

Nutrition and Physical Activity Policy Alignment in Action Initiative

# Canadian Priorities for Addressing Obesity as a Cancer and Chronic Disease Risk Factor

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# Introduction

Healthy public policies addressing nutrition and physical activity have the potential to dramatically reduce the incidence of cancer. The Canadian Partnership Against Cancer in partnership with Cancer Care Nova Scotia held a Pan-Canadian meeting in Halifax NS in March 2009 to review the policy recommendations from the 2009 World Cancer Research Fund/American Institute for Cancer Research (WCRF/AICR)<sup>1</sup> Policy and Action for Cancer Prevention report.

The report outlined an evidence-based framework of multi-sector recommendations that, if implemented in concert, could reduce cancer and other chronic diseases related to unhealthy eating and physical inactivity. The report included a set of 48 recommendations (opportunities to implement policy or take actions) for nine sectors including multinational bodies, civil society organizations, governments, industry, media, schools, workplaces and institutions, health and other professions, and people. The recommendations were based on the evidence gleaned from the systematic literature review process, the collective experience of the panel, the scientific knowledge acquired during the development of the Second Expert Report, and existing guidelines produced by other organizations. Each recommendation takes both the strength of evidence and the likely impact of that intervention into account.

Following up on this meeting, and using the WCRF/AICR report as a lens through which to examine nutrition and physical activity policies across Canada the Primary Prevention Program of the Canadian Partnership Against Cancer<sup>2</sup> developed the Nutrition and Physical Activity Policy Alignment in Action (AIA) initiative. This initiative: 1) reviewed relevant nutrition and physical activity policies in Canada at both the National and Provincial/Territorial levels, 2) established a multi-sector AIA advisory committee to help identify policy opportunity windows for advancing healthier public policies across Canada, and 3) will engage key

stakeholders from the public, private, and NGO sectors who will be invited to work together to implement changes to physical activity and nutrition policies in Canada. This Alignment in Action Report represents a summary of the first two stages of this effort and provides a framework for Canadians concerned about the obesity epidemic in Canada to work together. For the third stage, a series of stakeholder engagement meetings are planned in 2011 to capitalize on the policy opportunity windows and the related WCRF/AICR and Canadian high-priority recommendations noted in this report.

<sup>1</sup> World Cancer Research Fund/American Institute for Cancer Research. Policy and Action for Cancer Prevention. Food, Nutrition, and Physical Activity: a Global Perspective. Washington DC: AICR, 2009

<sup>2</sup> <http://www.partnershipagainstcancer.ca/priorities/primary-prevention/>

# Stage 1: Canadian Policy Landscape

This report is intended to increase the awareness of the potential synergies between existing Canadian policy frameworks, strategies, and action plans that address nutrition and physical activity through policy recommendations. Policy recommendations were examined both within Canada and between Canadian and international sources and they were examined in relation to the extent of their alignment with the WCRF/AICR report recommendations. An analysis of a sample of 872 policy recommendations, from 63 provincial/territorial, federal, and international documents revealed patterns that may help identify opportunities for immediate policy action within and across sectors, as well as enhance awareness of the areas for potential longer term efforts.

## Methodology

**Document search.** The objective of the document search was to identify relevant, publically-available, high-level Canadian and selected international policy documents (frameworks, strategies, action plans) that address nutrition and physical activity policy recommendations, relevant to cancer prevention, for the period 1986 (the adoption of the Ottawa Charter) to 2009 (the publication of the WCRF policy report). The WCRF/AICR policy framework was used as a lens to define the sectors for the document search and the comparative fields for assessing alignment (see Appendix A for the specific definitions of each sector).

A multi-pronged search process was used to develop the list of documents to be considered for the project (see Appendix B for the complete list of documents):

1. suggestions from the Nutrition and Physical Activity Policy Alignment in Action Advisory Committee;
2. literature search by a medical librarian;

3. bibliographies from previous environmental scans completed by the Partnership; and
4. a web search in January and February 2010:
  - A website search was conducted at the provincial/territorial level for the four largest provinces (Ontario, Quebec, British Columbia and Alberta). The results suggested that policy documents were not likely to be available at this level for the following sectors: industry, media, workplaces and institutions, health and other professions, and people. These sectors are therefore only represented at the national level in this report. (Appendix C contains a list of all the organizations that were searched as part of the web scan.)
5. telephone and email requests.

The project team screened a total of 98 policy-oriented documents from all Provinces and Territories containing recommendations for healthier eating and increased physical activity according to the inclusion and exclusion criteria in Table 1.

**Table 1: Document selection criteria**

Criteria	Included	Excluded
Level of focus	Policy or strategy level	Implementation level
Types of documents	<ul style="list-style-type: none"> <li>• policy documents</li> <li>• position statements</li> <li>• strategic plans</li> <li>• jurisdiction-wide action plans</li> </ul>	<ul style="list-style-type: none"> <li>• programs</li> <li>• handbooks</li> <li>• annual reports</li> <li>• documents focusing on barriers to implementation</li> </ul>
Time period	1986 to 2009	Prior to 1986
Form of recommendations	Clearly demarcated	Embedded in narrative
Populations	<ul style="list-style-type: none"> <li>• general population</li> <li>• specific populations* (e.g., children)</li> </ul>	<ul style="list-style-type: none"> <li>• Individuals</li> </ul>

\* Where documents related to general populations were unavailable, reports concerning specific populations were used. In most cases, these were documents aimed at the “schools” sector.

Sixty-three of the original 98 documents met the inclusion criteria.

The recommendations from the 63 reports that met the inclusion criteria were assigned to the corresponding WCRF/AICR report recommendation according to the sector for which they were intended and, within that sector, which specific recommendation most closely matched.

Sectors contributing to the development of the recommendations were noted where this information was provided. Sectors targeted by the recommendations were also identified. French recommendations were summarized in English. The project team assessed the strength of alignment on three levels: individual province or territory, national and international, based on the total number of Canadian recommendations corresponding to each WCRF/AICR recommendation.

In cases where there was clearly no fit between a Canadian recommendation and a corresponding WCRF/AICR recommendation, the project team used the designation “unique Canadian recommendation” as a category of recommendations outside the WCRF/AICR framework. Collectively these formed a second independent framework against which the project team assessed alignment within Canada.

**Limitations of methodology.** The ensuing summary and analysis have to be considered in light of key assumptions. For example, the scan of websites from sectors other than “government,” “schools” and “civil society” for the

four largest Canadian provinces did not reveal any policy-oriented documents. Thus, an assumption was made that these were unlikely to exist in sufficient numbers in the remaining provinces or in the territories to materially influence the outcome of the analysis. If this assumption is not completely correct, the scan may under-represent the true prevalence of policies related to the media, workplace and institutions, people, health and other professional, and industry sectors at the provincial/territorial level.

In addition, the Ministry of National Health and Welfare’s Action Towards Healthy Eating document (1990) was the only document found for the period 1986-1995. The report contained a comprehensive set of 74 nutrition policy recommendations directed to all of the WCRF/AICR sectors except the media, and was developed in consultation with representatives of the groups to whom the recommendations were directed. It should, however, be recognized that this is the only document included in the analysis for the initial reporting period of this project.

## Results

**Policy recommendations.** From the 63 documents that met the inclusion criteria, the project team extracted 872 specific recommendations:

- 610 provincial/territorial
- 161 federal;
- 101 international.

**Table 2: Chronological distribution of recommendations**

Level	1986-1995	1996-2005	2006-2009
Provincial/Territorial	0	213	397
Federal	74	56	31
International	0	54	47
Total	74	323	475

Only one document was found for the 1986-1995 period (as addressed in the limitations of methodology section).<sup>3</sup>

**Sector representation.** The following four charts show the distribution of policy recommendations made for each sector: 1) in the WCRF/AICR report 2) at the provincial/territorial, 3) at the federal level and 4) at the international level.

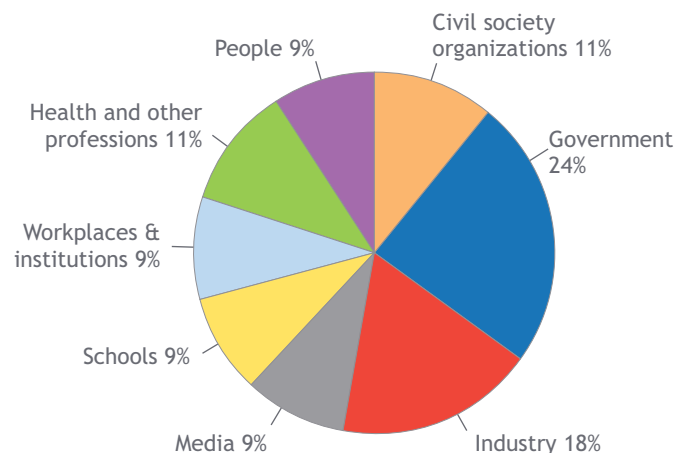
As reflected in Chart 1, the WCRF/AICR recommendations are balanced among the eight sectors to a greater extent than any of the Canadian jurisdictional reports. Recommendations for government, for example, account for only 24% of the WCRF/AICR recommendations, where as in Chart 2 they represent 78% of the provincial/territorial recommendations found; in Chart 3 they represent 53% of the federal recommendations found; and in Chart 4 they represent 57% of the recommendations. Thus, in the Canadian context the government sector is viewed as the primary actor in policies related to nutrition and physical activity.

While in the WCRF/AICR report (Chart 1) media, schools, workplaces, institutions, and people were all sectors where 9% of the recommendations were placed, in the Canadian context (Charts 2-3) the smallest proportion of recommendations was found for the “media” and “workplaces and institutions” sectors.

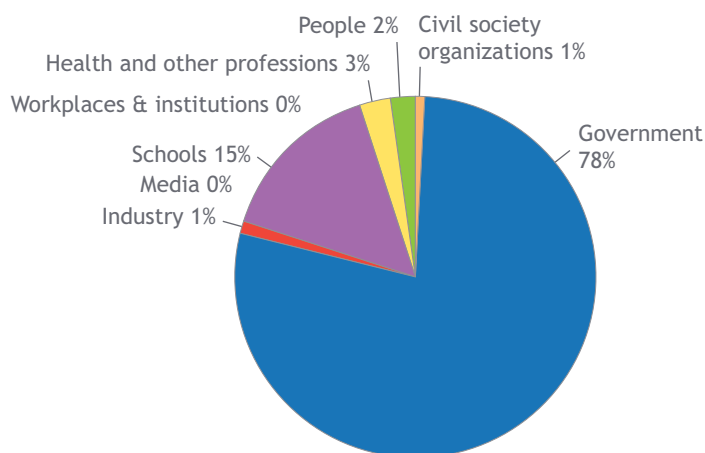
At the provincial/territorial level, the second largest percentage of recommendations was for “schools” (15%), perhaps reflecting the provincial/territorial roles and responsibilities for education. Recommendations for government and schools combine for a total of 93% of the recommendations for provinces and territories, while recommendations for industry, civil society, people, health and other professionals, and the media together account for the remaining 7% of recommendations within provinces and territories. The small percentage of recommendations targeting these sectors may indicate that few policy documents are produced by and for these sectors within provinces and territories.

At the federal level, the “civil society,” “industry,” and “health and other professions” sectors (taken together) account for just over one-third of all recommendations. Recommendations targeting the government, however, remain the most prevalent. The school sector in Canada, as discussed above, is principally the responsibility of provincial/territorial governments, which may explain

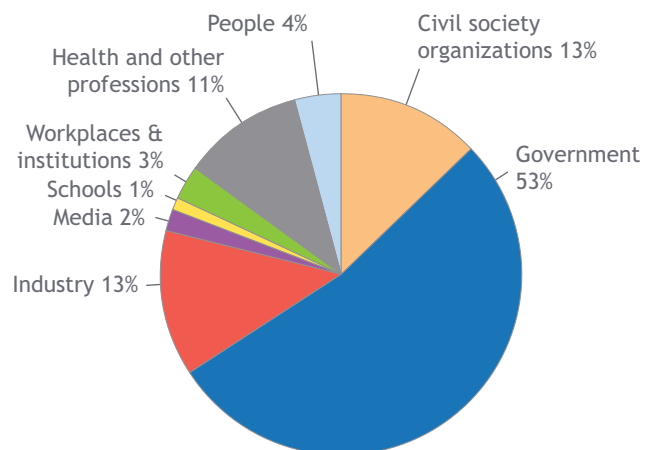
**Chart 1: Recommendations for sectors - WCRF/AICR**



**Chart 2: Recommendations for sectors - Provincial/Territorial**



**Chart 3: Recommendations for sectors - Federal**



<sup>3</sup> Ministry of National Health and Welfare. Action Towards Healthy Eating. Report of the Communications Implementation Committee. 1990.

why only 1% of recommendations at the federal level are aimed at schools. The overall pattern of a high percentage of policy recommendations at the federal level in Canada very closely mirrors the distribution of WHO recommendations at the international level.

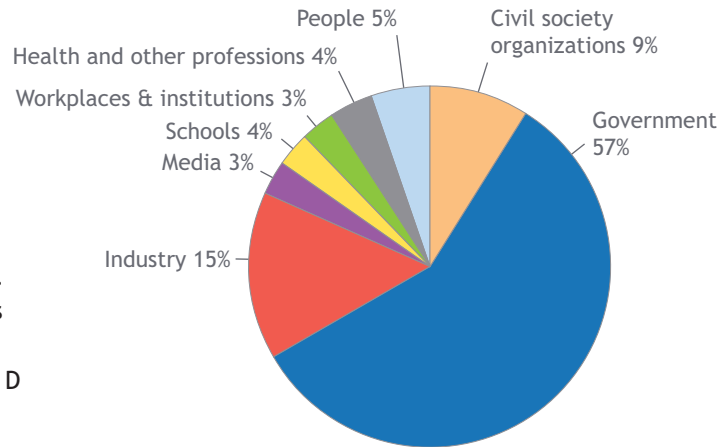
**Alignment of WCRF/AICR policy recommendations with Canadian policy recommendations.** Over half of the WCRF/AICR recommendations are aligned with at least one recommendation at the provincial/territorial (29/46), federal (29/46) and International levels (24/46). Eleven of the remaining 17 WCRF/AICR recommendations were not addressed by Canadian recommendations from any jurisdictional level. These are presented in Appendix D in the order they appear in the framework.

**Unique Canadian recommendations.** Canadian policy recommendations that did not align with any of the WCRF recommendations were categorized as uniquely Canadian. A total of 30 unique Canadian recommendations were captured and collectively they formed a secondary, independent framework. A separate analysis against this framework showed a significant degree of alignment across Canada. (See Appendix E for detailed tables.)

The following themes consistently emerged among the uniquely Canadian recommendations:

- Collaboration across sectors and among levels of government;
- Attention to special populations, such as those living in poverty, persons with special medical needs, and First Nations, Inuit, and Métis peoples;
- Aligning communications messages and guidelines across all levels of government and across all sectors;

**Chart 4: Recommendations for sectors - International**



- Developing policies and programs using evidence informed processes (setting goals, creating databases on healthier eating and increased physical activity, monitoring and evaluating outcomes);
- Empowerment of individuals to adopt healthier eating and increased physical activity through information and health promotion.

**Alignment within Canada.** When the 46 WCRF/AICR and 30 unique Canadian recommendations were combined, 46 of the total 76 recommendations (61%) were aligned among the federal and provincial/territorial documents. If the “schools” sector is removed from the comparison, 42 of 59 recommendations (71 %) were aligned. Based on the number of times they were named in Federal, Provincial, and Territorial documents the following five policy recommendations were most frequently aligned for Canada as a whole:

**Table 3: Top five most frequently aligned recommendations in Canada**

Recommendation	Number of Canadian Recommendations
1. Give greater priority to research on and programs to improve public health, including the prevention of cancer and other chronic diseases.	90
2. Initiate collaborative processes between sectors to promote healthier eating and increased physical activity. (Uniquely Canadian)	70
3. Develop policies and programs for specific populations: 1) vulnerable groups (poverty, special health needs); 2) age groups; 3) remote communities and First Nations, Inuit, and Métis groups. (Uniquely Canadian)	43
4. Establish and maintain publicly funded information and education on and surveillance of food, nutrition and physical activity status.	41
5. Require schools and facilities for recreation and sport to provide meals to high nutritional standards and to include nutrition and physical activity in core curricula.	40
<b>TOTAL</b>	<b>284</b>

## Discussion & Next Steps

Canadian recommendations are moderately aligned with the WCRF/AICR framework. The WCRF/AICR recommendations are balanced among the eight sectors considered in this report. Canadian recommendations, however, are more prevalent for “government,” “schools” and “civil society”.<sup>4</sup> Although healthy living and increased physical activity strategies directed at general populations exist in almost all provinces and territories, healthier eating policy strategies were found in only five of thirteen Canadian jurisdictions. At the federal level, Canada is highly aligned with the recommendations of the World Health Organization and reflects a similar degree of multi-sector involvement.

Across Canada, sectors other than “government,” “schools” and “civil society” are involved as contributors to the development of policy but generally are not called on to participate in its implementation. This trend is particularly evident at the provincial/territorial level, which stands in marked contrast to the WCRF/AICR framework.

Overall, the alignment of policy recommendations related to the “government” and “civil society” sectors within Canada is strong, especially when factors related to jurisdictional authority (such as provincial/territorial responsibility for education and healthcare) are removed from comparisons. All jurisdictions called for a higher prioritization of healthier eating and increased physical activity - including programs, research, education and surveillance, and a continuing focus on children through schools. In addition, most documents contained unique Canadian recommendations, which were strongly aligned across the country. Uniquely Canadian approaches centered on common themes including: coordination of multiple levels of government and inter-sector engagement; equity for all Canadians; systematic approaches to planning; and empowerment of individuals through education.

Opportunities for stakeholder engagement include building on areas of strong alignment across sectors with numerous policy recommendations but limited policy action and/or exploring new roles for certain sectors where limited policy recommendations or actions were found. For example, government both at the federal as well as at the provincial and territorial level, is the major policy player with respect to healthier eating and increased physical activity policies. As such, government and civil society organizations could be viewed as primary stakeholders in efforts to align policy action within and across these two sectors in Canada.

In addition, or as an alternative stakeholder engagement strategy, industry with little policy action identified in Canada to date could also be invited to the table to develop new policy partnership efforts with government and/or civil society, if the factors that have limited industry involvement to date could be identified and overcome.

Finally, the growing concern with childhood obesity and the large number of school-based policies focused on increased physical activity and healthier eating could also present an opportunity to expand and align provincial/territorial school based policies with internationally recognized best practices. Recognizing these and other approaches to sector stakeholder engagement, and choosing which approach will culminate in the largest return on investment represents the next stage of the Nutrition and Physical Activity Policy Alignment in Action Strategic Initiative of the Canadian Partnership Against Cancer.

<sup>4</sup> Civil Society represents non-governmental organizations and professional associations.



## Stage 2: Policy Opportunity Windows for Action

The second stage of the Nutrition and Physical Activity Policy Alignment in Action (AIA) initiative was to develop a process to identify and engage relevant stakeholders around: 1) the top opportunities for action in physical activity and nutrition policy in Canada, 2) identify the barriers to successfully implementing existing policy recommendations, and 3) create positive approaches for working collaboratively to overcome these barriers.

To accomplish this, the Partnership used an adapted Delphi methodology with the AIA Advisory Committee (14 multi-sector experts in physical activity and nutrition: see Appendix F):

- Phase I: Identify top three current Policy Opportunity Windows (POW)<sup>5</sup> related to physical activity and nutrition
- Phase II: Identify the top five priority recommendations associated with each of the POWs
- Phase III: Identify opportunities for action

The Advisory committee was initially asked to individually submit three policy opportunity windows (POW) (72% response rate). The results were collated and the top POWs overall were: childhood obesity, built environment, research/monitoring/evaluation and engaging private industry.<sup>6</sup>

POW	Top POW (Weight 3)	2nd POW (Weight 2)	3rd POW (Weight 1)	Total
Childhood Obesity	5	2	1	20
Built Environment	2	2	2	12
Engage Private Sector	1	2	4	11
Research/Monitoring/ Evaluation	2	1	1	9
Taxation and Regulatory Policy	0	2	1	5

In the second wave of engagement (78% response rate) the committee was given all of the relevant WCRF/AICR recommendations and uniquely Canadian recommendations within each of the above POWs, and asked to rank, in order of priority, the top 5 most relevant recommendations within each of the POWs. Table 4 lists

**Table 4: Top 10 policy recommendations of AIA advisory group (% of advisory group members) (WCRF/AICR Sectors)**

1. Restrict advertising and marketing of 'fast food' and other processed foods and sugary drinks to children, on television, in other media, and in supermarkets (84%) (government)
2. Ensure that built and external environments are designed and maintained in ways that facilitate physical activity and other healthy behaviour (62%) (government)
3. Encourage safe, nutrient-dense, and relatively unprocessed foods and drinks and discourage sugary and alcoholic drinks, 'fast food', and other processed foods (50%) (government)
4. Plan, commission, construct, and operate all built environments so as to protect public health and facilitate physical activity (49%) (industry)
5. Give greater priority to research on, and programs to improve, public health, including the prevention of cancer and other diseases (49%) (government)
6. Examine, audit, and revise legislation and regulations so that they protect public health and prevent disease, including cancer (49%) (government)
7. Develop policies and programs using validated processes (setting goals, creating database on nutrition and physical activity, evidence-based frameworks, monitoring and evaluating program outcomes) (47%) (Canada only - government/schools)
8. Use price and other incentives to encourage healthy eating and active commuting, and to discourage motorized transport (46%) (government)
9. Require widespread dedicated walking and cycling facilities throughout built and external environments (35%) (government)
10. Make public health an explicit priority in all stages of food systems including product research, development, formulation and reformulation, and promotion (33%) (industry)

<sup>5</sup> POW is defined as 'agenda-setting opportunities, or chances for an issue to move onto the formal national agenda' (Howlett, M. 1998. 'Predictable and Unpredictable Policy Windows: Institutional and Exogenous Correlates of Canadian Federal Agenda-Setting.' Canadian Journal of Political Science/Revue canadienne de science politique 31(3): 495-524).

<sup>6</sup> Engaging private industry was only in the top three if relevant recommendations were double counted (e.g., Advertising to children received one point for childhood obesity and one for engaging private industry).

the top 10 policy recommendations identified by the AIA advisory committee for which action should be taken in Canada. It is interesting to note that only the top two recommendations were ranked as high priority by more than half of the advisory group.

The top three weighted recommendations across all of the POWs were: Restricting advertising to children (83%), ensure that built and external environments are designed and maintained in ways that facilitate physical activity and other healthy behavior (62%), and encourage safe, nutrient-dense, and relatively unprocessed foods and

drinks and discourage sugary and alcoholic drinks, ‘fast food’, and other processed foods (50%). Each of these was a WCRF/AICR recommendation to government.

The final wave of engagement centered on the potential opportunities for action associated with each of the recommendations. Across the four POWs, and the aforementioned top 10 priorities the committee identified and agreed upon seven opportunities for action. Table 5 summarizes the opportunities for Partnership action in relation to the POWs and the priority policy recommendations.

**Table 5: Results of third wave of engagement - the opportunities for action where the Partnership can add value**

Recommendations & Opportunities for Action	Policy Opportunity Windows			
	Childhood Obesity	Built Environment	Research/Evaluation/Monitoring	Engaging Private Industry
Priority recommendation	Restrict Advertising to Children (82%)	Ensure built and external environments facilitate physical activity & other health behaviours (62%)	Priority on research and programs to improve public health (49%)	Ensure built and external environments facilitate physical activity & other health behaviours (62%)
	Encourage healthy food choices (50%)	Plan, commission, construct built environments to facilitate physical activity(49%)	Examine, audit, and revise legislation and regulations so that they protect public health (49%)	Restrict Advertising to Children (50%)
	Use price & other incentives to encourage healthy eating & active commuting (46%)	Require walking/ cycling facilities (35%)	Develop policies and programs using validated processes (47%)	Make public health an explicit priority in all stages of food systems (33%)
Opportunities for Partnership Action to Add Value	Map the Canadian childhood obesity landscape to understand the key players and related initiatives	Foster cross chronic disease partnerships to facilitate moving from research to action concerning the built environment	Catalogue existing investment in nutrition & physical activity intervention research across all chronic diseases & promote research, practice, policy knowledge exchange	Create linkages between existing initiatives to address the conflicts of interest in engaging private industry

## Summary

Understanding the Canadian policy landscape requires a complex, multi-faceted approach that includes engaging a broad range of stakeholders, researching existing initiatives and mapping current assets, and fostering advanced knowledge exchange practices to ensure ongoing communication and collaboration.

This report represents a point in time evaluation of the Canadian policy landscape in relation to nutrition and physical activity policies nationally, provincially, and territorially. It is recognized that this landscape has already changed in Canada since the data for this report were collected. For instance, in September (2010) Federal, Provincial and Territorial Ministers of Health endorsed *Curbing Childhood Obesity: A Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights*<sup>7</sup> as a means to guide a collaborative and coordinated approach to promoting healthy weights for Canadians under eighteen years of age. Through the Framework, Federal, Provincial and Territorial Ministers have agreed to make childhood obesity a collective priority, to champion this issue, and to coordinate work with many areas of Canadian society. Similarly, with the recent declaration on prevention and promotion from Canada's Ministers of Health and Health Promotion/Healthy Living,<sup>8</sup> there has been a rapid increase of awareness and program planning to: 1) Make prevention a priority, 2) recognize prevention as a hallmark of a quality health system, 3) recognize prevention as the first step in management, 4) recognize that health promotion has many approaches that should be used, and 5) recognize that health promotion is everyone's business.

Using this report as a an evidence-based lens to examine policies within Canada, the Canadian Partnership Against Cancer is engaging in multi-sector partnerships to identify comprehensive action strategies for adding value to federal/provincial/territorial efforts to promote healthy public policies related to childhood obesity, the built environment, research/monitoring/evaluation of interventions and policies, and engaging private industry. The Partnership will engage key stakeholders from the public, private, and NGO sectors to work together to examine opportunities to evaluate and consider changes to physical activity and nutrition policies and practices to reduce the growing epidemic of obesity and its related illness consequences in Canada.

<sup>7</sup> *Curbing Childhood Obesity: A Federal, Provincial and Territorial Framework for Action to Promote Healthy Weights* (For more information see [www.phac-aspc.gc.ca](http://www.phac-aspc.gc.ca))

<sup>8</sup> *Creating a Healthier Canada: Making Prevention a Priority* (for more information see [www.phac-aspc.gc.ca](http://www.phac-aspc.gc.ca))

## Appendix A

### WCRF/AICR sector definitions

Sector	Definition
Civil Society	International, national, and local civil society organizations. Includes public interest and consumer organizations, professional and scientific bodies, political parties, trades unions, religious groups, women's groups, and small farming and fishing cooperatives. Excludes industry and business interest organizations, and the media. (See Industry and Media.)
Government	Policy-makers and decision-takers in national and also sub-national (state, provincial, municipal, local) government and its agencies. Relevant government departments include office of the head of state or prime minister, finance, trade, employment, social security, justice, home affairs and foreign affairs, as well as food, agriculture and health. Also includes publicly funded agencies and institutions whose work affects public health. National government international trade and aid agencies are also included here.
Industry	Owners, directors, executives, and other decision-takers in all transnational, international and national industries whose policies and practices have an impact on health. These include food producers, manufacturers, distributors, retailers and caterers. They also include all industries responsible for shaping built environments and the entertainment, leisure and sports industries.
Media	Owners, directors, editors, journalists and other opinion-formers from the lay, technical and specialist broadcast, print and electronic media and entertainment communication industries, and the advertising, publicity and public relations industries.
Schools	Includes directors and managers of nurseries, pre-schools, and primary and secondary schools. (For universities and other higher education institutions, see Workplaces and institutions.)
Workplaces and Institutions	Includes all managers and directors in all workplaces, public and private. Also universities and other higher education institutions, hospitals, hostels, care homes (for people without and with cancer), armed forces facilities, prisons and other institutional settings.
Health and other professions	Health professionals include relevant academics, researchers, physicians, nutritionists, dietitians, nurses and other health workers in medicine, public health, environmental health and associated fields. Other professionals include architects and engineers, relevant civil servants, trades unionists, social scientists, economists, environmentalists, agronomists, food scientists and technologists, journalists and teachers.
People	Members of networks, communities, clubs, families and households, not just as individuals.

Source: World Cancer Research Fund/American Institute for Cancer Research. Policy and Action for Cancer Prevention. Food, Nutrition, and Physical Activity: a Global Perspective. Washington, DC: AICR, 2009.

## Appendix B

### Lists of documents reviewed

The table below lists strategy-level documents related to healthy eating, physical activity and healthy living for general populations at the provincial, territorial and national levels. This shows the availability of documents in each category for each jurisdiction. Documents from this list were screened for inclusion or exclusion in the project, and appear in a subsequent table in this appendix.

**Table B1: Comprehensive list of documents on healthier eating, increased physical activity and healthy living strategies, by jurisdiction**

Jurisdiction	Healthier Eating	Increased Physical Activity	Healthy Living
BC		Moving Ahead from Policy to Action. 2002	The Winning Legacy. 2005
		BC's Policy on Sport and Physical Activity - Sport Branch Policy Framework. 2002	Healthy Futures. 2009
		Smart Growth BC Transportation Policy. 2005	
		Physical Activity Strategy. 2007	
		Recreation Trails Strategy for British Columbia, First Draft. 2008	
AB		Alberta Sports Development Framework. 2007	Framework for a Healthy Alberta. 2003
		Active Alberta - A Recreation Policy Discussion Document. 2009	Alberta Diabetes Strategy. 2003
			Healthy Children and Youth Initiatives 2006-2008
SK		A Physically Active Saskatchewan. 2001	A Population Health Promotion Framework for Saskatchewan Regional Health Authorities. 2002
		Aboriginal Sport Strategy. 2005	Healthier Places to Live Work and Play - A Population Health Promotion Strategy for Saskatchewan. 2004
MB	Breastfeeding in Manitoba. 2006	Physical Activity Action Plan. 2006	Healthy Kids, Healthy Futures. 2005
	Manitoba's Local Food System: Growing Healthy Communities. 2009		
ON		Active 2010 Ontario Sport and Physical Activity Strategy. 2005	Healthy Weights Healthy Lives. 2004
			Ontario's Action Plan For Healthy Eating And Active Living. 2006
			Cancer 2020. 2006
			Moving HEAL Forward. 2008
			Cancer Plan 2008-2011. 2008

Jurisdiction	Healthier Eating	Increased Physical Activity	Healthy Living
QC		2000-2005 Kino-Québec Action Plan	Programme National de Santé Publique 2003-2013. 2003
			Investir L'avenir - Plan D'Action Gouvernemental de promotion des saines habitudes de vie et de préventions des problèmes reliés au poids 2006-2012
			Direction de la lutte contre le cancer (Cancer Strategy). 2008
NB			Working Together For Wellness: A Wellness Strategy for New Brunswick. 2001
			Live well be well. NB Wellness Strategy 2009-2013. 2009
PE	Healthy eating strategy for island children and youth, 2002-2005	Physical Activity Strategy 2004-2009	PEI Strategy for Healthy Living. 2003
	Healthy Eating Strategy 2007-2010		
NS	Healthy Eating Nova Scotia. 2005	A Provincial Policy for Rails to Trails in Nova Scotia. (No date)	Chronic Disease Prevention Strategy. 2003
		Nova Scotia Pathways for People Framework for Action. 2006	
		Power and Potential. 2008	
		Nova Scotia Sports Plan. 2006	
		Active Kids Healthy Kids Strategy. 2007	
		Nova Scotia Sports Plan. 2007	
NL	Eating Healthier in Newfoundland and Labrador: Provincial food and nutrition framework and action plan, phase I: 2005-2008. 2006	Active, healthy NL. 2007	Achieving Health & Wellness. 2003 Healthy Together: A Strategic Plan for Newfoundland and Labrador. (No date)
			Achieving Health and Wellness - Provincial Wellness Plan for Newfoundland and Labrador Go Healthy! Phase 1: 2006-2008
YK		Yukon Active Living Strategy. 2001	Yukon Diabetes Strategy. 2006
NT		Northwest Territories Sport Recreation and Physical Activity System. 2003	New Directions: Healthy Choices - Health Promotion Strategy 1999.
			Shaping Our Future 2006-2010. An Updated Strategic Plan for Health and Wellness in the Northwest Territories. 2006
			A Foundation for Change - building a healthy future for the NWT 2009-2012. 2009

Jurisdiction	Healthier Eating	Increased Physical Activity	Healthy Living
NU	Healthy Eating in Nunavut: A framework for action. 2007		Developing Healthy Communities: A Public Health Strategy for Nunavut. 2008
	Nutrition in Nunavut. 2007		
Federal	Action Towards Healthy Eating - Canada's Guidelines for Healthy Eating and Recommended Strategies for Implementation. 1990	Sport Participation Strategy 2008-2012	Integrated Pan-Canadian Health Living Strategy. 2005
	Nutrition for Health: An Agenda for Action. 1996		Improving the Health of Canadians. Promoting Healthy Weights. 2006

Table B2 below lists the source documents for policy recommendations used in this report. Documents were included if they contained clearly demarcated high-level strategies, policies or frameworks related to healthy eating and physical activity. Documents were excluded if they did not meet these criteria (e.g., tip sheets, handbooks or documents focusing on problems related to healthy eating and physical activity).

**Table B2: List of source documents for policy recommendations**

Jurisdiction	Sector Producing Report	Included	Excluded
BC	Civil Society	The Winning Legacy. 2005	
		Physical Activity Strategy. 2007	
		Healthy Futures. 2009	
	Government	Moving Ahead from Policy to Action. 2002	BCCA Strategic Plan. 2006
		BC's Policy on Sport and Physical Activity - Sport Branch Policy Framework. 2002	ActNow! BC website
		Healthier Choices Vending Machines in B.C. Public Buildings. 2007	
	Schools	BC Guidelines for Food & Beverage Schools. 2007	
Program Guide for Daily Physical Activity. 2008			
AB	Civil Society	Reality Check A Background Paper for Health Professionals and Educators. 2004	
		Alberta Sports Development Framework. 2007	

Jurisdiction	Sector Producing Report	Included	Excluded
AB	Government	Alberta Diabetes Strategy. 2003	Nutrition and Physical Activity Cancer Prevention Evidence Briefing Note. 2008
		Framework for a Healthy Alberta. 2003	
		Active Alberta— A Recreation Policy Discussion Document. 2009	
	Schools		Foundations for School Nutrition Initiatives in Alberta. 2006 Daily Physical Activity Initiative. 2006
SK	Civil Society		
	Government	A Physically Active Saskatchewan. 2001	A Population Health Promotion Framework for Saskatchewan Regional Health Authorities. 2002
		Healthier Places to Live Work and Play - A Population Health Promotion Strategy for Saskatchewan. 2004	Aboriginal Sport Strategy. 2005 Province of Saskatchewan Annual Report. 2009 “Saskatchewan in Motion” website
		Schools	Nourishing Minds. Eat Well. Learn Well. Towards Comprehensive School Community Health: Nutrition Policy Development in Saskatchewan Schools. 2009
	MB	Civil Society	Physical Activity Action Plan. 2006
Government		Healthy Kids, Healthy Futures. 2005	Northern Food Prices Report. 2003
		Breastfeeding in Manitoba. 2006	“Manitoba in Motion” website
		Manitoba’s Local Food System: Growing Healthy Communities. 2009	
Schools		Manitoba School Nutrition Handbook	
ON	Civil Society	Moving HEAL Forward. 2008	
	Government	Healthy Weights Healthy Lives. 2004	Policies to Encourage Healthy Eating. 2002
		Active 2010 Ontario Sport and Physical Activity Strategy. 2005	
		Ontario’s Action Plan For Healthy Eating And Active Living. 2006	
		Cancer 2020. 2006	
		Ontario Public Health Standards. 2008	
	Cancer Plan 2008-2011. 2008		
Schools	DPA Policy. 2005	Student Nutrition Guidelines. 2008	



Jurisdiction	Sector Producing Report	Included	Excluded
QC	Civil Society		
	Government	Québec Public Health Program 2003-2013. 2003	
		Investir L'avenir - Plan D'Action Gouvernemental de promotion des saines habitudes de vie et de préventions des problèmes reliés au poids 2006-2012. 2006	
		Direction de la lutte contre le cancer. Orientations prioritaires du Programme québécois de lutte contre le cancer 2007-2012. 2007	
Schools			
NB	Civil Society		
	Government	Live well be well. NB Wellness Strategy 2009-2013. 2009	
	Schools	Healthier Foods and Nutrition in Public Schools. 2008	
PE	Civil Society		
	Government	Healthy eating strategy for island children and youth, 2002-2005.	
		PEI Strategy for Healthy Living. 2003	
		Physical Activity Strategy 2004-2009	
Schools			
NS	Civil Society		
	Government	Healthy Eating Nova Scotia. 2005	Chronic Disease Prevention Strategy. 2003
		Active Kids Healthy Kids Strategy. 2007	Nova Scotia Sports Plan. 2006
			Power and Potential. 2008
	Schools	Food and Nutrition Policy - School Policy Directives and Guidelines. 2006	
NL	Civil Society		
	Government	Achieving Health & Wellness. 2003	
		Eating Healthier in Newfoundland and Labrador: Provincial food and nutrition framework and action plan, phase I: 2005-2008. 2006	
		Active, healthy NL. 2007	
Schools			
YK	Civil Society		
	Government		Eat Smart Meet Smart. Yukon Healthy Meeting Policy.
	Schools	School Nutrition Policy. 2008	

Jurisdiction	Sector Producing Report	Included	Excluded
NT	Civil Society		
	Government	Northwest Territories Sport Recreation and Physical Activity System. 2003	
		Shaping Our Future 2006-2010 An Updated Strategic Plan for Health and Wellness in the Northwest Territories. 2006	
		A Foundation for Change building a healthy future for the NWT 2009-2012. 2009	
Schools			
NU	Civil Society		
	Government	Nutrition in Nunavut. 2007	Healthy Eating in Nunavut: A framework for action. 2007
		Developing Healthy Communities: A Public Health Strategy for Nunavut. 2008	
Schools			
National	Civil Society	CDPAC Background Paper: National Scan of Actions to Address the Relationship between Built Environments, Physical Activity and Obesity. 2006	Lung Health Framework
		Chronic Diseases Prevention Alliance of Canada (CDPAC) Policy Position: Obesity and the Impact of Marketing on Children. 2008	Cancer Control Strategy. 2006
		Heart Health Strategy and Action Plan. 2009	Canadian Institute for Health Information (CIHI). Healthy Weights. 2006
			Finding Common Ground Food for a Healthy Population and a Healthy Agri-food Sector. 2008
			Chronic Diseases Prevention Alliance of Canada (CDPAC) Background Paper: Obesity and the Impact of Marketing on Children
		Government	Action Towards Healthy Eating - Canada's Guidelines for Healthy Eating and Recommended Strategies for Implementation, 1990
	Nutrition for Health: An Agenda for Action. 1996		CIHI. Improving the Health of Canadians: An Introduction to Health in Urban Places. 2006
	Integrated Pan-Canadian Health Living Strategy. 2005		Improving the Health of Canadians. Promoting Healthy Weights. 2006

Jurisdiction	Sector Producing Report	Included	Excluded
National	Government <i>continued</i>	Sport Participation Strategy 2008-2012	Carmen Pilot Canadian Case Study: Final Report - Stakeholder convergence on nutrition labeling: building consensus on a complex issue. 2006
			The 2007 Report on the Integrated Pan-Canadian Healthy Living Strategy
			Canada's prenatal nutrition program.
			Canada's Physical Activity Guide (for Older Adults, Youth, Children).
National	Industry (food, physical activity)	Food & Consumer Products of Canada (FPCP) Committed to Healthy Active Living. 2006	Canadian Institute of Planners. A Kid's Guide to Building Great Communities: A Manual for Planners and Educators.
	Media	ASC Broadcast Code for Advertising to Children. 2004	
		Concerned Children's Advertisers. Advertising to Children in Canada - A Reference Guide. 2006	
National	Workplace/ Institutions		National Quality Institute Healthy Workplace Criteria Overview. 2007
			Canadian Workplace Health and Wellness Reporting: A Review of Provincial/Territorial Requirements. 2009
			Health Canada Environmental Scan Workplace Wellness. 2009
International	WHO	Global Strategy on Diet, Physical Activity and Health.2004	
		Cancer Control Knowledge into Action WHO Guide for Effective Programs, Prevention. 2007	
		2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases	
		School Policy Framework: Implementation of the WHO Global Strategy on Diet Physical Activity and Health. 2008	

## Appendix C

### Organizations searched

Sector	Organizations Searched	Comments
Civil Society	Charity Village	Contains directories of NGOs
	Coalition for Active Living	Report included in scan
	Canadian Cancer Society	Strategy for Cancer Control report included in scan. “How to” docs out of scope.
	Heart & Stroke Foundation	Heart Health Strategy included in scan. Spark Community Advocacy Fund out of scope.
	Chronic Disease Prevention Alliance of Canada	Report included
	Canadian Diabetes Association	Report included
	Physical and Health Education Canada (PHE Canada)	Report included
	Dietitians of Canada	Reports out of scope
	Canadian Council of Food and Nutrition	No policy documents found
	5 to 10 a day	“How to” info only
	Sport Matters	Submissions to government out of scope
	Canadian Fitness and Lifestyle Research Institute	Research reports only
	Canadian Parks and Recreation Association	Report included
	Association of Local Public Health Agencies	Program-based recommendations only
	National Cancer Institute of Canada	No policy documents
	Canadian Institute of Health Information	Report included
	Canadian Institutes for Health Research	No policy documents
	WSIB	No health promotion info.
	Consumers’ Association of Canada	No health promotion info.
	Consumers Council of Canada	No health promotion info.
Canadian Association of Retired Persons (CARP)	Advocacy platform for health includes “Easy access to dependable information and resources for healthy living”. No info on advocacy activities related to this reported in Advocacy Annual Report 2008.	
Federal Government	Health	Reports included.
	Public Health Agency of Canada	Reports included.
	Agriculture & Agri-food Canada	Policy info on food security. “How to” info on health benefits of certain foods.
	Environment Canada	No related priorities
	Fisheries & Oceans Canada	No related priorities
	Foreign Affairs & International Trade Canada	No related priorities.
	Industry Canada	No related priorities
	Labor	Injury prevention focus
	Parks Canada	No related priorities

Sector	Organizations Searched	Comments
Federal Government <i>continued</i>	Transport, Infrastructure & Communities	No related priorities
	National Farm Products Council of Canada	No related priorities
	National Seniors' Council	Healthy living info. Priorities implemented through PHAC.
	Canadian Centre for Occupational Health & Safety	Injury prevention focus
	Policy Research Initiative	No related priorities
Provincial/Territorial Governments	Ministry of Health, Healthy Living, Health Promotion	Reports included
	Ministry of Sport, Recreation	Reports included
	Ministry of Education	Reports included
	Cancer agencies	Reports included
Industry - Food	Food & Consumer Products of Canada (FCPC)	Report included
	Dairy Farmers of Canada	No policy info. "How to" documents only
	Canadian Grocery Distributors Association	Contribute to multi-sectoral programs
	Canadian Restaurant and Foodservices Association	No policy info.
	Egg Farmers of Canada (formerly Egg Marketing Board)	No policy info. Consumer info only
	Canadian Produce Marketing Association	Partner in 5 to 10 a day. No policy info.
	Canadian Meat Council	No health promotion info.
	Canadian Wheat Board	No health promotion info.
Industry - Sports & Recreation	Canadian Sporting Goods Association	Supports Health Canada healthy living campaign. No policy info.
Industry - Planning & Building	Building Owners and Managers Association (BOMA) of Canada	No health promotion info.
	Canadian Mortgage and Housing Corporation	Info for homeowners on healthy housing only.
Media	Association of Canadian Advertisers	No relevant info.
	Advertising Standards Canada	Code included in scan
Schools	Joint Consortium for School Health	Website has links to provincial school sites
	Canadian Association for School Health	Report included
Workplaces & institutions	Chamber of Commerce	No relevant info.
Health & other professions	Association of Faculties of Medicine of Canada	No health promotion info.
	Royal College of Physicians & Surgeons of Canada	No health promotion info.
	Canadian College of Family Medicine	No health promotion info.
	College of Family Physicians of Canada	Breastfeeding position paper only.
	Canadian Institute of Planners	How-to document
People	None (consumer organizations are under Civil Society)	Community-level organizations out of scope

## Appendix D

### WCRF/AICR recommendations not addressed by Canadian policy recommendations considered in this report

Civil society organizations concerned with public health: Hold other actors to account regarding their policies and actions on food, nutrition and physical activity, including the prevention of cancer;

Governments: Ensure that international food trade and aid sustain future health as well as the immediate relief of populations in recipient countries;

Built environment industries: Plan, commission, construct and operate all built environments so as to protect public health and facilitate physical activity;

Food and drink industries: Ensure that marketing and promotion of breast milk substitutes and complementary foods follow the terms of UN codes and strategies on infant and young child feeding;

Food and drink industries: Ensure that healthy meals, snacks, foods, and drinks are competitively priced compared with other products.

Physical activity industry: Promote goods and services that encourage participation in physical activity by people of all ages, rather than in competitive or elite sporting performance;

All Media: Give executives resources and authority to ensure that their writers and editors have, or know how to access, expertise in public health;

All Media: Distinguish between news and editorial coverage, as well as advertisements and other commercially sponsored material;

Schools: Ensure that teaching materials are independently originated and free from commercial use;

Workplaces and Institutions: Encourage sustained breastfeeding with supportive environments and employment contracts, and access to childcare;

People: Use independent nutrition guides, food labels and other reliable information when planning household supplies and purchasing food and drink.

The two recommendations in blue type discuss foreign aid, trade and breast milk substitutes in the developing world and are highlighted because they are out of scope for this review.

## Appendix E

### Unique Canadian recommendations

Ref.	Unique Canadian Recommendations	Provincial/ Territorial	Fed.	Intl.
2.	Governments			
2.A	Initiate collaborative processes between and within levels of government to promote healthy eating and physical activity	23	8	4
2.B	Initiate collaborative processes between sectors to promote healthy eating and physical activity	64	5	8
2.C	Align communications across sectors and levels of governments for dissemination of messages and guidelines	28	1	3
2.D	Promote knowledge exchange (including best practices)	15	3	0
2.E	Develop policies and programs for specific populations: 1) vulnerable groups (poverty, special health needs) 2) age groups 3) remote communities and Aboriginal peoples	38	5	0
2.F	Develop policies and programs using validated processes (setting goals, creating databases on health eating and physical activity, using evidence-based frameworks, monitoring and evaluating program outcomes)	18	2	6
2.G	Support goals in other areas that indirectly strengthen healthy living strategies such as: 1) environmental sustainability; 2) economic development; 3) food security	5	1	2
2.H	Ensure the safety of nutritional sources and physical activity facilities	5	3	0
2.I	Empower individuals adopt healthy eating and physical activity through education	20	0	0
2.J	Empower communities to take action to promote healthy living	10	3	1
2.K	Promote healthy lifestyles in social settings	1	0	0
2.L	Promote and encourage healthy practices by industry	4	2	0
2.M	Ensure healthy good and physical activities are affordable	3	3	2
2.N	Pilot innovative interventions	1	0	0
2.O	Promote healthy living in the workplace	8	0	0
2.P	Promote healthy living with the news media	2	0	0
2.Q	Support responsible obesity management	7	0	0
5.	Schools			
5.A	Offer affordable pricing of healthy foods in schools	3	0	0
5.B	Use appropriate healthy food choices for fundraising or other special functions associated with schools	8	0	0
5.C	Develop school policies for healthy eating and physical activity	6	1	0
5.D	Communicate policies and market healthy eating and physical activity messages to students, parents and caregivers	3	0	0
5.E	Ensure that safety concerns are not an impediment to nutritional sources (e.g. allergies) and physical activity facilities	9	0	0
5.F	Coordinate with programs offered by other ministries	2	0	0

Note: Blue type indicates alignment of ten or more recommendations.

Ref.	Unique Canadian Recommendations	Provincial/ Territorial	Fed.	Intl.
5.	<i>Schools continued</i>			
5.H	Do not use food as a behavioral enforcer	2	0	0
5.I	Make healthy food accessible by vulnerable student populations	2	0	0
5.J	Allow community use of schools for recreational programs	7	0	0
5.K	Involve students and families in programs	1	0	0
5.L	Develop policies and programs for specific high-risk or disadvantaged groups	1	0	0
5.M	Develop policies and programs using validated processes (setting goals, creating databases on nutrition and physical activity, evidence-based frameworks, monitoring and evaluating program outcomes)	4	0	0



## Appendix F

### Nutrition and Physical Activity Policy Alignment in Action Advisory Committee Members

Last Name	First Name	Organization	Email Address
Bush	Mary	Formerly from Health Canada	marybush@sympatico.ca
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