

Decreasing Childhood Obesity

Childhood has changed and our children's health is changing with it: today almost a third of Canadian children between five and seventeen are overweight or obese, according to Statistics Canada.¹

It is important that we do more to decrease childhood obesity, given its risk factor for future obesity, disability and early death.² Studies show that children who are overweight or obese are more likely to develop multiple chronic health conditions,³ including insulin resistance (which is linked to heart and kidney problems), type 2 diabetes, high cholesterol, high blood pressure, obstructive sleep apnea, liver disease, poor self-esteem and lower quality of life.^{4,5} As well, severely obese people die eight to 10 years sooner than those of normal weight.

Obesity is also expensive for the health-care system, costing us 4.1 per cent of the total health expenditure in Canada.⁶ Clearly, we need greater *caring ahead* when it comes to our children's future health.

Caring ahead is a guiding catchphrase created by CNA to help establish a more organized approach to health care. In business and in life, we all know the value of planning ahead. Anticipating events, considering actions and options, and getting prepared make us much more likely to succeed. But when it comes to health care, we don't do it enough. In advocating for *caring ahead* CNA wants to instil the benefits of planning in the health system so we can solve problems before they become overwhelming.

Though the causes of childhood obesity are many and complex, the lack of activity and diet (themselves shaped by socio-economic factors) are key. The time Canadian children spend in front of screens (whether on TV, computer or other device) means time without exercise. One report found that 50.9 per cent of grade 6 to 12 youth had more than two hours of screen time per day.⁷ Adding to the lack of activity are the poor dietary habits, which can be the result of screen-related influences. At 67 per cent, Canada has one of the highest rates of junk food TV advertising in the world.⁸

While provinces understand the seriousness of the issue, Quebec alone has legislated advertising to ban ads for food that appeal almost exclusively to children under the age of 13. The province has also taxed sugary beverages, which one recent study has linked to Quebec's national low on childhood obesity rates for 6- to 11-year-olds.⁹

Other countries have gone further. New Zealand and Denmark now stipulate which foods can be marketed to children, Sweden and Norway ban TV ads directed at children under 12 and France requires that food advertisements include positive health messages.^{10,11}

Caring ahead for childhood obesity will require multiple approaches that take into account factors such as income, environment, social status and education, which profoundly affect children's well-being. Some ideas for action:

1. Community health nurses could lead the fight against childhood obesity through their ability to work with different groups. They could promote more physical education, lobby for school meal programs, and teach children and their parents about the importance of diet and physical activity.
2. Governments at all levels could consider obesity-fighting policies such as designing pedestrian- and bike-friendly cities, restricting junk-food advertising, imposing taxes on unhealthy foods and requiring daily physical education in schools.

¹ Statistics Canada. (2013). Body mass index of Canadian children and youth, 2009 to 2011. Retrieved from <http://www.statcan.gc.ca/pub/82-625-x/2012001/article/11712-eng.htm>

² World Health Organization. (2014). Obesity and overweight (Fact sheet No. 311). Retrieved from <http://www.who.int/mediacentre/factsheets/fs311/en/>

³ Serdula, M. K., Ivery, D., Coates, R. J., Freedman, D. S., Williamson, D. F., & Byers, T. (1993). Do obese children grow up to be obese adults. A review of the literature. *Preventive Medicine*, 22, pp. 167-177.

⁴ Fennoy, I. (2010). Metabolic and respiratory comorbidities of childhood obesity. *Pediatric Annals*, 39(3), 140-146.

⁵ Daniels, S. R., Jacobson, M. S., McCrindle, B. W., Eckel, R. H., & McHugh Sanner, B. (2009). American Heart Association childhood obesity research summit report. *Circulation*, 119, pp. e489-517.

⁶ Childhood Obesity Network. (n.d.). Obesity in Canada. Retrieved from <http://www.obesitynetwork.ca/obesity-in-canada>

⁷ Leatherdale, S. T., & Ahmed, R. (2011). Screen-based sedentary behaviours among a nationally representative sample of youth: Are Canadian kids couch potatoes. *Chronic Diseases and Injuries in Canada*, 31(4). Retrieved from the Public Health Agency of Canada website: <http://www.phac-aspc.gc.ca/publicat/cdic-mcbc/31-4/ar-01-eng.php>

⁸ Government of Alberta. (2011). "You are what you eat": Preventing the marketing of unhealthy foods and beverages to children. A Report by Alberta's chief medical officer of health. Retrieved from <http://www.health.alberta.ca/documents/CMOH-Marketing-Unhealthy-Foods-Children-2011.pdf>

⁹ Dhar, T., & Baylis, K. (2011). *Fast food consumption and the ban on advertising the Quebec experience*. Retrieved from http://www.marketingpower.com/aboutama/documents/jmr_forthcoming/fast_food_consumption.pdf

¹⁰ Swedish Consumers Association. (2001). *Children and marketing*. Retrieved from <http://www.humanics-es.com/kids-ads.pdf>

¹¹ Mercer, C. (2007, March 1). France tightens food and drink advert rules. *Beverage Daily*. Retrieved from <http://www.beveragedaily.com/Markets/France-tightens-food-and-drink-advert-rules>