http://www.phecanada.ca/programs/quality-daily-physical-education/facts>
- ^e Coalition Poids (2012), Sugar-Sweetened Beverage Marketing Unveiled Volume 1, The Product: A varied offering to respond to a segmented market
- ^f Government of Ontario (2009), Initial Report on Public Health, Public Health Division, Ministry of Health and Long Term Care

Body of Report:

- ⁱ Statistics Canada (2010) Canadian Community Health Survey - Annual Component 2009-2010, Statistics Canada.
- ⁱⁱ Shields, M. (2006) Measured Obesity: Overweight Canadian children and adolescents. *Nutrition: Findings from the Canadian Community Health Survey*, Statistics Canada
- ⁱⁱⁱ Government of Ontario (2012) Ontario's Action Plan For Health Care: Better patient care through better value from our health care dollars, Queen's Printer for Ontario
- ^{iv} Katzmarzyk, P. and Janssen, I. (2004) The Economic Costs Associated With Physical Inactivity and Obesity in Canada: An Update. *Canadian Journal of Applied Physiology*, 29(1): 90-115, 10.1139/h04-008
- ^v Government of Ontario (2012) Ontario's Action Plan For Health Care: Better patient care through better value from our health care dollars, Queen's Printer for Ontario
- ^{vi} Government of Ontario (2008) Ontario Public Health Standards 2008: Ministry of Health and Long Term Care
- ^{vii} SIRC (2012- draft), Canadian Sport Policy 2.0 <http://sirc.ca/CSPRenewal/documents/CSP20DRAFTEN.pdf>
- ^{viii} Active Healthy Kids Canada Report Card 2012 <http://www.activehealthykids.ca/>
- ^{ix} Toronto Public Health – A review of the Evidence: School-based Interventions to Address Obesity in Children 6-12 Years of Age
- ^x CCO (2010), Healthy Eating, Physical Activity, and Healthy Weights Guideline for Public Health in Ontario

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- ^{xi} Active Canada 20/20 (May, 2012 – draft): A Physical Activity Strategy & Change Agenda for Canada. <http://www.activecanada2020.ca/home/active-canada-2020---english>
- ^{xii} OTG (2009) Affordable Access to Recreation for Ontarians, Policy Framework: Everyone Plays http://www.prontario.org/index.php/ci_id/3681.htm
- ^{xiii} OTG (2010) Affordable Access Policy Development and Implementation Guide, Government of Ontario http://www.prontario.org/index.php/ci_id/3721.htm
- ^{xiv} GAPA (2011) The Advocacy Council of the International Society for Physical Activity and Health (ISPAH). NCD Prevention: Investments that Work for Physical Activity. www.globalpa.org.uk/investmentsthatwork
- ^{xv} RWJF (2012), Promoting Physical Activity through the Shared Use of School and Community Recreational Resources, Research Brief http://www.activelivingresearch.org/files/ALR_Brief_SharedUse_April2012.pdf
- ^{xvi} CPAC (2010), Nutrition and Physical Activity Policy Alignment in Action Initiative: Canadian Priorities for Addressing Obesity as a Cancer and Chronic Disease Risk Factors
- ^{xvii} Region of Peel (2011) Effective Public Health Interventions in the Prevention of Obesity in Children from Birth to Six Years: A Rapid Review of the Evidence
- ^{xviii} FPT (2012) Curbing Childhood Obesity: A federal, provincial and territorial framework for action to promote healthy weights
- ^{xix} Government of Ontario (2010) The Health & Physical Activity Curriculum, the Ministry of Education <http://www.edu.gov.on.ca/eng/curriculum/elementary/health.html>
- ^{xx} CCO and PHO (2012), Taking Action to Prevent Chronic Disease: Recommendations for a Healthier Ontario
- ^{xxi} Sustain Ontario (2012), Ontario Food and Nutrition Strategy: A Plan for Healthy Food and Farming
- ^{xxii} WHO (2003). Diet, Nutrition and the the Prevention of Chronic Diseases : Report of a Joint WHO/FAO Expert Consultation http://whqlibdoc.who.int/trs/WHO_TRS_916.pdf