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## Obesity: the biology, burden in Canada, and Canadian national policy

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With the combination of antibiotics, vaccinations, and control and prevention strategies, the burden of infectious disease on North Americans has reduced exponentially. Furthermore, life expectancy has increased which has opened a window for non-communicable diseases to become more prevalent in society. “Non-communicable diseases” is a blanket phrase which represents a host of diseases but generally includes cardiovascular diseases, diabetes, cancers, and, chronic pulmonary diseases<sup>1</sup>. Non-communicable diseases have variable risk factors. One in particular which has continued to rise in North America is obesity. According to the World Health Organization (WHO), obesity is defined as “abnormal or excessive fat accumulation that presents a risk to health”.<sup>1</sup>

As Canada has recognized the rising trends of obesity and the number of poor health outcomes which resulted, the Federal Policy 2010 Framework for Curbing Childhood Obesity is currently being implemented. There are three different strategies that this Framework will adopt: 1) making childhood overweight and obesity a collective priority for action, 2) coordinating efforts on three policy priorities, 3) measuring and reporting on collective progress.<sup>2</sup>

**Combatting Obesity-Regulation at a Policy Level:** As the trends of obesity continue to rise in Canada, the federal, provincial, and local/municipal governments are attempting to implement changes to curb this rise. New policies at any level can be incredibly difficult to bring on the agenda let alone

moving it to the implementation stages. As mentioned earlier, when addressing the topic of obesity, governments can target either the input or output end of the lever when formulating policies.

Boyd A. Swinburn discusses the concept of soft paternalism in contrast to hard paternalism by which governments can formulate and implement new policies for the public.<sup>3</sup> The first policy instrument category that the government can apply is the use of soft paternalism which includes social marketing, health promotion programs, and advocacy for behavioural changes on an organizational and individual level.<sup>3</sup> The alternative instrument, hard paternalism, makes use of laws, enforceable policies, regulations, and fiscal instruments.<sup>3</sup> Governments more often prefer soft paternalism as it is not perceived by the public as “nanny” state overlooking every move thus reducing freedoms of choice.<sup>3</sup> Swinburn suggests that the drawback to using a soft approach is that it can be limited to impacting higher income groups whereas the hard approach would be less limited since it would affect all people. The dichotomy of soft and hard paternalism puts policies into a framework simple to understand and shows the direction governments can decide to entertain during policy formulation.

**Research Question for 3-I Analysis:** What were the motivations for the formulation and creation of the 2010 Framework: Endorsement of Curbing Childhood Obesity? And, what were the influences to select the chosen strategies and why certain strategies were ignored?

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A 3-I analysis identified the different influences on the 2010 Framework. There were a number of factors which contributed to the action and non-action taken in the policy. Since it was one of the earliest federal policy regarding obesity, there was a need to initiate and gain awareness about the issue therefore leadership and data collection was mandated by the policy. Since it was a federal policy, many of the strategies were broad thus allowing province freedom when implementing and formulating new policies specific to their area. With the conflicting ideas of both knowledge and values, it was tough to mandate strict legislation against habits not conducive to reducing obesity. From the institutions angle, the creation of the 2010 Framework and strategies has merit based on the different precedents regarding other determinants of health and existing National and International policies. The number of conflicting interest groups regarding obesity also explains why a policy was created and why a harsher policy was not chosen. The 2010 Framework is a start in the battle to reducing obesity in Canada. An overarching theme in this policy and in obesity regulation in general is that it needs to be a collaborative and complete effort on lifestyle. It should include measures of energy intake and expenditure and show cooperation between governments, parents, academic institutions, etc.

Obesity is a rising problem in Canada and across the world. To get optimal results, it is ideal that there are national goals and collaboration across all levels of governments. The 2010 Framework: Endorsement of Curbing Childhood Obesity is an example of a national policy which outlines goals and strategies to reduce obesity in Canada. Moreover, provincial and stakeholder cooperation is paramount to reduce the obesity issue in Canada.

### **Global Health Relevancy**

This is important on the global health scale as obesity affects people of all areas. Over the next few decades, it is probable that life expectancy will increase in most parts of the world. If this trend continues, many non-communicable diseases will continue to rise as well as cardiovascular disease. It is important that in order for a shift in mentality regarding obesity, several steps need to be taken over a long period of time. Policies that can affect obesity can work on an international, national, and local level therefore it is important to identify what has worked and the potential of these to work in contexts outside. Since the use of policy is an effective way to make changes in a society regarding health measures, analysis on different effective and ineffective policies can help direct efforts in the future.