



World Cancer
Research Fund
International

CANADIAN PARTNERSHIP
AGAINST CANCER



PARTENARIAT CANADIEN
CONTRE LE CANCER

Policy and Action for Cancer Prevention: Food, Nutrition, and Physical Activity: a global perspective



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Canadian Partnership
Against Cancer

Policy Priorities from Canada, & Synthesis with Latin America and the U.S.

○ Background & Context

- Canadian Partnership Against Cancer Background
- Alignment in Action (AIA) Canadian Policies Review
- Canadian Obesity Research Portfolio Analysis
- Synthesis of Policy Priorities

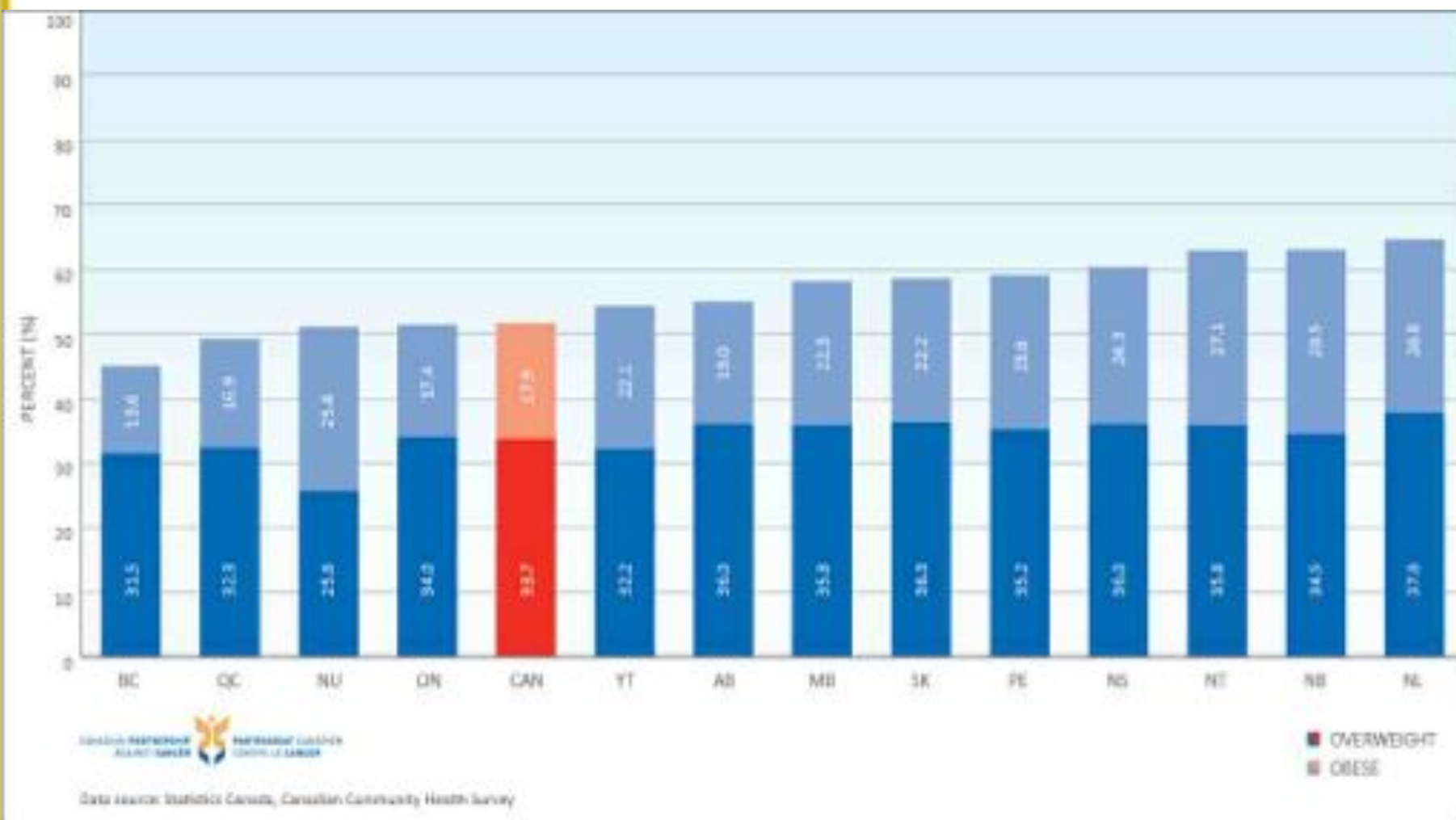
CPAC Funded 2007-2012 & Renewed 2012-2017 by Health Canada

- To implement Canada's Cancer Control Strategy across the cancer control continuum
- Current research focus on Canadian Partnership for Tomorrow Cohort Study of 300,000 Canadians
- Current prevention initiatives include Coalitions Linking Action & Science for Prevention (CLASP), CAREX, Healthy Public Policy:
 - Prevention Policies Directory
 - Alignment in Action Initiative

AIA Project Objectives

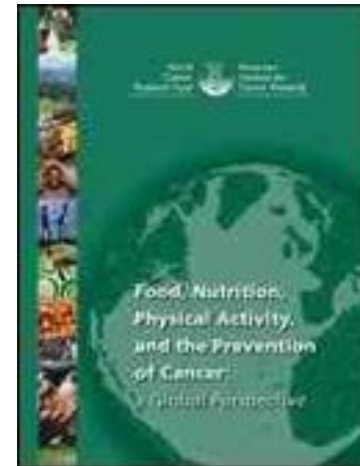
- To synthesize existing Canadian framework/strategy recommendation documents related to physical activity and nutrition policy, 1986-2009
- To engage relevant stakeholders around:
 - The high priorities for action in physical activity and nutrition policy in Canada
 - the keys and barriers to successfully implementing existing policy recommendations
- To facilitate public engagement around high priorities for policy change in Canada

Percentage of adults classified as overweight or obese BY PROVINCE/TERRITORY-CCHS 2009

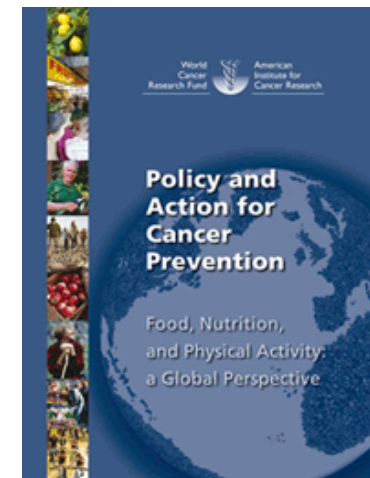


World Cancer Research Fund/American Institute for Cancer Research Reports

Food, Nutrition, Physical Activity, and the Prevention of Cancer: a Global Perspective was published November 2007



Policy and Action for Cancer Prevention: Food, Nutrition, Physical Activity, a Global Perspective published February 2009

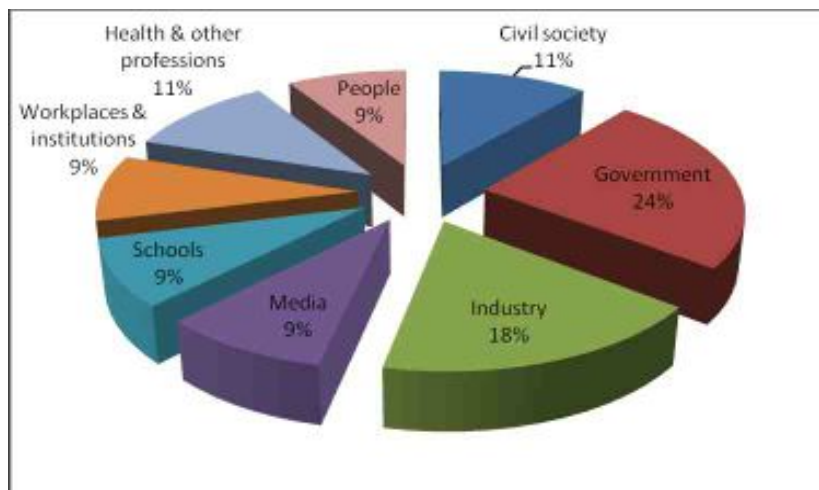




Nutrition and Physical Activity Policy Alignment in Action Initiative

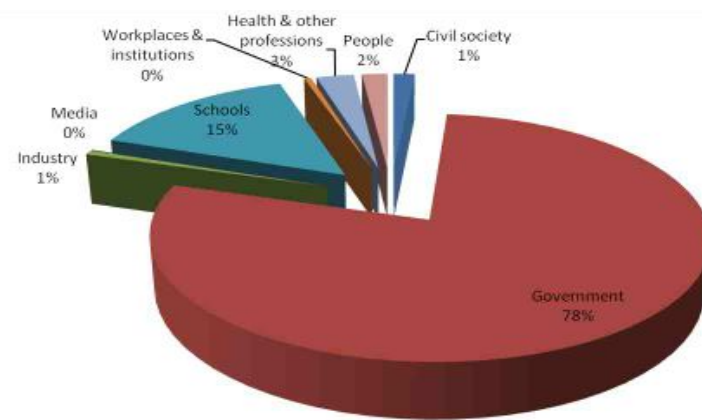
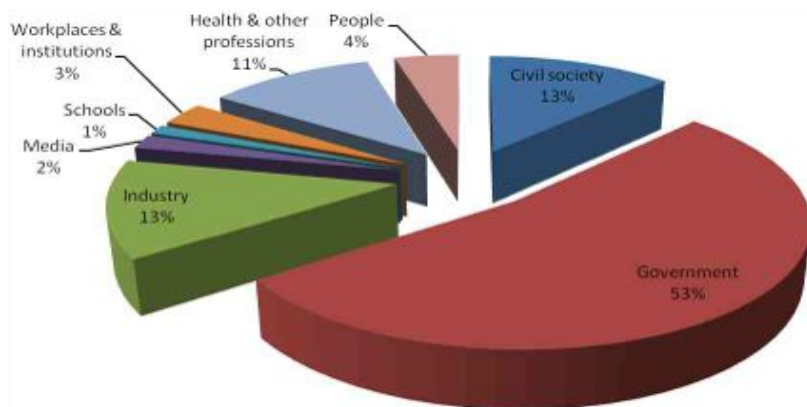
Canadian Priorities for Addressing Obesity as a Cancer and Chronic Disease Risk Factor

WCRF/AICR Recommendation Distribution compared with Federal & Provincial/Territorial Distributions

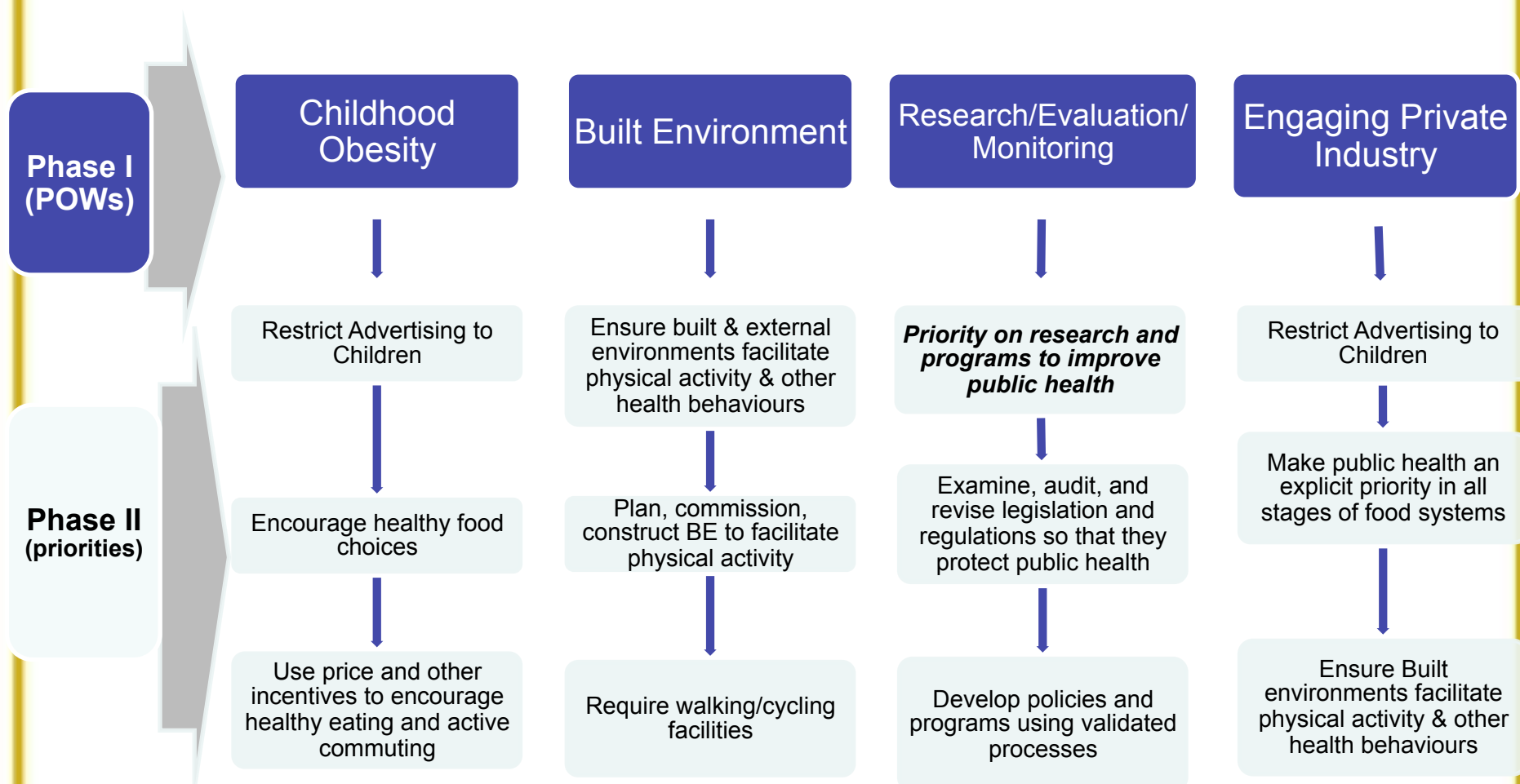


Recommendations for sectors – Federal level

Recommendations for sectors – Provincial/Territorial level



Advisory Committee Feedback + Opportunities for Action



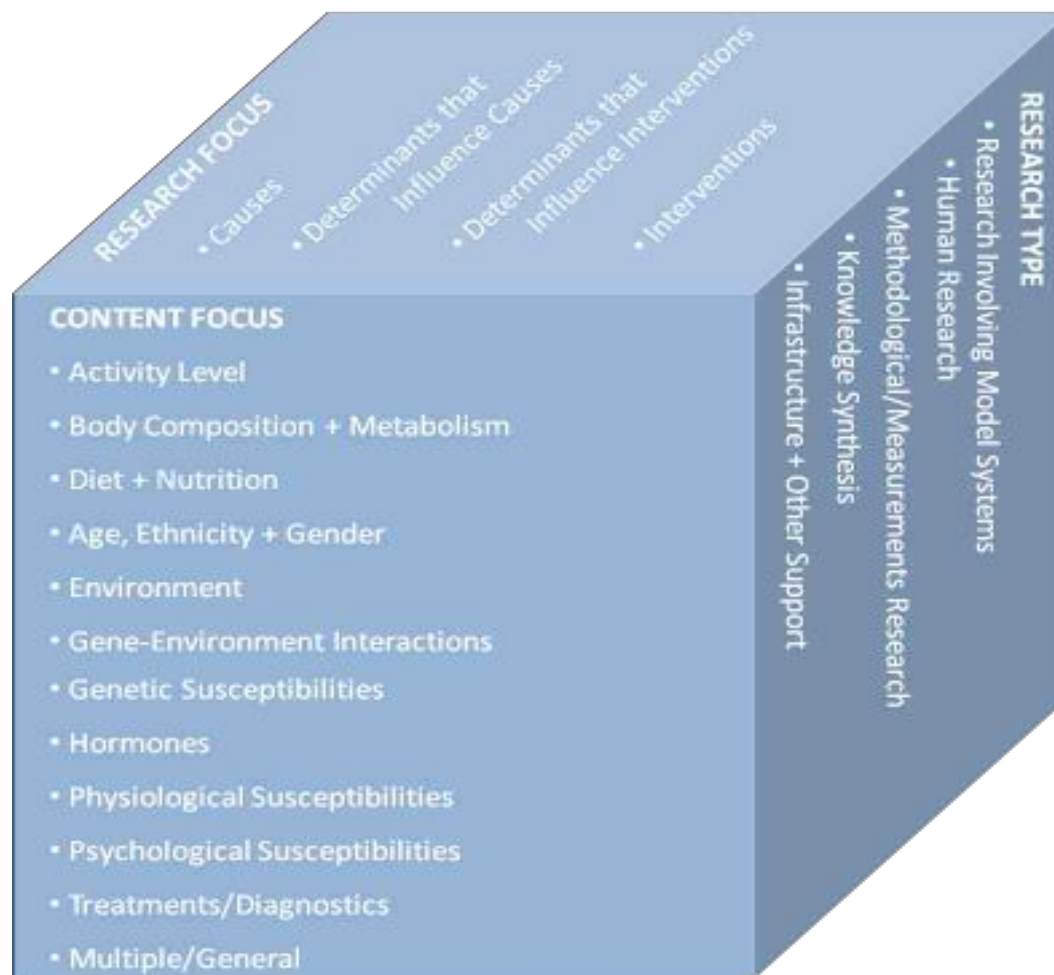
The Top Five Most Frequent Recommendations in Canada

Recommendation	Number of Canadian Recommendations
1. Give greater priority to research on and programs to improve public health, including the prevention of cancer and other chronic diseases. (see page 127 - WCRF/AICR Policy Report)	90
2. Initiate collaborative processes between sectors to promote healthier eating and increased physical activity. (<i>Unique Canadian</i>)	70
3. Develop policies and programs for specific populations: 1) vulnerable groups (poverty, special health needs); 2) age groups; 3) remote communities and First Nations, Inuit, and Métis groups. (<i>Unique Canadian</i>)	43
4. Establish and maintain publicly funded information and education on and surveillance of food, nutrition and physical activity status.	41
5. Require schools and facilities for recreation and sport to provide meals to high nutritional standards and to include nutrition and physical activity in core curricula.	40
Total	284



Canadian Obesity Research Investment (2006-2008) Report

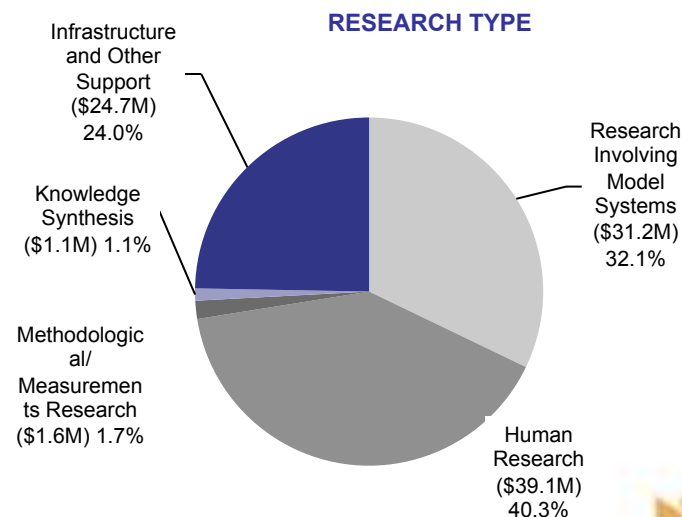
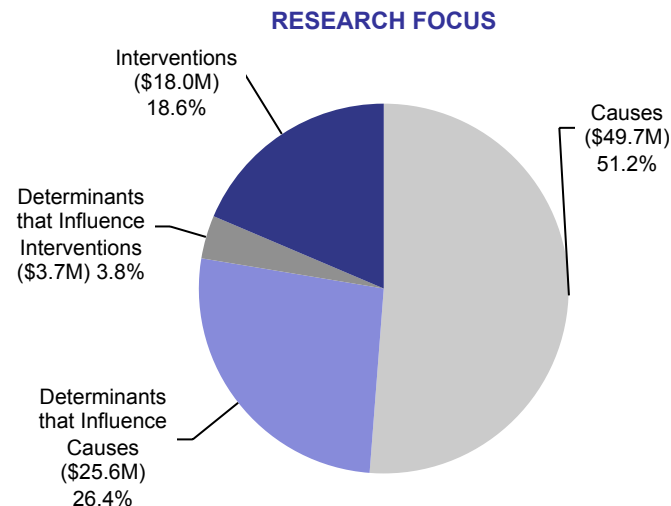
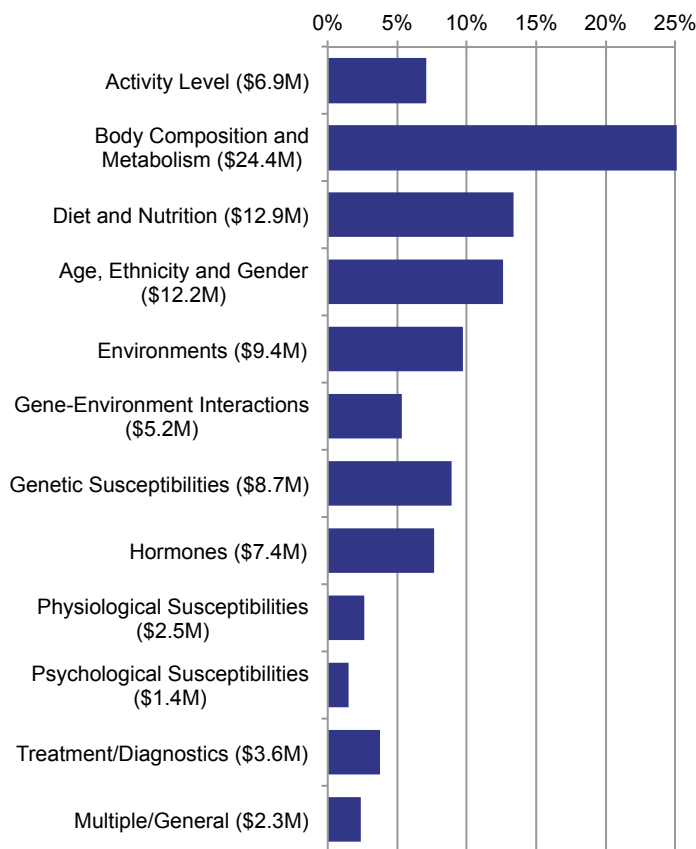
OBESITY RISK AND PREVENTION CUBE



RELATIVE INVESTMENT IN OBESITY RESEARCH BY CANADIAN RESEARCH FUNDING ORGANIZATIONS, 2006-08

ORGANIZATION	%	\$ 2006-2008
FEDERAL GOVERNMENT AGENCIES/PROGRAMS (\$83.1M)	85.7	\$83,123,816
Canadian Institutes of Health Research (\$53.8M)	55.5	\$53,829,302
Canada Research Chairs Program (\$8.8M)	9.1	\$8,795,742
Genome Canada (\$7.7M)	7.9	\$7,688,828
Canada Foundation for Innovation (\$5.0M)	5.1	\$4,983,835
Social Sciences and Humanities Research Council (\$3.7M)	3.8	\$3,685,230
Natural Sciences and Engineering Research Council (\$2.6M)	2.7	\$2,636,456
Networks of Centres of Excellence (\$1.0M)	1.0	\$996,658
Public Health Agency of Canada (\$0.5M)	0.5	\$507,765
PROVINCIAL GOVERNMENT AGENCIES (\$8.8M)	9.0	\$8,773,797
Alberta Innovates - Health Solutions (\$3.5M)	3.6	\$3,451,379
Fonds de recherche du Québec - Santé (\$2.7M)	2.8	\$2,742,574
Michael Smith Foundation for Health Research (\$1.7M)	1.8	\$1,707,645
Other (\$0.3M)	0.3	\$298,878
Saskatchewan Health Research Foundation (\$0.2M)	0.2	\$242,300
Manitoba Health Research Council (\$0.2M)	0.2	\$212,891
Nova Scotia Health Research Foundation (\$0.1M)	0.1	\$118,130
VOLUNTARY ORGANIZATIONS (\$5.1M)	5.2	\$5,076,447
Heart and Stroke Foundation (\$3.4M)	3.5	\$3,399,180
Canadian Diabetes Association (\$1.0M)	1.0	\$979,692
Other (\$0.4M)	0.4	\$366,735
Canadian Cancer Society (\$0.3M)	0.3	\$280,925
Not specified (less than \$0.1M)	0.1	\$49,915
TOTAL		\$96,974,060

DISTRIBUTION OF INVESTMENT BY THREE DIMENSIONS OF OBESITY RESEARCH CUBE, 2006-08



Synthesis: The Role of Government

- Restrict advertising and marketing of ‘fast food’ and other processed foods and sugary drinks to children, on television, in other media, and in supermarkets (regulatory action versus multi-sector collaborative and voluntary measures)
- Ensure that built and external environments are designed and maintained in ways that facilitate physical activity and other healthy behaviour.
- Encourage safe, nutrient dense, and relatively unprocessed foods and drinks and discourage sugary drinks and alcoholic drinks. ‘fast food’, and other processed foods.

Synthesis: The Role of the Private Sector

- Plan, commission, construct, and operate all built environments so as to protect public health and facilitate physical activity.
- Make public health an explicit priority in all stages of food systems including product research, development, formulation and reformulation, and promotion.



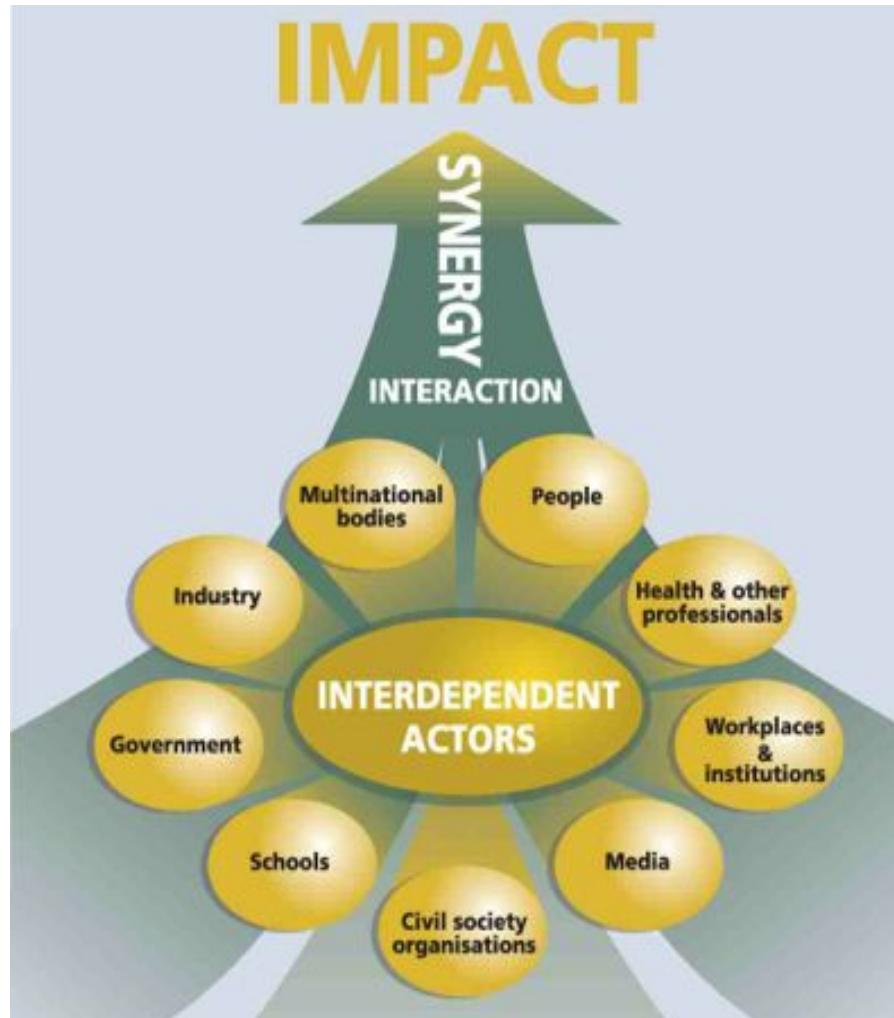
The Role of Other Sectors

- **Civil Society** – Create, develop and press governments and other actors to implement effective policies and programmes for nutrition and physical activity.
- **Schools** – Provide healthy daily meals for all staff and pupils, together with facilities for active recreation, activity and sports
- **Workplaces & Institutions** - Ensure that physical environments are designed or adapted and maintained to facilitate physical activity and weight control
- **Health Professionals** – Take a lead in educating and working with colleagues, other professionals, and other actors to improve public health including cancer prevention.

Three High Priority Canadian Policies

- Give greater priority to research on and programs to improve public health, including the prevention of cancer and other chronic diseases.
- Initiate collaborative processes between sectors to promote healthier eating and increased physical activity.
- Develop policies and programs for specific populations:
1) vulnerable groups (poverty, special health needs); 2) different age groups; 3) remote communities and First Nations, Inuit, and Métis populations.

Impact of Concerted Action



- Everyone has a role
- Action to be coherent
- Leadership from.....?
 - When it's everybody's responsibility will it be anyone's top priority?