

**Responding to the Obesity Epidemic with Food Related Strategies**  
**Written for**  
**The Working Group on Food -**  
**Obesity Reduction Strategy for BC**

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# Objectives

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## **To develop a common understanding of:**

- The causes of obesity
- The core principles required to develop obesity policy
- Identification of current nutrition policies and programs in BC
- Identification of Strengths and Gaps in BC
- Using this common understanding to begin a discussion to identify key initiatives that might be considered for inclusion in a BC Strategy to Reduce Obesity.

# Causes of Obesity

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Causes of obesity are due to an imbalance between energy intake and energy expenditure. In short people eat too much and exercise too little.

**The factors that govern eating and exercise behaviour are both “individual” and “environmental”.**

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# Causes of Obesity

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While individuals have some control over what they eat and how and when they exercise, their **choices about eating and exercise are heavily influenced by their social, cultural, technological, and physical environments.**

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# Causes of Obesity

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A key question then becomes “what are the main features of our environment (broadly construed) that contribute to obesity?”

# Causes of Obesity

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Obesogenic environments have evolved because of broad physical, technological, and socio-cultural, changes which have increased access to energy dense nutrient poor foods and reduced opportunities for physical activity.

**Many of the profound changes throughout the food system have also contributed to greater access to energy dense nutrient poor foods.**

# Causes of Obesity

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The wide availability at low prices of corn-based sweeteners and vegetable oil has led to excess availability of energy dense nutrition poor processed foods.

More available cheap obesogenic foods, are also heavily marketed in campaigns designed to shift consumer preferences for these foods.

# Causes of Obesity

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The billions that are spent on advertising these foods is evidence that these deliberate attempts to shift individual food choices are very effective.

Advertising of foods is a **population-based strategy designed to re-shape “individual” food choices and move masses of individuals to make new choices.**

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# Causes of Obesity

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It is therefore essential, when designing policy to reduce obesity in the population to make our environment much less obesogenic so that it is easier for individuals to make healthy dietary and exercise choices.

A key question is “how to design the complex and comprehensive policy to effect these changes”?

# Core principles to tackle obesity

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From the literature, we have identified 12 overarching principles that should guide an obesity reduction strategy to ensure that it is successful.

# Core principles to tackle obesity

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1. Take a system wide approach redefining national health as a social and economic issue in relation to obesity reduction
2. Prioritize prevention of obesity
3. Engage stakeholders within and outside government

# Core principles to tackle obesity

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4. Develop long-term and sustainable interventions
5. Develop ongoing evaluation of interventions and focus on continuing improvement.
6. Target interventions to change the obesogenic environment, organizational behaviour, and group, family and individual behaviour.

# Core principles to tackle obesity

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7. Intervene in many places and at the same time to change the obesogenic environment.
8. Intervene to change a single factor at the individual, local, provincial and national level.
9. Change to basic infrastructure, although costly, is more likely to result in successful outcomes (e.g. simple but aggressive changes in parking and driving rules, saw dramatic changes in use of public transport at the Vancouver Olympic Games).

# Core principles to tackle obesity

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10. Target interventions throughout the life course. This means directing policy to change the obesogenic environment for children, youth, adults, and seniors.
11. Align with other major policy issues (i.e.. climate change action).
12. Learn from successful policies and contribute to ‘practice based evidence.’”

# Food-related Policies in BC

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Having reviewed some basic principles for a core obesity reduction strategy we shift now to a description of the food –related nutrition policies currently in place in BC.

The broad purpose here is to map the policy landscape to increase understanding of of initiatives underway and to illustrate the current focus, strengths, and gaps in policy.

# **Current Food-related Obesity-reduction Programs in BC and GAPS in these**

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While BC has put some nutrition policies in place these must be re-examined in the context of development of a comprehensive obesity-reduction strategy.

Currently there are dozens of major initiatives and hundreds of local programs underway.

These programs are funded by government, community, academic institutions and NGOs.

# **Current Food-related Obesity-reduction Programs in BC and GAPS in these**

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We outline current BC policies in relation to:

The food system looking specifically at:

1. Food production
2. Food transformation
3. Food distribution
4. Access and consumption of food

## **Current Food-related Obesity-reduction Programs in BC and GAPS in these**

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In the following tables we also identify the sectors targeted and whether the policies encourage healthy eating or discourage unhealthy eating.

# Food Production

<b>Actions recommended in other policy/strategy documents</b>	<b>Current actions in BC AND Gaps</b>
<p><i>Increase healthy eating</i></p> <ul style="list-style-type: none"><li>▪ Provide incentives for local food production (14)</li><li>▪ Improve mechanisms for purchasing foods from farms (14)</li><li>▪ Subsidize production of healthy food (11)</li></ul>	<p><i>Increase healthy eating GAP</i></p>
<p><i>Decrease unhealthy eating GAP</i></p>	<p><i>Decrease unhealthy eating GAP</i></p>

# Food Transformation

<b>Actions recommended in other policy/strategy documents</b>	<b>Current actions in BC AND Gaps</b>
<p><i>Increase healthy eating</i></p> <ul style="list-style-type: none"> <li>▪ Work with the food industry to develop healthier products (12)</li> </ul>	<p><i>Increase healthy eating</i></p> <ul style="list-style-type: none"> <li>▪ Supporting the Implementation of the School Guidelines (e.g. Brand Name Food List)</li> </ul>
<p><i>Decrease unhealthy eating</i></p> <ul style="list-style-type: none"> <li>▪ Regulate trans fats, saturated fat, salt and sugar content in foods (2, 11)</li> <li>▪ Negotiate with food industry, confectionary and beverage manufacturers and distributors to achieve voluntary reductions in the fat, sugar and salt content (5)</li> </ul>	<p><i>Decrease unhealthy eating</i></p> <ul style="list-style-type: none"> <li>▪ BC Trans Fat Regulations</li> </ul> <p>GAP</p>

# Food Distribution

Actions recommended in other policy/strategy documents	Current actions in BC AND Gaps
<p><i>Increase healthy eating</i></p> <ul style="list-style-type: none"> <li>▪ Provide subsidies for rural and remote area transport of healthier food (11)</li> <li>▪ Provide incentives for distributing food from local farms (14)</li> </ul>	<p><i>Increase healthy eating</i></p> <ul style="list-style-type: none"> <li>▪ The Produce Availability Initiative for Remote and Rural Communities</li> <li>▪ Farm to School Salad Bar Program</li> </ul>
<p><i>Decrease unhealthy eating</i> GAP</p>	<p><i>Decrease unhealthy eating</i> GAP</p>

# Access and Consumption in Schools

	<p><b>Actions recommended in other policy/strategy documents</b></p>	<p><b>Current actions in BC AND Gaps</b></p>
<p><i>Increase healthy eating</i></p>	<p><i>Schools</i></p> <ul style="list-style-type: none"> <li>▪ Develop knowledge and skills (develop school curricula) (10)</li> <li>▪ Compulsory cooking in schools (12)</li> <li>▪ School-based focused nutrition education and intervention to reduce the consumption of sweetened carbonated beverages (13, 14)</li> <li>▪ School Fruit and Vegetable Snack program (3, 5)</li> <li>▪ Support schools to implement the Guidelines for Food And Beverage Sales in BC Schools (remove junk food from schools and modify food offered in schools to be consistent with nutritional guidelines for fat, sugar and salt) (2, 5, 9)</li> <li>▪ School hot lunch and fruit and vegetable programs (5, 9)</li> <li>▪ Mandate and implement nutrition guidelines in after-school programs, and childcare facilities</li> </ul>	<p><i>Increase healthy eating</i></p> <ul style="list-style-type: none"> <li>▪ Healthy Eating and Physical Activity Learning Resources</li> <li>▪ Action Schools! BC</li> <li>▪ Sip Smart! BC</li> <li>▪ Support Implementation of the School Guidelines Initiative</li> <li>▪ Healthy Eating at School website</li> <li>▪ CommunityLink</li> <li>▪ Farm to School Salad Bar</li> <li>▪ LEAP BC</li> </ul>

## Access & Consumption (Other Institutions)

	<b>Actions recommended in other policy/strategy documents</b>	<b>Current actions in BC AND Gaps</b>
<i>Increase healthy eating</i>	<ul style="list-style-type: none"> <li>▪ Support public institutions to implement the Guidelines for Food and Beverage Sales in Public Buildings (to cover kiosks, restaurants, snack shops and other food outlets) (5, 9, 10, 14)</li> <li>▪ Legislative, regulatory, work place standards and practices that encourage mothers to choose breast feeding (5)</li> <li>▪ Employer incentives (12)</li> <li>▪ Adopt building codes to support fresh drinking water fountains to Increase access to free, safe drinking water in public places (9)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Nutritional Guidelines for Vending in BC Public Buildings</li> <li>▪ Healthy Work Environment (Eat Smart Meet Smart)</li> </ul> <p>GAP</p> <p>GAP</p> <p>GAP</p>

# Access & Consumption Community

	<b>Actions recommended in other policy/strategy documents</b>	<b>Current actions in BC AND Gaps</b>
<i>Increase healthy eating</i>	<ul style="list-style-type: none"> <li>▪ Create incentive programs (land used, zoning, fiscal policies) to attract grocery stores, supermarkets, food cooperatives, farmers; markets etc. to underserved neighbourhoods (9, 14)</li> <li>▪ Nutrition education targeting high-risk populations (10)</li> <li>▪ Support community food action (e.g. community kitchens, Good Food Boxes, Community Gardens, Farmers' Markets, Farm stands, mobile markets etc.) (3, 5, 9)</li> <li>▪ Breast feeding friendly communities (2, 9, 14)</li> </ul>	<p>GAP</p> <ul style="list-style-type: none"> <li>▪ Food Skills for Families</li> <li>▪ Farmers' Market Coupon Project</li> <li>▪ Community Food Action Initiative</li> <li>▪ Community kitchens, gardens, Good Food Boxes, Farmer's Markets etc.</li> </ul> <p>GAP</p>

## Access & Consumption Society Wide

<b>Actions recommended in other policy/strategy documents</b>	<b>Current actions in BC AND Gaps</b>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);"><i>Increase healthy eating</i></p> <ul style="list-style-type: none"> <li>▪ Develop media campaigns utilizing multiple channels (print, radio, internet, television, social networking and other promotional strategies) to promote healthy eating (5, 9, 10, 11)</li> <li>▪ Supermarket tours and other on-site support to purchase healthier choices (10)</li> <li>▪ Phone-line service for nutrition information (e.g. HealthLink BC) (10)</li> <li>▪ Pricing strategies (fiscal policies) (10,11) and point-of-purchase prompts to support healthier choices</li> <li>▪ Encourage breast feeding (5, 11, 12); adopt WHO guidelines/Baby-friendly Hospital Initiative in all hospitals (9)</li> </ul>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);"><i>Increase healthy eating</i></p> <p>GAP</p> <ul style="list-style-type: none"> <li>▪ Dietitian Services at HealthLink BC</li> </ul> <p>GAP</p> <ul style="list-style-type: none"> <li>▪ Some baby friendly hospitals</li> </ul>

## Access & Consumption Society Wide (continued)

	<b>Actions recommended in other policy/strategy documents</b>	<b>Current actions in BC AND Gaps</b>	
<i>Decrease unhealthy eating</i>	<ul style="list-style-type: none"> <li>▪ Tax on unhealthy food products (to reduce access to calorie-dense, nutrient poor food and beverages) (5, 9, 11)</li> <li>▪ Introduce amendments to the Social Services Tax Act (Section 70 of the BC Act) removing the exemption provided to all unhealthy food and beverages meeting the definitions of “Not Recommended”) (5)</li> </ul>	<i>Decrease unhealthy eating</i>	GAP

# Consumption

<b>Actions recommended in other policy/strategy documents</b>	<b>Current actions in BC AND Gaps</b>
<p><i>Increase healthy eating</i></p> <ul style="list-style-type: none"> <li>▪ Nutrition labeling (red/amber/green system) for grocery items and restaurant menus (for high fat, sugar and salt and/or a calorie load per serving) (5, 9, 11)</li> </ul>	<p><i>Increase healthy eating</i></p> <ul style="list-style-type: none"> <li>▪ HealthCheck BC</li> </ul>
<p><i>Decrease unhealthy eating</i></p> <ul style="list-style-type: none"> <li>▪ Ban advertising on nutrient poor foods (high fat and high sugar food and beverages) to children on TV and other media (print, internet, radio, in-store and via mobile phone) (5, 11, 12, 13, 14)</li> <li>▪ Institute smaller portion size (14)</li> </ul>	<p><i>Decrease unhealthy eating</i></p> <p>GAP</p>

# Discussion

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BC has nutrition policies in place that involve the food sector and food industry to some extent.

As the preceding tables show, nutrition policy making (inasmuch as it involves the food industry) in the province is concentrated in the school system.

# Discussion

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But, there are major gaps both in policies that promote healthy eating and that discourage unhealthy eating at the level of food production and distribution in the province.

To move obesity reduction strategy forward we need to move to a more joined up food and nutrition policy with greater interaction between nutritionists, farmers, and the food industry.

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