

CHAMPLAIN HEALTHY SCHOOL-AGED
CHILDREN SUMMIT

MONDAY, OCT 15, 2007 9:00 A.M. – 4:30 P.M.
HAMPTON INN & CONVENTION CENTRE, OTTAWA



THE CHAMPLAIN
CARDIOVASCULAR DISEASE
PREVENTION NETWORK



HEART &
STROKE
FOUNDATION
OF ONTARIO

Finding answers. For life.

Champlain Healthy School-aged Children Summit

Summary Report

Hampton Inn & Convention Centre, Ottawa
October 15, 2007

Hosted by
Champlain Cardiovascular Disease Prevention Network
Heart and Stroke Foundation of Ontario

ACKNOWLEDGEMENTS

CCPN Partner Organizations:

Eastern Ontario Health Unit
Ottawa Public Health
Renfrew County & District Health Unit
Leeds, Grenville & Lanark District Health Unit
Heart and Stroke Foundation of Ontario
University of Ottawa Heart Institute
Children's Hospital of Eastern Ontario

Heart and Stroke Foundation of Ontario:

For their financial support in making the Champlain Healthy School-aged Children Summit possible



Summit Advisory Committee:

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Upper Canada District School Board

Cathy Sawyer Griffin,
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Introduction

The **Champlain Healthy School-aged Children Summit** brought together leaders from the nine Champlain School Boards, four public health units, the recreation sector, health care settings, and the community. Over 80 delegates from across the Champlain District gathered at the Hampton Inn in Ottawa on October 15, 2007 as a first step towards a united vision for addressing childhood obesity in our community. The day-long event offered the opportunity to initiate discussions, share successes, identify potential areas for collaboration, and begin the action planning process.

Summit Goals and Objectives

The purpose of the Champlain Healthy School-aged Children Summit was to begin planning for unified actions in the Champlain District that will improve physical activity and eating behaviours of children and youth.

Objectives of the Summit were:

1. To provide an overview of knowledge gained from the International Conference on Physical Activity and Obesity in Children (June 2007), as well as recently conducted local research;
2. To begin to establish a collaborative vision for improving the physical activity and eating behaviours of children and youth in the Champlain District;
3. To provide an opportunity to identify common priorities and plan for collaborative action that addresses obesity in children and youth; and,
4. To learn in conversation with each other what action is being taken, what successes are being experienced and how to leverage them.

Getting to the Workshop

We know that a focus on lifestyle is essential to combating the obesity epidemic among children and reducing risk factors for developing cardiovascular and other chronic diseases. Recognizing the complexity in addressing this issue, the need to engage multiple sectors from across the community is clear.

The Summit was organized by the Champlain Healthy School-aged Children committee, a working group of the Champlain Cardiovascular Disease Prevention Network (CCPN) and co-hosted by the Heart and Stroke Foundation of Ontario.

The Champlain Healthy School-aged Children committee was formed to catalyze the development of a region-wide strategy aimed at enabling children (aged 4 to 18) in the Champlain District to make healthy choices about nutrition and physical activity on a daily basis, and providing them with the skills to develop healthy food and activity behaviours for life. The committee includes representatives from the Heart

and Stroke Foundation of Ontario, the University of Ottawa Heart Institute, the four regional health units (Eastern Ontario, Renfrew County, City of Ottawa, and Leeds, Grenville & Lanark), and the Children's Hospital of Eastern Ontario. This committee led the organization of the one-day summit by identifying a list of workshop attendees, and developing the workshop goals, objectives, agenda, and process.

An Advisory Committee made up of partners from education and recreation also contributed their expertise to the planning of this event. Specifically, this group included representatives from the Upper Canada District School Board, the Ottawa-Carleton Catholic District School Board, the Renfrew County District School Board, School Board consultant with the City of Ottawa Public Health, and the National Capital Region YMCA-YWCA.

The Heart and Stroke Foundation of Ontario co-hosted the Summit as part of a province-wide initiative to support communities across Ontario in implementing the knowledge emerging from the International Conference on Childhood Obesity, held June 2007 in Toronto.

Summit Program

The morning program featured various presentations from local experts on the issue of childhood obesity, the most current scientific evidence and recommendations, as well as the successes and potential areas for collaboration that we can leverage from within the Champlain District.

Defining the Problem

"Obesity has become the most prevalent nutritional problem in the world now casting a shadow over under-nutrition and infectious disease as the most significant contribution to ill health and mortality."

"The cost of childhood obesity on the health care system in Canada has been conservatively estimated to be \$2 billion a year."

Dr. David Salisbury, Medical Officer of Health, Ottawa Public Health began his presentation by addressing that obesity is a significant problem in our society today and the number of obese children has increased dramatically over the past 20 years. Rates of overweight and obesity have tripled between 1981 and 1996 in the 7 to 13 year old age group. In 2000, 25% of boys and 15% of girls (age 12 to 18) in Ontario were overweight (Healthy weights, healthy lives, Chief Medical Officer of Health report, 2004). Dr. Salisbury also noted that what makes the obesity issue so complex is the number of factors that play a role in influencing weight – from biology and behaviour, to the socio-cultural and physical environments in which we live, work and play.

Dr. Salisbury concluded by stating *"Tackling the obesity issue is not the responsibility of any one particular group or sector, but rather, requires us all to work together. We are pleased to be engaging with all of you here today to start identifying ways in*

which collectively we can move this important agenda forward... for the sake of our kids."

Champlain District: Community Partnerships in Action

"The challenge is to do today what men and women of intelligence and good will would wish, ten or fifteen years hence, had been done!"

- Edmund Burke

Dr. Andrew Pipe, Medical Director of the University of Ottawa Heart Institute Minto Prevention and Rehabilitation Centre and Chair of the Champlain Cardiovascular Disease Prevention Network (CCPN) opened his presentation by highlighting the importance of a renewed commitment to prevention and collaborative action in combating heart disease and stroke in our region. The old adage, *"An ounce of prevention is worth a pound of cure"* rings true, said Dr. Pipe. The CCPN evolved from this realization – that is, in order to get serious about prevention of heart disease, stroke, and other chronic illness, there is a need to go outside of our individual walls and work together in a more collaborative, integrated fashion.

Dr. Pipe spoke to the process of developing a regional cardiovascular disease (CVD) prevention strategy for the Champlain District* that began in 2004 when various health and community partners from across Champlain came together to develop a plan for significantly reducing the burden of heart disease and stroke in the Champlain District of Ontario. The CCPN represents partners from the 4 regional public health units, community health, primary and specialty care, hospitals, and academia, among others.

Through an integrated planning process, a regional strategy emerged which laid the groundwork of a 5-year CVD prevention plan and included a series of recommendations for action, which were then prioritized for implementation. One of the six initiatives is focused on healthy school-aged children; specifically, the issue of childhood overweight and obesity. The CCPN's prioritization of overweight and obesity as an issue requiring immediate action in our region speaks to the importance of investing in our children and youth by the Network and its partners.

Dr. Pipe concluded by recognizing the significant issue facing our children and youth today, and reiterated the Network's commitment to working towards reversing the rising obesity trend. The time to act is now. We do not want to see this generation of children and youth outlived by their parents.

* The Champlain District encompasses a significant portion of southeastern Ontario and includes four municipal planning areas: the City of Ottawa, Renfrew County, the Eastern Counties of Prescott & Russell, Stormont, Dundas & Glengarry, and the northern parts of Leeds, Grenville & Lanark County. Home to almost 1.2 million residents, the Champlain District boasts a rich diversity of urban and rural communities, as well as socio-economic, cultural, and linguistic populations.

Champlain District: Leading the Way in Chronic Disease Prevention

Dr. Robert Cushman, Chief Executive Officer for the Champlain Local Health Integration Network (LHIN) emphasized the Champlain LHIN's commitment to leading the way in chronic disease prevention and management in Ontario, referencing the work of the CCPN as a good example of what collaborative efforts can achieve.

Dr. Cushman spoke passionately about the significant issues facing our children and youth today and the need to find creative solutions that put the needs of our children first. He referenced a recently published article in the Globe & Mail entitled, "He ain't heavy, he's my buddy", which spoke of an innovative program in BC that partners older students with younger ones as a way to nurture healthier practices. This concept of "peer to peer" modeling is but one example of the type of innovation that is needed to effectively reverse the trends we are seeing in obesity among children and youth.

Dr. Cushman concluded by congratulating those in the room for their continued commitment to child health and that he looks forward to hearing the outcomes of the afternoon.

What the Research Tells Us: Highlights from the 2007 International Conference on Physical Activity & Obesity in Children

"To address the problem we will have to examine both our biology and our environment."

Ms. Caitlin Mason, a doctoral candidate in the School of Kinesiology & Health Education at Queen's University, provided a review of the most current scientific evidence concerning the problems of obesity and physical activity in children and youth. This presentation was developed with input from the Expert Panel and invited speakers from the 2007 International Conference on Physical Activity and Obesity in Children, held in Toronto in June.

Ms. Mason began her presentation by highlighting some of the changes that have occurred over the years with regards to physical activity including the decrease in play or spontaneous recreation. *"Recreation has gone from spontaneous to organized and regimented activity: parents exercise at the gym while the young play soccer and hockey in leagues with schedules rather than in the backyard or the street in front. More time is often spent preparing for and getting there rather than on the activity itself."* – Friedman, Room For Thought, 2005.

Ms. Mason's presentation summarized the *Promising Practices* for community-based interventions including several practice and policy recommendations. Effective solutions should be multi-faceted, take place over a variety of behavioural settings and include both the physical and social environment. The important role of evaluation as a key component that will need to be built into any intervention was emphasized by Ms. Mason as well as the value of partnering with local researchers in that regard.

In conclusion Ms. Mason spoke to how we need to look for opportunities to be active throughout the entire day, make healthy choices the easy choices by identifying the barriers to physical activity in your community and finally ensuring physical activity is about having fun.

The proceedings from the International Conference on Physical Activity & Obesity in Children are available at the following website address
www.phe.queensu.ca/epi/obesity/index.htm.

Now What? Implications for the Champlain District

"Reposition movement as an opportunity, not an inconvenience"

Dr. Mark Tremblay, Senior Scientific Advisor on Health Measurement at Statistics Canada and the Director of Healthy Living and Obesity Research at the Children's Hospital of Eastern Ontario opened his presentation with a summary of the Active Healthy Kids Canada Report Card. The Report Card is a research-based communications and advocacy tool designed to provide insight into Canada's "state of the nation" each year regarding how we, as a country, are being responsible in providing physical activity opportunities for children and youth.

Dr. Tremblay continued his presentation by noting the importance of getting *"Back to the Basics"*. He highlighted some of his recent research that demonstrates the benefits of unorganized sport and lifestyle embedded activity. Dr. Tremblay's research with Old Order Mennonite and Amish Children shows that *"Despite having no physical education, no institutionalized sport, and low socioeconomic status, Old Order Mennonite and Amish children are more active than children living a contemporary Canadian lifestyle"*.

Dr. Mark Tremblay summarized his presentation by providing some potential next steps for the Champlain District which included producing a Champlain Report Card on Active Healthy Kids and adding a *"touch of Amish"* and a *"dash of inconvenience"* to our daily routine.

The Role of Communications

"48% of children aged 8-15 have their own TV, 26% have their own computer hooked up to the internet, and by grade 10, 22% have their own cell phones"
- Teacher's Federation Survey (Nov 2003)

Dr. Paul Roumeliotis, Medical Officer of Health for the Eastern Ontario Health Unit and Assistant Professor of Pediatrics, McGill University provided the delegates with a presentation on the role of communications and the use of multimedia and technology. His presentation included information on the use of multimedia and technology among children and youth in today's society and how this opportunity is one that we need to leverage when developing communications targeted to this population. Dr. Roumeliotis also spoke to some of the not-so-obvious challenges and barriers including the importance of prioritizing the multiple factors influencing childhood obesity, addressing multiple targets, including policy-makers, advocacy

and multiple community stakeholders, as well as incorporating the socio-economic status/social determinants of health.

The Link between Health and Learning

“We want to provide the knowledge, skills and competencies so that learners will have the commitment and capacity to lead healthy, active lives.”

Mr. Ted Kennedy, Superintendent of Education with the Upper Canada District School Board presented on their success in implementing a Quality Daily Physical Education program across their entire school board. This program has shown numerous positive impacts on behaviour including a decrease in bullying, increase in students working cooperatively, improved self-esteem and self-confidence, and finally, students who are more alert, attentive and motivated to learn when physical activity is linked to learning and curriculum integration. Mr. Kennedy also spoke to the importance of community partnerships at all levels and how their team (director, superintendents, principals and teachers) have supported this program and are committed to healthy active learners.

The Champlain Healthy School-aged Children Committee

“7% of parents and caregivers of children aged 4 to 12 across the Champlain District feel their child is overweight; 0% feel their child is obese.”

“... it is clear that several parental perceptions of children’s level of physical activity and eating habits are not consistent with other measures of child activity and weight.”

- CCPN Attitudinal Research Study Report, prepared by Compustat Consultants (Sept 2007)

Mrs. Micheline Turnau, Community Mission Specialist with the Heart and Stroke Foundation of Ontario provided an overview of the Champlain Healthy School-aged Children committee. The committee’s mandate is to develop a multi-faceted strategy to address childhood obesity which targets school, home, and community environments.

Mrs. Turnau presented initial findings on some of the formative research undertaken by the committee as a means of informing next steps in the development of a regional strategy. This included completion of a telephone-based parental survey to gain a better understanding of parental attitudes, knowledge, and perceptions surrounding childhood overweight / obesity and their associated physical activity and eating behaviours in the Champlain District. The survey revealed the existence of a disconnect in parental perceptions of children’s level of physical activity and eating habits. As compared with other sources of data (such as Statistics Canada and the Canadian Fitness & Lifestyle Research Institute), parents appear to be overestimating their child’s level of physical activity and the health of their child’s weight. Assisting parent’s knowledge, understanding, and skills in this regard may serve as an important area of focus for action moving forward.

A scan of health promoting policies was also conducted across the Champlain education sector to better understand the impact, positive or negative, that Board and school-level policies are having on childhood obesity, and in particular, on children's physical activity and eating behaviours. Recommended policy development areas included mandatory nutrition guidelines, healthy fundraising alternatives, and compulsory physical education beyond grade 9, among others. A summary of the policy scan results is found in Appendix A.

Vision, Collaboration, and Planning

Small Group Discussions

The afternoon agenda at the Summit included opportunities for delegates to engage in conversation through two small group activities. Delegates were divided into breakout groups and invited to share their ideas and perspectives around questions that would guide planning activities for a regional action plan to address childhood obesity. The session was facilitated by Linda Watt, Principal Consultant, Vila Consulting. Please refer to Appendix B for a list of the questions used to guide the small group discussions.

Breakout Session 1:

The intent of the initial activity was to work towards a collaborative vision. Delegates were asked to reflect on the morning's presentations and how the information and perspectives shared can inform a collaborative vision for improving the physical activity and eating behaviours of children and youth in the Champlain District.

Breakout Session 2:

The intent of the second activity was to begin planning for collaborative action. This provided an opportunity for delegates to exchange information and ideas with colleagues in their local area around Champlain District priorities, and to identify the potential for collaborative action.

Key Findings

It is clear from the discussions held in the afternoon that there is a common understanding of the need to address the issue of childhood obesity in our schools, in our communities, and in our homes. ***"The time to act is now."***

A Vision for the Champlain District

The Challenge

"We're failing our children and youth."

- Current societal standards, values & perceptions surrounding weight, physical activity, and nutrition are supporting unhealthy behaviours:
 - Lost concepts of “play”, “incidental movement”, and “recreation”
 - What constitutes “good” food
 - What constitutes a healthy weight
- Our environments (e.g. school) lack progressive policies and standards to support physical activity and healthy eating on a daily a basis.
- There is a lack of appreciation for the significance of the issue and the urgency to act now in order to combat the growing epidemic of obesity.
- There is a disconnect in parental perceptions of children’s level of physical activity, eating habits, and weight.
- There is presently no method for coordinating the collective expertise of partners in education, health, and the community in taking united action to address childhood obesity.

The Solution

“Make the healthy choice the easy choice.”

- Support the creation of a “new norm” in societal perceptions around food and physical activity among our parents, children, youth, schools, and communities.
- Design a regional approach that is comprehensive, collaborative, and sustainable.
- Establish multi-sector partnerships that encourage coordination of resources, delivery, and evaluation of our progress.
- Deliver consistent, common messages across settings and environments (home, school, community, health care).
- Advocate for policy change in schools and communities to model healthy eating and daily physical activity.
- Act now!

Priority Areas for Collaborative Action

“Don’t lose the momentum!”

- Support the creation of new social norms among children, youth, parents, schools, and the community.
- Implement progressive policy changes in our schools and communities to model healthy living behaviours.
- Create supportive physical environments (school, community) which prompt physical activity and healthy eating.
- Develop a large-scale, region-wide communications campaign to promote healthy living in our children and youth.
- Support skill development in teachers, parents, children, and youth.
- Ensure an appropriate evaluation mechanism is in place to evaluate our progress.

Recommended Actions

1. Develop a strategy and action plan for the Champlain District which identifies:
 - A common vision
 - Priority areas for action
 - Goals and objectives (short- and long-term)
 - Roles of partners
 - An evaluation plan (which includes targets and measurable indicators)

2. Establish the leadership and infrastructure to support implementation of the strategic plan:
 - *“Get the health agenda on the school board annual plan.”*
 - Identify champions to sell the strategy
 - Secure senior-level buy-in
 - Create multi-sector task force
 - Develop “declaration” or “call to action” to solidify commitment
 - Establish working groups to lead actions

3. Create progressive, supportive school policies across the 9 Champlain School Boards:
 - Physical activity (e.g. additional PE requirements, credits for extra-curricular activity)
 - Food services / cafeterias / vending machines (e.g. mandatory nutrition guidelines, such as Eat Smart)
 - Healthy snacks
 - Healthy (hot) lunches
 - Fundraising
 - Curriculum

4. Develop an evaluation tool for tracking our progress:
 - Create a Champlain Report Card modeled after the Active Healthy Kids Canada Report Card

5. Develop a regional communications campaign to promote healthy eating and physical activity:
 - Create common messages (simple, consistent language)
 - Support consistent implementation of messages across settings (home, school, community, media)
 - Consider an initial emphasis on parents and families
 - Involve parents and children in campaign development and ensure messages have appeal with target audiences
 - Partner with media (utilize creative approaches)

6. Advocate for political / government support (financial and/or a commitment to policy change):
 - o Local / municipal level
 - o Provincial level – Ministries of Education and Health Promotion
 - o Federal level
7. Explore innovative funding / resource avenues for the region:
 - o Ascertain available partner contributions
 - o Identify potential private sector opportunities
 - o Revisit revenue sources in school settings
 - o Apply (as a region) to available grants
8. Create a “community of practice” to enhance sharing of successes and best practices:
 - o Research what currently exists
 - o Create an inventory
 - o Establish mechanisms to share resources and information
9. Encourage and provide opportunities for skills development:
 - o Teachers (e.g. training, professional development)
 - o Parents (e.g. workshops)
 - o Children / youth (e.g. curriculum, peer-to-peer training)

Required Supports for Moving Forward

“Right people – right table – right things.”

- Champions / leaders (buy-in)
- A plan to guide our work
- Organizational / stakeholder commitment
- Dedicated human resources
- Funding
- Expertise and insight
- Access to space (facilities) and community resources
- Involvement of parents, children, and youth

Conclusions

*"Change has to happen." * "We must all be role models."*

This one-day Summit offered the opportunity for educators, administrators, public health professionals, health care specialists, community service providers, and researchers to learn more about the issue of childhood obesity and exchange ideas on how to begin to address the issue collaboratively within the Champlain District.

It was expressed numerous times throughout day, by presenters and by delegates, that the commitment and readiness to mobilize on this issue exists within our region. There is clearly an impetus for action and a strong desire to translate the positive momentum of the day's discussions into an actionable plan for the region.

Dr. Pipe concluded the Summit by confirming the Champlain Healthy School-aged Children committee's commitment to building on the relationships formed at the Summit and playing a leadership role in moving this agenda forward. The CCPN is committed to catalyzing the vision and actions identified today into a regional strategy to support collective action to address obesity in the children and youth of the Champlain District.

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APPENDIX A:

SUMMARY DOCUMENT

Environmental Scan of Health Promotion Policies in Champlain District School-based Settings September 2007

Project Overview

- The purpose of the scan was to identify strengths and areas for improvements in school-based health promotion *policies* (defined as principles which are in place to guide actions towards specific goals) with a specific focus on policies that impact healthy weights.
- Healthy weights' policies are those that relate to physical activity (i.e., physical education classes, recreation opportunities, active transportation opportunities, and organized sports team programs) and nutrition (i.e., school cafeterias, vending machines).
- Questions pertaining to tobacco policy were also included.

Rationale

- The school setting has been identified many times as an important influencing environment with respect to promoting healthy weights among school-aged children.
- Policies developed at the level of government, boards of education, and schools can play an important role in shaping that environment.

Methodology

- Interviews conducted with Champlain School Boards (n = 9)
- Interviews conducted with Champlain Public Health Units (n = 4)
- Online survey made available to all Champlain schools, exempting special education and adult learning schools (n = 478)

County Area	School Boards
Ottawa	Conseil des écoles catholiques de langue française du Centre-Est Conseil des écoles publiques de l'Est de l'Ontario Ottawa-Carleton District School Board Ottawa-Carleton Catholic School Board
Renfrew County	Conseil des écoles catholiques de langue française du Centre-Est Conseil des écoles publiques de l'Est de l'Ontario Renfrew County Catholic District School Board Renfrew County District School Board
Eastern Counties (Stormont, Dundas, Glengarry and Prescott & Russell)	Catholic District School Board of Eastern Ontario Conseil des écoles publiques de l'Est de l'Ontario Conseil scolaire de district catholique de l'est de l'Ontario Upper Canada District School Board
Counties of Lanark, Leeds & Grenville	Catholic District School Board of Eastern Ontario Conseil des écoles catholiques de langue française du Centre-Est Conseil des écoles publiques de l'Est de l'Ontario Upper Canada District School Board

Response Rate

- Data collected on a total of 203 schools:
 - 71 survey respondents; remaining data collected via alternative sources (i.e. “Healthy Schools Challenge”)
 - Elementary schools (n = 151)
 - Secondary schools (n = 52)

Key Findings

School Setting

- Existing policies are created at the Board level and are typically developed in relation to a Ministry of Education (MOE) direction/directive.
- Most commonly identified policies:
 - Elementary: Daily Physical Activity (DPA), followed by Healthy Food Choices in Vending Machines.
 - Secondary: Healthy eating options in cafeterias are encouraged, and one mandatory credit of physical education is required. A number of secondary schools identified the public health “Eat Smart” cafeteria certification program.
- Many schools appear to have informal school rules or goals in place – but these are identified as “just things that we do” in recognition of the importance of healthy living.

Trends Across Boards of Education

- Most Boards have adopted the MOE directives regarding DPA and Healthy Food Choices in Vending Machines as board policies or administrative procedures.
 - A small number of Boards have established policies and/or administrative procedures that echo existing MOE policies noted
 - One Board has established their own policy in relation to DPA, identifying a goal of Quality Daily Physical Education
- All Boards have policies and/or administrative procedures in place for:
 - Community use of facilities
 - Creation of School Councils
- Some Boards have policies and/or administrative procedures in place for:
 - Playground equipment and cost-sharing with schools for upgrading
 - Fundraising
 - Supporting community partnerships
- No Board has an active transportation policy or administrative procedure in place. *Active transportation* refers to promoting the use of active and efficient transportation for the daily trip to school, addressing health and traffic safety issues while taking action on air pollution and climate change.

Priority Policy Development Areas

Scope

- Sixty-nine (69) priority policy developments were identified by Board of Education, Public Health Unit and School survey respondents.

Most Frequently Cited Needs

- More general guidelines relating to nutrition (e.g. building on Eat Smart certification; policies related to healthy snacks, ban on fast food, ban on trans-fat, breakfast programs)
- Alternatives to fundraising initiatives with unhealthy foods
- Expanded compulsory physical education credits in secondary schools
- Use of a broader approach to promote healthy living (i.e. Comprehensive School Health)
- Closer and more integrated relationships across the Ministries of Education and Health Promotion and, more locally, between Boards and schools with Public Health Units
- Funding support to promote operationalization of healthy weights policies

Other Commonly Cited Policy Directions

- Evaluation frameworks for existing policies
- Investigation of different approaches to facilitate operationalization of healthy weights policies (e.g. Balanced Day and longer school days)
- Formalizing existing practices into policies

Final Thoughts from Project Participants

- "Implementation of Memos 135 and 138 really demonstrated the value in having directive from Ministry, resources attached, and then operationalizing at Board and school level."
- "We need a policy that sets out guidelines for following up, monitoring and supervision of roll-out of existing policies."
- "We need to take a systematic approach (i.e. Comprehensive School Health) to really impact children's health - it's really about physical environments and policies."
- "We recognize the importance of how nutrition, sleep, rest affect student behaviour in the classroom – there's a logical connection there."
- "Please do not forget the role parents and families need to play in this. While I understand schools must have a role in educating children, the 'weight' of this responsibility should not be downgraded to the schools."

APPENDIX B:

Small Group Discussion Questions

Breakout Session 1:

1. What did we hear this morning that is critical to us as we begin a journey of collaborative action – 3 -5 agreed upon items
2. What will be different in 3 -5 years as a result of our collaborative actions in the Champlain District? (Work to agree on 2 main points.)
3. What commitment is required from organizations and from individuals to be successful?

Breakout Session 2:

1. What areas of priority should we target in the Champlain District that will leverage the impact of what we can accomplish together (in other words, what can we do together that we couldn't otherwise achieve)?
2. Identify 1-3 initiatives or activities that the group agrees provide a great opportunity for collaborative action in the priority areas in the short-term?
3. What supports would you need to move to action on these initiatives (e.g. from the Champlain Healthy School-aged Children Committee? Other?)

APPENDIX C:

List of Summit Delegates

ORGANIZATION	NAME
Active Ottawa Actif	John Campbell
Canadian Diabetes Association	Renee Lebovitz Pelletier
Canadian Diabetes Association	Rosalyn Blackett
Canadian Fitness and Lifestyle Research Institute	Christine Cameron
Catholic District School Board of Eastern Ontario	Mark Musca
Catholic District School Board of Eastern Ontario	John Healey
Centre de santé communautaire de l'Estrie	Lucie Bissonnette
Centretown Community Health Centre	Jennifer Theriault
Champlain Local Health Integration Network	Dr. Robert Cushman
Champlain Regional Stroke Centre	Kelly Lumley-Leger
Children's Hospital of Eastern Ontario	Dr. Stasia Hadjiyannakis
Children's Hospital of Eastern Ontario	Dr. Gary Goldfield
Children's Hospital of Eastern Ontario	Jane Rutherford
Children's Hospital of Eastern Ontario; Statistics Canada	Dr. Mark Tremblay
City of Cornwall Recreation	Christine Lefebvre
City of Ottawa Parks and Recreation	Gilles Parent
City of Ottawa Parks and Recreation	Nancy Rooyakkers
City of Ottawa Public Health	Dr. David Salisbury
City of Ottawa Public Health	Maureen Murphy
City of Ottawa Public Health	Maryan O'Hagen
City of Ottawa Public Health	Marie-Claude Turcotte
City of Ottawa Public Health	Elaine Murkin
Conseil des écoles catholiques de langue française du Centre-Est	Lucille St-Pierre
Conseil des écoles catholiques de langue française du Centre-Est	Léna Kadian
Conseil des écoles catholiques de langue française du Centre-Est	Dr. Marc Roy
Conseil scolaire de district catholique de l'Est Ontarien	Mona Albers
Conseil scolaire de district catholique de l'Est Ontarien	Darquise Lemay
Eastern Ontario Health Unit	Dr. Paul Roumeliotis
Eastern Ontario Health Unit	Louise Simmons
Eastern Ontario Health Unit	Robyn Wharf
Eastern Ontario Health Unit	Maya Lightfoot

Eastern Ontario Health Unit	Éric Boisclair
Eastern Ontario Health Unit	Marie Josée Boulerice
Eastern Ontario Health Unit	Lyanne Rochon
Eastern Ontario Health Unit	France Brunet
Heart and Stroke Foundation of Ontario	Laura King Hahn
Heart and Stroke Foundation of Ontario	Micheline Turnau
Heart and Stroke Foundation of Ontario	Helen McConnachie
Heart and Stroke Foundation of Ontario	Stephanie Koenig
Jeunes en Forme / Kids in Shape	Dr. Milena Parent
Jeunes en Forme / Kids in Shape	Marcel Fallu
Lanark Health and Community Services	Elaine Birchall
Lanark Health and Community Services	Laurie Ann Glenn
Leeds, Grenville and Lanark District Health Unit	Brent Dalgleish
Leeds, Grenville and Lanark District Health Unit	Alexis Green
Leeds, Grenville and Lanark District Health Unit	Kelly Anne Monroe
Leeds, Grenville and Lanark District Health Unit	Meena Parameswaran
Ministry of Health Promotion	Art Salmon
National Capital Region YMCA-YWCA	Rob Pozeg
National Capital Region YMCA-YWCA	Ronne Riddell
Ottawa-Carleton Catholic District School Board	Joanne MacEwan
Ottawa-Carleton Catholic District School Board	Bob Thomas
Ottawa-Carleton Catholic District School Board	Brenda Wilson
Ottawa-Carleton District School Board	Barrie Hammond
Ottawa-Carleton District School Board	Tom MacCartney
Pinecrest-Queensway Health and Community Services	Michele Hynes
Queen's University	Caitlin Mason
Renfrew County and District Health Unit	Brian Brohart
Renfrew County and District Health Unit	Carolyn Froats-Emond
Renfrew County Catholic District School Board	Jeannie Armstrong
Renfrew County Catholic District School Board	Christina Brown
Renfrew County District School Board	Patricia Kinghorn
Renfrew County District School Board	Wanda Hilts
Renfrew County District School Board	Tracy Gilchrist
Sandy Hill Community Health Centre	David Gibson
Sandy Hill Community Health Centre	Robin McAndrew

Steps Count	Lesley Levinski
Township of North Dundas Recreation	Mark Guy
University of Ottawa	Dr. Charlotte Beaudoin
University of Ottawa Heart Institute	Dr. Andrew Pipe
University of Ottawa Heart Institute	Dr. Robert Reid
University of Ottawa Heart Institute	Sophia Papadakis
University of Ottawa Heart Institute	Laurie Dojeji
University of Ottawa Heart Institute	Danielle Côté
University of Ottawa Heart Institute	Jane Brownrigg
University of Ottawa Heart Institute	Nadine Elias
University of Ottawa Heart Institute	Selva Trebert
Upper Canada District School Board	Ted Kennedy
Upper Canada District School Board	Cathy Sawyer Griffin
Upper Canada District School Board	Kieran Kennedy
Upper Canada District School Board	Stephanie Reddoch
Upper Canada District School Board	Ray Westendorp
Vila Consulting	Linda Watt
Wabano Centre for Aboriginal Health	Dian Day

APPENDIX D:

Champlain Healthy School-aged Children Committee Membership

Louise Simmons (Chair)
Eastern Ontario Health Unit

Darlene Rose
Eastern Ontario Health Unit

Marie-Claude Turcotte
City of Ottawa Public Health Unit

Brent Dalgleish
Leeds, Grenville & Lanark District Health Unit

Liz McLaren
Renfrew County & District Health Unit

Brian Brohart
Renfrew County & District Health Unit

Micheline Turnau
Heart and Stroke Foundation of Ontario

Dr. Kristi Adamo
Children's Hospital of Eastern Ontario

Dr. Robert Reid
University of Ottawa Heart Institute

Sophia Papadakis
University of Ottawa Heart Institute

Laurie Dojeji
University of Ottawa Heart Institute