



Ipsos Reid



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Canadians' Perceptions of, and Support for, Potential Measures to Prevent and Reduce Childhood Obesity

Final Report

Ce rapport est aussi disponible en français sur demande.

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Executive Summary

Background

Over the last 25 years, Canada has witnessed an alarming rise in the prevalence of overweight and obesity. With almost 60% of adults and over one-quarter of children and youth currently overweight or obese, this is an issue that affects Canadians across the country and across diverse populations.

Children and youth are of particular concern given the long-term effects of excess weight over time. Increasingly, obese children are being diagnosed with a range of health conditions previously seen almost exclusively among adults. Given these links to poor physical and mental health outcomes and their associated economic costs, there is a continued need for the federal government to engage in activities to address obesity, especially childhood obesity, in Canada.

This public opinion research project supports this effort by providing the Public Health Agency of Canada (PHAC) with critical information on the public's perceptions of, and support for, a range of actions to prevent and reduce childhood obesity. This information will be used to help PHAC in identifying, developing, and refining future activities related to the promotion of healthy weights among children and youth.

The project was commissioned by PHAC's Strategic Initiatives and Innovations Directorate on February 21, 2011. Total project costs were \$119,680.42.

Research Objectives

The purpose of this project was to collect critical information on Canadian adults' knowledge of, and attitudes towards, childhood obesity, and on their level of support for a range of actions aimed at its prevention and reduction.

The key objectives were to assess current levels of the following:

- General knowledge and awareness of childhood obesity in Canada
- Issue saliency
- Acceptability of potential measures to prevent/reduce childhood obesity
- Roles of government, parents, the public and the private sector



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Methodology

Quantitative Research

A telephone survey of a nationally representative sample of Canadian adults (18 years and older) was carried out from March 18 to March 28, 2011. The response rate for the survey was 11%. The average survey length was 15 minutes.

A total of 1,222 interviews were conducted, including an oversample among parents with children 17 or under living at home to bring the total number of interviews among this sub-population to n=626. The margin of error for the total survey population is ± 2.8 .

Qualitative Research

Between June 21st and June 28th, 2011, Ipsos Reid carried out eight focus groups nationwide, with two focus groups held in each of the following four cities: Toronto, Halifax, Winnipeg and Montreal. In each location Ipsos Reid conducted one focus group with members of the general public and a second group specifically with parents of children less than 18 years of age.

Focus groups were two hours in duration. Participants were paid an honorarium of \$75. The sessions in Montreal were carried out in French; all other sessions were carried out in English. Ipsos Reid recruited 10 participants for each group with the expectation that eight would attend. Within each group, the recruitment was structured to meet the following criteria:

- A range of ages between 18 and 64;
- A range of educational attainment levels; and
- A range of income levels.

The analysis of qualitative findings yields tendencies and indications of how the target audience perceives the study issues, and is intended to elaborate upon key findings from the quantitative survey. However, qualitative research results are not representative of the general population.



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Findings

Quantitative Perspective

Childhood Obesity as a Public Health Issue: Canadians consider obesity to be the leading health issue faced by children and youth in Canada today (31% among the general public and 33% among parents mention obesity without prompting). Childhood obesity is mentioned more often than drugs/alcohol (12% and 6%, respectively), access to health care (10%, 9%), mental health (5% each), and smoking (3%, 2%). Further indication of the perceived salience of the issue is demonstrated by the extent of related issues mentioned, such as lack of exercise (10%, 17%), and nutrition (10%, 12%).

Moreover, when asked about their level of concern regarding specific issues that affect children and youth (ages 17 and younger) in Canada today, a lack of physical activity (65% among the general public, 63% among parents), overweight/obesity (64% and 58%, respectively), and unhealthy eating habits (61%, 55%) evoke the highest levels of concern (% indicating they are *very concerned* on a four-point scale).

The main reasons that are driving concern about overweight/obesity among youth and children are a belief that children are not getting enough activity/exercise (26% among the general public, 24% among parents), that overweight/obesity causes a lot of health problems (21% and 20%, respectively), and that respondents have firsthand experience knowing or seeing a lot of overweight or obese children (19%, 23%).

Perceived Drivers of Childhood Obesity: When asked (unaided) to provide what they think are the main reasons children and youth are overweight or obese today (multiple responses accepted), the most frequently cited reasons are a lack of regular physical activity (46% among both the general public and parents) and poor eating habits (35%, 39%). About one in four mention an increasing reliance on and interest in technology, which takes time away from physical activity (22%, 25%), and about one in five cite the number of unhealthy food options available (18%, 21%).

Health Consequences of Childhood Obesity: The vast majority of respondents think that obesity increases a person's chances of developing health problems such as heart disease, high blood pressure, etc. (e.g., 87% among the general public and 90% among parents *strongly agree*, on a four-point agreement scale). Most respondents also think there is a correlation between obesity and the



likelihood of developing emotional problems, such as depression, and low self-esteem (e.g., 66% and 69%, respectively, *strongly agree* that this is the case).

Responsibility for Childhood Obesity: Parents are clearly viewed to be most responsible for overweight and obesity among children and teens, while relatively few see government as primarily responsible. When Canadians are provided with a list of options and asked who is *primarily* responsible, parents are mentioned most often (69% among the general public, 77% among parents), followed distantly by the individuals themselves (8% and 5%, respectively), fast food restaurants (7%, 4%), food manufacturers (7%, 7%), and government (5%, 3%). *Secondary* responsibility is assigned most often to three groups – fast food restaurants (22% among the general public, 19% among parents), the individuals themselves (21% and 23%, respectively), and food manufacturers (17%, 20%).

Within levels of government, the federal government is viewed to be the most responsible for Canadian children and youth being overweight and obese, (54% among the general public, 62% among parents) followed by provincial (27% and 21%, respectively) and local (10%, 7%) governments.

Responsibility for Addressing Childhood Obesity: In terms of addressing the problem of overweight and obesity among children in Canada, there is widespread agreement that parents should play a major role (98% among both the general public and parents). To a lesser extent, other individuals and organizations, such as the children themselves (71% among both the general public and parents), schools (67% and 65%, respectively), health care providers (e.g. doctors, nurses, and dietitians) (65%, 62%), provincial health departments (63%, 64%), food manufacturers (62%, 59%), and fast food companies (58%, 54%) were also seen as having a major role to play.

Although parents are viewed to be the major player in terms of responsibility for childhood obesity and the fight against it, the issue itself is largely viewed to be a public issue that society needs to help solve together (71% among the general public, 77% among parents) rather than a private issue that people need to deal with on their own (28% and 22%, respectively).

Support for Potential Federal Actions to Address Childhood Obesity: Three in ten Canadians feel that the government is doing enough to address the issue of childhood obesity while six in ten feel that the government could do more (61% among the general public, 63% among parents). Along these lines, there are high levels of support for a range of federal government initiatives on the **provision or development of tools, resources, information, or advertising campaigns** to combat childhood obesity. Support is highest for providing resources or tools to help parents and children to be active, eat well, or lose weight (69% among the general public and 68% among parents say they *strongly support* this initiative on



a four-point scale), and for providing more information and resources to parents and their children about the health risks associated childhood obesity (64% and 60%, respectively).

Similarly, support for federal government actions to **create healthy built environments** to combat childhood obesity is high. Seven in ten *strongly support* the federal government doing the following: providing resources to support community development initiatives that make it easier for children to incorporate walking and cycling into their daily routines (68% among the general public, 71% among parents), and providing funds to build more recreational facilities and infrastructure; for example playgrounds and bicycle trails for children and youth in their communities (66% and 70%, respectively).

Moreover, there are high levels of support for federal government actions to **create healthier food environments** to combat childhood obesity. About seven in ten *strongly support* requiring fast food restaurants to list nutrition information such as caloric and fat content on their menus (70% among the general public, 67% among parents), introducing easy-to-read information labels on the front of packaged foods listing the product's nutritional content (68% and 64%, respectively), and providing funds to increase access to healthy foods in communities where such foods are difficult to find or purchase (62%, 67%). In terms of the **marketing of unhealthy foods and beverages to children**, more than half (60% among the general public, 62% among parents) *strongly support* restricting the marketing of such foods to children, while about half also *strongly support* banning this type of marketing (53% and 48%, respectively).

Support for the **taxation of junk foods and sugary drinks to combat childhood obesity** is also high, particularly if the money collected through taxation would be used to fund programs that fight childhood obesity. However, support is not as high as for any of the previously mentioned initiatives. For example, about four in ten respondents *strongly support* adding a special tax on sugary drinks if the money collected is used to fund programs that fight childhood obesity (40% among the general public, 36% among parents). Support slips to 28 and 25 percent, respectively, if there is no mention of funding programs to fight childhood obesity and the tax is simply intended to discourage people from buying these types of products.

Perceived Barriers to Making Healthier Choices: The findings are mixed with respect to whether or not Canadians feel that their environment is conducive to a healthy lifestyle. There is a high level of agreement among respondents that their neighbourhoods are places where children and youth are able to safely be physically active, including walking or biking to school (59% among the general public and 56% among parents *strongly agree* with this statement). However, the majority of respondents also *agree* (strongly or somewhat) that junk food is too

easily available in their neighbourhood (67% and 62%, respectively). That said, most *strongly disagree* that there is no place to buy healthy food in their neighbourhood (52% and 56%, respectively).

For a plurality of parents, cost (in particular) and time are perceived to be barriers to providing healthy food for their children. Half (50%) *agree* (strongly or somewhat) that it is expensive to prepare healthy meals for their children, and four in ten (40%) agree that it is difficult to find the time to prepare healthy meals for their children in the mornings and evenings.

Qualitative Perspective

There was general agreement in all focus group sessions that childhood obesity is indeed an issue of concern in Canada, with serious implications for the future (e.g. the rise in health issues related to childhood obesity, the burden on a health care system that is already struggling, as well as the likely increased costs associated with caring for this next generation).

The primary factors contributing to childhood obesity, as identified by respondents, were consistent across all locations:

- lack of time and busy lifestyles;
- costs associated with making healthy food choices;
- inconvenience and costs associated with making active lifestyle choices; and,
- to a lesser extent, safety and security concerns.

The promotion of physical activity and healthy food choices among children and youth is seen as a shared responsibility between parents, schools (both mentioned most often on an unprompted basis), and governments.

There is an expectation that governments at all levels (federal, provincial and municipal) should be working collaboratively to deal with this issue.

Most say that the federal government's role should be, first and foremost, to provide the overarching vision and the means (i.e., programs, appropriate infrastructure, funds, etc.) to allow a coordinated approach for promoting physical activity and healthy food choices among children.

Both the parents-only and general population groups expressed concern, often unprompted, with the widespread marketing of unhealthy food choices; this issue was seen as a major contributor to the problem of childhood obesity. Furthermore, there was general agreement that this issue needed to be addressed if Canada was truly serious about dealing with childhood obesity.



Nevertheless, levying a special tax on unhealthy food items had limited appeal, often dividing focus group participants into two camps: those who saw no other option (the minority) and those who wondered aloud about the appropriateness and effectiveness of such a tax. There was also concern about the effect an additional tax would have on families that are already struggling financially.

A number of participants mentioned that if such a measure was to be implemented, they would expect the Government of Canada to offset increased costs related to this tax by reducing the cost of “healthy foods” by an equivalent amount.

According to many participants, urban design and city planning can contribute to the problem of childhood obesity. Concerns related to safety and security, such as allowing their children to play on busy streets, the lack of sidewalks, as well as issues related to general public safety, were often mentioned.

These concerns are further compounded by what some see as a lack of sporting infrastructure and facilities in close proximity to their homes, which in turn often requires parents and children to travel by car to access sports facilities and parks in order to be physically active.

Lack of proximity of healthy food choices to one’s home is for the most part not seen as a major contributing factor when it comes to childhood obesity. According to most participants, healthy food options are available; it is a matter of making the effort to seek them out.

RAPPORT SOMMAIRE

Contexte

Au cours des 25 dernières années, on a assisté à une hausse alarmante de la prévalence de l'embonpoint et de l'obésité au Canada. Comme l'embonpoint ou l'obésité touche près de 60 % des adultes et plus du quart des enfants et des jeunes, l'enjeu touche les Canadiens des quatre coins du pays et de toutes les couches de la population.

La situation des enfants et des jeunes est particulièrement préoccupante compte tenu des effets à long terme que peut entraîner à la longue un surplus de poids. De plus en plus, on diagnostique chez les enfants obèses une foule de troubles de santé que l'on observait auparavant exclusivement chez les adultes. Compte tenu des liens entre l'obésité et les conséquences négatives sur la santé physique et mentale et des coûts qu'elles entraînent, il est nécessaire pour le gouvernement fédéral de proposer des mesures pour remédier à l'obésité au Canada, en particulier l'obésité des enfants.

La présente étude d'opinion publique contribue à cet effort en fournissant à l'Agence de la santé publique du Canada (l'ASPC) des renseignements essentiels sur les perceptions et le soutien de la population à l'égard d'une série de mesures visant à prévenir et à réduire l'obésité chez les enfants. Ces renseignements permettront à l'ASPC d'identifier, de mettre sur pied et de peaufiner des activités futures pour la promotion d'un poids santé auprès des enfants et des jeunes.

L'étude a été commandée par la Direction des initiatives stratégiques et des innovations de l'ASPC le 21 février 2011. Le coût total en a été de 119 680, 42 \$.

Objectifs de l'étude

L'étude avait pour but de recueillir des renseignements essentiels sur les connaissances et les attitudes des Canadiens adultes à l'égard de l'obésité chez les enfants et sur leur appui à une série de mesures de prévention et de réduction.

Les principaux objectifs étaient d'évaluer les éléments suivants :

- Le niveau de connaissance et de sensibilisation de la population à l'égard de l'obésité chez les enfants au Canada



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- L'importance de l'enjeu
- Le caractère acceptable de mesures possibles pour prévenir/réduire l'obésité chez les enfants
- Les rôles du gouvernement, des parents et des secteurs public et privé.

Méthodologie

Étude quantitative

Un sondage téléphonique a été mené du 18 au 28 mars 2011 auprès d'un échantillonnage de Canadiens adultes (18 ans et plus) représentatif de la population du pays. Le taux de réponse au sondage a été de 11 %. La durée moyenne du sondage a été de 15 minutes.

Au total, 1 222 entrevues ont été réalisées, notamment auprès d'un suréchantillonnage de parents ayant des enfants de 17 ans ou moins vivant au domicile, ce qui porte le nombre total d'entrevues réalisées avec des participants de ce sous-groupe à n=626. La marge d'erreur associée à l'ensemble de la population sondée est de $\pm 2,8$.

Étude qualitative

Entre le 21 et le 28 juin 2011, Ipsos Reid a tenu huit groupes de discussion à l'échelle nationale, soit deux dans chacune des quatre villes suivantes : Toronto, Halifax, Winnipeg et Montréal. Dans chaque ville, Ipsos Reid a organisé un groupe de discussion réunissant des répondants du grand public et un autre réunissant des parents d'enfants de moins de 18 ans.

Les groupes de discussion ont duré deux heures, et les participants ont reçu une somme de 75 \$ en guise de remerciement. À Montréal, les rencontres se sont déroulées en français, et dans les autres villes, elles se sont déroulées en anglais. Ipsos Reid a recruté dix participants par groupe dans l'espoir que huit se présentent. Voici les critères de recrutement qui ont servi pour former les groupes de discussion :

- Un éventail d'âges de 18 à 64 ans;
- Un éventail de niveaux de scolarité; et
- Un éventail de catégories de revenu.

L'analyse des résultats qualitatifs permet de dégager des tendances et d'obtenir des indications quant à la façon dont le public cible perçoit les enjeux à l'étude et sert à étoffer les principaux résultats du sondage quantitatif. Toutefois, les



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résultats de l'étude qualitative ne sont pas représentatifs de l'opinion de la population générale.



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Résultats

Point de vue quantitatif

L'obésité chez les enfants en tant que problème de santé publique : Les Canadiens estiment que l'obésité est le principal problème de santé publique auquel sont confrontés les enfants et les jeunes au Canada de nos jours (31 % parmi les répondants du grand public et 33 % parmi les parents mentionnent l'obésité de façon spontanée). L'obésité chez les enfants est mentionnée plus souvent que la drogue/l'alcool (12 % et 6 % respectivement), l'accès aux soins de santé (10 % et 9 %), la santé mentale (5 % dans les deux cas) et le tabagisme (3 % et 2 %). La fréquence des mentions de problèmes connexes comme le manque d'exercice (10 % et 17 %) et la nutrition (10 % et 12 %) confirme par ailleurs l'importance perçue de la question.

En outre, lorsqu'on demande aux participants dans quelle mesure ils sont préoccupés par certains problèmes touchant les enfants et les jeunes (de 17 ans et moins) au Canada de nos jours, ce sont le manque d'activité physique (65 % parmi les répondants du grand public et 63 % parmi les parents), l'embonpoint/obésité (64 % et 58 % respectivement) et les mauvaises habitudes alimentaires (61 % et 55 %) qui suscitent le plus haut niveau de préoccupation (% indiquant être *très préoccupé* sur une échelle de quatre points).

Les principales raisons invoquées par les participants pour justifier leur préoccupation à l'égard de l'embonpoint/obésité chez les jeunes et les enfants sont le fait que les enfants ne font pas assez d'activité/exercice (26 % parmi les répondants du grand public et 24 % parmi les parents), le fait que l'embonpoint/obésité cause de nombreux problèmes de santé (21 % et 20 % respectivement) et le fait qu'ils constatent et savent d'expérience que beaucoup d'enfants souffrent d'embonpoint ou d'obésité (19 % et 23 %).

Raisons perçues de l'obésité chez les enfants : Lorsqu'on demande aux participants d'indiquer (sans aide) quelles sont selon eux les principales raisons pour lesquelles les enfants et les jeunes souffrent d'embonpoint ou d'obésité de nos jours (plusieurs réponses acceptées), les raisons qui reviennent le plus souvent sont le manque d'activité physique régulière (46 % parmi les répondants du grand public et les parents) et les mauvaises habitudes alimentaires (35 % et 39 %). Environ un participant sur quatre indique la dépendance et l'intérêt à l'égard de la technologie qui réduisent le temps consacré à l'activité physique (22 % et 25 %), et environ un sur cinq souligne l'existence d'un trop grand nombre d'aliments mauvais pour la santé (18 % et 21 %).

Conséquences sur la santé de l'obésité chez les enfants : La vaste majorité des répondants sont d'avis que l'obésité augmente les risques de problèmes de santé comme les maladies du cœur et l'hypertension (c.-à-d., 87 % parmi les répondants du grand public et 90 % parmi les parents sont *fortement d'accord*, sur une échelle de quatre points). La plupart des participants estiment également qu'il existe une corrélation entre l'obésité et la probabilité de souffrir de problèmes émotifs comme la dépression et une faible estime de soi (c.-à-d., 66 % et 69 % respectivement sont *fortement d'accord* pour dire que cette corrélation existe).

Responsabilité à l'égard de l'obésité chez les enfants : Les parents sont nettement perçus comme étant les plus grands responsables de l'embonpoint et de l'obésité chez les enfants et adolescents, et un nombre relativement peu élevé de participants en attribuent la plus grande responsabilité au gouvernement. Devant un choix de réponses à la question de savoir qui en est responsable *en premier lieu*, les Canadiens disent le plus souvent que ce sont les parents (69 % parmi les répondants du grand public et 77 % parmi les parents). Loin derrière suivent les gens eux-mêmes (8 % et 5 % respectivement), les restaurants-minute (7 % et 4 %), les fabricants de produits alimentaires (7 % et 7 %) et le gouvernement (5 % et 3 %). *En deuxième lieu*, la responsabilité est le plus souvent attribuée à trois groupes – les restaurants-minute (22 % parmi les répondants du grand public et 19 % parmi les parents), les gens eux-mêmes (21 % et 23 % respectivement) et les fabricants de produits alimentaires (17 % et 20 %).

En ce qui a trait aux paliers de gouvernement, c'est le gouvernement fédéral qui est perçu comme étant le plus grand responsable de l'embonpoint et de l'obésité chez les enfants et les jeunes Canadiens (54 % parmi les répondants du grand public et 62 % parmi les parents), suivi du gouvernement provincial (27 % et 21 % respectivement) et des administrations municipales (10 % et 7 %).

Responsabilité pour ce qui est de remédier à l'obésité chez les enfants : Pour remédier au problème de l'embonpoint et de l'obésité chez les enfants au Canada, les participants sont largement d'accord pour dire que les parents devraient jouer un grand rôle (98 % parmi les répondants du grand public et les parents). Dans une moindre mesure, d'autres personnes et organisations, comme les enfants eux-mêmes (71 % parmi les répondants du grand public et les parents), les écoles (67 % et 65 % respectivement), les fournisseurs de soins de santé (p. ex., les médecins, les infirmières et les diététiciens) (65 % et 62 %), les ministères de la Santé provinciaux (63 % et 64 %), les fabricants de produits alimentaires (62 % et 59 %) et les entreprises de restauration rapide (58 % et 54 %) sont aussi perçues comme ayant un grand rôle à jouer à cet égard.

Bien que les parents soient perçus comme ayant la plus grande part de responsabilité en ce qui concerne l'obésité chez les enfants et la lutte contre

l'obésité, l'enjeu en tant que tel est largement perçu comme étant un problème public que la société doit résoudre collectivement (71 % parmi les répondants du grand public et 77 % parmi les parents) plutôt qu'un problème privé que les gens doivent résoudre eux-mêmes (28 % et 22 % respectivement).

Appui à des mesures possibles du gouvernement fédéral pour remédier à l'obésité chez les enfants : Trois Canadiens sur dix estiment que le gouvernement en fait assez pour remédier au problème de l'obésité chez les enfants, et six sur dix sont d'avis que le gouvernement pourrait faire plus (61 % parmi les répondants du grand public et 63 % parmi les parents). On observe par ailleurs de hauts niveaux d'appui à une série d'initiatives du gouvernement fédéral pour **fournir ou créer des outils, des ressources, des renseignements ou des campagnes publicitaires** afin de lutter contre l'obésité chez les enfants. C'est l'idée de fournir des ressources ou des outils pour aider les parents et les enfants à être actifs, à bien manger ou à perdre du poids (69 % parmi les répondants du grand public et 68 % parmi les parents se disent *fortement pour* cette initiative, sur une échelle de quatre points) et celle de fournir plus de renseignements et de ressources aux parents et à leurs enfants en ce qui concerne les risques pour la santé associés à l'obésité chez les enfants (64 % et 60 % respectivement) qui recueillent l'appui le plus élevé.

De la même façon, l'appui à des mesures du gouvernement fédéral pour **créer des milieux de vie sains** pour lutter contre l'obésité chez les enfants est élevé. Sept participants sur dix sont *fortement pour* que le gouvernement fédéral adopte les mesures suivantes : fournir des ressources pour soutenir les projets de développement qui aident les enfants à intégrer la marche et la bicyclette à leur routine quotidienne dans les communautés (68 % parmi les répondants du grand public et 71 % parmi les parents) et financer la construction d'installations et d'équipements récréatifs, par exemple des terrains de jeux et des pistes cyclables, pour les enfants et les jeunes de leur communauté (66 % et 70 % respectivement).

De plus, on observe des niveaux élevés d'appui à des mesures du gouvernement fédéral pour **créer des environnements alimentaires plus sains** pour lutter contre l'obésité chez les enfants. Environ sept répondants sur dix sont *fortement pour* l'idée d'exiger des restaurants-minute qu'ils affichent l'information nutritionnelle sur leurs menus, par exemple la teneur en calories, et en gras (70 % parmi les répondants du grand public et 67 % parmi les parents), l'idée de mettre en place sur le devant des emballages d'aliments des étiquettes d'information faciles à lire énumérant le contenu nutritionnel du produit (68 % et 64 % respectivement) et celle de fournir des fonds pour améliorer l'accès à des aliments sains dans les communautés où il est difficile d'en trouver ou d'en acheter (62 % et 67 %). Pour ce qui est du **marketing sur les aliments et boissons mauvais**

pour la santé s'adressant aux enfants, plus de la moitié des participants (60 % parmi les répondants du grand public et 62 % parmi les parents) est *fortement pour* l'idée de restreindre le marketing de tels aliments auprès des enfants, et environ la moitié est aussi *fortement pour* l'idée d'interdire ce type de marketing (53 % et 48 % respectivement).

L'appui à la **taxation de la malbouffe et des boissons sucrées pour lutter contre l'obésité chez les enfants** est lui aussi élevé, en particulier si l'argent recueilli sert à financer des programmes de lutte contre l'obésité chez les enfants. Toutefois, l'appui n'est pas aussi élevé que celui recueilli par les initiatives mentionnées précédemment. Par exemple, environ quatre participants sur dix sont *fortement pour* l'idée d'ajouter une taxe spéciale sur les boissons sucrées si les sommes recueillies servent à financer des programmes pour lutter contre l'obésité chez les enfants (40 % parmi les répondants du grand public et 36 % parmi les parents). L'appui glisse toutefois à 28 et à 25 pour cent respectivement si on ne mentionne pas le financement de programmes pour lutter contre l'obésité chez les enfants et si la taxe est simplement destinée à dissuader les gens d'acheter ces types de produits.

Obstacles perçus à des choix meilleurs pour la santé : Pour ce qui est de savoir si les Canadiens estiment que leur environnement est propice à un mode vie sain, les résultats sont partagés. Les participants expriment un niveau élevé d'accord pour dire que leur quartier est un endroit où les enfants et les jeunes peuvent pratiquer des activités physiques en toute sécurité, y compris se rendre à l'école à pied ou en bicyclette (59 % parmi les répondants du grand public et 56 % parmi les parents sont *fortement d'accord* avec cet énoncé). Toutefois, la majorité des participants est aussi *d'accord* (fortement ou plutôt) pour dire qu'il est trop facile de se procurer de la malbouffe dans leur quartier (67 % et 62 % respectivement). Cela dit, la plupart des répondants sont *fortement en désaccord* pour dire qu'il n'y a pas d'endroit pour acheter des aliments sains dans leur quartier (52 % et 56 % respectivement).

Pour un grand nombre de parents, le coût (en particulier) et le temps sont perçus comme des obstacles à l'achat d'aliments sains pour leurs enfants. La moitié (50 %) est *d'accord* (fortement ou plutôt) pour dire que cela coûte cher de préparer des repas sains pour leurs enfants, et quatre sur dix (40 %) sont d'accord pour dire qu'il est difficile de trouver le temps de préparer des repas sains pour leurs enfants le matin et le soir.

Point de vue qualitatif

Les participants de tous les groupes de discussion sont généralement d'accord pour dire que l'obésité chez les enfants au Canada est en effet un problème

préoccupant qui a des répercussions graves pour l'avenir (p. ex., la hausse de troubles de santé liés à l'obésité chez les enfants, le fardeau sur un système de santé déjà surchargé et la hausse probable des coûts associés aux soins à prodiguer à cette prochaine génération).

Les principaux facteurs qui contribuent à l'obésité chez les enfants, tel qu'identifié par les répondants, sont les mêmes dans tous les groupes :

- manque de temps et rythme de vie rapide;
- coûts associés au choix d'aliments sains;
- aspect peu pratique et coûts associés au choix d'un mode de vie actif; et,
- dans une moindre mesure, les préoccupations à l'égard de la sûreté et de la sécurité.

La promotion de l'activité physique et du choix d'aliments sains auprès des enfants et des jeunes est perçue comme étant une responsabilité conjointe des parents, des écoles (deux réponses entendues le plus souvent sans aide) et les gouvernements.

On estime que tous les paliers de gouvernement (fédéral, provincial et municipal) devraient collaborer pour s'attaquer à ce problème.

Selon la plupart des participants, le rôle du gouvernement fédéral devrait être d'abord et avant tout de déterminer la vision globale et les moyens (programmes, infrastructures appropriées, financement, etc.) qui permettront l'adoption d'une approche coordonnée pour promouvoir l'activité physique et le choix d'aliments sains auprès des enfants.

Tant dans les groupes de parents que dans ceux de répondants du grand public, les participants expriment, souvent de façon spontanée, des préoccupations à l'égard de la généralisation du marketing sur des choix d'aliments mauvais pour la santé, une question perçue comme étant un facteur important du problème de l'obésité chez les enfants. De plus, les participants sont généralement d'accord pour dire que, si le Canada est réellement sérieux dans sa volonté de lutter contre l'obésité chez les enfants, il faut s'attaquer à ce problème.

L'idée d'imposer une taxe spéciale sur les aliments mauvais pour la santé suscite néanmoins un enthousiasme timide et divise souvent les groupes en deux camps : ceux qui ne voient pas d'autres solutions (la minorité) et ceux qui expriment des doutes quant au caractère approprié et à l'efficacité d'une telle taxe. On craint également l'effet d'une taxe supplémentaire sur les familles qui sont déjà aux prises avec des difficultés financières.

Un certain nombre de participants soulignent que, si une telle mesure était mise en place, ils s'attendraient à ce que le gouvernement du Canada en compense le coût en réduisant d'autant le prix des « aliments sains ».

Un grand nombre de participants estiment que l'aménagement urbain et le plan d'urbanisme des villes peuvent contribuer au problème de l'obésité chez les enfants. Ils expriment souvent des préoccupations liées à la sécurité, comme le fait que leurs enfants jouent dans des rues passantes et l'absence de trottoirs, et évoquent des problèmes de sécurité publique en général.

Certains soulèvent aussi la question du manque d'infrastructures et d'installations sportives près du domicile, ce qui oblige les parents et les enfants à se déplacer en voiture pour accéder aux installations sportives et aux parcs en vue de pratiquer des activités physiques.

Pour la plupart des participants, le manque de choix d'aliments bons pour la santé à proximité du domicile ne constitue pas un facteur important de l'obésité chez les enfants. Selon eux, des choix d'aliments sains existent, il faut simplement faire l'effort de les trouver.

Background

Over the last 25 years, Canada has witnessed an alarming rise in the prevalence of overweight and obesity. With almost 60% of adults and over one-quarter of children and youth currently overweight or obese, this is an issue that affects Canadians across the country and across diverse populations.

Children and youth are of particular concern given the long-term effects of excess weight over time. Increasingly, obese children are being diagnosed with a range of health conditions previously seen almost exclusively among adults. Given these links to poor physical and mental health outcomes and their associated economic costs, there is a continued need for the federal government to engage in activities to address obesity in Canada.

While the cause of individual weight gain in most Canadians can be attributed to a chronic energy imbalance, many factors — including socioeconomic status, changes to our food and built environments, social norms, culture, and genetics — contribute to the current high number of Canadians who are overweight or obese. Social, physical, and economic environments have changed over time such that they now encourage unhealthy eating and physical inactivity.

Tackling rising obesity rates successfully lies beyond the scope of influence of any one individual, organization, or sector. While the federal government has important roles to play as a leader, catalyst, and enabler, it cannot solve the problem on its own. As with anti-tobacco efforts in recent decades, preventing and reducing overweight and obesity will require a long-term, multi-pronged initiative involving many sectors and jurisdictions working together. While much remains to be done, a solid platform exists upon which to continue building our collective efforts.

In 2005, Federal, Provincial and Territorial (F/P/T) Ministers of Health endorsed the Pan-Canadian Healthy Living Strategy (PCHLS), a conceptual framework to promote healthy living through coordinated and sustained action, focusing on the determinants of health, health inequalities, and intersectoral action. In 2009, Deputy Ministers of Health agreed to strengthen the PCHLS by addressing common risk factors and conditions, and pursuing new areas of opportunity, including the prevention of overweight and obesity. The Declaration on Prevention and Promotion (Declaration) and Curbing Childhood Obesity: An F/P/T Framework for Action to Promote Healthy Weights (Framework) was developed to support this strengthened PCHLS. The Declaration guides F/P/T collaboration on health priorities, while the Framework is the first initiative coming out of the Declaration. As part of the Framework, F/P/T Ministers of Health will engage citizens, governmental and non-governmental partners, and industry to gather their



perspectives and develop a shared approach to promoting healthy weights in children. This will include looking at different ways to increase the availability and accessibility of nutritious foods, and decrease the marketing of foods and beverages high in fat, sugar, or sodium to children.

With their endorsement of the Declaration and Framework, and the supporting Our Health Our Future: A National Dialogue on Healthy Weights, Canada's Health Ministers instructed officials in their jurisdictions to begin developing recommendations for actions to support the Framework.

This public opinion research project supports these related efforts by providing PHAC with critical information on the general public's and parents' perceptions of, and support for, a range of actions to prevent and reduce childhood overweight and obesity. This information will help the Agency to identify, develop, and refine future activities related to the promotion of healthy weights among children and youth.

By focusing on the Canadian adult general population's opinions of childhood obesity as well as those of parents, this project is aligned with, and complements, the above-noted dialogues on healthy weights, which will target youth populations and key stakeholder communities. Additionally, this project may support efforts to meet Canada's first ever pan-Canadian physical activity targets for children and youth aged 5-19 by 2015.



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Research Objectives

The purpose of this public opinion research project was to collect critical information on Canadian adults' knowledge of, and attitudes towards, childhood obesity, and on their level of support for a range of actions aimed at preventing and reducing this health condition.

The key objectives were to assess current levels of the following:

- General knowledge and awareness of childhood obesity in Canada – i.e., What is the general public's estimate of the prevalence of childhood obesity, knowledge and awareness of health risks, view of perceived causes, etc.?
- Issue saliency – i.e., How important is childhood obesity considered to be as a public policy issue? What are the most important key elements that need to be addressed?
- Acceptability of potential measures to prevent/reduce childhood obesity – i.e., What is the level of general public support for a range of potential actions to prevent and reduce childhood overweight and obesity?
- Roles of government, parents, the public and the private sector – i.e., What roles are each of these groups perceived to play in the prevention and reduction of childhood overweight and obesity?

Methodology

Quantitative Research

The methodology for this survey involved a telephone survey, using computer assisted telephone interviewing (CATI), among a nationally representative sample of Canadian adults (18 and above) and an oversample of parents of children 17 or under. A total of 1,222 interviews were conducted among the general public including an oversample among parents with children 17 or under living at home to bring the total number of interviews among this audience to n=626. The surveys were completed from March 18th to March 28th, 2011. The average survey length was 15 minutes.

Interview quotas were used to achieve a representative sample of the population of Canada as a whole based on 2006 Census data, with a target number of interviews conducted in each region to reflect its relative size within the country. Nested quotas were set in a matrix within each region and we sampled to 40 sub-markets within the six regions of Canada outlined below.

The table below shows the total number of interviews (unweighted) by region, and the associated margins of sampling error, at the 95% confidence interval.

REGION	SAMPLE SIZE	MARGIN OF ERROR
British Columbia/Yukon	159	± 7.8
Alberta/NWT	125	± 8.8
Saskatchewan/Manitoba/ Nunavut	137	± 8.4
Ontario	372	± 5.1
Quebec	286	± 5.8
Atlantic Provinces	143	± 8.2
Canada	1,222	± 2.8

The margin of error for sub-groups of the population is higher than that of the total sample. The margin of error for the overall parents sample (n=626) is ± 3.9, at the 95% confidence interval. Slight weighting was applied to both the general public and parents' data, according to Census 2006 targets, for region, gender and age.



The response rate for the survey was 11% (please see Appendix I for the response rate calculation). On the first night of interviewing, surveys were pre-tested by conducting 20 interviews (10 in French and 10 in English).

Throughout this report, references made to 'parents' in the quantitative findings refer to those with children 17 or under currently living at home.

Qualitative Research

Between June 21st and June 28th, 2011, Ipsos Reid carried out eight focus groups nationwide, with two focus groups held in each of the following four cities:

- Toronto,
- Halifax,
- Winnipeg and
- Montreal.

In each location Ipsos Reid conducted one focus group with parents of children less than 18 years of age and a second group with members of the general public.

Focus groups were two hours in duration and the sessions in Montreal were carried out in French; all other sessions were carried out in English. Ipsos Reid recruited 10 participants for each group with the expectation that eight would attend. Within each group, the recruitment was structured to meet the following criteria:

- A range of ages between 18 and 64;
- A range of educational attainment levels; and
- A range of income levels.

Participants were paid an honorarium of \$75.

Note to readers regarding the interpretation of qualitative findings

The analysis of qualitative findings yields tendencies and indications of how the target audience perceives the study issues, and is intended to elaborate upon key findings from the quantitative survey. However, as the focus groups involved a limited number of individuals who were specifically selected according to pre-determined attribute, the qualitative research results are not representative of the general population.

Qualitative data are reviewed with a view to drawing out continuities and synthesizing the main themes, critical 'hot buttons', 'typical' responses and general



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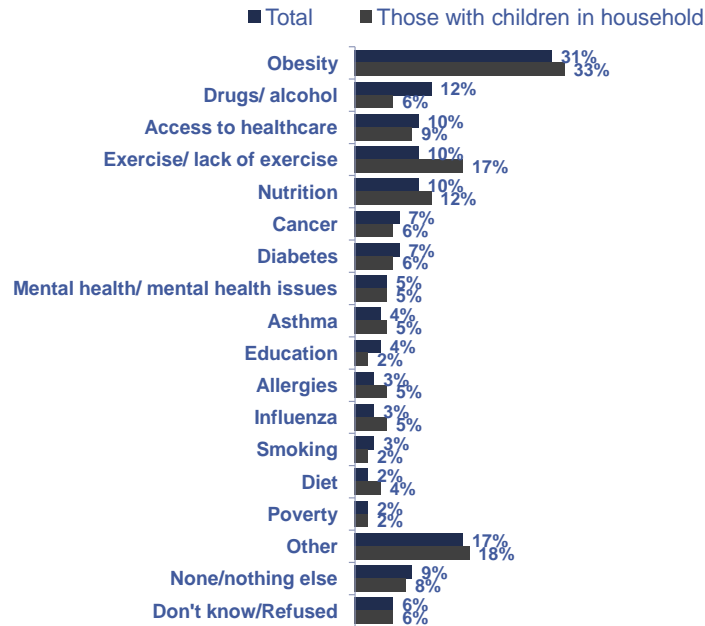
levels of agreement/disagreement voiced during the sessions. In order to give some indication of the magnitude of the issues which arose, throughout this report we use terms such as 'a few participants', 'some' or 'a number', 'many' or 'most' to characterize responses.



Detailed Findings

Most Important Health Issues Facing Children and Youth in Canada Today

In your opinion, what are the most important health issues facing children and youth in Canada today?



**Mentions under 2% (total) not shown*

Base: All respondents (n=1222); Those with children 17 and under currently living in household (n=626)

When asked, unaided, to name the most important health issues facing children and youth in Canada today, obesity is by far the most frequently mentioned response (31%), followed by drugs/alcohol (12%), access to healthcare (10%), exercise/lack of exercise (10%), and nutrition (10%).

Parents with children 17 and under provide a similar set of responses; however, they are less likely to mention drugs/alcohol (6% vs. 12% among the general population), and more likely to mention exercise/lack of exercise (17% vs. 10% among the general population).

Demographic differences among the general public:

- Residents of British Columbia (28%), Saskatchewan/Manitoba (28%), and Ontario (31%) are more likely than residents of Quebec (17%) to name obesity as the most important health issue facing children today. Quebec



(10%), meanwhile, is more likely than those in other provinces to see cancer as the most important health issue facing children compared to 3% in British Columbia, 1% in Alberta and Saskatchewan/Manitoba, 5% in Ontario, and 0 in Atlantic Canada.

- Those aged 18 to 34 (30%) and 35 to 54 (30%) are more likely than those aged 55 or older (18%) to see obesity as the most important health issue facing children today.
- Those with an annual household income of \$60,000 or more (31%) are more likely than those in the \$30,000 to \$60,000 range (21%) to see obesity as the most important health issue facing children today.

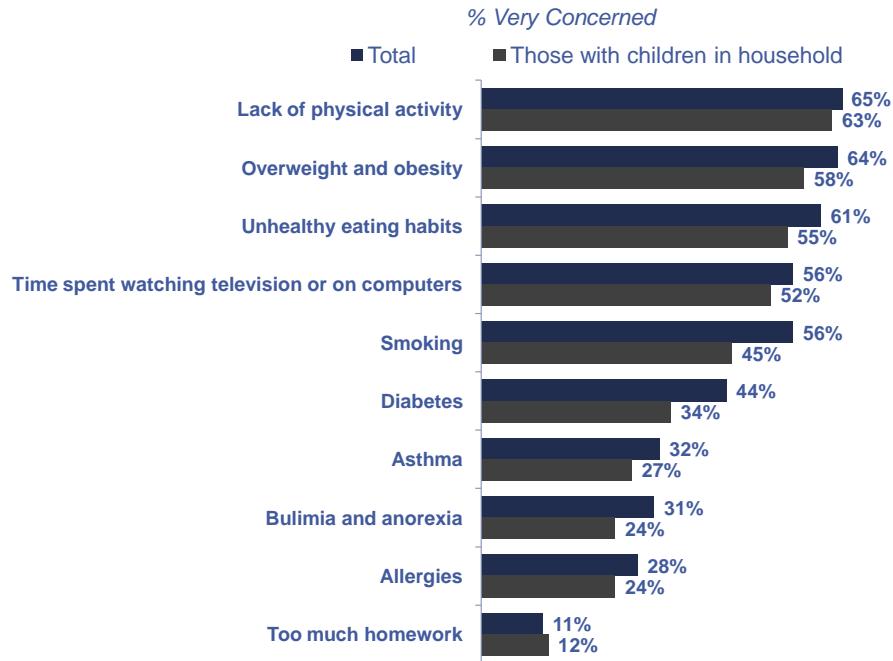
Demographic differences among those with children in the household:

- Parents in British Columbia (34%), Saskatchewan/Manitoba (30%), Ontario (35%), and Atlantic Canada (30%) are more likely to be concerned about childhood obesity than parents in Quebec (16%).



Top Concerns about Children's Health Issues

I'm now going to read you a series of statements. For each one please tell me how concerned you are about the issue as it affects children and youth age 17 and younger in Canada today. Would you say you're very concerned, somewhat concerned, not very concerned, or not at all concerned?



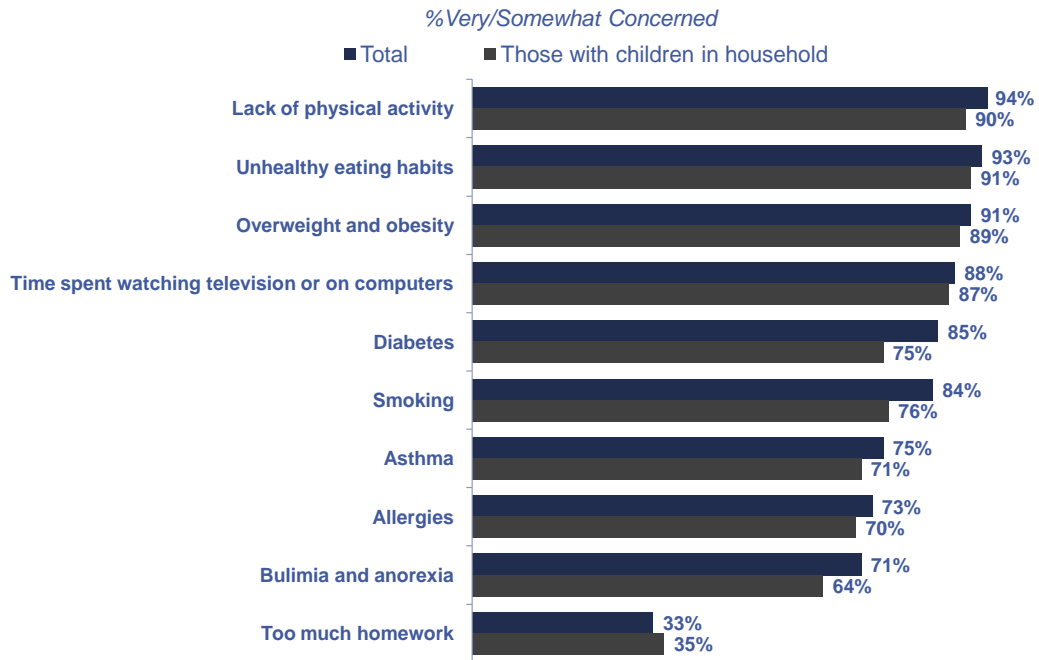
Base: All respondents (n=1222); Those with children 17 and under currently living in household (n=626)

In this question, respondents were presented with a series of health issues and asked to indicate their level of concern for each one as they affect children and youth, using a four-point scale (including very concerned, somewhat concerned, not very concerned, and not at all concerned).

Respondents are most likely to say that they are *very concerned* about lack of physical activity (65%), children being overweight or obese (64%), and unhealthy eating habits (61%). A second tier of concern comprises just over half of respondents who say that they are very concerned about time spent watching television or on computers (56%) and smoking (56%). Close to half (44%) are *very concerned* about diabetes, and one-third or less say the same in regards to asthma (32%), bulimia and anorexia (31%), allergies (28%), and too much homework (11%).

In general, while the hierarchy of responses is similar, parents with children 17 and under are less likely to say that they are *very concerned* about each of these issues, as they affect children and youth in Canada today, than the general public.

I'm now going to read you a series of statements. For each one please tell me how concerned you are about the issue as it affects children and youth age 17 and younger in Canada today. Would you say you're very concerned, somewhat concerned, not very concerned, or not at all concerned?



Base: All respondents (n=1222); Those with children 17 and under currently living in household (n=626)

When considering the overall level of concern, in other words, *very* or *somewhat concerned*, there are fewer differences across the various issues; however, issues related (either directly or indirectly) to overweight and obesity still top the list. In particular, about nine in ten say they are concerned about a lack of physical activity (94% among the general public, 90% among parents), unhealthy eating habits (93% and 91%, respectively), overweight and obesity (91%, 89%), and time spent watching television or on computers (88%, 87%). Too much homework continues to be the issue of least concern, with about one in three who are concerned (33%, 35%).

In terms of issues that affect children and youth age 17 or younger in Canada today, demographic differences among those with children in the household include the following:

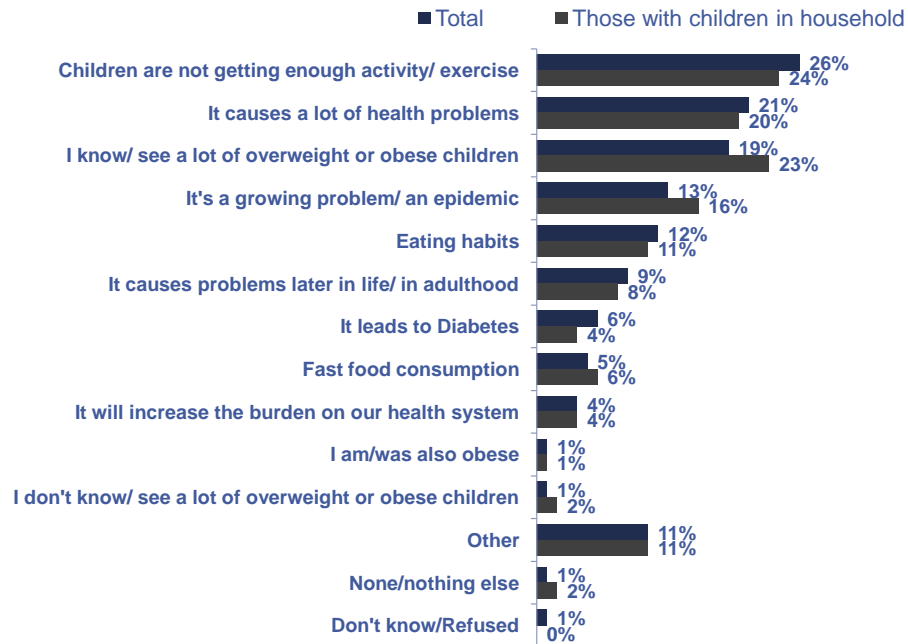


- Parents in British Columbia (81%), Alberta (79%), Saskatchewan/Manitoba (86%), and Atlantic Canada (87%) are more likely than parents in Quebec (66%) to be concerned about diabetes. Those in Quebec are also the least likely to be concerned about overweight and obesity (84%), particularly compared to those in Atlantic Canada (97%). In terms of concern about lack of physical activity, there are no significant differences by region.
- In terms of the link between concern about obesity and other issues, those who say they are either very or somewhat concerned about obesity among youth are significantly more likely than those who are not very or not at all concerned to express concern about diabetes (68% vs. 27% saying they are very or somewhat concerned).
- In terms of gender, women are more likely than men to express concern about a number of issues. Of note, they are more likely than men to say they are very concerned about overweight and obesity (63% vs. 53% among men), lack of physical activity (67% vs. 57%), and diabetes (38% vs. 29%).



Reasons for Concern over Childhood Obesity

Why do you say that you are [Very/Somewhat concerned] about overweight and obesity among children? (Multiple Responses Allowed)



Base: Respondents concerned about overweight and obesity among children (n=1136); Those with children 17 and under currently living in household (n=573)

When those who say they are very or somewhat concerned about children being overweight or obese are asked why they feel this way, comments related to children not getting enough activity/exercise are mentioned most often (26% among the general public, 24% among parents), followed by mentions such as it causes a lot of health problems (21% and 20%, respectively), that they know or see a lot of overweight or obese children (19%, 23%), and that it's a growing problem/epidemic (13%, 16%). Comments related to the eating habits of children are mentioned by about one in ten (12%, 11%), followed closely by general comments related to problems it can cause later in life (9%, 8%).

Demographic differences among the general public:

- Men (33%) are more likely than women (20%) to comment that children are not getting enough activity or exercise, while women (26%) are more likely than men (17%) to say that it causes a lot of health problems.



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Qualitative Perspective: Most Important Health Issues Facing Children and Youth in Canada Today and Reasons for Concern over Childhood Obesity

There was general agreement in all focus group sessions that childhood obesity is indeed an issue of concern in Canada, with serious implications for the future (e.g. the rise in health issues related to childhood obesity, the burden on a health care system that is already struggling, as well as the likely increased costs associated with caring for this next generation).

When asked to provide top-of-mind feedback regarding the issue of childhood obesity itself, participants mentioned the following words most often:

- Inactivity, unhealthy
- Poor eating habits (at home and in school setting)
- Poor parenting
- Health concerns
- Diabetes
- Fat kids
- Marketing of fast foods
- Lack of opportunities for physical activity at school (i.e. Phys Ed classes)
- Video games and television

“There’s too much TV and things at home.”

“Seeing [leading fast food chain brand name] and things on TV...kids are bombarded by those things.”

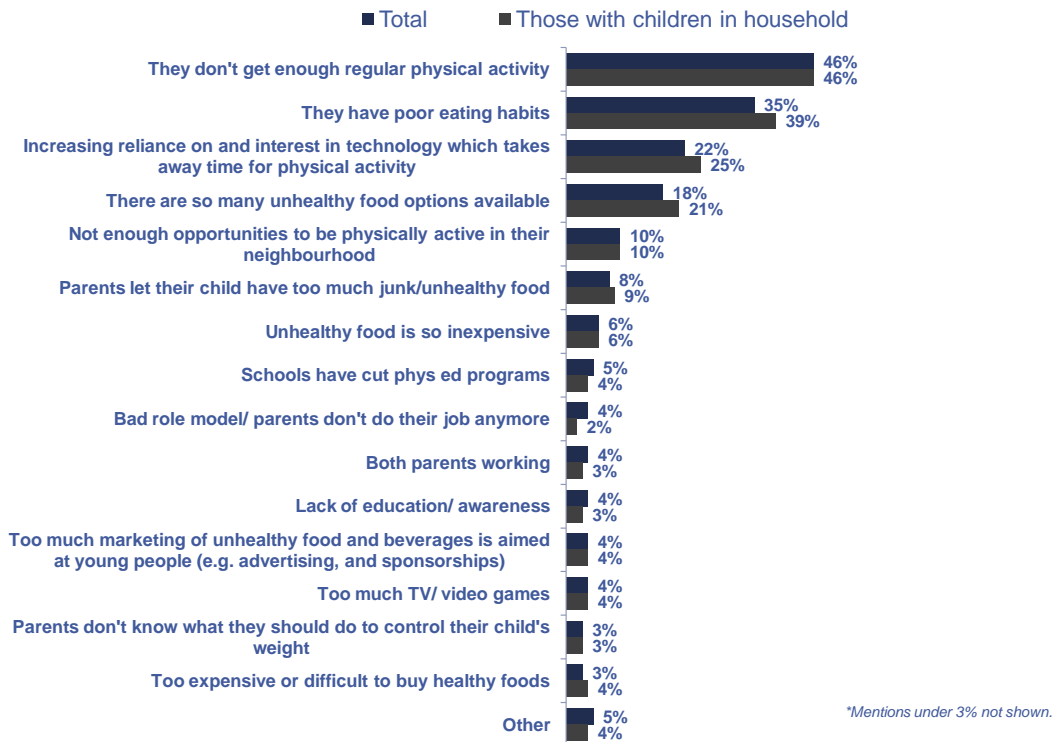
« Manque d’exercice... »

« La malbouffe devrait être bannie dans les écoles. »



Main Reasons Children are Overweight Today

In your opinion, what are the main reasons why children and youth are overweight or obese today? (Multiple Responses Allowed)



Base: All respondents (n=1222); Those with children 17 and under currently living in household (n=626)

When asked (unaided) to provide what they think are the main reasons children and youth are overweight or obese today (multiple responses accepted), a lack of regular physical activity (46% among both the general public and parents) and poor eating habits (35%, 39%) are mentioned most often.

About one in four mention an increasing reliance on and interest in technology, which takes time away from physical activity (22%, 25%), while approximately one in five attribute it to the number of unhealthy food options available (18%, 21%).

In many cases, respondents provide reasons that relate specifically to the parents' influence, such as, that parents let their children have too much junk/unhealthy food (8%, 9%), that parents are bad role models for their children (4%, 2%), that both parents are working (4%, 3%), and that parents don't know what they should do to control their child's weight (3% for both audiences).

Demographic differences among the general public:



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- Residents of British Columbia (60%), Alberta (51%), Saskatchewan/Manitoba (48%), Ontario (46%), and Atlantic Canada (55%) are more likely than those from Quebec (32%) to suggest that children do not get enough regular physical activity.
- Those in Quebec (31%) are more likely than those in any other province to suggest that it is a lack of opportunities to be physically active in one's neighborhood.
- Those with a university education (53%) are more likely than those with less than a high school education (34%) to suggest that children do not get enough regular physical activity. Those with less than a high school (27%) education are, meanwhile, more likely than those with a university education (19%) to suggest that it is a result of too many unhealthy food options being available.

Demographic differences among those with children in the household:

- Parents from Quebec (30%) are significantly more likely than those in any other province to say that there are not enough opportunities in one's neighborhood to be active.
- Parents with children aged 12 to 17 (29%) are more likely to suggest an increasing reliance on technology that takes away time for physical activity than are those with children aged 0 to 11 (21%).

Qualitative Perspective: Main Reasons Children are Overweight Today

When focus group participants were asked about the primary factors contributing to childhood obesity, feedback was remarkably consistent in all locations. More specifically, most participants tended to associate childhood obesity with:

- Lack of time and busy lifestyles (i.e., kids being overwhelmed with school, parents who are pressed for time and children who rely on them to be active by providing transportation, scheduling activities, etc.);
- Costs associated with making healthy food choices (healthy food is perceived to be more expensive and is perishable);
- Convenience and the costs associated with making active lifestyle choices (i.e., the price of sporting equipment, membership fees/access to sporting infrastructure etc.); and,
- To a lesser extent, safety and security concerns related to safe neighbourhoods. This was mentioned in all locations. In addition, some Montreal participants mentioned concerns related to street gangs specifically.



“It’s complex. It’s also lifestyle, people are so busy these days, (it’s) hard to find the time to prepare a meal for the family. Fruits and vegetables are more expensive...”

“Life is very fast paced; demands are very heavy, especially through school.”

*“When I was going to school, when summer came along.... the gym was open, the playground was open. You could go there all day long. Nowadays, everything is closed. Parents have to pay for the kids to go to the Y...and the bus fare...
Parents can’t afford it.”*

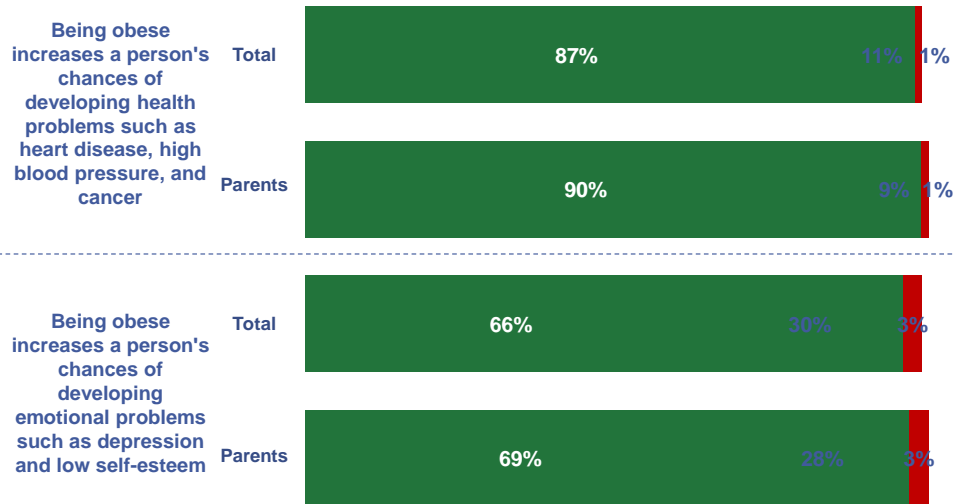
« Maintenant les deux parents travaillent tout le temps et ils ont moins le temps de faire le souper. »

« ...la vie est plus stressante. Ma fille aurait pu marcher plus jeune pour aller a l’école et moi, j’avais peur. Ma mère ne se posait pas de question et je marchais. »

Perceptions of the Consequences of Obesity

Please tell me whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with each of the following statements:

■ Strongly Agree ■ Somewhat Agree ■ Somewhat Disagree ■ Strongly Disagree



Base: All respondents (n=1222); Parents = Those with children 17 and under currently living in household (n=626)

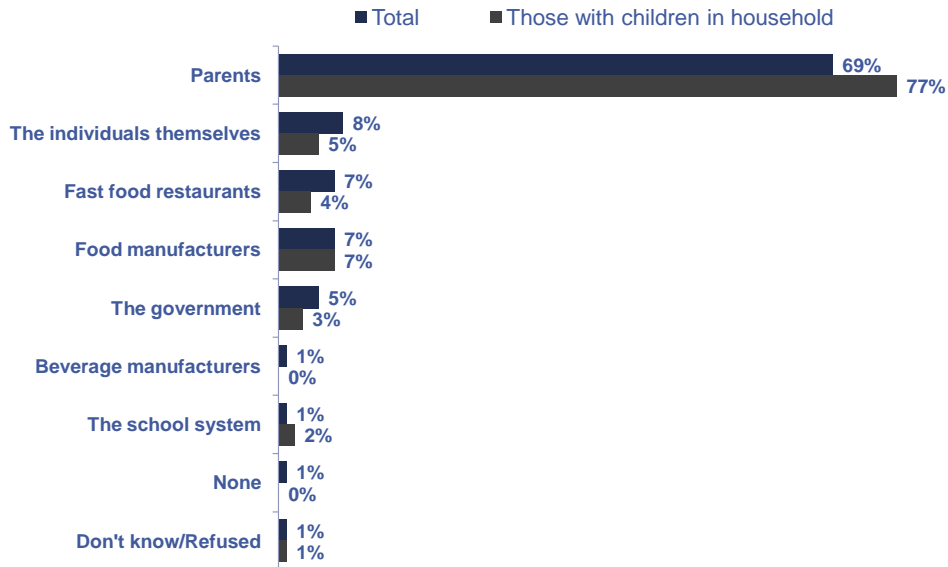
The majority of respondents *strongly agree* that there is a link between obesity and developing health problems such as heart disease, high blood pressure, etc., and developing emotional problems such as depression and low self-esteem. In particular, about nine in ten respondents strongly agree with a statement on the link between obesity and developing health problems (87% among the general public, 90% among parents), while two-thirds of respondents (66% among the general public, 69% among parents) strongly agree with a statement on the link between obesity and developing emotional problems.



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Most Responsible for Children Being Overweight/Obese

In your opinion, who is most responsible for Canadian children and teens being overweight and obese?



Base: All respondents (n=1222); Those with children 17 and under currently living in household (n=626)

When asked to choose from a variety of options about who is most responsible for Canadian children and teens being overweight and obese, an overwhelming majority of respondents (69% among the general public, 77% among parents) say it is the parents. Very few (8%, 5%) say it is the fault of the individuals themselves.

Demographic differences among the general public:

- Residents of British Columbia (72%), Saskatchewan and Manitoba (76%), Ontario (73%), and Atlantic Canada (80%) are more likely than those in Quebec (58%) to assign primary responsibility to the parents.

Qualitative Perspective: Most Responsible for Children Being Overweight/ Obese

Similarly, focus group participants in all locations tended to say that parents were primarily responsible for children being overweight. A few participants in Montreal also commented on the need for government to be more active in its efforts to promote healthy lifestyles. Schools (and the insufficient provision of physical education programs), the widespread availability and ever present marketing of unhealthy foods to children, as well as children themselves, were also identified by focus group participants as primary culprits.

“Parents and schools are responsible.”

“...feels like most cases could be prevented through better education and parenting.”

“I think it’s both....for one it’s the parents. If you really want to you can make a concerted effort not to take kids to fast food restaurants. You can make sacrifices in other areas. I also think it’s the schools; physical activity has been cut out.”

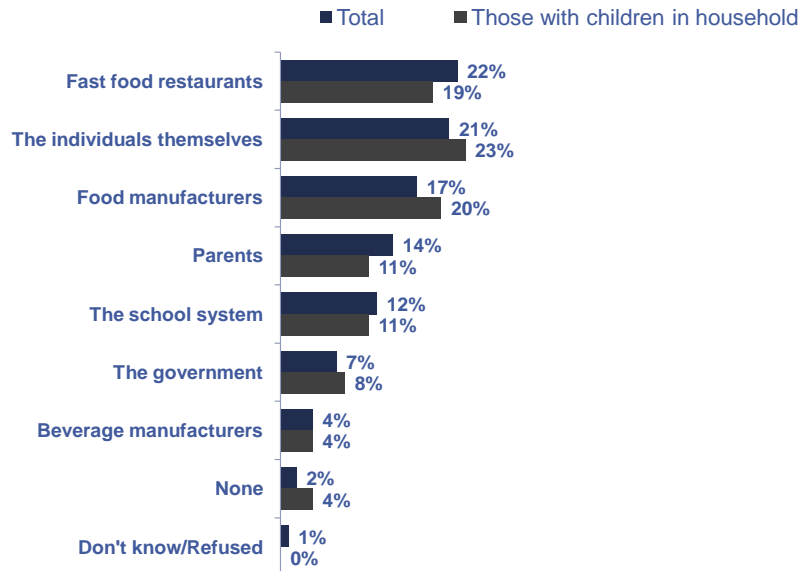
“Parents control what children eat, when they grow up, they shape their diet.”

“Parents not taking time to cook, taking shortcuts by buying cheap food”

« J’hésite entre les parents et le gouvernement. Le gouvernement pourrait avoir les moyens de faire passer les messages. C’est part égale. »

Next Most Responsible for Children Being Overweight/Obese

And who would you say is next most responsible for Canadian children and teens being overweight and obese?



Base: Excludes respondents who said 'None/Don't know/Refused' in Q6 (n=1195); Those with children 17 and under currently living in household (n=615)

When asked a follow-up question about who is *next most* responsible for Canadian children and teens being overweight and obese, the three most frequently cited responses are: fast food restaurants (22% among the general public, 19% among parents), the individuals themselves (21% and 23%, respectively), and food manufacturers (17%, 20%).

In terms of demographic differences among the general public audience, there were some differences with respect to mentions of the individuals themselves and fast-food restaurants. In particular:

- Residents of British Columbia (24%), Alberta (28%), Saskatchewan/Manitoba (25%), and Ontario (22%) are more likely than those in Quebec (14%) to assign secondary responsibility to the individuals themselves, while Quebec is more likely than several other provinces to assign secondary responsibility to fast food restaurants (30%);
- Those with less than a high school education (42%) are more likely than those with a high school education (25%), a post secondary

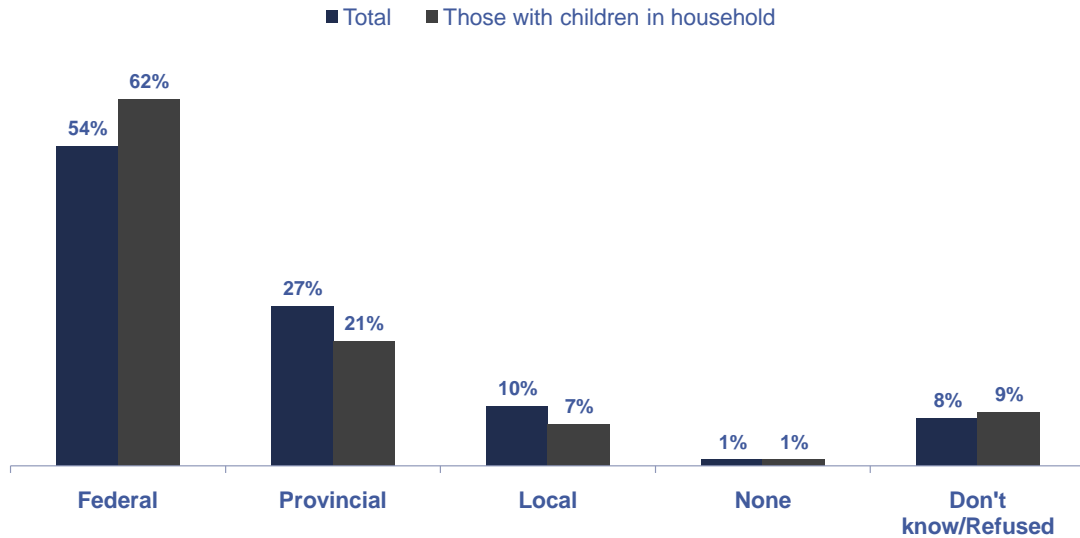
education (17%), or a university education (16%) to assign secondary responsibility to fast food restaurants; and,

- Those with household incomes of less than \$30,000 (26%) and \$30,000 to \$60,000 (30%) are more likely than those with incomes of \$60,000 or more (15%) to assign secondary responsibility to fast food restaurants.



Level of Government Most Responsible for Children Being Overweight/ Obese

Who do you feel is more responsible for Canadian children and youth being overweight and obese: The federal, provincial, or local government?



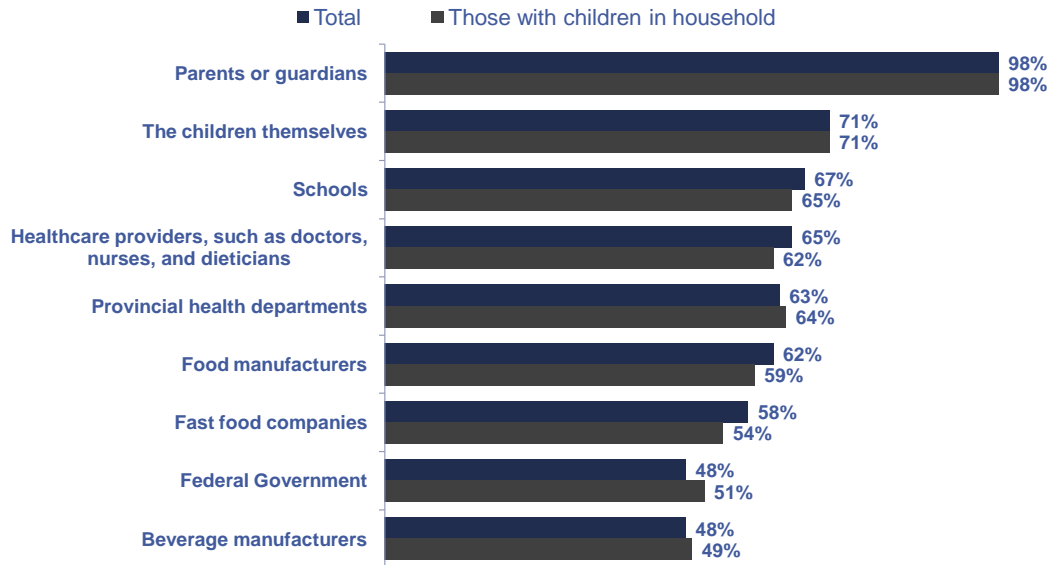
**Interpret with caution due to low base size.*

Base: Respondents who said 'the government' in Q6 or Q7 (n=139); Those with children 17 and under currently living in household (n=76)

When this issue is looked at through the lens of government responsibility, the federal government is viewed to be most responsible (54% among the general public, and 62% among parents), while respondents assign less responsibility to the provincial (27% and 21%, respectively) and local (10%, 7%) levels of government. Due to the low base size of this question (i.e., those who mention that the 'government' is most responsible at the previous question, n=139 for the general public and 76 for parents) sub-group analysis is not possible.

Major Role in Fighting Childhood Obesity

How much of a role should each of the following have in helping to fight the problem of overweight and obese children in Canada: Do you think they should have a major role, minor role, or no role at all?



Base: All respondents (n=1222); Those with children 17 and under currently living in household (n=626)

When asked how much of a role (major, minor, or no role at all) each of several key players should have in helping to fight the problem of overweight and obesity among children, nearly all respondents (98% among both the general public and parents) say that the parents and guardians should play a major role. This is followed by the children themselves (71% among both the general public and parents), schools (67%, 65%), healthcare providers such as doctors and nurses (65%, 62%), provincial health departments (63%, 64%), food manufacturers (62%, 59%) and fast food companies (58%, 54%).

About half of respondents (48%, 51%) say that the federal government should play a major role, which is similar to the proportion of respondents who mention beverage manufacturers in this regard (48%, 49%).

Overall, the opinions among the general public and parents are very similar.

Demographic differences among the general public:



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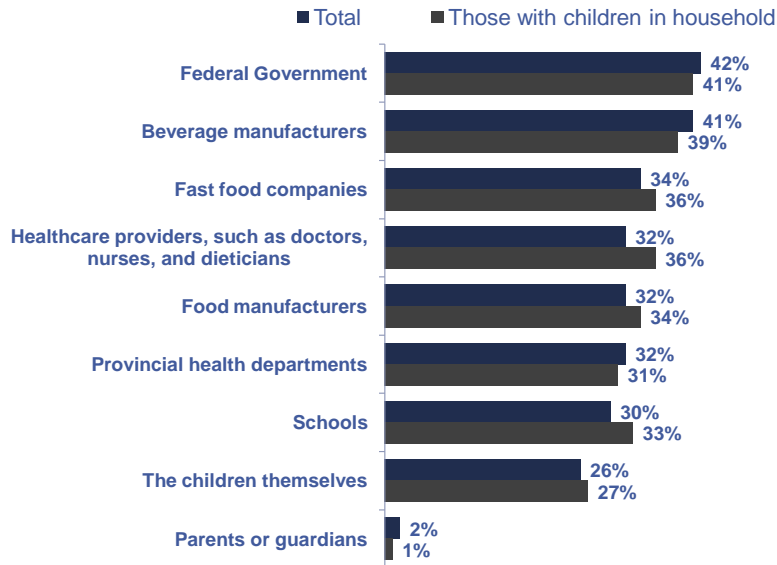
- Those with less than a high school education (79%) are more likely than those with a high school education (60%), a post secondary education (55%), or a university education (51%) to suggest fast food companies should play a major role in fighting childhood obesity.
- Those with an income of less than \$30,000 (68%), or in the range of \$30,000 to \$60,000 (68%) are more likely than those with an income of \$60,000 and above (48%) to suggest that fast food companies should play a major role.
- Those 55 or older (68%) are more likely than younger respondents to think that fast food companies (68% vs. 54% among those 18 to 54), food manufacturers (70% vs. 58% among those 18 to 54), and beverage manufacturers (58% vs. 41% among those 18 to 34, and 44% among those 35 to 54) should play a major role. Meanwhile, those aged 18 to 34 (76%) are more likely than those 35 to 54 (63%) and those 55 and above (64%) to look to schools to play a major role.
- In terms of gender, women are more likely than men to think that fast food companies (65% vs. 51% among men), beverage manufacturers (54% vs. 41%), and food manufacturers (68% vs. 56%) should play a major role.

Demographic differences among those with children in the household:

- Parents in Quebec (63%) are more likely than those in any other province to say that the federal government should play a major role.
- In terms of gender, women are more likely than men to think that health care providers such as doctors, nurses, and dieticians (66% vs. 57%), fast food companies (62% vs. 45% among men), and food manufacturers (66% vs. 52%) should play a major role.

Minor Role in Fighting Childhood Obesity

How much of a role should each of the following have in helping to fight the problem of overweight and obese children in Canada: Do you think they should have a major role, minor role, or no role at all?



Base: All respondents (n=1222); Those with children 17 and under currently living in household (n=626)

In terms of those who should play a minor role in fighting childhood obesity, there is little variation across the various key players. Four in ten say the federal government should play a minor role (42% and 41% among the general public and parents, respectively), followed closely by beverage manufacturers (41%, 39%).

Approximately one-third of respondents say that each of the remaining key players should play a minor role in fighting childhood obesity. The exception to this is parents and guardians, as very few respondents (2%, 1%) say that they should play a minor role.

Overall, opinions among the general public and parents are very similar.

Demographic differences among the general public:

- Those aged 18 to 34 (51%) and 35 to 54 (41%) are more likely than those 55 or older (33%) to suggest that beverage manufacturers should play a minor role.



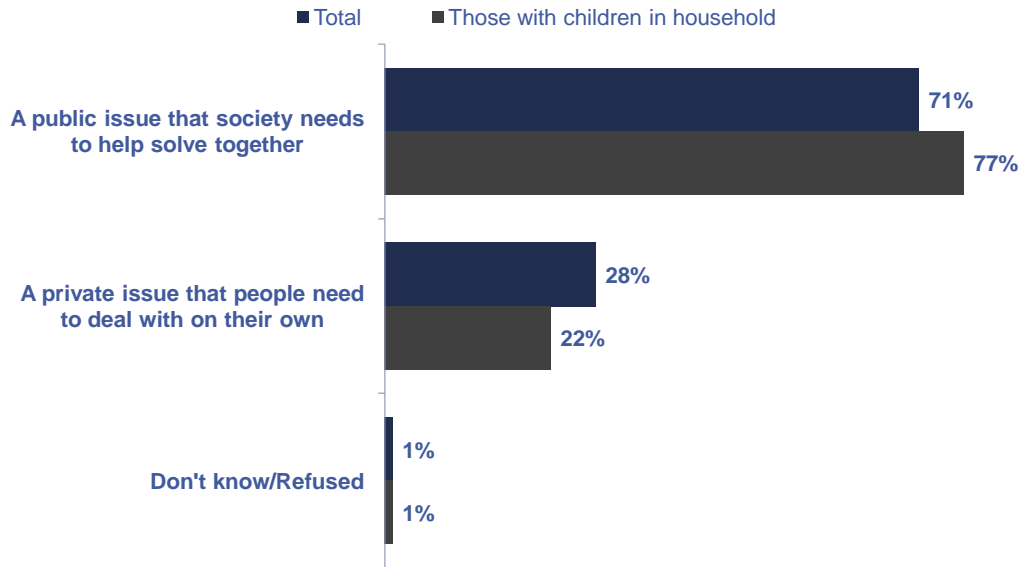
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- Those with a university education (46%) are more likely than those with less than a high school (28%) education to say beverage manufacturers should play a minor role.



Childhood Obesity: Public or Private Issue?

Which of the following statements do you agree with most: Childhood obesity is:



Base: All respondents (n=1222); Those with children 17 and under currently living in household (n=626)

In this question, respondents were asked whether they thought childhood obesity is a public issue that society needs to solve together or a private issue that people need to deal with on their own. Overwhelmingly, Canadians feel that this issue is a public one that society needs to solve together. This view is more common among parents (77%) than the general public overall (71%).

Demographic differences among the general public:

- Residents of British Columbia (77%), Saskatchewan/Manitoba (76%), Ontario (76%), and Atlantic Canada (80%) are more likely than those from Quebec (59%) to say that childhood obesity is a public health issue.
- Residents of Quebec (39%) are more likely than those from British Columbia (22%), Saskatchewan/Manitoba (22%), Ontario (23%), and Atlantic Canada (18%) to say childhood obesity is a private issue.

Demographic differences among those with children in the household:



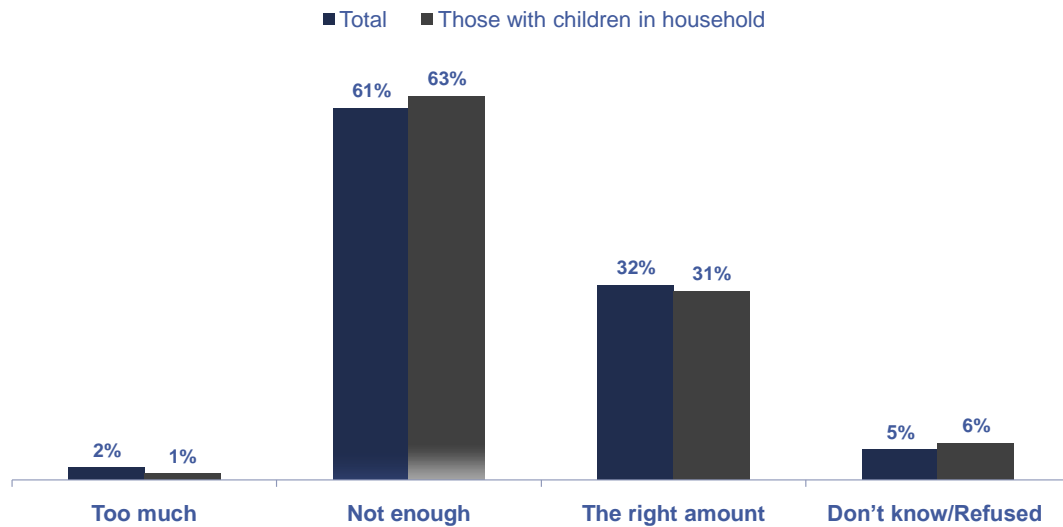
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- Parents who are concerned about childhood obesity (79%) are more likely than those who are not (56%) to see it as a public problem.



Is the Federal Government Doing Enough?

In terms of addressing the problem of childhood obesity, do you think the federal government is currently doing too much, not enough, or about the right amount?



Base: All respondents (n=1222); Those with children 17 and under currently living in household (n=626)

In terms of addressing the problem of childhood obesity, the majority of respondents (61% among the general public, 63% among parents) think that the federal government is not doing enough. About three in ten (32%, 31%) think that it is doing the right amount.

Demographic differences among the general public:

- Residents of Quebec (72%) are more likely than those from British Columbia (51%), Alberta (58%) and Ontario (57%) to say that the federal government is not doing enough.
- Women (65%) are more likely than men (57%) to say that the federal government is not doing enough. Men (37%) are more likely than women (27%) to say it is doing the right amount.

Qualitative Perspective: Responsibility for Promoting Physical Activity and Healthy Food Choices

When pressed as to who bears responsibility for promoting physical activity and healthy food choices among children and youth, participants saw this as a shared responsibility; parents and schools tended to be mentioned most often on an unprompted basis, as well as governments.

Interestingly, when prompted specifically as to the roles of the three levels of government, participants tended to say that all three levels (federal, provincial, and municipal) should be working collaboratively when it comes to promoting physical activity and healthy food choices among children.

According to many, the government should first and foremost be providing the overarching vision and the means (i.e., programs, appropriate infrastructure, funds, etc.) to allow for a coordinated approach to promoting physical activity and healthy food choices for children.

“Just like smoking has been ostracized, but it has taken a generation or two where cigarettes are frowned upon now.... The same thing (applies) to nutrition and exercise. It is up to parents and educators and government. Kids have to be taught from an early age, an ongoing thing. It will take a generation or two.”

“I think it’s the parents. How you discipline the kids. It is the parents’ responsibility to tell the kids what to eat.”

“...it has to be across the board, not just in one province, Canadians should be treated equal, period.”

“Parents need to lead by example, take them (children) to the park, put them on the swing, chase them around...”

« Les parents et l’école ensuite. »

“The (federal) government has to contribute now, obesity is a problem now, the fast foods... we’re going to have an aged population of people requiring more medical treatment; it will be more expensive to manage.”

« Le gouvernement a un rôle à jouer, autant fédéral que provincial et même au municipal...de faire une prévention sur une santé saine, la promotion de ca. »

Above all participants see childhood obesity as a complex issue involving many moving parts that are interdependently related:

Parents

Participants in the parent groups often mentioned that they had busy work schedules, driven largely by trying to make ends meet. These schedules lead to a lack of time, which in turn meant that they were often forced to make tradeoffs between providing their children with opportunities to be physically active and making healthy food choices. Those in the non-parent groups tended to point to the need for parents to take a more active role in ensuring their children eat healthy and lead an active lifestyle. When pressed as to what steps can or should be taken to ensure their children are physically active and eating well, many (in both the parent and non-parent groups) commented that parents needed to lead by example and “practice what they preach.”

There was recognition among focus group participants in all sessions that a lack of resources (be it financial, physical or otherwise) has an impact on parents’ ability and willingness to ensure their children are active and eating well.

The cost of certain physical activities, the time commitment involved with taking advantage of opportunities to be physically active, the convenience (or lack thereof) with which organized physical activities can be accessed, and worries about safety and security are all factors that contribute to a lack of physical activity among children, according to parents.

Likewise, according to focus group participants, the cost of healthy food choices, the prevalence of unhealthy but convenient food alternatives, as well as the widespread marketing of unhealthy food choices also influence parents’ ability to choose healthy lifestyle options for their children.

Schools

Schools were also seen as having a large role to play in terms of promoting physical activity and healthy food choices. Participants often referenced the lack of physical education classes as a factor contributing to children who are less active. A number of participants suggested that in today’s world, where parents are increasingly pressed for time, school was often one of the only means of providing children with opportunities to be physically active.

It is, therefore, not surprising that there tended to be general agreement that schools need to do a better job of promoting and providing opportunities for children to be more active – mandatory physical education classes were often seen as a way of ensuring this happens.



Governments

As mentioned previously, participants drew little distinction between levels of government when it comes to dealing with childhood obesity. The general consensus was that all levels need to be working together to address the issue. When reminded of federal vs. provincial areas of responsibility (i.e., education and health care) most understood that the federal government has limited levers when it comes to affecting change in this area. That said, there was general agreement that the role of the federal government is to provide overarching vision and guidance, whereas the role of the provincial and municipal governments is more likely to be responsible for the front line delivery of services and programs aimed at dealing with the issue of childhood obesity.

When further pressed for specific examples of steps the federal government could take to promote physical activity and healthy food choices, suggestions included:

- Spearheading a national campaign via traditional media channels as well as social networking sites to promote and educate on the importance of physical activity and healthy food choices, *'ParticipACTION'* and the *Canada Food Guide* were often mentioned here.
- More significant incentives for parents wishing to involve their children in physical activities.
- Although the Child Fitness Tax Credit was seen as a step in the right direction, a number of participants questioned whether the amount available was sufficient, and the extent to which receiving a tax credit after the fact would actually encourage those with limited resources to make sure kids are physically active.
- Efforts to address and possibly reduce unhealthy food choices by dealing with the amount of marketing for such products being targeted to children either by:
 - Limiting such advertising, or
 - Ensuring there is an equal amount of advertising to promote healthy lifestyle choices for kids (related to physical activity and health food choices).

"The Government needs to promote through the schools and the media."

"The Federal Government should put ad campaigns together in the paper."

"Make people aware of the Canada Food Guide; post the Canada Food Guide at the grocery store."

"The Government needs to offer more than a fitness credit."



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« Des campagnes de sensibilisation. »

« Je dirais le gouvernement fédéral, s'il était capable de faire de la promotion, cela aiderait. »

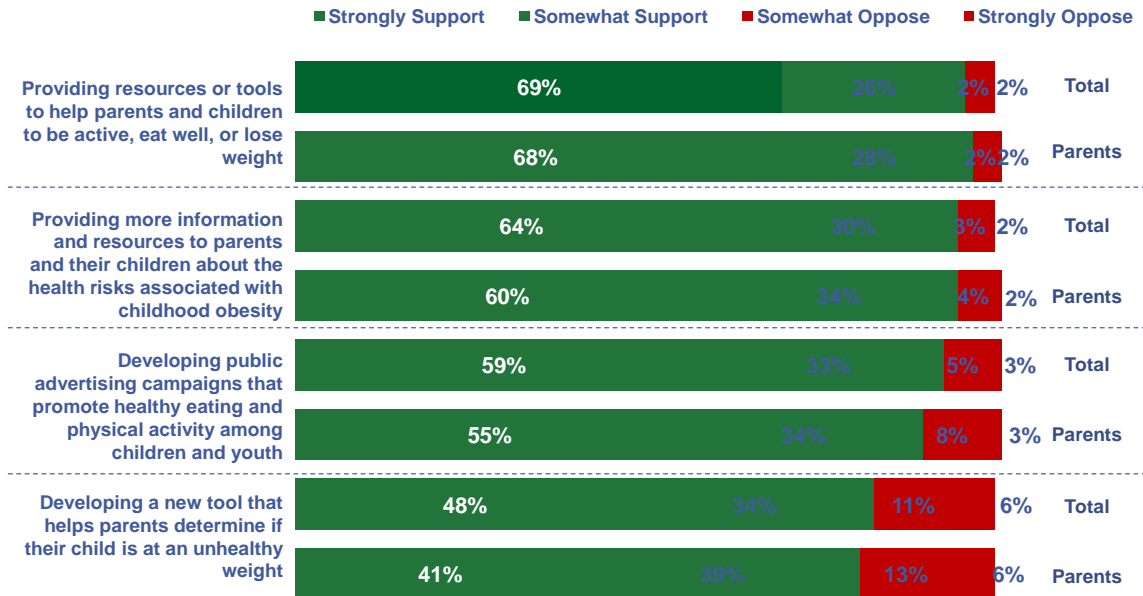
Other less frequently mentioned suggestions included the possibility of having Government of Canada 'healthy' public service announcements (which could not be fast forwarded) appear at the beginning of video games; the possibility of the Government of Canada providing tax credits for 'donated' used sporting equipment, which could then be passed on to those in need and a Government of Canada sponsored voucher program for organized sports.



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Support for Tools, Resources and Information to Combat Childhood Obesity

Please tell me whether you strongly support, somewhat support, somewhat oppose, or strongly oppose the federal government doing each of the following:



Base: All respondents (n=1222); Parents = Those with children 17 and under currently living in household (n=626)

In this question respondents were asked their level of support for a number of ideas on the provision of certain tools, resources, and information to combat childhood obesity, using a four-point scale. Overall there is strong support for each of the ideas put forward.

About seven in ten (69% among the general public, 68% among parents) strongly support providing resources or tools to help parents and children to be active, eat well, or lose weight, while about six in ten (64%, 60%) strongly support providing more information and resources to parents and their children about the health risks associated with childhood obesity, and with developing public advertising campaigns that promote healthy eating and physical activity among children and youth (59%, 55%). About half of the general public audience (48%) strongly support developing a new tool that helps parents determine if their child is at an unhealthy weight. Parents, however, are less likely to strongly support this initiative (41%).

Demographic differences among the general public:



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- Residents of Quebec (90%) are more likely to be in favour of developing a new tool that helps determine if their child is at an unhealthy weight than are residents of British Columbia (75%), Alberta (83%), and Ontario (78%).

Demographic differences among those with children in the household:

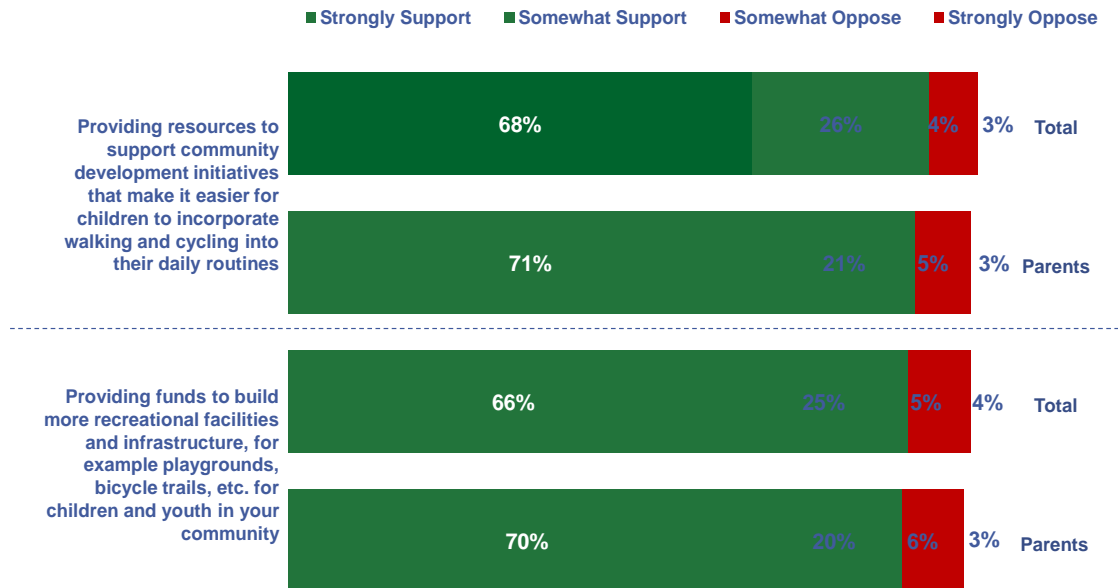
- Parents aged 18 to 34 (98%) and 35 to 54 (96%) are more likely than those aged 55 or older (88%) to support providing resources or tools to help parents and children to be active.



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Support for Actions to Create Healthier Built Environments to Combat Childhood Obesity

Next please tell me whether you strongly support, somewhat support, somewhat oppose, or strongly oppose the federal government doing each of the following:



Base: All respondents (n=1222); Parents = Those with children 17 and under currently living in household (n=626)

In this question respondents were asked their level of support for two ideas on the funding of healthier built environments to combat childhood obesity using a four-point scale. Overall there is strong support for the ideas put forward.

About seven in ten respondents (68% among the general public, 71% among parents) strongly support providing resources to support community development initiatives that make it easier for children to incorporate walking and cycling into their daily routines.

This is followed by about two-thirds of respondents (66% among the general public, 70% among parents) who strongly support providing funds to build more recreational facilities and infrastructure, for example playgrounds, bicycles trails etc., for children and youth in their community.

Demographic differences among the general public:



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- Those aged 18 to 34 (97%) and 35 to 54 (92%) are more likely than those 55 or older (85%) to support providing funds to build recreational facilities and infrastructure.

Demographic differences among those with children in the household:

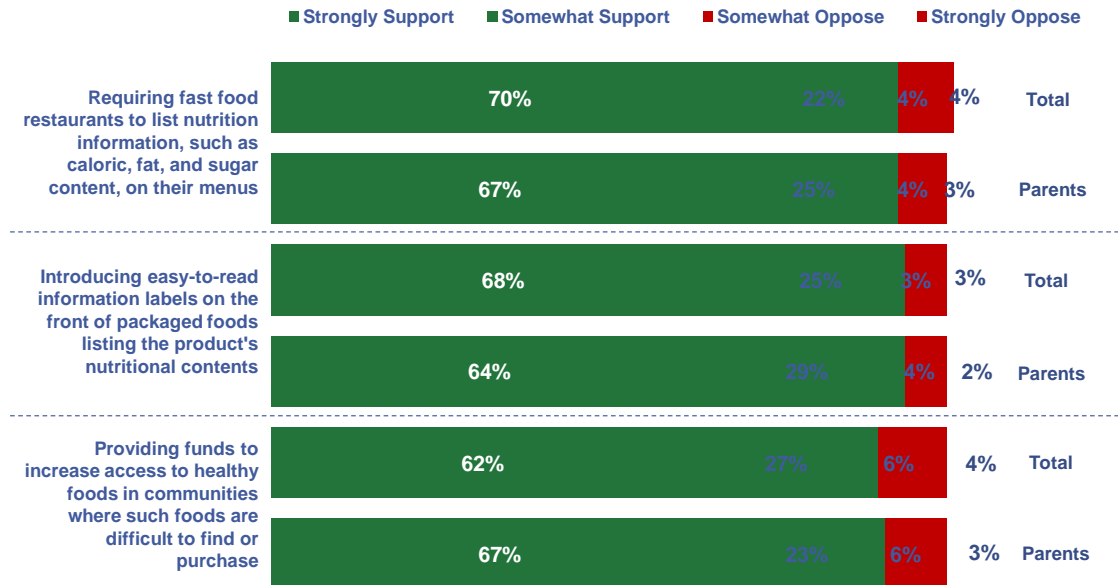
- Parents aged 18 to 34 are more likely than those aged 55 or older to support each idea.



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Support for Actions to Create Healthier Food Environments to Combat Childhood Obesity

Next please tell me whether you strongly support, somewhat support, somewhat oppose, or strongly oppose the federal government doing each of the following:



Base: All respondents (n=1222); Parents = Those with children 17 and under currently living in household (n=626)

Respondents were asked about their level of support for a number of ideas on supporting the creation of healthier food environments.

About seven in ten respondents (70% among the general public, 67% among parents) strongly support requiring fast food restaurants to list nutrition information such as caloric, fat, and sugar content on their menus. Similar proportions of respondents strongly support (68%, 64%) introducing easy-to-read information labels on the front of packaged foods that list the product's nutritional content.

About three in five general public respondents (62%) strongly support providing funds to increase access to healthy foods in communities where such foods are difficult to purchase or find. Parents, in particular, are more likely to strongly support this initiative (67%).

Demographic differences among the general public:



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- Residents of Ontario (95%) are the most likely to support requiring fast food restaurants to list nutrition information on their menus, especially compared to those in Quebec (88%); as are women (94% vs. 89% among men), and those living in urban settings (93% vs. 87% among urban dwellers).
- Residents of Saskatchewan/Manitoba (94%) and Quebec (92%) are more likely than those in British Columbia (82%) to support providing funds to increase access to healthy foods in communities where such foods are difficult to find or purchase, as are younger respondents (peaking at 98% among those 18 to 34 years old).

Demographic differences among parents:

- Residents of Ontario (95%) are the most likely to support requiring fast food restaurants to list nutritional information on their menus, especially compared to those in Saskatchewan/Manitoba (88%).
- Younger parents (peaking at 95% among those 18 to 34 years old) are more likely than older parents to support providing funds to increase access to healthy foods in communities where such foods are difficult to find or purchase.

Support for Restricting/Banning the Marketing of Unhealthy Foods and Beverages to Kids

Next please tell me whether you strongly support, somewhat support, somewhat oppose, or strongly oppose the federal government doing each of the following:



Base: All respondents (n=1222); Parents = Those with children 17 and under currently living in household (n=626)

In this question, respondents were asked their level of support for restricting or banning the marketing of foods and beverages that are high in fat, sugar, or salt to children and youth.

A majority of respondents (60% among the general public, 62% among parents) strongly support restricting the marketing of high-fat, high-sugar, or high-salt foods and beverages that are aimed directly at children and youth. With respect to *banning* the marketing of such foods, support is lower; however, approximately half (53% among the general public, 48% among parents) strongly support this initiative.

Demographic differences among the general public:

- Those with an annual income of less than \$30,000 (85%) or between \$30,000 and \$60,000 (80%) are more likely to support (strongly or somewhat) banning the marketing of high-fat, high-sugar, or high-salt foods compared to those with an income of \$60,000 or more (70%).



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Demographic differences among those with children in the household:

- Parents who are concerned about childhood obesity are more likely than those who are not to support *restricting* the marketing of high-fat/sugar/salt foods (87% vs. 63%), as well as *banning* the marketing of these types of foods (76% vs. 59%).

Qualitative Perspective: Marketing of Unhealthy Foods and Beverages to Kids

There was little doubt among parents and general public participants alike that the widespread marketing of unhealthy food choices was a large part of the problem of childhood obesity. In fact participants in all locations repeatedly raised this issue unprompted during focus group proceedings.

Likewise, few around the table disagreed that this was an issue that needed to be addressed if Canada was truly serious about dealing with childhood obesity.

“I hate the marketing associated with fast food.”

“Marketing wise they (fast foods) appeal to kids because they have so many characters. When you bring a toddler into a store, their eyes go to the colorful displays.”

« Quand tu écoutes un poste de télé pour enfants et dans une émission d'enfant, tu as 4 publicités de [resto faisant la vente de malbouffe] pendant l'heure... »

It should be noted that when prompted specifically as to the Government of Canada's role in this matter, participants in all locations were quick to indicate that it does indeed have an important role to play.

Participants were presented with a series of possible measures the Government of Canada should/could be taking to reduce the marketing of unhealthy food and beverages to youth. The options presented include:

- Efforts to collaborate with industry to develop voluntary reductions in marketing of these products,
- The establishment of mandatory guidelines to limit this type of marketing, and
- An outright banning of marketing to youth.



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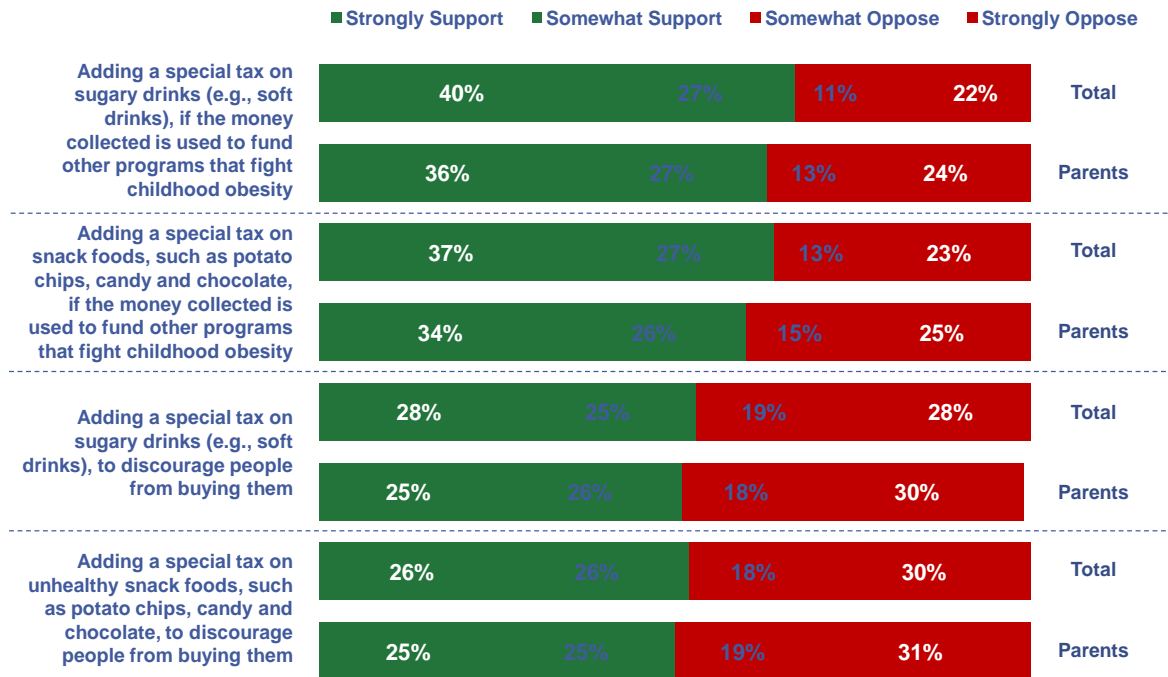
Although participants were willing to entertain all options to a certain extent, some measures were deemed less feasible than others. Specifically, the banning of marketing to youth was seen as being very difficult to enforce, and could possibly have the counter effect of making these types of products more desirable to youth.



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Support for Taxation of Junk Foods and Sugary Drinks to Combat Childhood Obesity

Next please tell me whether you strongly support, somewhat support, somewhat oppose, or strongly oppose the federal government doing each of the following:



Base: All respondents (n=1222); Parents = Those with children 17 and under currently living in household (n=626)

In this question, respondents were asked their level of support for a number of statements on adding a special tax on certain foods and drinks to combat childhood obesity. Overall there is high to moderate support for the various ideas put forward.

A plurality of respondents (40% among the general public, 36% among parents) *strongly support* adding a special tax on *sugary drinks* if the money collected is used to fund other programs that fight childhood obesity; slightly fewer strongly support (37%, 34%) adding a special tax on *snack foods* (such as potato chips, candy, and chocolate) if the money collected is used in this way.

Canadians are divided with respect to adding a special tax on sugary drinks or snack foods simply to discourage people from buying them. About half of respondents (53% among the general public, 51% among parents) support adding a special tax on *sugary drinks* to discourage people from buying them,

while roughly the same proportions (47%, 48%) oppose this initiative. Similarly, about half of respondents (52%, 50%) support adding a special tax on *snack foods* to discourage people from buying them, while roughly the same proportions (48%, 50%) oppose this initiative.

Demographic differences among the general public:

- Those with an income of less than \$30,000 or between \$30,000 and \$60,000 are more likely than those with an income of \$60,000 or more to be in favour of all special taxes and programs tested.
- Women are more likely than men to support all the special taxes and programs tested (except for a special tax on snack foods if the money went to a program to fight childhood obesity – both men and women were equally supportive of this measure).

Qualitative Perspective: Taxation of Junk Foods and Sugary Drinks to Combat Childhood Obesity

In focus group sessions, the option of a special tax had limited appeal at best and tended to polarize focus group participants between those who saw no other option (the minority) and those who wondered aloud about the appropriateness of such a tax. In addition, a number of participants wondered about what effect an additional tax would have on those families already struggling to make ends meet; those who simply cannot afford to make 'healthy' food choices.

A number of participants mentioned that if such a measure was to be implemented, they would expect the Government of Canada to offset these costs by taking the necessary steps to help reduce the cost of healthy food choice by an equivalent amount.

“The Government could try and keep the prices of vegetables at a reasonable level.”

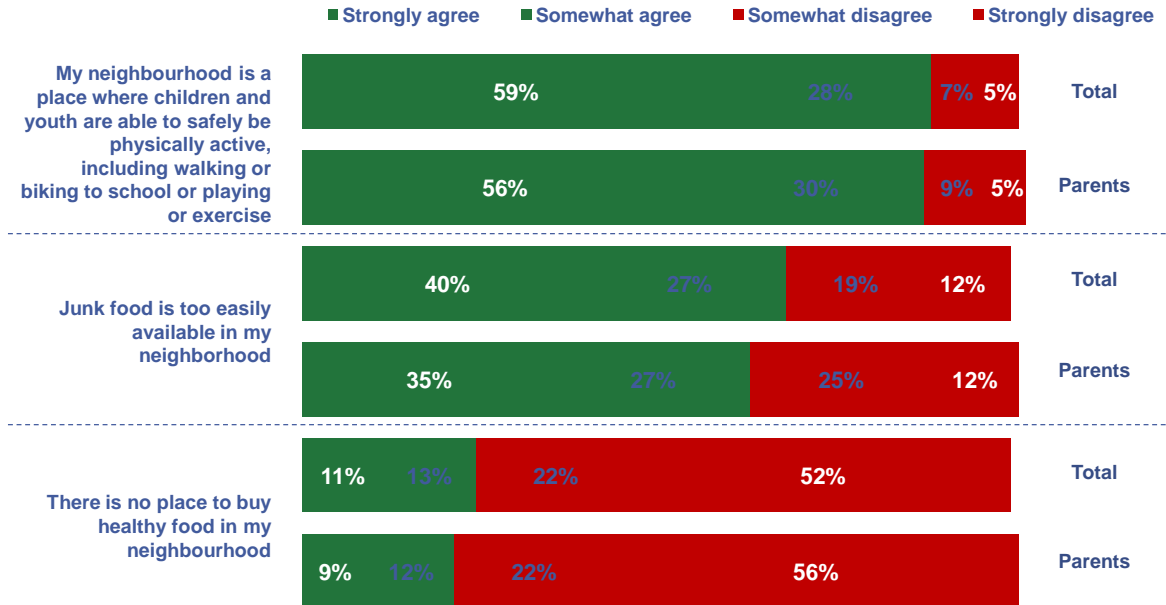
« Il faudrait baisser le prix des trucs bons pour la santé et augmenter le prix des mauvaises choses. »

« Diminuer le coût des aliments bons pour la santé et augmenter le coût des mauvais aliments. C'est un impact assuré. »



Perceptions of Neighbourhood as Conducive to a Healthy Lifestyle

This next question is about your neighbourhood. Please tell me whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with each of the following statements:



Base: All respondents (n=1222); Parents = Those with children 17 and under currently living in household (n=626)

In this question, respondents were asked their level of agreement with a number of statements to better understand how their neighborhood may help to contribute to a healthy (or unhealthy) lifestyle.

The majority of respondents strongly agree (59% among the general public audience and 56% among parents) that their neighbourhood is a place where children and youth are able to safely be physically active, including walking, biking, school, playing, or exercise.

In terms of the food available in one's neighbourhood, a plurality of respondents strongly agree (40%, 35%) that junk food is too easily available in their neighbourhood, yet relatively few strongly agree (11%, 9%) that there is no place for them to buy healthy food.

Demographic differences among the general public:

- Residents of Alberta (95%), Saskatchewan/Manitoba (94%), and Ontario (89%) are more likely to agree that their neighbourhood is a place where children can safely be active compared to residents of Quebec (82%) and Atlantic Canada (74%).
- Those with an income of less than \$30,000 (34%) or \$30,000 to \$60,000 (28%) are more likely to say there is no place to buy healthy food in their neighborhood than are those with an income of \$60,000 or more (19%).
- Those with an income of less than \$30,000 (76%) or \$30,000 to \$60,000 (71%) are more likely to say junk food is too readily available in their neighborhood than are those with an income of \$60,000 or more (60%).

Qualitative Perspective: Neighbourhood Barriers to Healthy Lifestyles

Participants generally acknowledged that urban design and city planning can and has in certain cases contributed to the issue of childhood obesity. A number of participants mentioned concerns related to safety and security. Indeed, a number of participants in the parent groups mentioned concerns with regards to allowing their children to play outside due to traffic volume, the lack of sidewalks, as well as issues related to public safety, such as street gangs.

These concerns are further compounded by what some see as a lack of sporting infrastructure and facilities in close proximity to their homes, which means that already busy parents are often required to drive children to sports facilities and parks in order for them to participate in physical activities.

“Society has changed. Kids are picked up or approached by perverts and that is why the parents are picking them up and why they’re not walking.”

“When we were kids we played out on the streets, my parents never had to worry about me because we knew our neighbours. Nowadays you don’t want to have your kids outside.”

« Moi, j’ai accès à 6 parcs, des piscines extérieures, des terrains de soccer, mais... je suis proche des gangs de rue aussi. Mon beau-fils ne vient pas de Montréal et il ne va pas dehors parce qu’il a peur. »

Participants were somewhat less convinced that the lack of proximity of healthy food choices to one’s home is a major contributor to childhood obesity problems. According to most participants, healthy food options are available but it is a matter of making the effort to seek out these alternatives.

There was widespread agreement in all focus groups that children and their parents are bombarded with unhealthy food options; however, healthy choices do

exist, and at the end of the day it was up to parents to make healthy choices for their children. Time or the lack thereof, more so than the abundance of unhealthy food choices, were most often seen to be the culprit when it came to parents' unhealthy food choices.



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Barriers to Healthy Eating

For each of the following statements, please tell me whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with each of the following:



Base: Those with children 17 and under currently living in household (n=626)

In this question, parents were asked about their level of agreement with a number of statements to better understand the barriers they face with respect to providing healthy food for their children.

Parents are divided on whether or not it is expensive to prepare healthy meals for their children. Half (50%) of respondents agree (28% strongly, 22% somewhat) with this statement, while the other half (49%) disagree (30% strongly, 19% somewhat).

Four in ten parents (40%) agree (13% strongly, 27% somewhat) that they find it difficult to find the time to prepare healthy meals for their children in the mornings and the evenings. The majority of parents (61%) disagree with this statement.

The majority of parents (53%) strongly disagree that they don't know how to improve the diet of their children because there are always new reports about

what to do and it's too complicated to keep track of them all. One in five parents (20%) agree (6% strongly and 14% somewhat) with this statement.

Demographic differences among those with children in the household:

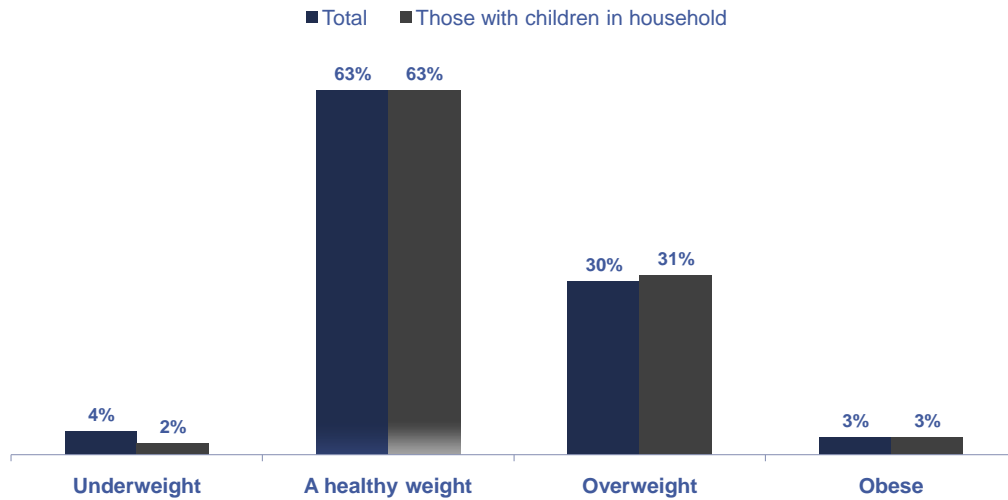
- Residents of Atlantic Canada (78%) are more likely to agree that it is expensive to prepare healthy meals for their children than are residents of all other provinces.
- Those aged 18 to 34 (63%) and those 35 to 54 (50%) are more likely than those 55 or older (31%) to agree that it is expensive to prepare healthy meals for their children; in fact, older parents (those 55 or older) are more likely to strongly disagree with this statement (49%).



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Perceptions of One's Own Weight

Would you say that right now you are:



Base: All respondents (n=1222); Those with children 17 and under currently living in household (n=626)

When asked to describe their current weight situation, about three in five respondents (63% among both the general public and parents) say that they are a healthy weight, three in ten say they are overweight (30%, 31%), while very few say that they are either underweight (4%, 2%) or obese (3% for both audiences).

Demographic differences among the general public:

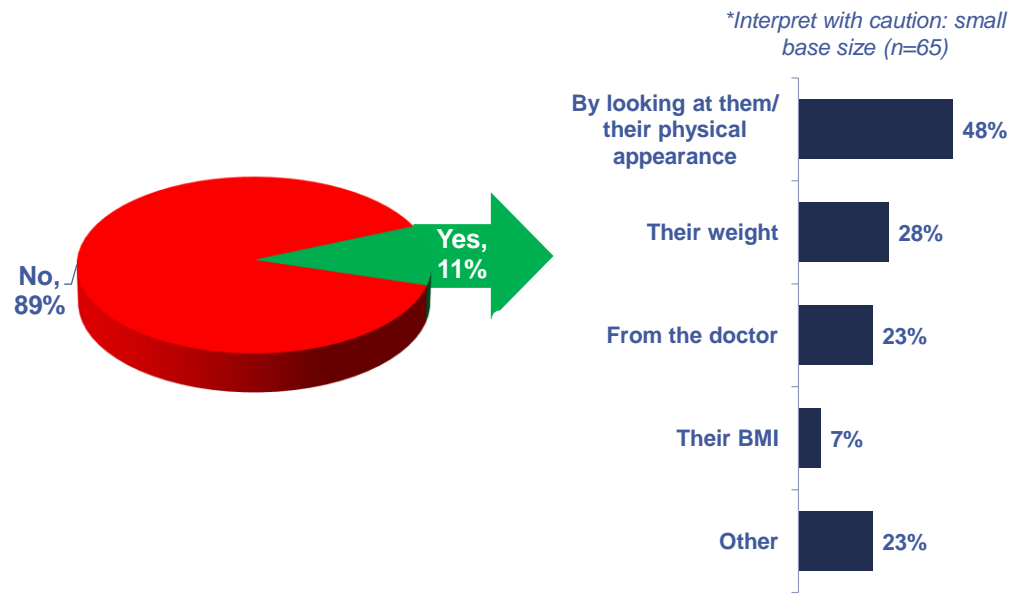
- Those aged 18 to 34 (75%) are more likely than those aged 35 to 54 (59%) and 55 or older (58%) to say they are a healthy weight.
- Those aged 35 to 54 (35%) and 55 or older (35%) are more likely than those aged 18 to 34 (16%) to say they are overweight.



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Currently Have an Overweight or Obese Child

*Is your child/Are any of your children currently overweight or obese?
How do you know that they are overweight or obese?*



Base: Those with children 17 and under currently living in household (n=626)

Base: Those with child/children currently overweight or obese (n=65)

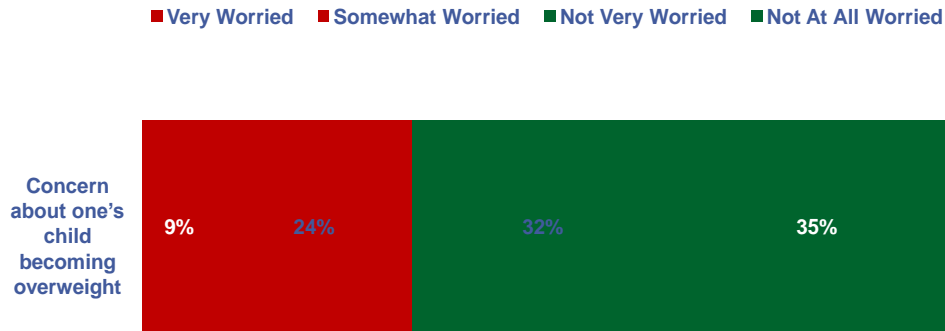
One in ten parents (11%) say that they have an overweight or obese child. When asked how they know that their child is overweight or obese, most base it on how they look (48%), their weight (28%), or on what a doctor has told them (23%). Only seven percent (7%) base it on their BMI.

The two leading factors that are viewed to have contributed to their child being overweight or obese are their eating habits (44%) and a lack of exercise (42%). *Note: these are the results of a follow-up open ended question to garner the main factors that have contributed to their child being overweight or obese (n=65).*



Concern That One's Child Will Become Overweight

How worried are you about your [child/children] gaining weight or becoming overweight? Are you very worried, somewhat worried, not very worried, or not at all worried?



Base: Respondents whose child/children are not currently overweight or obese (n=561)

One-third (33%) of parents who do not have a child that is currently overweight say that they are very (9%) or somewhat (24%) worried that their child will gain weight or become overweight. Two-thirds (67%) express little or no concern on the issue.

Demographic differences among those with children in the household:

- Parents in Quebec (41%) are more likely to be worried about their child becoming obese than are parents in British Columbia (26%).

Appendix I – Response Rate Calculation

This table calculates the response rate among the respondents in this research based on the empirical calculation standard of the Market Research and Intelligence Association. More information on this method can be found here: <http://www.mria-arim.ca/STANDARDS/Response.asp>

Empirical Calculation for Data Collection	
Total Numbers Attempted	21,215
Invalid (NIS, fax/modem, business/non-res.)	8,991
Unresolved (U) (Busy, no answer, answering machine)	4,520
In-scope - non-responding (IS)	6,301
Language problem	177
Illness, incapable, deaf	57
Household refusal	5,958
Respondent refusal	109
In-scope - Responding units (R)	1,403
No one 18 years of age or older	150
Other disqualify	31
Completed interviews	1,222
Response Rate = $R/(U+IS+R)$	11%



Appendix II – Research Instruments

FINAL QUANTITATIVE SURVEY

Hello, this is _____ calling from Ipsos Reid. We're a professional public opinion research company. I'd like to assure you that we're not trying to sell you anything. Today we're talking to a random sample of Canadians about some important issues. This survey is registered with the National Survey Database and is being conducted on behalf of the Government of Canada. The results will be reported in aggregate. [IF NECESSARY] Your participation is voluntary and all your answers will remain confidential.

Bonjour, ici _____ d'Ipsos Reid, une firme professionnelle de sondage d'opinion publique. Je tiens à vous assurer que nous ne vendons rien. Nous nous entretenons aujourd'hui avec un échantillon de Canadiennes et de Canadiens choisis au hasard au sujet de certains enjeux importants. Ce sondage est inscrit dans la base de données d'études nationales et est sponsorisé par le gouvernement du Canada. Les résultats seront reportés en agrégat. [AU BESOIN] Votre participation est volontaire et toutes vos réponses seront tenues confidentielles. INSERT SURVEY REGISTRATION INFORMATION HERE

May I please speak with the person in your household who is 18 years of age or older and who has had the most recent birthday. Would that be you?

[IF THAT PERSON IS NOT AVAILABLE, ARRANGE CALLBACK]

Est-ce que je pourrais parler à la personne de votre foyer et qui a 18 ans ou plus et qui a fêté son anniversaire le plus récemment? Est-ce vous?

[SI LA PERSONNE N'EST PAS DISPONIBLE, FIXEZ UN RAPPEL]

Yes	[CONTINUE]
Oui	[CONTINUER]
No	[ASK TO SPEAK TO 'ELIGIBLE' PERSON]
Non	[DEMANDER DE PARLER À UNE PERSONNE « ADMISSIBLE »]
REFUSED	[THANK/DISCONTINUE]
REFUS	[REMERCIER/CONCLURE]

[IF DK OR REFUSED – THANK AND TERMINATE]

1. In what year were you born?
1. En quelle année êtes-vous né?

[RECORD YEAR, RANGE 1900-1993]
[INSCRIRE L'ANNÉE, ÉCHELLE DE 1900-1993]
DK/RF
NSP/REFUS
[IF DK/REF TERMINATE, OTHERWISE CONTINUE]



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2a. Do you have any children 17 and under currently living in your household?
2a. Y a-t-il des enfants de 17 ans ou moins qui vivent dans votre foyer à l'heure actuelle?

Yes
Oui
No
Non

[GENERAL PUBLIC SAMPLE: IF 'YES' CONTINUE, OTHERWISE SKIP TO Q3; PARENTS 0-17: IN ORDER TO QUALIFY FOR PARENTS 0-17 BOOST NEED TO BE YES AT Q2A]

2b. How many children do you have under the age of 17 currently living in your household?
2b. Combien d'enfants de moins de 17 ans vivent dans votre foyer à l'heure actuelle?

One
Un
More than one
Plusieurs

[INSTRUCTION FOR Q2C: IF 'ONE' AT Q2B SAY 'HOW OLD IS YOUR CHILD?' IF 'MORE THAN ONE' SAY 'HOW OLD ARE YOUR CHILDREN?', IF DK/REF SKIP TO Q3]

2c. How old is your child?/How old are your children? [IF "ONE" AT Q2B SINGLE PUNCH, IF "MORE THAN ONE" AT Q2b ACCEPT MULTIPLE MENTIONS] (DO NOT READ LIST)
2c. Quel âge a votre enfant/quel âge ont vos enfants? [SI 'UN' À LA Q2B UNE SEULE RÉPONSE, SI 'PLUS QU'UN' À LA Q2B, ACCEPTER PLUSIEURS RÉPONSES] (NE PAS LIRE LA LISTE)

0 to less than 6 years old
0 an à moins de 6 ans
6 to less than 9 years old
6 ans à moins de 9 ans
9 to less than 12 years old
9 ans à moins de 12 ans
12 to less than 13 years old
12 ans à moins de 13 ans
13 to less than 15 years old
13 ans à moins de 15 ans
15 to 17 years old
15 à 17 ans

[INSTRUCTION FOR Q2D: IF 'ONE' AT Q2B SAY 'WHAT IS THE GENDER OF YOUR CHILD?' IF 'MORE THAN ONE' SAY 'WHAT IS THE GENDER OF YOUR CHILDREN?']
INSTRUCTION POUR Q2D: SI 'UN' À LA Q2B 'DIRE 'QUEL EST LE SEXE DE VOTRE ENFANT? SI PLUS QU'UN 'DIRE' QUEL EST LE SEXE DE CHACUN DE VOS ENFANTS?



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2d. What is the gender of your child?/What is the gender of your children?

2d. Quel est le sexe de votre enfant? Quel est le sexe de chacun de vos enfants?

[MULTIPLE MENTIONS ALLOWED/ PLUSIEURS RÉPONSES ACCEPTÉES]

Male

Homme

Female

Femme

3. In your opinion, what are the most important health issues facing children and youth in Canada today? Anything else? [OPEN ACCEPT UP TO THREE RESPONSES – RECORD FIRST, SECOND AND THIRD MENTIONS SEPARATELY]

3. À votre avis, quels sont les problèmes de santé les plus importants auxquels sont confrontés les enfants et les jeunes au Canada de nos jours? Y en a-t-il d'autres? [QUESTION OUVERTE, ACCEPTER JUSQU'À TROIS RÉPONSES – INSCRIRE LA PREMIÈRE, LA DEUXIÈME ET LA TROISIÈME RÉPONSE SÉPARÉMENT]

Other 1

Autre 1

Other 2

Autre 2

Other 3

Autre 3

[ANCHOR TO EACH OTHER] None/nothing else (DO NOT READ)

[ANCHOR TO EACH OTHER] Aucun/rien d'autre (NE PAS LIRE)

4. I'm now going to read you a series of statements. For each one please tell me how concerned you are about the issue as it affects children and youth age 17 and younger in Canada today. How about [INSERT STATEMENT], would you say you're very concerned, somewhat concerned, not very concerned, or not at all concerned? How about...[PLEASE RE-READ QUESTION AND/OR SCALE AS NEEDED]

4. Je vais maintenant vous lire une série d'énoncés. Pour chacun, veuillez m'indiquer dans quelle mesure l'enjeu vous préoccupe au sujet du problème décrit qui touche les enfants et les jeunes de 17 ans et moins au Canada de nos jours. Diriez-vous que vous êtes très préoccupé, plutôt préoccupé, pas très préoccupé ou pas du tout préoccupé par [INSERT STATEMENT]? En ce qui concerne... [VEUILLEZ RELIRE LA QUESTION ET/OU L'ÉCHELLE AU BESOIN]

[RANDOMIZE STATEMENTS]

[ÉNONCÉS AU HASARD]

Asthma

L'asthme

Lack of physical activity

Le manque d'activité physique

Too much homework

La charge de devoirs trop lourde



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Overweight and obesity
L'embonpoint et l'obésité
Bulimia and anorexia
La boulimie et l'anorexie
Diabetes
Le diabète
Allergies
Les allergies

[INTERVIEWER NOTE: INCLUDE THE FOLLOWING THREE STATEMENTS BUT ALWAYS AT THE END OF THE LIST; ALSO RANDOMIZE LAST THREE STATEMENTS]

Time spent watching television or on computers
Le temps passé devant la télévision ou les ordinateurs
Smoking
Le tabagisme
Unhealthy eating habits
Les mauvaises habitudes alimentaires

Very concerned
Très préoccupé
Somewhat concerned
Plutôt préoccupé
Not very concerned
Pas très préoccupé
Not at all concerned
Pas du tout préoccupé

[IF ANYTHING BUT DK/REFUSED AT Q4_4 ASK Q4B, OTHERWISE SKIP TO Q5]

4b. Why do you say that you are [PIPE IN ANSWER TO 4_4] about overweight and obesity among children? Anything else? [OPEN ACCEPT UP TO THREE RESPONSES – RECORD FIRST, SECOND AND THIRD MENTIONS SEPARATELY]

4b. Pourquoi dites-vous que vous êtes/n'êtes [PIPE IN ANSWER TO 4_4] par l'embonpoint et l'obésité? Y a-t-il autres chose? [QUESTION OUVERTE, ACCEPTER JUSQU'À TROIS RÉPONSES – INSCRIRE LA PREMIÈRE, LA DEUXIÈME ET LA TROISIÈME RÉPONSE SÉPARÉMENT]

Other 1
Autre 1
Other 2
Autre 2
Other 3
Autre 3

[ANCHOR TO EACH OTHER] None/nothing else (DO NOT READ)

[ANCHOR TO EACH OTHER] Aucun/rien d'autre (NE PAS LIRE)



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5. In your opinion, what are the main reasons why children and youth are overweight or obese today? Anything else? (DO NOT READ LIST) [ACCEPT UP TO THREE RESPONSES – RECORD FIRST, SECOND AND THIRD MENTIONS SEPARATELY]

5. À votre avis, quelles sont les principales raisons pour lesquelles les enfants et les jeunes souffrent d'embonpoint ou d'obésité de nos jours? Y a-t-il autres chose? (NE PAS LIRE LA LISTE) [ACCEPTER JUSQU'À TROIS RÉPONSES – INSCRIRE LA PREMIÈRE, LA DEUXIÈME ET LA TROISIÈME RÉPONSE SÉPARÉMENT]

HARDCODES

There are so many unhealthy food options available

Il existe un trop grand nombre d'aliments mauvais pour la santé

Unhealthy food is so inexpensive

Les aliments mauvais pour la santé sont tellement bon marché

Too much marketing of unhealthy food and beverages is aimed at young people (e.g. advertising, sponsorships, and product placements)

Une trop grande part du marketing sur les aliments et boissons mauvais pour la santé est destinée aux jeunes (p. ex., publicité, commandites et placements de produits)

Too expensive or difficult to buy healthy foods

Les aliments sains sont trop chers ou trop difficiles à acheter

Car-focussed community design/society

Communauté/société axée sur l'automobile

Not enough opportunities to be physically active in their neighbourhood

Manque d'occasions d'être physiquement actifs dans leur quartier

Increasing reliance and interest on technology which takes away time for physical activity

Dépendance et intérêt à l'égard de la technologie réduisant le temps consacré à l'activité physique

They have poor eating habits

Ils ont de mauvaises habitudes alimentaires

They don't get enough regular physical activity

Ils ne pratiquent pas assez régulièrement des activités physiques

Parents of overweight children don't realize their child is overweight

Les parents d'enfants souffrant d'embonpoint ne se rendent pas compte de l'état de leur enfant

Parents don't know about the negative health consequences of their child being overweight or obese

Les parents ne connaissent pas les conséquences négatives de l'embonpoint ou de l'obésité sur la santé de leur enfant

Parents don't know what they should do to control their child's weight

Les parents ne savent pas ce qu'il faut faire pour surveiller le poids de leur enfant

Being overweight is something that you inherit from your parents

L'embonpoint est un trait hérité de nos parents

Parents let their child have too much junk/unhealthy food

Les parents laissent leur enfant consommer trop de malbouffe/d'aliments mauvais pour la santé

Schools have cut phys ed programs

Les écoles ont coupé les programmes d'éducation physique

Other (specify)

Autre (veuillez préciser)

None/nothing else



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Aucun/rien d'autre

5b. Please tell me whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with each of the following statements. How about [INSERT STATEMENT]?
5b. Veuillez me dire si vous êtes fortement d'accord, plutôt d'accord, plutôt en désaccord ou fortement en désaccord avec chacun des énoncés suivants. En ce qui concerne [INSERT STATEMENT]?

[RANDOMIZE]

Being obese increases a person's chances of developing health problems such as heart disease, high blood pressure, and cancer.

L'obésité augmente les risques de problèmes de santé comme les maladies du cœur, l'hypertension et le cancer.

Being obese increases a person's chances of developing emotional problems such as depression and low self-esteem.

L'obésité augmente les risques de problèmes émotifs comme la dépression et une faible estime de soi.

Strongly agree

Fortement d'accord

Somewhat agree

Plutôt d'accord

Somewhat disagree

Plutôt en désaccord

Strongly disagree

Fortement en désaccord

RESPONSIBILITY OF OVERWEIGHT/OBESITY AMONG CHILDREN

6. In your opinion, who is most responsible for Canadian children and teens being overweight and obese? (READ LIST) [RANDOMIZE. ONE RESPONSE ONLY.]

6. À votre avis, qui est le plus grand responsable de l'embonpoint et de l'obésité chez les enfants et les adolescents canadiens? (LIRE LA LISTE) [AU HASARD. UNE SEULE RÉPONSE.]

The individuals themselves

Les gens eux-mêmes

The Government

Le gouvernement

Parents

Les parents

Fast food restaurants

Les restaurants-minute

Food manufacturers

Les fabricants de produits alimentaires

Beverage manufacturers



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Les fabricants de boissons
The school system
Le système scolaire
None (DO NOT READ)
Aucun (NE PAS LIRE)

[IF NONE/DK/REF AT Q6 SKIP TO INSTRUCTION BEFORE Q9, OTHERWISE CONTINUE]

7. And who would you say is next most responsible for Canadian children and teens being overweight and obese? [READ LIST IF NECESSARY, OMITTING RESPONSE GIVEN IN Q6. RANDOMIZE. ONE RESPONSE ONLY.]

7. Et d'après vous, qui est l'autre plus grand responsable de l'embonpoint et de l'obésité chez les enfants et les adolescents canadiens? [LIRE LA LISTE AU BESOIN, NE PAS LIRE LA RÉPONSE DONNÉE À LA Q6. AU HASARD. UNE SEULE RÉPONSE.]

The individuals themselves
Les gens eux-mêmes
The Government
Le gouvernement
Parents
Les parents
Fast food restaurants
Les restaurants-minute
Food manufacturers
Les fabricants de produits alimentaires
Beverage manufacturers
Les fabricants de boissons
The school system
Le système scolaire

[IF "GOVERNMENT" IS MENTIONED IN Q6 OR Q7 ASK Q8, OTHERWISE SKIP TO Q9]:

8. Who do you feel is more responsible for Canadian children and youth being overweight and obese: The federal, provincial, or local government?

8. D'après vous, qui est le plus responsable de l'embonpoint et de l'obésité chez les enfants et les jeunes canadiens : le gouvernement fédéral, le gouvernement provincial ou l'administration municipale?

Federal
Gouvernement fédéral
Provincial
Gouvernement provincial
Local
Administration municipale
None (DO NOT READ)
Aucun (NE PAS LIRE)



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9. How much of a role should each of the following have in helping to fight the problem of overweight and obese children in Canada? How about...[INSERT STATEMENT] Do you think they should have a major role, minor role, or no role at all? [PLEASE RE-READ QUESTION AND/OR SCALE AS NEEDED]

9. Dans quelle mesure chacun des intervenants suivants devrait-il jouer un rôle pour lutter contre l'embonpoint et l'obésité chez les enfants au Canada? En ce qui concerne... [INSERT STATEMENT] Croyez-vous qu'il devrait/qu'ils devraient jouer un grand rôle, un petit rôle ou encore ne jouer aucun rôle? [RELIRE LA QUESTION ET/OU L'ÉCHELLE AU BESOIN]

[RANDOMIZE STATEMENTS]

[ÉNONCÉS AU HASARD]

Healthcare providers, such as doctors, nurses, and dieticians

Les fournisseurs de soins de santé comme les médecins, les infirmières et les diététiciens

Schools

Les écoles

The Federal Government

Le gouvernement fédéral

Provincial health departments

Les ministères de la Santé provinciaux

Fast food companies

Les entreprises de restauration rapide

Food manufacturers

Les fabricants de produits alimentaires

Beverage manufacturers

Les fabricants de boissons

Parents or guardians

Les parents ou tuteurs

The children themselves

Les enfants eux-mêmes

Major role

Un grand rôle

Minor role

Un petit rôle

No role at all

Aucun rôle

10. Which of the following statements do you agree with most: childhood obesity is...

10. Avec lequel des deux énoncés suivants êtes-vous le plus d'accord : l'obésité chez les enfants est...

[RANDOMIZE STATEMENTS]

[ÉNONCÉS AU HASARD]

A public issue that society needs to help solve together

Un problème public que la société doit résoudre collectivement

or

ou



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A private issue that people need to deal with on their own
Un problème privé que les gens doivent résoudre eux-mêmes

11. In terms of addressing the problem of childhood obesity, do you think the federal government is currently doing too much, not enough, or about the right amount?

11. D'après vous, le gouvernement fédéral en fait-il trop, pas assez ou juste assez en ce moment pour remédier au problème de l'obésité chez les enfants?

Too much
Trop
Not enough
Pas assez
The right amount
Juste assez

ADDRESSING CHILDHOOD OBESITY REMÉDIER À L'OBÉSITÉ CHEZ LES ENFANTS

The next few questions are about things the federal government could do to address the issue of childhood obesity in Canada today. In each question, I am going to ask you how much you support or oppose each action in terms of reducing obesity among children and youth.

Les prochaines questions portent sur ce que pourrait faire le gouvernement fédéral pour remédier au problème de l'obésité chez les enfants au Canada de nos jours. Dans chaque question, je vais vous demander dans quelle mesure vous êtes pour ou contre chaque mesure en ce qui concerne la réduction de l'obésité chez les enfants et les jeunes.

12. Please tell me whether you strongly support, somewhat support, somewhat oppose, or strongly oppose the federal government doing each of the following.

12. Veuillez me dire si vous êtes fortement pour, plutôt pour, plutôt contre ou fortement contre le fait que le gouvernement prenne chacune des mesures suivantes.

How about [INSERT STATEMENT]?

En ce qui concerne [INSERT STATEMENT]?

[RANDOMIZE STATEMENTS]

[ÉNONCÉS AU HASARD]

Providing more information and resources to parents and their children about the health risks associated with childhood obesity

Fournir plus de renseignements et de ressources aux parents et à leurs enfants en ce qui concerne les risques pour la santé associés à l'obésité chez les enfants

Developing a new tool that helps parents determine if their child is at an unhealthy weight
Élaborer un nouvel outil pour aider les parents à déterminer si le poids de leur enfant est problématique

Providing resources or tools to help parents and children to be active, eat well, or lose weight
Fournir des ressources ou des outils pour aider les parents et les enfants à être actifs, à bien manger ou à perdre du poids

Developing public advertising campaigns that promote healthy eating and physical activity among children and youth



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Créer des campagnes publicitaires publiques qui font la promotion d'une saine alimentation et de l'activité physique chez les enfants et les jeunes

Strongly support
Fortement pour
Somewhat support
Plutôt pour
Somewhat oppose
Plutôt contre
Strongly oppose
Fortement contre

13. Next please tell me whether you strongly support, somewhat support, somewhat oppose, or strongly oppose the federal government doing each of the following.

13. Ensuite, veuillez me dire si vous êtes fortement pour, plutôt pour, plutôt contre ou fortement contre le fait que le gouvernement prenne chacune des mesures suivantes.

How about [INSERT STATEMENT]?

En ce qui concerne [INSERT STATEMENT]?

[RANDOMIZE STATEMENTS]

[ÉNONCÉS AU HASARD]

Providing funds to build more recreational facilities and infrastructure, for example playgrounds, bicycle trails, etc. for children and youth in your community

Financer la construction d'installations et d'équipements récréatifs, par exemple des terrains de jeux et des pistes cyclables, pour les enfants et les jeunes de votre communauté

Providing funds to increase access to healthy foods in communities where such foods are difficult to find or purchase

Fournir des fonds pour améliorer l'accès à des aliments sains dans les communautés où il est difficile d'en trouver ou d'en acheter

Providing resources to support community development initiatives that make it easier for children to incorporate walking and cycling into their daily routines.

Fournir des ressources pour soutenir les projets de développement qui aident les enfants à intégrer la marche et la bicyclette à leur routine quotidienne dans les communautés

Strongly support
Fortement pour
Somewhat support
Plutôt pour
Somewhat oppose
Plutôt contre
Strongly oppose
Fortement contre

14. Next please tell me whether you strongly support, somewhat support, somewhat oppose, or strongly oppose the federal government doing each of the following.

14. Ensuite, veuillez me dire si vous êtes fortement pour, plutôt pour, plutôt contre ou fortement contre le fait que le gouvernement prenne chacune des mesures suivantes.



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How about [INSERT STATEMENT]?
En ce qui concerne [INSERT STATEMENT]?

[RANDOMIZE STATEMENTS]
[ÉNONCÉS AU HASARD]

Requiring fast food restaurants to list nutrition information, such as caloric, fat, and sugar content, on their menus

Exiger des restaurants-minute qu'ils affichent l'information nutritionnelle sur leurs menus, par exemple la teneur en calories, en gras et en sucre

Introducing easy-to-read information labels on the front of packaged foods listing the product's nutritional contents

Mettre en place sur le devant des emballages d'aliments des étiquettes d'information faciles à lire énumérant le contenu nutritionnel du produit

[ALWAYS ANCHOR THESE LAST TWO STATEMENTS LAST, ROTATE. 50% OF ALL RESPS NEED STATEMENT A TO APPEAR FIRST, 50% OF ALL RESPS NEED STATEMENT B TO APPEAR FIRST. LINKED TO QUOTA LAYER 4]

[STATEMENT A] Restricting the marketing of high-fat, high-sugar, or high-salt foods and beverages that are aimed directly at children and youth

[STATEMENT A] Restreindre le marketing sur les aliments et les boissons à teneur élevée en gras, en sucre ou en sel qui s'adresse directement aux enfants et aux jeunes

[STATEMENT B] Banning all marketing of high-fat, high-sugar, or high-salt foods and beverages aimed directly at children and youth

[STATEMENT B] Interdire tout le marketing sur les aliments et les boissons à teneur élevée en gras, en sucre ou en sel qui s'adresse directement aux enfants et aux jeunes

Strongly support
Fortement pour
Somewhat support
Plutôt pour
Somewhat oppose
Plutôt contre
Strongly oppose
Fortement contre

15. Next please tell me whether you strongly support, somewhat support, somewhat oppose, or strongly oppose the federal government doing each of the following.

15. Ensuite, veuillez me dire si vous êtes fortement pour, plutôt pour, plutôt contre ou fortement contre le fait que le gouvernement prenne chacune des mesures suivantes.

How about [INSERT STATEMENT]?
En ce qui concerne [INSERT STATEMENT]?

[RANDOMIZE STATEMENTS]
[ÉNONCÉS AU HASARD]

Adding a special tax on sugary drinks (e.g., soft drinks), to discourage people from buying them



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Ajouter une taxe spéciale sur les boissons sucrées (p. ex., les boissons gazeuses) pour dissuader les gens d'en acheter

Adding a special tax on sugary drinks (e.g., soft drinks), if the money collected is used to fund other programs that fight childhood obesity

Ajouter une taxe spéciale sur les boissons sucrées (p. ex., les boissons gazeuses) si les sommes recueillies servent à financer d'autres programmes pour lutter contre l'obésité chez les enfants

Adding a special tax on unhealthy snack foods, such as potato chips, candy and chocolate, to discourage people from buying them

Ajouter une taxe spéciale sur les collations mauvaises pour la santé comme les croustilles, les bonbons et le chocolat pour dissuader les gens d'en acheter

Adding a special tax on snack foods, such as potato chips, candy and chocolate, if the money collected is used to fund other programs that fight childhood obesity

Ajouter une taxe spéciale sur les collations mauvaises pour la santé comme les croustilles, les bonbons et le chocolat si les sommes recueillies servent à financer d'autres programmes pour lutter contre l'obésité chez les enfants

Strongly support

Fortement pour

Somewhat support

Plutôt pour

Somewhat oppose

Plutôt contre

Strongly oppose

Fortement contre

16. This next question is about your neighbourhood. Please tell me whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with each of the following statements. How about [INSERT STATEMENT]?

16. La prochaine question porte sur votre quartier. Veuillez me dire si vous êtes fortement d'accord, plutôt d'accord, plutôt en désaccord ou fortement en désaccord avec chacun des énoncés suivants. En ce qui concerne [INSERT STATEMENT]?

[RANDOMIZE STATEMENTS]

[ÉNONCÉS AU HASARD]

There is no place to buy healthy food in my neighbourhood

Il n'y a pas d'endroit pour acheter des aliments sains dans mon quartier

My neighbourhood is a place where children and youth are able to safely be physically active, including walking or biking to school or playing or exercising outdoors or in community facilities

Mon quartier est un endroit où les enfants et les jeunes peuvent pratiquer des activités physiques en toute sécurité, y compris se rendre à l'école à pieds ou en bicyclette et jouer et faire de l'exercice à l'extérieur ou dans des installations du quartier

Junk food is too easily available in my neighbourhood

Il est trop facile de se procurer de la malbouffe dans mon quartier

Strongly agree

Fortement d'accord



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Somewhat agree
Plutôt d'accord
Somewhat disagree
Plutôt en désaccord
Strongly disagree
Fortement en désaccord

[ASK Q17 ONLY IF 'YES' AT Q2A, OTHERWISE SKIP TO Q18]

17. For each of the following statements, please tell me whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with each of the following. How about [INSERT STATEMENT]?

17. Veuillez me dire si vous êtes fortement d'accord, plutôt d'accord, plutôt en désaccord ou fortement en désaccord avec chacun des énoncés suivants. En ce qui concerne [INSERT STATEMENT]?

[RANDOMIZE]

I don't know how to improve the diet of my children because there are always new reports about what to do and it's just too complicated to keep track of.

Je ne sais pas comment améliorer l'alimentation de mes enfants parce qu'il y a sans cesse de nouvelles données sur ce qu'on doit faire et c'est tout simplement trop compliqué de suivre le fil.

It is difficult to find the time to prepare healthy meals for my children in the mornings and evenings

Il est difficile de trouver le temps de préparer des repas sains pour mes enfants le matin et le soir.

It is expensive to prepare healthy meals for my children

Cela coûte cher de préparer des repas sains pour mes enfants

Strongly agree
Fortement d'accord
Somewhat agree
Plutôt d'accord
Somewhat disagree
Plutôt en désaccord
Strongly disagree
Fortement en désaccord

18. Would you say that right now you are: (READ LIST) [CODE ONE RESPONSE ONLY].

18. En ce moment, diriez-vous que vous avez/êtes : (LIRE LA LISTE) [CODE ONE RESPONSE ONLY].

Underweight
Un poids insuffisant
A healthy weight
Un poids santé
Overweight
De l'embonpoint



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Obese
Obèse

[ASK Q19 IF “YES” AT Q2A, IF “NO” OR DK/REF AT Q2A SKIP TO Q23]

19. [IF ‘ONE’ AT Q2B SAY ‘IS YOUR CHILD’ IF ‘MORE THAN ONE’ SAY ‘ARE ANY OF YOUR CHILDREN’, IF DK/REF AT Q2B SKIP TO Q22] Is your child/are any of your children currently overweight or obese?

19. [IF ‘ONE’ AT Q2B SAY ‘IS YOUR CHILD’ IF ‘MORE THAN ONE’ SAY ‘ARE ANY OF YOUR CHILDREN’, IF DK/REF AT Q2B SKIP TO Q22] Est-ce que votre enfant/l’un de vos enfants souffre actuellement d’embonpoint ou est obèse?

Yes
Oui
No
Non

[IF “NO” OR “DK/REF” AT Q19, SKIP TO Q22 OTHERWISE CONTINUE]

20. How do you know that they are overweight or obese? PROBE: Anything else? [RECORD ALL MENTIONS]

20. Comment savez-vous qu’ils souffrent d’embonpoint ou sont obèses? SONDER : Y en a-t-il d’autres? [INSCRIRE TOUTES LES RÉPONSES]

21. What do you think are the factors that have contributed to them being overweight or obese? PROBE: Anything else? [RECORD ALL MENTIONS]

21. Quels sont selon vous les facteurs qui les ont menés à souffrir d’embonpoint ou à être obèses? SONDER : Y en a-t-il d’autres? [INSCRIRE TOUTES LES RÉPONSES]

[ASK IF Q22 IF “NO” OR “DK/REF” AT Q19, IF “YES” AT Q19 SKIP TO Q23]

22. How worried are you about your [IF ‘ONE’ AT Q2B SAY ‘CHILD’ IF ‘MORE THAN ONE’ SAY ‘CHILDREN’, IF DK/REF AT Q2B SKIP TO Q23] child/children gaining weight or becoming overweight? Are you very worried, somewhat worried, not very worried, or not at all worried?

22. Dans quelle mesure êtes-vous inquiet à l’idée [IF ‘ONE’ AT Q2B SAY ‘CHILD’ IF ‘MORE THAN ONE’ SAY ‘CHILDREN’, IF DK/REF AT Q2B SKIP TO Q23] que votre enfant/vos enfants prenne(nt) du poids ou souffre(nt) d’embonpoint? Est-ce que cela vous inquiète beaucoup, un peu, pas vraiment ou pas du tout?

Very worried
Beaucoup
Somewhat worried
Un peu
Not very worried
Pas vraiment



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Not at all worried
Pas du tout

[DEMOGRAPHICS]
[DONNÉES DÉMOGRAPHIQUES]

Now I'd like to ask you a few questions for statistical purposes only
J'aimerais maintenant vous poser quelques questions pour des fins de statistiques seulement.

23. Do you have a family physician or doctor you usually see for medical care?
23. Avez-vous un médecin de famille ou un médecin que vous consultez habituellement pour des soins médicaux?

Oui
Yes
Non
No
Ne sait pas
Don't Know

24. What is the highest level of formal education that you have completed? [READ LIST]
Quel est le plus haut niveau de scolarité que vous avez complété? [LIRE LA LISTE]

Grade school or some high school
École primaire ou études secondaires en partie
Complete high school
Diplôme d'études secondaires
Technical, vocational post-secondary, College
Études techniques ou professionnelles postsecondaires, études collégiales
Some university
Études universitaires en partie
Complete university degree
Diplôme d'études universitaires de 1er cycle
Post graduate degree
Diplôme d'études universitaires de 2e ou 3e cycle

25. What is your current employment status? Are you...[READ LIST - ACCEPT ONE ANSWER ONLY]
Quelle est votre situation professionnelle actuelle? Êtes-vous... [LIRE LA LISTE - ACCEPTER UNE SEULE RÉPONSE]

Working full-time (35 or more hours per week)
Employé à temps plein (35 heures ou plus par semaine)
Working part-time (less than 35 hours per week)
Employé à temps partiel (moins de 35 heures par semaine)
Self-employed



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Travailleur autonome
Unemployed, but looking for work
Sans emploi, mais à la recherche d'un emploi
Attending school full-time/A student
Aux études à temps plein/étudiant
Retired
À la retraite
Not in workforce (Homemaker/Unemployed/not looking for work).
Pas sur le marché du travail (au foyer/sans emploi/ne cherche pas d'emploi)
Other (DO NOT READ)
Autre (NE PAS LIRE)

26. To which ethnic or cultural group or groups do you belong? [DO NOT READ LIST, RECORD UP TO FIRST FOUR GROUPS MENTIONED]
À quel(s) groupe(s) ethnique(s) ou culturel(s) appartenez-vous? [NE PAS LIRE LA LISTE, INSCRIRE JUSQU'À QUATRE GROUPES INDIQUÉS]

CANADIAN (e.g. Québécois/Québécoise)
CANADIEN (p.ex. Québécois/Québécoise)
NORTH OR CENTRAL AMERICAN – OUTSIDE CANADA (e.g. American, Cuban, Haitian, Mexican, Guatemalan, Panamanian)
AMÉRICAIN DU NORD OU CENTRAL – HORS CANADA (p. ex. Américain, Cubain, Haïtien, Mexicain, Guatémalien, Panaméen)
ABORIGINAL (e.g. Métis, North American Indian, Inuit)
AUTOCHTONE (p. ex. Métis, Indien d'Amérique du Nord, Inuit)
ARAB
ARABE
AFRICAN (e.g. Algerian, Ethiopian, Egyptian, Moroccan, Somali,)
AFRICAIN (p. ex. Algérien, Éthiopien, Égyptien, Marocain, Somalien)
AUSTRALASIAN (e.g. Australia, New Zealand)
AUSTRALASIEN (p. ex. Australien, Néo Zélandais)
ASIAN (e.g. Lebanese, Iranian, Indian, Chinese)
ASIATIQUE (p. ex. Libanais, Iranien, Indien de l'Inde, Chinois)
BLACK
NOIR
EUROPEAN (e.g. English, French, German, Italian, Russian, Turkish)
EUROPÉEN (p. ex. Anglais, Français, Allemand, Italien, Russe, Turc)
JEWISH
JUIF
SOUTH AMERICAN (e.g. Columbian, Brazilian, Chilean)
SUD-AMÉRICAIN (p. ex. Colombien, Brésilien, Chilien)
OTHER1 (specify)
AUTRE1 (préciser)
OTHER2 (specify)
AUTRE2 (préciser)
OTHER3 (specify)
AUTRE3 (préciser)



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OTHER4 (specify)
AUTRE4 (préciser)
REFUSED
REFUS

27. Did either you or your parents immigrate to Canada from another country? (READ LIST)
Est-ce que vous-même avez immigré ou vos parents ont immigré au Canada en provenance
d'un autre pays? (LIRE LA LISTE)

Yes, Self
Oui, moi-même
Yes, Both
Oui, les deux
Yes, one Parent
Oui, un des parent
Yes, both parents
Oui, les deux parents
No
Non

[IF RESPONDENT IMMIGRATED TO CANADA (YES, SELF OR YES, BOTH AT Q27),
CONTINUE, OTHERWISE, SKIP TO Q29]

[IF RESPONDENT IMMIGRATED TO CANADA (YES, SELF OR YES, BOTH AT Q27),
CONTINUE, OTHERWISE, SKIP TO Q29]

28. In what year did you come to Canada?
En quelle année êtes-vous arrivé au Canada?

(RECORD YEAR: 1900-2011)
(INSCRIRE L'ANNÉE : 1900-2011)

29. Please tell which of the following categories best describes the annual household income of
all members in your household combined? Please stop me when I get to your category.
Veuillez me dire laquelle des catégories suivantes décrit le mieux le revenu annuel total de tous
les membres de votre foyer. Veuillez m'arrêter lorsque je mentionnerai votre catégorie.

Under \$10,000
Moins de 10 000 \$
\$10,000 to just under \$20,000
De 10 000 \$ à un peu moins de 20 000 \$
\$20,000 to just under \$30,000
De 20 000 \$ à un peu moins de 30 000 \$
\$30,000 to just under \$40,000
De 30 000 \$ à un peu moins de 40 000 \$
\$40,000 to just under \$50,000
De 40 000 \$ à un peu moins de 50 000 \$
\$50,000 to just under \$60,000



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De 50 000 \$ à un peu moins de 60 000 \$
\$60,000 to just under \$70,000
De 60 000 \$ à un peu moins de 70 000 \$
\$70,000 to just under \$80,000
De 70 000 \$ à un peu moins de 80 000 \$
\$80,000 to just under \$100,000
De 80 000 \$ à un peu moins de 100 000 \$
\$100,000 and over
100 000 \$ et plus

RECORD LANGUAGE
INSCRIRE LA LANGUE
RECORD GENDER
INSCRIRE LE SEXE
RECORD REGION
INSCRIRE LA RÉGION
RECORD POSTAL CODE
INSCRIRE LE CODE POSTAL
RECORD CENSUS DISTRICT
INSCRIRE LE DISTRICT DE RECENSEMENT
THANK YOU
MERCI

FINAL MODERATOR'S GUIDE

INTRODUCTION (5 minutes)

- Explain to participants:
- Ipsos Group conducting research on behalf of Government of Canada (if asked Public Health Agency of Canada is sponsoring the research
- the length of session (2 hours)
- taping of the discussion
- one-way mirror and colleagues viewing in back room
- results are confidential and reported in aggregate/individuals are not identified/participation is voluntary/
- the role of moderator is to ask questions, timekeeper, objective/no vested interest
- role of participants: not expected to be experts, no need to reach consensus, speak openly and frankly about opinions, no wrong answers
- Get participants to introduce themselves and their occupation/hobbies etc...

WARM UP (10 Minutes)

- When I say the words "Childhood Obesity" what kinds of things come to mind? What do you think of?
- Is Childhood obesity an important problem in Canada? Why do you say this?



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- Who is most responsible for dealing with childhood obesity in Canada?
- In your opinion what are the main reasons that contribute to children being overweight or obese here in Canada? **[IF LACK OF PHYSICAL ACTIVITY PROMPT FOR – FACTORS THAT CONTRIBUTE TO LACK OF PHYSICAL ACTIVITY – SPECIFICALLY THE PHYSICAL ENVIRONMENT IN WHICH THESE CHILDREN LIVE I.E. SUBURBIA WHERE FEW SERVICES AND ACTIVITIES MAY BE WITHIN WALKING DISTANCE TO URBAN LIVING WHERE SERVICES AND ACTIVITIES MAY BE MORE CENTRALIZED AND ACCESSIBLE]**

Responsibility for the Promotion of Physical Activity and Health Food Choices (40 Minutes)

- Who is primarily responsible for promoting physical activity among children and youth? By physical activity I mean both recreational physical activity such as playing sports – soccer, mountain biking, hockey, skiing) as well as active living choices such as walking or biking to school, to the library or to the grocery store for instance..

Why do you say this?

[MODERATOR LIST ON FLIP CHART AND PROMPT WITH PARENTS, SCHOOLS/EDUCATORS, EMPLOYERS, GOVERNMENTS IF NOT MENTIONED]

PARENTS:

- Let's focus in on parents for the next few minutes. What role do you see parents playing when it comes to encouraging their kids to be physically active?
- What should they (parents) be doing specifically, what steps should they be taking to ensure their children are physically active?
- Generally speaking do parents have the resources (financial and physical and otherwise) necessary to ensure their kids are physically active?
- If no – what specifically can be/should be done to assist parents in making sure their children are physically active? What kind of resources, information or help would they/ do they need?

SCHOOLS:

- What about schools/the school system/educators – how much responsibility do they/should they have for promoting physical activity among youth? What makes you say that?
- What kinds of things should they/could they be doing to help support and encourage youth to be more physically active?

EXTRA CURRICULAR TIME:



- What about after school hours? In your opinion are children typically physically active after school hours?
- Where are they going? In your opinion are kids making healthy food choices after school? Why do think this is?

GOVERNMENT:

i) PROMOTING PHYSICAL ACTIVITY:

- Ok – let’s talk about government’s role for a bit - What level of government [federal, provincial or municipal] do you think should be primarily responsible for promoting and encouraging physical activity among children? What makes you say that?
- I’d like us to focus specifically on the Government of Canada – the federal government, what role should it be playing? Why do you say that?
- Have you heard of any specific steps taken by the Government of Canada to date? Which ones?
- Are there any other measures /steps that the GoC should be taking **specifically** to promote and encourage physical activity among Canada’s youth?

[MODERATOR IF NOT MENTIONED – PROMPT WITH CHILDREN’S FITNESS TAX CREDIT]

[MODERATOR IF AWARENESS IS LOW PROMPT WITH FOLLOWING:

By using the Children’s fitness tax credit you may be able to claim up to \$500 per child for the fees paid in 2010 that relate to the cost of registering your or your spouse's or common-law partner's child in a prescribed program of physical activity.]

- Have you used it?
 - If YES - What have you used it for?
 - IF NO – Why not? Now that you know what do you think? Good idea/bad idea? Why?
- Do you think this is a good way of encouraging/increasing physical activity among children? What makes you say that?
- What about other levels of Government [**provincial/municipal**] – do you know of any measures being taken by these levels of government to encourage and promote physical activity among youth? What specifically are they doing? **[IF NOTHING]** What should they be doing?

ii) MAKING HEALTHY FOOD CHOICES:



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- In your opinion are most parents and kids sufficiently knowledgeable to make healthy food choices? What makes you say that? Do they have the cooking skills necessary to make healthy meals?
- If no, do you think this may have contributed to obesity problems in Canada? What steps specifically can be taken to resolve this?
- Does the Government have a role to play in terms of increasing Canadians awareness of the importance of making healthy food choices? Why do you say that?
- **[IF YES]** What kinds of things if any could the Government of Canada do to help parents teach their children the importance of making healthy food choices when they are not around?
- How can/should the Government be trying to promote healthy eating among parents and among children and youth?

iii) INFORMATION/EDUCATIONAL CAMPAIGNS:

- What about:
 - Advertising campaigns intended to underscore the importance of health food choices and food preparation – good idea/bad idea?
 - What about campaigns promoting healthy eating (including healthy food choices and food preparation)?
 - What is the best way to reach you with this type of information – media, etc?
 - If you were looking for information on healthy food choices and food preparation, how would you seek that information?
- And how about
 - Advertising campaigns promoting physical activity?
 - What is the best way to reach you with this type of information – media, etc?
 - If you were looking for info on physical activity, how would you seek that information?

Marketing of Unhealthy Foods and Beverages to Children & Taxation of Unhealthy Foods and Beverages (30 Minutes)

[MODERATOR READ] *Some people say in order to address childhood obesity you must also address and reduce the marketing of high-fat, high-sugar, and high-salt foods and beverages such as chips, pop and chocolate bars and others to children.*

- How do you react to this argument? Why do you say that?
- How can this be achieved? Who should be primarily responsible for this initiative?



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- If not mentioned – does the Government of Canada have a role to play here? Why do you say that?
- **[IF YES]** What measures or steps do you think the GoC should/could be taking to reduce the marketing of these types of foods and beverages to youth?
- **MODERATOR IF NOT MENTIONED SPECIFICALLY – TEST CONCEPT OF:**
 - Collaborating with industry to develop voluntary reduction in this kind of marketing
 - Mandatory guidelines to limit this type of marketing
 - Outright ban on marketing of such products to children and youth
- What about the possibility of a special tax on certain specific unhealthy foods such as soft drinks, potato chips, candy and chocolate in order to discourage consumption? Good idea/ Bad idea? What makes you say that? Would it work? Do you think consumers would buy less of these items? **[IF NO]** Why not?
- If the Government were to go ahead with this kind of tax what do you think should be done with money collected?
- What if tax dollars collected were specifically targeted to funding programs designed to counter childhood obesity? Benefits/ drawbacks of this kind of approach?

Access to Healthy Environment and Foods (30 Minutes)

[MODERATOR READ] *Some people say that the problems being faced in terms of childhood obesity can also be partly explained by changes in the way neighborhoods are being designed – whereas in many cases older neighborhoods were designed so that most services and activities were within walking distance (schools, parks, shops etc) this is no longer the case – meaning that children must now rely on their parents driving them to these places.*

- What are your thoughts on this? Is this the case for you? How so?
- Does the fact that such services and activities are not within walking distance impact on peoples' ability and willingness to be active?
- Thinking of your neighborhood specifically what are some of the things that limit or prevent people from being more physically active? **[PROMPT AS NEEDED]**
 - Lack of local parks and walking paths
 - Lack of bike paths
 - No sidewalks
 - Safety concerns
 - Schools and services not within walking/biking distance
 - Streets with high volume of traffic
 - Etc...



- Who specifically should be primarily responsible for addressing this? **[IF NOT MENTIONED PROBE ON CITY PLANNERS, DEVELOPERS, BUILDERS; HOMEOWNERS (i.e., choosing to live in a walkable neighbourhood if so desired)]**
- What prevents individuals (you) from living in a more walkable community? **[PROMPT - COST, AVAILABILITY]**
- What kinds of things could they be doing in order to create an environment that promotes increased physical activity?

[MODERATOR READ] Again, some people say that the inability to make healthy food purchases close to home is a major contributor to childhood obesity problems

- What are your views on this? Is this true in your case? How does this affect you personally? What do you do? How do you overcome this challenge?

Others argue that the abundance of unhealthy food choices available in local grocery stores, convenience stores, restaurants and otherwise is another major contributing factor when it comes to childhood obesity problems.

- What are your views on this? Is this true in your case? How does this affect you personally? What do you do? How do you overcome this challenge?
- Does making healthy food choices necessarily come with a higher price tag than less healthy choices? i.e. Does eating healthy cost more?
- How much of a factor is the cost of food relative to other barriers that might prevent you from making healthy food choices, i.e. having to travel further to purchase or the convenience of fast food dining due to lack of time?
- Does the Federal Government have a role to play in terms of making healthy foods more affordable? What specifically should it be doing if anything? Who should it be doing it for (low-income, all Canadians)?

Conclusion (5 Minutes)

- What are the 3 most important things the Government of Canada should do in order to fight childhood obesity?

