

Obesity in Canada: Causes, Consequences and the Way Forward

Canadian Medical Association:

Submission to the Senate Standing Committee on
Social Affairs, Science and Technology

June 2, 2015



Helping physicians care for patients
Aider les médecins à prendre soin
des patients

The Canadian Medical Association (CMA) is the national voice of Canadian physicians. Founded in 1867, CMA's mission is to help physicians care for patients.

On behalf of its more than 80,000 members and the Canadian public, CMA performs a wide variety of functions. Key functions include advocating for health promotion and disease/injury prevention policies and strategies, advocating for access to quality health care, facilitating change within the medical profession, and providing leadership and guidance to physicians to help them influence, manage and adapt to changes in health care delivery.

The CMA is a voluntary professional organization representing the majority of Canada's physicians and comprising 12 provincial and territorial divisions and 51 national medical organizations.



1) Introduction

The Canadian Medical Association (CMA) would like to thank the Standing Senate Committee on Social Affairs, Science and Technology for the opportunity to provide our views on the causes and consequences of obesity in Canada, and our recommendations for a way forward.

Canada's physicians have repeatedly expressed their concern about the increasing prevalence of obesity and overweight in this country. Over the past ten years, responding to these expressions of concern, the CMA has developed a number of policy statements, briefs to government, and discussion papers on the issue, which articulate our recommendations for addressing this serious problem. In this brief, we will focus our recommendations on two remedies that we believe should be part of the way forward: the implementation of public policy that supports Canadians in making healthy food choices; and the provision of reliable, user-friendly information to health professionals and to the public.

2) Obesity in Canada: Causes and Consequences

More than half (62%) of Canadian adults are overweight according to the 2013 Canadian Health Measures Survey. A quarter of Canadian adults can be classed as obese (BMI \geq 30); this is double the obesity rate in 1979.¹ The rise in obesity is most pronounced among Canada's heaviest people; since 1985, the prevalence of extreme obesity (BMI \geq 40) rose from 0.3% to 1.6%, a more than five-fold increase.² One in ten Canadian children is obese;³ obesity in children and youth has more than doubled since the late 1970s. Prevalence of overweight and obesity is higher among some segments of the Canadian population, particularly Aboriginal peoples and people of lower socio-economic status.

Obesity is of particular concern to Canada's physicians because it increases a person's risk of developing a number of serious health problems: high blood pressure, high blood cholesterol, heart disease and stroke, type 2 diabetes, osteoarthritis, lower back pain and other musculoskeletal disorders, and many types of cancer. Type 2 diabetes, once found only in adults, is now being seen in children⁴. Health advocates are concerned that because of obesity, today's generation of children will have a shorter life expectancy than their parents.

¹ Statistics Canada. Body composition of adults, 2012 to 2013. Accessed at <http://www.statcan.gc.ca/pub/82-625-x/2014001/article/14104-eng.htm>. This survey used actual measurement which is considered more accurate than self-report.

² Twells LK, Gregory DM, Reddigan J, Midodzi WK. Current and predicted prevalence of obesity in Canada: a trend analysis. *CMAJ Open*, March 3, 2014. Accessed at <http://cmajopen.ca/content/2/1/E18.full>

³ Statistics Canada. Body mass index of children and youth, 2012 to 2013. Accessed at <http://www.statcan.gc.ca/pub/82-625-x/2014001/article/14105-eng.htm>

⁴ Canadian Diabetes Association. <http://www.diabetes.ca/diabetes-and-you/kids-teens-diabetes/children-type-2-diabetes>

In addition to poor physical health, obese people are at greater risk than people with normal weights of suffering from mental health problems such as low self-esteem, depression and anxiety. The stigma attached to obesity is high; obese people are at high risk of being bullied, ostracized socially, and discriminated against in the workplace. Some turn to food to relieve stress or as an escape from their unhappy lives, thereby perpetuating a vicious cycle of unhealthy eating and poor mental health.⁵

The Public Health Agency of Canada estimates that obesity-related health conditions cost Canada \$4.6 billion dollars in 2008, both in direct costs (such as hospitals and health professional services) and indirect ones (e.g. disability claims, psychological damage and lost productivity).⁶ Other estimates have been even higher.

The causes of obesity are multifarious and highly complex. There is no one, simple cause. In some cases human biology is responsible, because certain people have a genetic predisposition toward gaining weight. But for the most part, obesity can be attributed to environmental circumstances that contribute to Canadians consuming more calories than they burn through physical activity. These circumstances include:

- The widespread consumption of pre-packaged and processed foods. In the US it is estimated that the percentage of food spending that goes toward foods prepared away from home went up from 24% in 1966 to 42% in 2006.⁷ Processed foods are more likely than fresh foods to be high in trans fats, sodium, sugar and other ingredients that are risk factors for obesity-related diseases. They are available widely, in fast-food outlets, grocery stores and vending machines, and their manufacturers often promote them heavily. In addition, they are generally lower in price than fresh fruits, vegetables or meats, which may be beyond the means of many low-income Canadians.
- Change in physical activity patterns. Many adults spend their days at sedentary desk jobs, and if they engage in physical activity, they often devote specific time to it (say, an hour at the gym) rather than incorporating it into their daily lives. Where children might once have gone outdoors to play after school, today they are more likely to sit in front of a computer or television set.

The conventional wisdom about addressing obesity is that it is the individual's responsibility to lose weight through diet and exercise, and to keep it off. However, achieving and maintaining a healthy weight is a complex process, and can be frustratingly hard to manage. For many Canadians, obesity is a lifelong condition, and the environmental conditions discussed above

⁵ Canadian Obesity Network. Obesity and mental illness: addressing a double epidemic. Accessed at <http://www.obesitynetwork.ca/de.aspx?id=322>

⁶ Public Health Agency of Canada. Obesity in Canada: Health and economic implications. Accessed at <http://www.phac-aspc.gc.ca/hp-ps/hl-mvs/oic-oac/econo-eng.php>

⁷ From the CMA background paper on processed food and health. Original citation: Cohen D a. Obesity and the built environment: changes in environmental cues cause energy imbalances. *Int J Obes (Lond)*. 2008;32 Suppl 7:S137-42. doi:10.1038/ijo.2008.250.

discourage healthy behaviour. Despite an abundance of diet information and advice (of varying quality and accuracy), most people who lose weight eventually put it on again. Pharmaceutical weight loss drugs are available but are not always recommended because of their side effects⁸. More aggressive treatments such as surgery are recommended mainly for severely obese people with health complications.

3) The Way Forward

Just as obesity sparks challenges in our populations and has no single cause, so there is no single way forward that will fully address it. CMA believes that the way forward actually involves a number of separate paths moving in the same direction. Two of these paths are discussed in the following sections.

a) Implementing Public Policy That Helps Canadians Make Healthy Food Choices

Public policy can be a powerful tool to help reduce risks to public health. In the case of tobacco control, measures such as bans on tobacco advertising and on smoking in public places contributed to the decline in smoking in Canada by making it easier for individuals to choose to be smoke-free. In the same way, CMA believes the federal government should implement policies and regulations to help create a supportive environment for people wanting to achieve and maintain a healthy weight. In particular, CMA recommends that the Committee give consideration to the following measures:

i) Improving Access to healthy food

Recommendation: that the Government of Canada support community-based initiatives aimed at reducing Canadians' barriers to accessing healthy, nutritious food.

If Canadians are to be encouraged to make healthy food choices, then healthy foods should be readily available to them at affordable prices. Unfortunately, for many Canadians, this is not the case. In some neighborhoods, often lower-income neighbourhoods, fast food outlets outnumber grocery stores. Many variety stores, restaurants, schools and workplace cafeterias offer a larger selection of processed foods than of fresh fruits, vegetables and meat.

For some Canadians, financial barriers limit their capacity to make healthy individual choices. As a rule, fresh food tends to be more expensive than processed "fast food". The difficulty is

⁸ Canadian Task Force on Preventive Health Care. Recommendations for prevention of weight gain and use of behavioural and pharmacologic interventions to manage overweight and obesity in adults in primary care. *CMAJ* 187:3 (February 17, 2015): 184-195.

compounded in Canada's remoter areas and in the North, where fresh produce must be transported from far away, and what little is available is very high priced.

Programs to improve access to healthy food exist at all levels of government. The federal Northern Food Program, designed to offset the cost of transporting fresh food to remote areas, has been in existence for several years, though it has been criticized as ineffective⁹. At the community level, not-for-profit and municipal agencies have collaborated on programs such as the Good Food Markets in Ottawa, which offer fresh, affordable foods in low-income areas.¹⁰

Other measures to improve access to healthy food could include: ensuring that every Canadian is within reach of a grocery store; regulating the number and location of fast-food outlets; and increasing the availability of nutritious foods and restricting that of processed foods in workplaces, schools and recreational facilities.

ii) Controls on Marketing of Processed Foods.

Industry marketing of fast food and processed food, including beverages, is ubiquitous – in television, on the radio, on the Internet, and at point-of-purchase displays and event sponsorships. Unfortunately, many of the advertised foods are high in calories and low in nutrients. Food advertising is aimed at Canadians of all ages, but children, particularly those under the age of 13, have been found to be especially vulnerable to it. Research has shown that the advertising of food and beverages to children influences their food and beverage preferences, purchase requests and consumption patterns.¹¹

At present, Canada relies on voluntary industry codes to govern advertising and marketing practices. However, health groups are skeptical of the effectiveness of such codes, and of manufacturers' commitment to them. The CMA believes that for maximum efficacy, regulatory measures are required to minimize the negative effect of food marketing on health.

Recommendation: That governments ban the advertising and promotion of high-calorie, nutrient poor foods to children 13 years of age or younger.

Food advertisements often include claims as to the product's nutrition content and health benefits. Unfortunately, such advertising may be misleading; a product labelled "lower fat" may

⁹ Woo A. "Critics slam Canada's northern food program." *The Globe and Mail*, November 4, 2014. Accessed at <http://www.theglobeandmail.com/news/critics-slam-canadas-northern-food-program/article21451386/>

¹⁰ Canadian Public Health Association. "Ottawa Public Health partners with community Groups to Increase access to healthy foods." Accessed at <http://www.cpha.ca/en/programs/social-determinants/frontlinehealth/stories/ottawa.aspx>

¹¹ "Restricting Marketing of Unhealthy Foods and Beverages to Children and Youth in Canada" a policy paper endorsed by CMA and other health and scientific organizations.

still have a relatively high fat content, or contain high levels of other potentially unhealthy ingredients such as sugar and sodium. In general, brand-specific advertising is a less than optimal way to provide health information to consumers. Therefore, CMA believes that the federal government should review and regulate the health claims that manufacturers can make for their products, to ensure that these claims are based on the best available scientific evidence and that they are accurately communicated to consumers.

Recommendation: that the Government of Canada set rigorous standards for the advertising of health claims for food, and strengthen provisions against deceptive advertising in the Food and Drug Act.

iii) Enhancing Nutrition Labelling

Governments at all levels, as well as health organizations, currently provide a variety of programs, educational materials and guidelines to the public. The CMA encourages these initiatives and encourages all levels of government to continue to make overweight and obesity a public health education priority.

Food labels are an important means of health education, providing guidance to shoppers at the point of purchase to help them inform their food choices. Health Canada has made important contributions to public education, through a number of programs including its "Nutrition Facts" package labels. The labels are continually being revised and updated, as research reveals new information about nutrition and about effective means of conveying health messages to the public. As part of its revision process, CMA believes that Health Canada should consider enhancing health messages on the front as well as the back of food packages.

Recommendation: that the Government of Canada implement, and set rigorous standards for, front-of-package food labelling.

The CMA encourages the federal government to build upon the current package labelling system, making labels as user-friendly as possible and helping Canadians to interpret the information they provide. Colour-coded, brief-summary labels, such as the "red-light, green-light" system used in Britain, are intended to provide consumers with an "at a glance" assessment of a food's nutritional value. While the system has its critics, it has the benefit of being easy to notice and interpret. The CMA has also recommended that food packages and retail displays contain warnings about the health risks associated with an excessive consumption of calorie-high, nutrient poor food and beverages.

b) Information and Support for Physicians and other Health Professionals

For many patients, obesity is a lifelong condition which, like other chronic health conditions, can be managed medically but rarely fully cured. Increasingly, it is being recognized that effective obesity management requires more than short-term weight loss diets; it involves identifying and addressing both the root causes of a patient's weight gain (physical, psychological or socio-economic) and the barriers the patient experiences in maintaining healthy weight.¹² According to the Canadian Obesity Network, primary care interventions should be evaluated not by how many pounds the patient loses but by improvements in the patient's health and well-being.

Physicians, working with dietitians, nurses, physiotherapists, mental health care providers and other health professionals, have an important role in providing care and support to people who are trying to maintain a healthy weight. Physicians can provide nutrition advice to patients as part of the routine medical examination. In addition, since primary care physicians are generally the patient's first point of contact with the health care system, they often see patients at "teachable moments" when, because of an associated health condition such as diabetes, they are motivated to change unhealthy behaviours. Physicians can also provide patients with resources to help them live healthy lives. For instance, in British Columbia, physicians are prescribing exercise on specially-designed prescription pads, distributing free pedometers, and hosting free walking events for their patients and the public. In the Edmonton area, Primary Care Networks are prescribing free access passes or a free month of access at local municipal recreation facilities.

The tertiary health care sector also has an important role to play in addressing obesity, since there is a growing number of severely obese patients who are at high risk of serious health problems and may require specialized treatment, possibly bariatric surgery. According to a study by the Canadian Institute for Health Information, the number of bariatric surgeries performed in Canada has jumped four-fold since 2006-07. The study notes that though the health care system has made great strides in meeting the demand,¹³ access to bariatric surgery varies from one region of Canada to another. Governments have an important role to play in ensuring equitable access to bariatric surgery for patients for whom it is clinically indicated.

Recommendation: That the federal government work with provincial/territorial governments and with researchers, medical educators and others to continually develop and disseminate up-to-date, evidence-based clinical knowledge and

¹² Canadian Obesity Network: 5As Guiding Principles. Accessed at http://www.obesitynetwork.ca/5As_core_principles

¹³ "Weight loss surgeries leap in Canada, study says." CBC News, May 22, 2014. Accessed at <http://www.cbc.ca/news/health/weight-loss-surgeries-leap-in-canada-study-says-1.2651066>

practice tools, to help physicians and other health professionals manage overweight and obesity in their patients.

Clinical guidelines, based on the best current scientific evidence, are available to help health professionals work with their patients to achieve and maintain healthy weights. The Canadian Obesity Network has developed a “5As of Obesity Management” program for primary care. The Canadian Task Force on Preventive Health Care also develops and frequently updates recommendations for primary caregivers on how to manage overweight and obesity in practice. The Task Force’s most recent recommendations were published in the *Canadian Medical Association Journal* early in 2015. Clinical practice guidelines should be distributed widely and continually updated, and governments could play an important role in supporting the revision and dissemination process.

Thanks to ongoing research our knowledge of the extent and causes of obesity, and the effectiveness of existing programs in addressing it, is continually growing and developing. CMA encourages an ongoing commitment to research, and believes that the Government of Canada has an important role to play in supporting it. Results of this research should be communicated to health professionals and the public as quickly and widely as possible, so that it can be rapidly incorporated into clinical practice.

Recommendation: That the federal government support, and help to disseminate, evidence-based research on obesity in Canada and on the evaluation of strategies to address it.

3) Conclusion

Obesity and overweight are serious health problems in Canada, and as such are of great concern to the country’s physicians and to the Canadian Medical Association. The causes, CMA believes, are rooted mainly in changes in our environment and their effect on our eating and physical activity habits. The consequences are extremely serious, both for individual Canadians’ health and for the sustainability of Canada’s health care system.

CMA believes that the way forward requires a number of different interventions, on many levels. These should include providing and continually updating research and practice information for health professionals; and implementing policies that support Canadians as they pursue the goal of maintaining healthy weights.

Once again, CMA commends the Senate of Canada on conducting this study. We hope it will help encourage productive and meaningful change in the way Canadians view obesity, and assist in creating a social environment that supports healthy eating and healthy weight.