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February 2010

BCCPAC Representation Report

Submitted by: **Stephanie Longstaff**
Name of Event: Obesity Reduction Task Force
Date of Event: December 9/09
Location of Event: Coast Plaza Hotel, Vancouver

Hosted by the Provincial Health Services Authority
This is a very informative and eager group that is looking for solutions and our input.

Dr. John Millar of PHSA PPH gave a brief overview of the project including background and current status:

Obesity is a complex and expensive problem that leads to chronic disease and a less healthy population. Solving this problem requires a multi-level cross sectoral approach.
We have a highly obesogenic environment: car usage, sprawl, screen time, lack of time and access to opportunities for physical activity, junk food availability, portion sizes, advertising, prices, lack of access to healthy foods, lack of access to effective treatments.

1. **The BC Health Officer's Council** passed a Resolution in April 2009 asking PHSA along with other provincial and federal government and non governmental agencies to prepare a multi sector Obesity Reduction Strategy for BC.

2. **The process to date includes:**
   - Task Force established June – Sept 2009
   - Initial working structure and work plan developed
   - PPH support team developed

3. **The objective of the BC Obesity Reduction Task Force is to reduce the prevalence of obesity in BC by:**
   - developing a comprehensive Obesity Reduction Strategy that includes all levels of government and all other sectors: labour, NGOs, professional groups, business community, volunteer groups, and schools by the end of 2010.
   - mobilizing resources to implement the strategy.

The December 9, 2009 meeting was called as we are now moving into practical strategic planning.

4. **Timelines and Milestones**

- *January to March 2010:* Working Groups formed and preparing recommendations of strategy (Food & Healthy Eating, Treatment & Management, Physical Activity, Data & Evaluation).
- *April 2010:* Hold Forum to review recommendations and confirm components.
- *April to August 2010:* Prepare draft strategy
- *September 2010***:** Hold Provincial Summit
- *November 2010***:** Final strategy report and action plan completed.

All groups will use these **cross-cutting lenses** when proposing programs, actions, and overall strategies: *mental health status, socio-economic status, gender, race, culture, ethnicity, language, sexuality, differential abilities*.

This is clearly a complex issue.
Implications of Complexity

- Establishing causality of specific factors is less relevant (due to non-linearity, heterogeneity, emergence)
- No single solution is sufficient; many solutions are necessary
- Feedback, learning, adaptation and interdependence present both challenges and opportunities
- Many actions are needed at the micro level to create macro level change
- System level variables present additional opportunities for change (e.g. connectivity, capacity, complexity, trust)

Group Activities:

Five self selected groups of 7 to 11 participants formed around these three themes:

- Food and Healthy Eating (2)
- Physical Activity (2)
- Treatment and Management (1)

The groups received pre-selected examples of the some of the important factors/variables that influence the obesogenic environment adapted from the Foresight Complexity Map. They also received the entire Foresight List.
See Appendices 1and II.

The purpose of the activity was to help participants identify causes and gain a better appreciation of how complex the obesity problem is.
The groups were asked to:

- Explain why they came and what they hope to achieve at the meeting.
- Identify factors they think are important and discuss what they're already doing to address these important factors
- Think of what more can be done to reduce obesogenic factors in the environment.

Outcomes

Food Groups

Action:

- Identified need for "Champion" role in tackling the obesity problem – consensus is that is it should come from industry, not government.

Treatment Group

Important Factors:

1. Food Literacy
2. Inconsistency of science-based messages
3. Appropriateness of embryonic and fetal growth

They decided that the most important actions are to:

- Reinforce best practice and treatment at the primary care level.
- Use integrated health networks.
- Use GPAC to disseminate information. (Guidelines and Protocols Advisory Committee of BCMA).
- Stand behind already developed GPAC guidelines.

Physical Activity Groups

The groups did not rate factors in order of importance. *(See Appendix I)*

Action:

Build on current initiatives

Summary of Physical activity discussions:

- Focus on local communities
- Integrate programs
- Build on current work and lessons
- Not government led

Moving into practical strategic planning

1. Understand the obesogenic environment in BC and the need for cross-sectoral and multi-level action to address this issue.
2. Explore each sectors influences on the obesogenic environment and how they can contribute to solutions.
3. Identify those interested and/or committed to participating in the development of an Obesity Reduction Strategy for BC.

Respectfully submitted, Director Longstaff