Council Direction: This report provides an update to the October 2005 obesity report.

Information:

Executive Summary

“...We may be raising the first generation of children who will not outlive their parents…” (Ontario Medical Association, October 2005).

In 2003, less than half of adult Hamiltonians were considered normal weight, while 35% were overweight and 18% were obese. The resulting increase in chronic diseases due to obesity, such as heart disease and diabetes, is expected to cause this decline in life expectancy. In response to the dramatic rise in the percentage of Canadians who are overweight or obese, Public Health Services has been actively engaging the community in developing and implementing a made-in-Hamilton community obesity strategy.

Background

Based on current literature and the needs in our community the 2004 Public Health and Community Services Strategic Plan included the following Goal: Develop a comprehensive community wide strategy to decrease the percentage of overweight and obese Hamilton children and youth (2 to 19) by 2009.

Mandatory Programs

Along with the PHCS Strategic Goal, the provincial Mandatory Health Programs and Services Guidelines incorporate the promotion of healthy weights in several of their Requirements and Standards. Some of PHS’ activities include supporting healthy eating environments in workplaces, recreation centres, arenas, and schools, and supporting physical activity through Hamilton Walks, Active and Safe Routes to School, and Feel the Power, Feel Fit programs for girls and women.

In response to the PHCS Strategic Goal, the Board of Health approved the hiring of a
Public Health Nurse and Health Promotion Specialist to support a Public Health Services obesity strategy in conjunction with a community-lead obesity strategy. In 2005, a community obesity forum brought together key stakeholders. Participants came from the workplace, school, government, health, research, recreation, and community sectors. The purpose of the forum was to provide an overview of the obesity epidemic and present some promising evidence of how we, as a community, could address this issue.

**Resources (2006)**

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<tr>
<td>Staffing &amp; Wages</td>
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<tr>
<td>Physical Activity Specialist</td>
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<tr>
<td>Project Manager (not filled due to recruitment challenges)</td>
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**Comparison to Peer Communities**

In comparison to peer community Public Health Units involved in Obesity Strategies, we are slightly behind Niagara and Ottawa; whereas, we are ahead of London, which is currently in the internal discussion phase and considering moving toward building external partnerships.

**Emerging Issues and Opportunities**

The rise in obesity is a key health priority for our community since people who are obese are more likely than those with a healthy weight to experience chronic diseases – all of which take an economic toll nationally, provincially, and locally. The dramatic rise in obesity has occurred over the past thirty years: many experts think in response to our “obesogenic environment” rather than a change in our genetic makeup. Efforts to reverse the obesity epidemic will not be fixed overnight and will require a continued and concerted community effort. The health promotion model guiding the Community Obesity Strategy is evidence-led.

Several opportunities, both provincially and municipally, support the Obesity Strategy:

- Within the Healthy Living Division, support to physical activity, healthy eating, and healthy weight programming continues
- The newly created Ministry of Health Promotion has released Ontario’s Action Plan for Healthy Eating and Active Living
- The Community Obesity Strategy Steering Committee provides continuous input from the community partners
- Collaborative mapping project with McMaster University regarding access to physical activity opportunities
- Increasing citizen interest in active transportation (bike racks on buses, pedestrian charter)
Community Identified Key Priorities for an Obesity Strategy

In follow up to the 2005 forum, the key stakeholders regrouped in January 2006. The purpose of this second forum was to identify the key priorities that needed to be addressed to develop a made-in-Hamilton obesity strategy. Through a facilitated discussion, four top priorities emerged:

- Gathering baseline data
- Developing a communication campaign
- Advocating for healthy public policies
- Engaging business and other key stakeholders

Since community participation and leadership are essential to move the obesity strategy forward, participants were asked to volunteer their time and expertise on a Community Obesity Strategy Steering Committee. In addition, forum participants agreed to participate on sub-committees developed to address the four key priorities.

A third forum was held in May 2006 to inform the community about what had happened since the previous two forums. At this forum, participants were asked how they would like to be kept informed; hence, an electronic newsletter has been developed. Feedback also indicated that future forums would be appreciated for brainstorming and gathering community input.

Community Obesity Strategy Steering Committee

The Community Obesity Strategy Steering Committee has representation from the following sectors in Hamilton:

- Public Health Services,
- City of Hamilton Culture & Recreation and Planning & Economic Development,
- Community Recreation Organizations,
- Educational Institutions,
- Health Care Professionals (including physicians, nurses, and dietitians),
- Health Care Organizations and Programs,
- Researchers,
- Community Planners,
- Non-Governmental Organizations,
- Private Sector

Terms of Reference have been developed to help guide their work. Using ideas generated at the January 2006 forum, Vision and Mission statements have been developed (See Appendix A). In addition, linkages with other strategies, such as the Hamilton Diabetes Network and Healthy Living Hamilton, are being explored to strengthen mutual efforts.

Community Obesity Strategy Sub-Committees

There are three active sub-committees at this time: the Baseline Data Sub-Committee, the Communication Campaign Sub-Committee, and the Policy Sub-committee. No sub-committee has been formed yet to address the key priority of engaging business and other key partners. The Steering Committee felt that the strategy needed further
development so that clear expectations could be presented when approaching potential business partners.

**Community Obesity Strategy Baseline Data Sub-Committee**

The Baseline Data Sub-committee’s initial task was to gather the baseline data needed to help inform the obesity strategy. To date, the group has:
- gathered local, provincial, and national epidemiological data
- mapped local nutrition and physical activity opportunities
- reviewed key documents for evidence for effective strategies
- conducted an electronic survey of local healthy weights/obesity programs and initiatives
- conducted an electronic survey of local researchers

Next steps include developing a framework to build a “database” of the information within the areas mentioned above. In anticipation of the group’s role involving ongoing monitoring of the problem and the strategy, the name has been changed to the Community Obesity Strategy Surveillance Sub-Committee.

**Community Obesity Strategy Communication Campaign Sub-Committee**

The Communication Sub-Committee is in the initial phase of developing an obesity social marketing campaign. Their stated objective is: To develop a communication campaign that will encourage small changes in the home and family lifestyle. The campaign will target families and encourage dietary and physical activity changes to prevent weight gain and support the efforts of those trying to achieve a healthy weight. Implementation for the campaign is slated for this year.

The communication campaign will target parents of elementary school children age 4 to 12 years. As children move from ages 2 to 17 years rates of overweight and obese rise; therefore, efforts will concentrate on the younger age groups to prevent weight gain as they age.

Research suggests that parents can play a key role in children’s eating and physical activity patterns, which can develop into behaviours that promote good health or contribute to poor health. The family environment can affect a child’s weight through the family’s food preferences and activity patterns. Parental obesity is associated with youth obesity. Unfortunately, obesity often persists into adulthood; once a child is overweight or obese, further weight gain is likely and few return to a normal weight range.

The campaign will focus on physical activity and healthy eating; specifically on family time spent being active together and having healthy family meals at home. Physical activity messages will focus on the daily integration of activity rather than on sport team activities, and decreasing screen time and playing outside instead. The nutrition messages will focus on healthy snacking, increasing vegetable and fruit consumption, especially in snacks, and decreasing the intake of soft drinks and other high calorie, low nutrient beverages.
Community Obesity Strategy Policy Sub-Committee

The first meeting of the Policy Sub-committee took place December 2006. The group looked at Hamilton specific physical activity and healthy eating policies that are currently being developed or that are already in existence. From this list, gaps in policy were identified, especially in regards to the built environment. In order to provide environments that support a healthy, active lifestyle, the committee will look for opportunities to support healthy public policy, in attempts to close some of these policy gaps.

Elizabeth Richardson, MD, MHSc, FRCPC
Medical Officer of Health
Public Health Services
Reversing the Obesity Epidemic in Hamilton: We All Have a Role to Play

Community Obesity Strategy

**Vision Statement**

Hamilton is a city where the healthy choice is the easy choice.

**Mission Statement**

Hamilton is a fully engaged and informed community where the balance has shifted toward an active and healthy lifestyle. Our community strives to provide an accessible, available, safe and supportive environment where families and individuals can make healthy choices at work, school, home, and play.