OTTAWA, ONTARIO • JUNE 23-24, 2003

Obesity in Canada
Identifying Policy Priorities

P R O C E E D I N G S   O F   A   R O U N D T A B L E

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PROCEEDINGS OF A ROUNDTABLE

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PREFACE

This report is a summary of the proceedings of the *Obesity in Canada: Identifying Policy Priorities* roundtable, held by the Canadian Population Health Initiative (CPHI) of the Canadian Institute for Health Information (CIHI) and the Institute of Nutrition, Metabolism and Diabetes (INMD) of the Canadian Institutes of Health Research (CIHR) in Ottawa on June 23–24, 2003.

Officially launched in 1999, CPHI is committed to developing a better understanding of factors affecting the health of individuals and communities and to contributing to the development of policies that reduce inequities and improve the health and well-being of Canadians. CPHI accomplishes its goals by generating new knowledge on the determinants of health, synthesizing evidence, developing policy options and reporting to the public. Under the guidance of the CPHI Council, obesity in Canada was identified in 2001 as one of three initial priority areas for policy analysis.

INMD supports research to enhance health in relation to diet, digestion, excretion, and metabolism; and to address causes, prevention, screening, diagnosis, treatment, support systems, and palliation for a wide range of conditions and problems associated with hormone, digestive system, kidney, and liver function. Within this broad mandate, the INMD's current strategic focus is "Obesity Research: Towards Healthy Body Weights for Canadians."

In 2002, CPHI and INMD agreed to establish a partnership through collaboration, co-operation, and co-ordination on research and policy that would improve the health of Canadians in relation to body weight.

ACKNOWLEDGEMENTS

INTRODUCTION

The Canadian Population Health Initiative (CPHI) of the Canadian Institute for Health Information (CIHI) and the Institute of Nutrition, Metabolism and Diabetes (INMD) of the Canadian Institutes of Health Research (CIHR) hosted a roundtable meeting, *Obesity in Canada: Identifying Policy Priorities,* in Ottawa on June 23–24, 2003. The purpose of the roundtable was to focus obesity prevention dialogue on policy associated with the determinants of health. Its specific goal was to identify key priorities for policy-relevant obesity research and to develop policy to prevent obesity. The roundtable was also intended to promote the development of cross-sectoral linkages among groups to address the problem of obesity.

Thirty individuals participated in the roundtable. Participants included key policy- and decision-makers; leading researchers in obesity and health; representatives from the Aboriginal community, Health Canada, Statistics Canada, think tanks, the food industry, agriculture, and transportation; members of the CPHI Council; and CPHI/INMD staff. (Participants are listed in Appendix A.) The roundtable was chaired by John Millar, Special Advisor, Strategic Development, for CIHI and Diane Finegood, Scientific Director for CIHR-INMD.

The roundtable activities began on the evening of June 23, with a presentation on the links between the environment, obesity, and health by guest speaker Professor Avi Friedman (PhD, OAQ, IAA) from the McGill University School of Architecture. The roundtable meeting on June 24 commenced with a brief introduction and context-setting remarks by John Millar and Diane Finegood. The roundtable discussions were built using Open Space Technology facilitated by Larry Peterson.

> **Open Space Technology**
>
> Open Space is an approach whereby the facilitator creates the conditions for the participants to initiate and self-organize the agenda. With Open Space, all participants start out sitting in a circle. Individual participants with a passion for a certain issue and a willingness to take responsibility for leading a discussion on that issue write down and then post their topics on a common wall in the meeting space. Each posted issue becomes the subject of an Open Space workgroup, and a meeting agenda is negotiated and finalized with full participation of the attendees. Topic initiators participate in their workgroup's discussion and ensure that a record of the discussion is entered into the computer system. Open Space reports are posted as soon as they are entered. Following the Open Space workgroups, the participants return to the circle for a convergence session in which priorities are set and next steps are identified.

Using Open Space Technology, roundtable participants self-organized the agenda and then broke into smaller groups to discuss particular issues of interest. A report form was provided for each group (Appendix B), and reports from each Open Space workgroup discussion were posted for review (an index of the workgroup discussion topics is provided in Appendix C). At a final convergence session, participants were asked to identify the areas that should be given top attention for both policy research and action related to policy. From this discussion, the participants set priorities and identified next steps.

Key Priority Areas

Through the Open Space workgroup discussions and the final convergence session, six key issue areas emerged:

1. Evidence and surveillance
2. School health
3. Urban design and transportation
4. Policy-related research: Funding and design
5. Evaluation of policy tools and interventions
6. Social inequities as determinants of obesity

A synthesis of the discussions on each of these key priority areas is provided in this report. Actions that were proposed by roundtable participants are highlighted.

KEYNOTE SPEAKER—AVI FRIEDMAN

Biography

Dr. Avi Friedman was born in Israel in 1952. He received a PhD in Architecture in 1987 from the Université de Montréal and has published extensively in both academic and trade publications. He has authored or co-authored four books and 39 peer-reviewed articles and is a member of numerous boards and committees in government and trade, including the National Advisory Council on Energy Efficiency for Natural Resources Canada, the Urban and Housing Development Committee of Metropolitan Montréal, and the National Housing Research Committee of Canada Mortgage and Housing Corporation (CMHC).

The Implications of Urban Design: Reducing Opportunities for Active Living

Dr. Friedman's presentation highlighted the links between the built environment, obesity, and health. According to Friedman, Canadians are currently experiencing a paradigm shift characterized by fundamental changes in how we live in and construct our environment. This shift has had an impact on both obesity and the health of populations. The mass production and distribution of the car and the invention of the suburb are the two most important of these changes.

The Car

Friedman discussed the role of the car in urban planning and suggested that its mass distribution has led to a culture of driving. This culture, in turn, has fostered the creation of car-dependent communities that have few pedestrian-friendly services (such as sidewalks, benches, and trees) and limited public transit systems. These environments promote personal vehicle use over more active forms of transportation such as walking, cycling, or public transit.

The Suburb

The car also facilitated the creation of the suburb. Invented and first built by William Levitt in the early 1950s, the suburb was characterized by the geographic segregation of communities, making car travel an integral part of daily life. Friedman compared this new suburban environment with the physical and social makeup of earlier communities, where home and community were more integrated. Physical activity in these earlier settings, be it walking to the store or taking the stairs, was more readily incorporated into everyday life.

According to Friedman, the combination of these two historical factors has led to the creation of entire communities that are not conducive to physical activity. Of particular concern to Friedman is the manner in which urban design—particularly in suburban areas—has engineered spontaneous, natural activity out of children's daily lives. Within most of today's urban communities, he noted, active play is no longer a spontaneous activity but rather one that must be planned and facilitated by parents. He further noted that the growing popularity of the Internet and other sedentary pastimes has accelerated this situation, with technology increasingly erasing our need for movement.

Friedman maintained that "we need to change the genetics of our community," and re-engineer our environments into healthier spaces that facilitate everyday activity and exercise. He suggested that urban design and architecture will play a fundamental role in creating healthy and active communities, and noted that the integration of health issues into the architecture curriculum would be a first step towards achieving this goal. Friedman also mentioned the importance of educating the public on the relationships between urban design, the built environment, and obesity.

OPENING REMARKS—OBESITY AND HEALTH

The roundtable meeting opened with context-setting remarks by John Millar, Special Advisor, Strategic Development, for the Canadian Institute for Health Information, and Diane Finegood, Scientific Director of the Institute of Nutrition, Metabolism and Diabetes of the Canadian Institutes of Health Research. The following is a synthesis of their remarks.

Risks and Suspected Causes

John Millar pointed to recent research commissioned by CPHI[1] that identified obesity in Canada as an "epidemic." He then provided a brief outline of the suspected causes of the current obesity epidemic, including:

- Successful marketing of energy-dense foods (e.g. soft drinks, candy, and "junk food");
- Technological changes in food production;
- Increased popularity of sedentary activities (e.g. watching television, using computers and electronic games);
- Increased use of motor vehicles and labour-saving devices (e.g. elevators, remote controls);
- Urban design that acts as a barrier to physical activity;
- School policies that:
  - promote the consumption of energy-dense foods through the provision of vending machines, and
  - prevent physical activity by cutting regular physical education, and
- Lack of recognition of the impacts of overweight and obesity.

Millar also discussed the relationship between poverty and obesity. He noted that poverty is a risk factor for obesity because:

- Access to exercise facilities can be restricted due to cost;
- Housing and transportation costs typically take precedence over food and exercise costs; and
- "Junk foods" such as pop, candy, and fast foods are often cheaper than healthier alternatives.

Diane Finegood then noted that obesity is not simply an issue of energy expenditure and intake, but rather is affected by a number of upstream factors that create the context in which people make decisions about physical activity and/or energy intake. Many of these upstream factors are outlined in the International Obesity Task Force (IOTF) Causal Web diagram (Figure 1). According to Finegood, this multitude of factors complicates the policy-making environment.

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[1] Willms, D.J., Tremblay, M.S., & Katzmarzyk, P.T. (2003). Geographic and demographic variation in the prevalence of overweight Canadian Children. *Obesity Research,1*(5), 668–673.

Figure 1.   International Obesity Task Force (IOTF) Causal Web

Modified from Ritenbaugh C, Kumanyika S, Morabia A, Jefferey R, Antipatis V. IOTF Web site 1999.
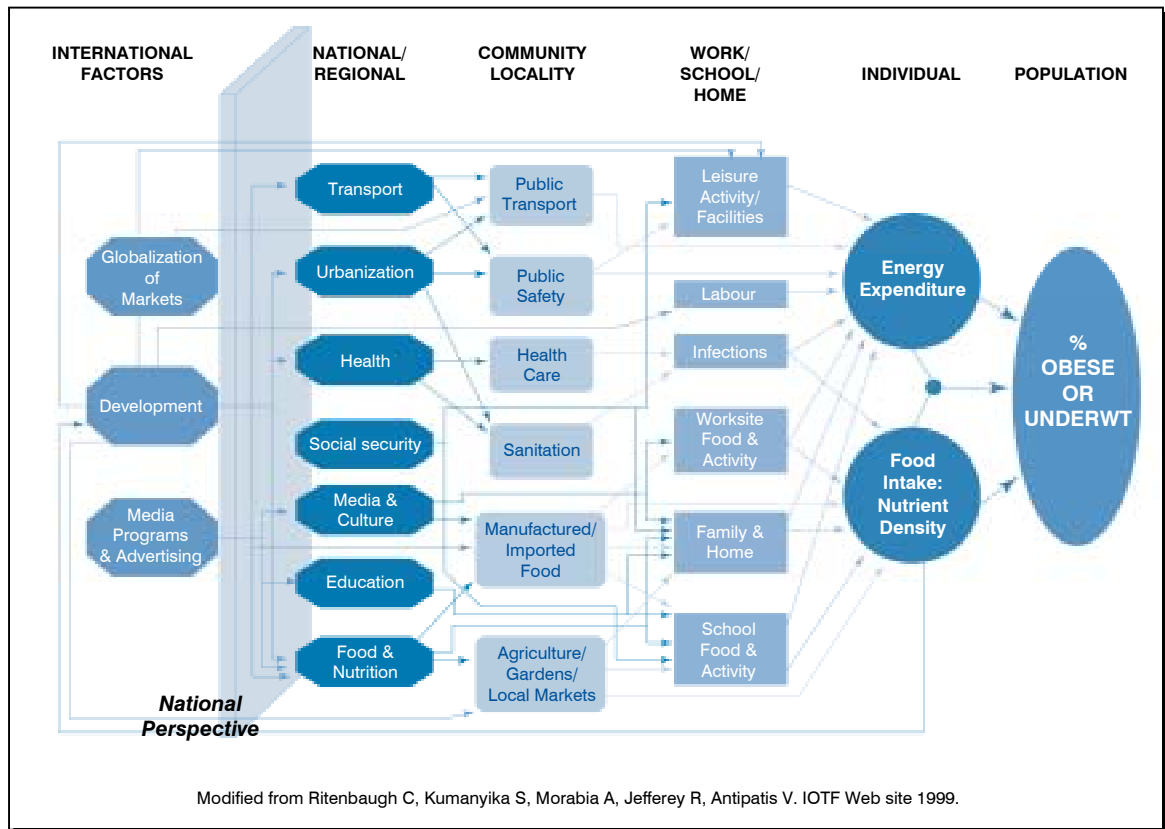
Evidence and Policy

Why Focus on Obesity and Health?

Millar outlined a number of arguments that have been made to support policy action on obesity and health, including:

- Obesity is a risk factor for heart disease, strokes, cancer, kidney failure, asthma, arthritis, blindness, mental health problems, and falls. Morbidity and quality-of-life effects of obesity are similar to those caused by smoking, poverty, and problem drinking.
- The costs to the health care system due to obesity-related mortality and morbidity stand to be significant.
- The government has a responsibility to transform the current environment that is suspected to cause obesity into a more health-promoting environment.
- The government has a long track record of intervening in public health issues such as smoking and injury prevention. In light of proven experience, public expectations will build in anticipation of the government's actions surrounding obesity.

Evidence-based Strategies

After outlining the above reasons for government action on obesity in Canada, Millar provided a summary of the available evidence on strategies currently being used for obesity prevention.

Children

There is some agreement that the evidence supporting strategies targeting children and youth is strongest. Evidence suggests the following prevention strategies are effective:

- Breastfeeding;
- Prenatal care;
- Comprehensive school programs;
- Regular physical education; and
- Restricted television watching.

All Ages

The evidence supporting obesity-prevention strategies targeting the entire population is less strong. These strategies include:

- Point-of-decision prompts;
- Social-support interventions;
- Comprehensive community programs;
- Increased access to recreation facilities;
- Community-wide interventions; and
- Workplace interventions.

Strengthening the Health System

Other obesity-prevention strategies build on existing health-system initiatives. These include expanding the following initiatives:

- Surveillance;
- Health insurance;
- Public education;
- Health promotion, and
- Research.

Policy Options

In addition to the evidence-based strategies outlined above, Millar also noted the importance of looking at policy options that have been successful with other public health issues, such as injury prevention, tobacco consumption, and seatbelt use.

Millar noted that the combination of regulation and action (e.g. as used in seatbelt-use campaigns) could have a major impact on other public health issues, including obesity. Based on experiences with anti-tobacco initiatives, he suggested, labelling, restricted sales, and sales taxes are other policy instruments that could be applied to obesity prevention. Finally, Millar suggested that a fundamental aspect of obesity prevention involves engaging in a genuine dialogue with the food industry about issues such as product placement, advertising practices, and pricing. He pointed to the alcohol industry as an example of how this kind of public health intervention has already been successful.

Policy-Related Research

Finegood and Millar also discussed the state of policy-related research on obesity and health in Canada. Of particular concern to both was the current lack of evidence about:

- The state of obesity in Canada;
- The causal relationships among the various factors associated with obesity; and
- The impact of "upstream" interventions on obesity.

Finegood called for the funding of more research to investigate the relationships among the factors associated with obesity. She also suggested that, to ensure obesity-related policy interventions are effective, more research into "upstream" interventions is required. Further, Millar maintained that community-level data will be needed to fully understand obesity and health in Canada. Overall, participants noted, Canada is currently "under-investing" in surveillance data.

Finegood suggested that the process for funding policy-related research "may not be adequate in order to get at the right research questions and the answers we need to deal with this epidemic." In other words, the funding system currently in place may not garner policy-relevant information. Finegood suggested, therefore, that policy-related research be conducted in collaboration with relevant policy- and decision-makers.

KEY PRIORITY AREAS

The sections that follow synthesize the Open Space discussions and the final priority-setting convergence session, and highlight the issues identified by participants as deserving the most attention with respect to research and action. These issues were:

1. Evidence and surveillance
2. School health
3. Urban design and transportation
4. Policy-related research: Funding and design
5. Evaluation of policy tools and interventions
6. Social inequities as determinants of obesity

1. Evidence and Surveillance

Throughout the roundtable, there was much discussion about the state of the evidence and surveillance in relation to obesity in Canada. Specific concerns were raised over the quality and quantity of available, population-level data.

Data Gaps

Participants noted that there are large gaps in available population-level data on obesity and health in Canada. Some suggested developing a process to locate and identify these gaps. Other participants noted that in spite of concerns about the limited availability of data, much exists that is simply not being used. As one participant stated, "…if there were immediate needs to develop policy tomorrow, we could go in and mine the existing data sufficiently to provide good evidence." Participants subsequently agreed that existing data must be made more accessible to researchers, policy analysts, and policy makers.

Administrative and Survey Data and Information

The participants discussed the need to utilize all sources of data to obtain important and useful information. Administrative data, which was noted to be cheap and plentiful, was identified as one such source. The National Diabetes Surveillance Data Set, participants noted, is a good example of how administrative data can be used for research. Administrative data, however, also have limitations that warrant an examination of collection methods. Participants also suggested that survey data could be mined for specific issues and needs, although this undertaking is very expensive and time consuming. Failure to access these additional data sources would be a missed opportunity.

Policy-Relevant Data and Information

Participants also noted that much of the research conducted on obesity and health in Canada is not producing policy-related data and information, thus limiting its usefulness to policy analysts and policy makers. As such, existing and new data need to be formulated into a useable format accessible to policy makers. Some participants suggested that this lack of policy-relevant data and information could act as a barrier to bringing forward obesity and health on the political agenda.

Data Framework and Evidence Secretariat

In light of the concerns raised over policy-related obesity research, some participants proposed the development of a longer-term data-collection framework. This framework would:

- Review existing data sources and identify data gaps;
- Develop research which could assist policy makers to make informed decisions; and
- Address relevant privacy issues.

In doing so, this data framework would allow for the longer-term, systematic planning of policy-related research.

Proposed Actions

The participants proposed that:

- The collection of evidence on obesity and health be identified as a priority area for action and research. Some participants, however, cautioned against accepting causal relations that may not be validated by the evidence. Debate over this suggestion ensued. One participant noted, "[W]e have learned from other public health issues, such as tobacco, that if we were to wait for the research to tell us what to do … we would be overwhelmed." As another participant further noted, "[I]f we don't build structures to do the research and try out programs at the same time we are limiting ourselves …. [W]e will never get to the point where we need to be." It was therefore suggested that research and action on obesity be conducted side by side.
- An advisory group be developed to work with policy makers and researchers to help transform data into a useable format.
- An evidence secretariat be developed that would review existing data sources on an issue, develop research that is policy-maker friendly, and provide the research needed to make informed decisions.

2. School Health

Participants maintained that a broad base of support for school health initiatives is needed. This support will require a better and more comprehensive understanding of the school environment. The school setting can become a key location for health promotion within the community—a hub for the delivery of a variety of services and programs for all family members.

A key starting point would be a focus on after-school programs, where education, health, justice, sports, and other systems could collaborate to offer a safe, active environment. Transportation, safety, and other barriers to such programs, however, would need to be addressed.

Researchers may explore the impact of integrating health into the school curriculum, addressing such questions as:

- How can one promote health in a variety of school subjects?
- What evidence basis exists to support the health curriculum content?
- How can one deliver basic parenting skills and knowledge to youth?
- How can one assess whether curricula are being implemented as intended?

Participants proposed that a school health program could be developed, modelled on a program originally developed and implemented by the Council of Ministers of Education, Canada (CMEC) with Industry Canada in 1995. In this initiative, research evidence on science education was used to develop a shared set of learning outcomes, called the Pan-Canadian

Curriculum, which then led to a national Science Learning assessment. CMEC has indicated that it would be willing to develop similar national assessments in other subject areas. It was suggested that Health Canada should work with CMEC to develop a similar program.

Finally, participants noted the possibility of developing an official body, based within a larger public health agency, for monitoring school health. This body could guide and monitor school health issues, policies, and activities, and develop meaningful and reliable indicators to monitor school health policies and programs.

Proposed Action

Participants proposed that:

- A school health program be developed, modelled on one originally implemented by the CMEC with Industry Canada in 1995.

3. Urban Design and Transportation

Throughout the roundtable, participants noted a distinct lack of understanding of the causal pathways between urban design and transportation, physical activity, and obesity. Lack of evidence to support policy development and improved urban design was also noted. The participants therefore called for further research on the relationship between urban design, transportation, and obesity, and best practices for obesity prevention.

Discussions also explored the community characteristics that promote active living. Strategies such as moving parking to back lanes or detaching parking up to 100 metres from homes were suggested; since cars have a large economic footprint, both of these strategies could also make housing more affordable. The participants noted the vital importance of parks, squares, and other common green spaces.

Finally, the participants called for the collection of evidence and research on the relationship between neighbourhood design, obesity, and activity levels of residents. It was noted that studies should focus on types of housing, mixed-use neighbourhoods, walking patterns, amenities, car use/transportation options, and actual and perceived safety.

Proposed Actions

Participants suggested that municipalities be able to plan and raise revenue for sustainable urban design and transportation, and proposed that:

- A review of municipal by-laws be undertaken to determine whether they encourage or discourage physical activity at the neighbourhood and broader urban levels;
- A dialogue be undertaken on the autonomy and authority of municipalities concerning obesity and health-related issues in Canada; and
- politicians, developers, and consumers be encouraged to consider the importance of the relationship between urban design and obesity.

4. Policy-Related Research: Funding and Design

Participants generally agreed on the need to increase funding for less traditional areas of policy-related research, such as historical research, research on values, and synthesis of research findings.

Participants also highlighted the importance of integrating research and policy-design processes. To do so, they called for improvements in the communication mechanisms that link policy makers, policy analysts, and policy-related researchers. Integration across municipal, provincial, and federal governmental levels and sectors (e.g. health, transportation, education, agriculture, Statistics Canada, CIHR, CMHC) was also deemed important.

Finally, participants identified barriers to achieving desired levels of integration. These included a lack of capacity in the research community to respond to the research needs of policy makers, and the current paradigm for funding research, which operates on a different timeframe than the needs of policy analysts and politicians.

Proposed Actions

Participants proposed that:

- CPHI, with CIHR and relevant policy makers, create more opportunities to integrate policy makers and researchers in an ongoing dialogue to identify research priorities for chronic disease prevention/health promotion; and
- CIHR develop partnerships with other sectors to:
  - raise awareness of the health impacts of obesity, and
  - fund research that explores the effectiveness of interventions aimed at increasing physical activity and promoting healthy eating and body weight.

5. Evaluation of Policy Tools and Interventions

Discussion on the evaluation of policy tools and interventions was brief, and the ensuing report primarily comprised proposed actions. Participants acknowledged that although resources had been provided for "upstream interventions," little was known of their effectiveness or value. They called for a number of actions related to programming, policy, and evaluation research.

Proposed Actions

Participants proposed that:

- Existing evidence on the effectiveness and value of interventions be synthesized;
- Intervention responsibilities, authorities, and appropriate resources be integrated within existing infrastructure (e.g. public health units);
- Long-term funding be provided for interventions of sufficient scale in order to permit better measurement and evaluation;
- Intervention funding be based on project objectives rather than specific activities;
- Solid "toolkits" and frameworks be developed to evaluate the effectiveness of interventions;
- Program managers, researchers, and evaluators be linked to share information and expertise; and
- External peer review processes be added to evaluations to ensure unbiased results.

6. Social Inequities as Determinants of Obesity

Participants identified social inequities as a determinant of obesity as a key priority area for research. They noted that certain population groups have higher rates of obesity in Canada. These groups include Aboriginal peoples, many immigrant groups, those living in rural and remote areas, those living in the Atlantic region and, finally, those with a lower socio-economic status. Of these groups, many are marginalized from mainstream society and experience social inequities.

Participants then suggested a number of factors suspected to contribute to higher rates of obesity among marginalized populations. These included:

1. **Food insecurity:** Participants suggested that inequitable access to affordable, nutritious, safe, and culturally appropriate food through socially acceptable channels could contribute to higher obesity rates. They noted that access to food is a fundamental human right.

2. **Inequitable access to opportunities for physical activity:** Participants suggested that members of marginalized groups often do not have access to safe, adequate, and appropriate facilities for active recreation. It was suggested, however, that the basic structure and design of communities, and how they promote or inhibit active living, may play a comparatively larger role in determining obesity levels than access to recreational facilities.

3. **Unknown mechanisms:** Participants noted the lack of understanding about how socio-economic factors, such as poverty and income inequality, can act to increase the risk of obesity among certain marginalized groups.

Overall, it was suggested that the current cultural context is one that promotes inactivity and excess energy intake. In addition, some participants commented that within Canada, the focus has remained largely on individual responsibility for obesity, overlooking the underlying social factors related to obesity and health.

Proposed Action

The participants identified a number of research priorities, and proposed that:

- Food insecurity in relation to obesity be explored;
- Community opportunities for active living be analyzed;
- Differences in obesity according to factors such as socio-economic status, region, and level of urbanization be researched;
- The mediating effect of physical activity and healthy eating be examined;
- The impact on obesity and health of decisions in non-health sectors, such as education, transportation, food, and recreation be investigated; and
- The impact on obesity and health of education initiatives, income-support programs, and recreation initiatives be determined.

Other Points of Note

The roundtable participants raised a number of other issues related to food and nutrition that, while not identified as priorities, should be noted:

- The distribution and marketing of food products;
- The regulation of food advertising directed towards children;
- The economic impact of nutrition policy on the agricultural sector;
- Collaboration between health and agriculture sectors;
- The question of behaviour and choice in relation to food;
- The consumption of energy-dense foods; and
- The relationship between the increasing consumption of non-renewable energy sources and obesity.

NEXT STEPS

To close the roundtable, Open Space Technology called for participants to identify, individually, the actions they would take upon returning to their home organizations or communities based on what they had learned during the event. The following section provides a synthesis of the identified initiatives.

Evidence and Surveillance

A number of participants promised to take action on evidence and surveillance issues. For example, one participant promised to ensure the effective dissemination of his agency's data, while another promised to continue discussions with research institutions regarding the use of information already available. Other participants proposed to:

- Identify institutional processes to synthesize and update existing evidence;
- Secure funding for the inclusion of physical measures in a health survey;
- Develop the business case for a birth cohort database that would explore temporal dynamics in obesity; and
- Get better measurements to correlate cycling and walking with health statistics.

Research

Roundtable participants also proposed actions to ameliorate the existing research environment. As such, participants agreed to:

- Work collaboratively on further research;
- Support evaluative research and research on the promotion of healthier weights; and
- Promote research on the effectiveness of upstream interventions and on the determinants of obesity.

Urban Design and Transportation

Interest in urban design and transportation led to a number of promised actions. Participants agreed to:

- Continue to examine the relationship between urban design and height and weight measures;
- Reinforce the need to explore urban design features that increase activity in children;
- Ensure that all architecture and design programs require a course on the impact of the built environment on health; and
- Explore the relationship between increasing consumption of non-renewable energy sources and obesity.

Marketing and Industry

A number of participants sought to focus on the marketing of food and the food industry's role. Their promised actions included resolutions to:

- Explore the effects of the biggest marketing agent, television, on obesity;
- Develop a strategy to involve industry associations in obesity-related activities; and
- Bring information gathered at the roundtable to an association of children's advertisers.

Institutional Education and Network Building

The importance of obesity as a health issue also inspired participants to consider undertaking a number of education and network-building initiatives to:

- Build relationships between key research and policy organizations;
- Develop a multi-sectoral group to pursue obesity information;
- Link the work of regional health authorities with local groups working on obesity; and
- Educate agency staff, board members, and clients on issues related to obesity.

Policy

The dearth of information on obesity-related policy led some participants to agree to:

- Conduct an environmental scan of existing policy instruments in order to assist in longer-term strategies;
- Develop international comparisons of nutrition policy from a historical perspective; and
- Work on policy at the municipal level (e.g. how close a "dépanneur," or corner store, can be located to a community school).

Government

A number of participants focused on government opportunities and agreed to:

- Ensure that obesity issues are raised at municipal, provincial, and federal levels; and
- Talk to the federal minister of health in her home riding about the issue of obesity.

Ethics and Privacy

Finally, ethics and privacy issues emerged on several occasions throughout the discussions. As such, some participants promised to:

- Develop a tool kit of ethical and evidence-based guidelines; and
- Find new ethical ways to monitor outcomes like weight.

Summary of Proposed Actions Identified by Participants

Evidence and Surveillance
- Collect evidence on obesity and health in Canada.
- Develop an advisory group on evidence and data related to obesity and health.
- Develop an evidence secretariat to facilitate the policy-making process.

School Health
- Develop and implement a school health program.

Urban Design and Transportation
- Review municipal by-laws to determine whether they encourage or discourage physical activity.
- Engage in a dialogue on the autonomy and authority of municipalities concerning obesity and health-related issues.
- Encourage politicians, developers, and consumers to consider the importance of the relationship between urban design and obesity.

Policy-Related Research: Funding and Design
- Create more opportunities for ongoing dialogue on obesity and health.
- Develop partnerships to raise awareness of the health impact of obesity.
- Fund research that explores the effectiveness of interventions.

Evaluation of Policy Tools and Interventions
- Synthesize evidence on the effectiveness and value of interventions.
- Integrate intervention responsibilities, authorities, and appropriate resources within existing infrastructure.
- Provide sufficient long-term funding of interventions in order to permit better measurement and evaluation.
- Fund interventions rather than specific activities.
- Develop solid "toolkits" and frameworks to evaluate the effectiveness of interventions.
- Link program managers, researchers, and evaluators to share information and expertise.
- Add an external peer-review process to evaluations to ensure unbiased results.

Social Inequities as Determinants of Obesity
- Explore food insecurity in relation to obesity.
- Analyze community opportunities for active living.
- Research differences in obesity according to such factors as socio-economic status, region, and level of urbanization.
- Examine the mediating effects of physical activity and healthy eating.
- Investigate the impact on obesity and health of decisions in non-health sectors, such as education, transportation, food, and recreation.
- Determine the impact on obesity and health of education initiatives, income-support programs, and recreation initiatives.

CONCLUSION

The roundtable meeting, *Obesity in Canada: Identifying Policy Priorities*, was a valuable first step in focusing an obesity-prevention dialogue on policy related to the determinants of health. The Open Space Technology stimulated a variety of energetic discussions and facilitated the convergence of ideas into policy and action priorities, thus helping participants achieve the primary goal of the meeting.

Good cross-sectoral attendance provided opportunities for participants to forge new linkages with others who might not otherwise share ideas about obesity prevention. More than one participant arrived at the meeting uncertain of his or her connection to obesity prevention, and departed firm in his or her commitment to take a new message back to colleagues.

Finally, participants publicly committed to undertake a number of "next steps" towards obesity prevention and health promotion. CPHI and INMD will continue to bring evidence to the fore and work to foster this much-needed dialogue on obesity in Canada.

APPENDIX A: LIST OF PARTICIPANTS

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APPENDIX B: OPEN SPACE REPORT FORM

Obesity in Canada: Identifying Policy Priorities

Report #_____

Topic:

Initiator:

Participants:

Discussion Summary:

Possible Policy Research Priorities:

Policy Initiatives Identified by Your Group:

Next Steps I/We Will Take:

APPENDIX C: OPEN SPACE TOPICS

Obesity in Canada: Identifying Policy Priorities

Open Space Topics—Index

Group Number	Topic
1	Economic policy and its impact on health
2	Integrating food and nutrition policy
3	Data gaps and requirements for obesity-related policy research and development
4	Sustainable urban design and transportation
5	Identifying what is wrong with our usual program-delivery models that results in them *rarely* generating good information on what works and what does not work
6	Reducing the consumption of high energy dense–foods
7	Energy use and obesity
8	How best to design and fund policy-related research to address the epidemic of obesity?
9	Addressing social inequities as determinants of obesity
10	Policy research dialogue with education ministers