



Canadian Association of Paediatric
Health Centres

***Childhood Obesity: Do We Have The
Right Perspective?***

Symposium Proceedings
October 16, 2007

**Childhood Obesity:
Do We Have the Right Perspective?
Tuesday, October 16, 2007**

I. Introduction

Childhood Obesity: Do We Have the Right Perspective? The goal of this national symposium was to bring forward inter-professional perspectives and evidence to explore current prevention and treatment strategies in the childhood obesity epidemic in Canada.

The symposium explored:

- Obesity – a chronic and irreversible disease?
- Risk management;
- What is making a difference?
- What are we missing?
- How can we be part of the solution?

The symposium was made possible through the support and partnership of the Public Health Agency of Canada.

II. Presentations: Setting the Context

To set the context for the symposium, internationally renowned experts were called on to share research and information with conference delegates. Symposium speakers included:

- **Marie Lambert**, Faculty of Medicine – Paediatrics, University of Montreal, Research Centre of The CHU Sainte-Justine, Montreal, Quebec
Pediatric Obesity: What do we know? What can we do?
- **Mark Tremblay**, Director, Healthy Living and Obesity Research, Children's Hospital of Eastern Ontario Research Institute, Ottawa, Ontario
Childhood Obesity in Canada: Current initiatives and future directions.
- **Diane Finegood**, Scientific Director, CIHR Institute of Nutrition Metabolism and Diabetes, Simon Fraser University, Vancouver, British Columbia (*Session Chair*)
Childhood Obesity: Do we have the right perspective?

Marie Lambert
Clinical Perspective;
Paediatric Obesity: what do we know? What can we do?

Dr. Lambert presented the issue of child and youth obesity from the clinical paediatrician's perspective.

Over the past three decades, rates of childhood obesity and overweight have dramatically increased. In 1978, the prevalence for overweight children (age 2 – 17 years) was 12% and obesity was 3%. In 2004, this rate was 12% for overweight and 8% for obesity in children and youth.

An increased sedentary lifestyle, physical inactivity and poor nutrition/changes in nutrition have all contributed to an unhealthy environment and overweight and obesity in children and youth. The majority of interventions that are currently in place are aimed at modifying lifestyle behaviours in order to create behaviour change. This often has limited success in sustaining long-term change.

A key to successful behaviour change is first recognizing that the problem exists. Often children, youth and their families do not recognize that the problem of obesity even exists. The Quebec Child and Adolescent Health and Social Survey (QCAHS 1999) surveyed children age 9, 13, 16 years between January and May 1999. The results of the survey found that obese and overweight children tended to underestimate their weight status (BMI), meaning that they did not perceive themselves to be overweight or obese despite their actual BMI reading. Peers and family had a great influence on how these children and youth saw themselves.

Dr. Lambert highlighted the following current recommendations for prevention and treatment:

- Accessible growth charts for professionals to share with families;
- Standardized measurements on threshold values to define cardiometabolic risk factors for children and youth in order to better define risk, allow comparison monitor trends and begin to harmonize practices;
- The use of BMI for age as a screening tool to identify children and youth at-risk;
- Further research on basic biological characteristics of appetite and weight control;
- The importance of genetic, biological, environmental and psychosocial determinants of overweight and evidence to guide clinical decisions for prevention and weight management;
- Professional education and training to ensure paediatric obesity is part of the teaching curriculum; and
- Fostering interdisciplinary approaches and coordination between paediatric departments.

Dr. Mark Tremblay
Population Perspective
Childhood Obesity in Canada: Current Initiatives and Future Directions

Dr. Mark Tremblay presented an overview of current initiatives in Canada that are addressing childhood obesity, as well as future directions of focus.

Childhood obesity has tripled in Canada since 1981. As the number of obese children and youth increases, there is a real need to focus action on protective and upstream approaches to solving the problem.

Dr Tremblay presented the major initiatives related to childhood obesity and physical inactivity in Canada. In 2007, there was unprecedented activity across the country in an effort to deal with the growing problem of childhood obesity. The top 10 policies and programs around prevention and intervention as related to childhood obesity highlight the need for a holistic multi-sectoral approach in order to effectively make change.

Society's frame of reference around obesity and physical activity is shifting. This shift has changed our perceptions of what we consider to be the norm in terms of healthy body weights and daily physical activity. Instead of spontaneous, informal play and an overall healthy active lifestyle, we have compartmentalized physical activity into artificial interventions.

As previously stated, there is a huge gap between the perceived and actual body weight for children and youth. A recent survey reported that only 8% of parents reported that they had obese children. But when directly measured, 26% of the children were actually considered obese. The same is also reflected in physical activity, where children were overestimating the amount they participated in physical activity.

Dr Tremblay referred to '*Nature Deficit Disorder*' and the need for Canadians to re-connect with the outdoors. Outside play and activity should not be a scheduled piece of life but instead, a norm. Physical activity and lifestyle changes will also help to contribute to the resolution of childhood obesity. Even the simple act of standing and increasing the amount of time children and youth stand creates an opportunity for incidental movement. By repositioning movement as an opportunity for activity and not an inconvenience, children can become much more active and learn that physical activity is essential for a healthy lifestyle.

Diane Finegood

Childhood Obesity: Do we have the right perspective?

Diane Finegood presented on the multi-layered complexity of childhood obesity and the need to implement prevention and intervention strategies that embrace this complexity and build connections between contributing environmental and societal factors.

There is no single agent or “*silver bullet*” that will solve the obesity problem in Canada. In addition to biological controls and influences, there are environmental and societal factors that also contribute to obesity. There are no simple solutions, despite the constant search for them.

Obesity is not simply a health issue – it involves various disciplines, professions and sectors. Each sector and sub-group, as well as the individual themselves, has a task and responsibility in finding solutions. Coherent, creative, realistic cross-discipline solutions are needed to resolve this very complex problem.

In finding prevention and intervention strategies, the context to which an individual lives needs to be considered. This can be challenging from a researcher’s point of view because what works in one community may not necessarily work in another. Understanding the differences among the communities needs to happen. As well, realistic targets and goals need to be set and measured.

A government - wide approach is also needed to effectively deal with the issue of childhood obesity. For example, in the Province of BC, a whole - government approach has been implemented engaging all ministries. There are monthly Deputy Minister Meetings to discuss how their ministerial decisions and policies will impact healthy living. This stresses that obesity and healthy living is not just a health issue, but in fact a societal issue which needs input, support and action from across ministries.

Obesity is a complex issue. In order to find and implement effective resolutions, there must be knowledge transfer, exchange and mobilization. Using tobacco as the example, with coherent movement forward, major issues can be changed through a diverse range of approaches from different vantage points.

Discussion and Questions

Delegates were given the opportunity to discuss the roles individual practitioners; health centres as well as CAPHC have in prevention and treatment strategies around childhood obesity.

- Children's hospitals can support healthy active living through both the availability of obesity clinics and interventions, as well as engage with community partners to develop prevention programs. A paediatric health centre has expertise to provide and can play an important co-ordinating role in providing effective services for children and youth.
- Health professionals who work with and care for children and paediatric centres have the unique opportunity of using their interactions with children and youth as a way to introduce and encourage healthy active living strategies.
- Approximately 30 – 35% of children live within a reasonable distance to a paediatric health centre. There is a greater majority of children that can not access treatment and clinics. Services and programs need to be developed that are community based and accessible to children and families.
- Programs must be targeted not only at the individual patient, but also involve the family. Children are part of a larger family which directly impacts on their perceptions, lifestyle choices and attitudes. However, the literature on the effectiveness of high family involvement programs is still unclear, and further research is required.
- Solution-orientated research is also required. By shifting from causation to thinking about solutions, there is a greater likelihood of the development and implementation of effective strategies.
- There needs to be greater capacity built in primary care to ensure that resources are closer to those professionals who have first contact with children, youth and families.
- Recognizing the complexity of the issue, there is a real need for a comprehensive prevention strategy. There are critical points in care (e.g. pre-conception, prenatal, early years) that provide opportunities to link messages to parents around childhood obesity and healthy active living. Healthy active living is a life course intervention and needs to be approached in this manner.
- A range of needs - prevention, treatment, and intervention/prevention need to occur in order to effectively begin to address the growing obesity rate in children and youth in Canada.