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# Working with Public Health & Preventive Medicine to Address Obesity Through Improved Community Environments

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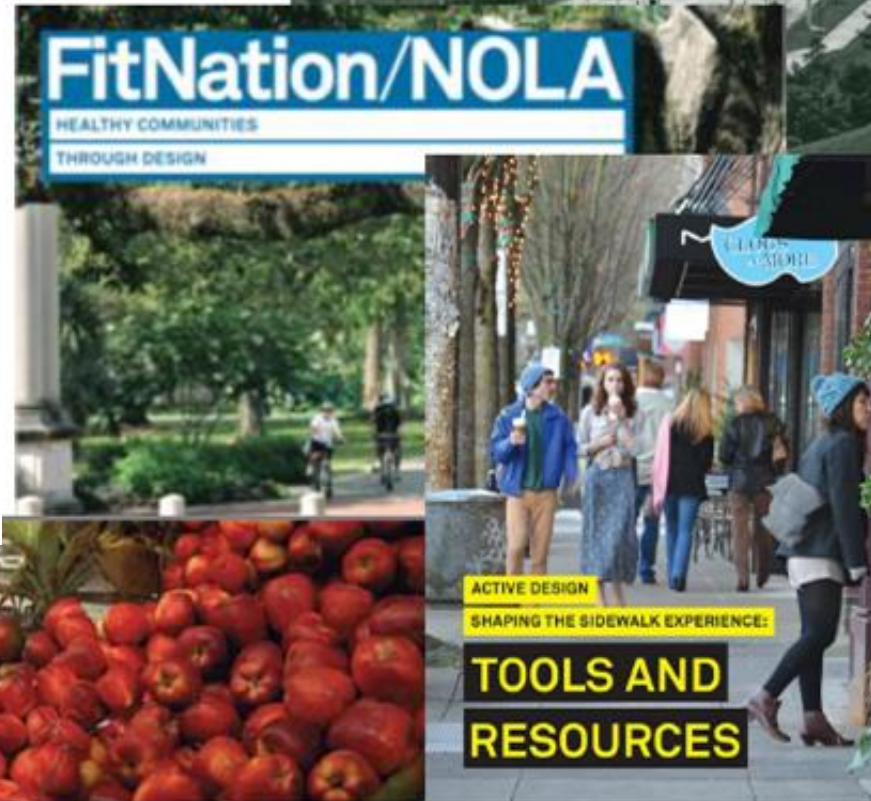
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FOOD  
RETAIL  
EXPANSION to  
SUPPORT  
HEALTH



My Quest to Improve the World's Health and Wellness— Including Yours

KAREN K. LEE, MD  
International Health and Built Environment Advisor

# Faculty/Presenter Disclosure

- **Faculty: Dr. Karen Lee**
- **Relationships with commercial interests (Jan 2020-Jan 2021):**
  - **Grants/Research Support: Novo Nordisk; Christenson Group of Companies**
  - **Speakers Bureau/Honoraria: UN Studio**
  - **Other: Penguin Random House (publisher)**

# Disclosure of Commercial Support

- **Potential for conflict(s) of interest:**
  - Dr. Karen Lee has received payment/funding from companies exhibiting in this program AND/OR companies whose product(s) are being discussed in this program.
  - The exhibitors did not provide content for Obesity Update 2021 nor did they have any editorial input or involvement with the selection of Dr. Lee as a speaker.
  - The Royal Alexandra Hospital Foundation and/or Centre for Advancement of Surgical Education & Simulation (CASES) has not developed /licensed / distributed/ benefited from the sale of any product that is discussed in this program

# Mitigating Bias

- The content has been developed based on needs assessment results
- The information presented is for educational purposes and includes balanced coverage of relevant therapies
- All data has been sourced from evidence that is clinically accepted
- All support used in justification of patient care recommendations conform to generally accepted standards, the 5A's of Obesity Management from Obesity Canada, and Canadian Clinical Practice Guidelines on the Management of Obesity in Adults
- Speakers are asked to clearly identify when they are making personal or off label recommendations as opposed to presenting information that is explicitly “evidence-based”
- Speakers have been informed that they must indicate all unapproved products and/or off-label data to the audience during their presentation
- **Speakers completed the CFPC Mainpro® Declaration of Conflict-of-Interest form evidencing compliance with Mainpro® requirements, a requisite for this program to be given accredited status.**

## **Learning Objectives for This Session:**


**At the end of this session you will be able to:**

- **Explain how a community environmental approach can:**
  - **prevent & manage epidemics such as obesity and their associated risks**
  - **increase physical activity levels and establish healthier diets**
- **Employ practical everyday interventions to improve physical activity levels and healthy eating supports for patients with obesity**
- **Support community environment improvement initiatives for physical activity and healthier food access currently in place in this province**

## **Over the last 40 years, prevalence of overweight and obesity in Canada:**

- a) decreased by 10%
- b) increased by 10%
- c) increased by 20%
- d) increased by 30%

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# Obesity and overweight rates in Canadians, 1978-2017

## Adults



IN 1978/79, **49%** OF ADULTS  
OVER THE AGE OF 18 WERE  
OVERWEIGHT OR OBESE.



IN 2004, **59%** OF ADULTS  
OVER THE AGE OF 18 WERE  
OVERWEIGHT OR OBESE.



TODAY, **64%** OF ADULTS  
OVER THE AGE OF 18 ARE  
OVERWEIGHT OR OBESE.

## Children



IN 1978/79, **23%**  
OF CHILDREN AGED 2-17  
WERE OVERWEIGHT OR OBESE.



IN 2004, **35%**  
OF CHILDREN AGED 2-17  
WERE OVERWEIGHT OR OBESE.




TODAY, **30%**  
OF CHILDREN AGED 5-17  
ARE OVERWEIGHT OR OBESE.

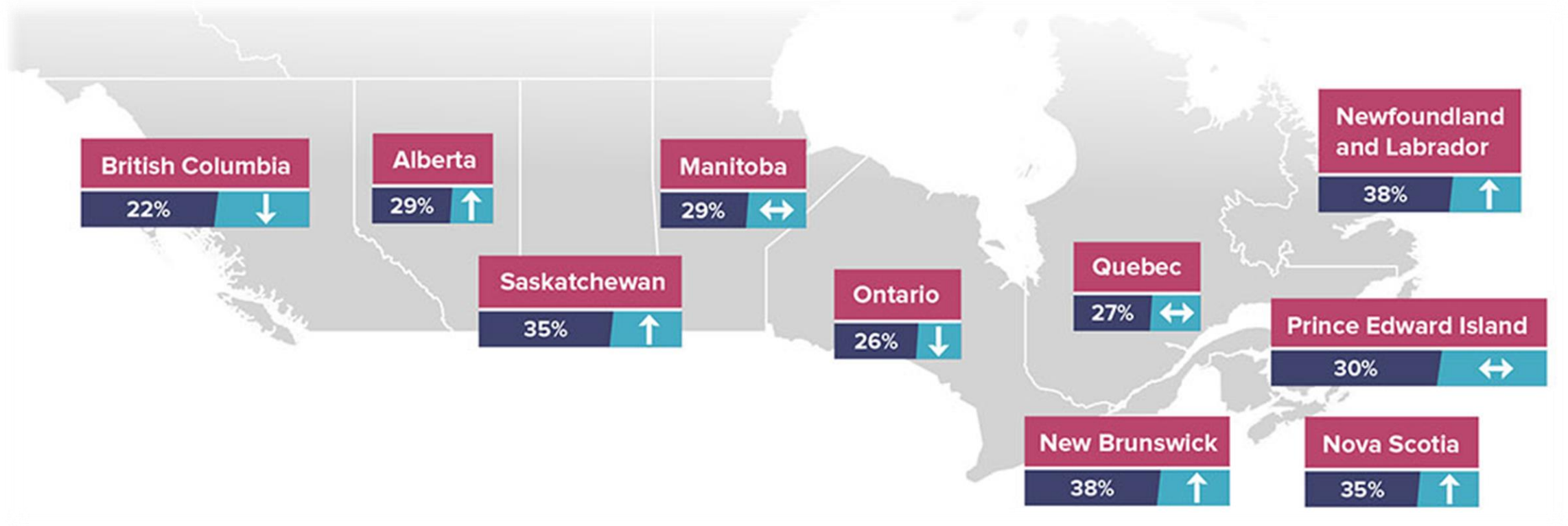
## **Obesity prevalence in Alberta compared to Canada as a whole is:**

- a) lower
- b) the same
- c) higher

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# Obesity prevalence by province compared to Canadian average (27%), 2017



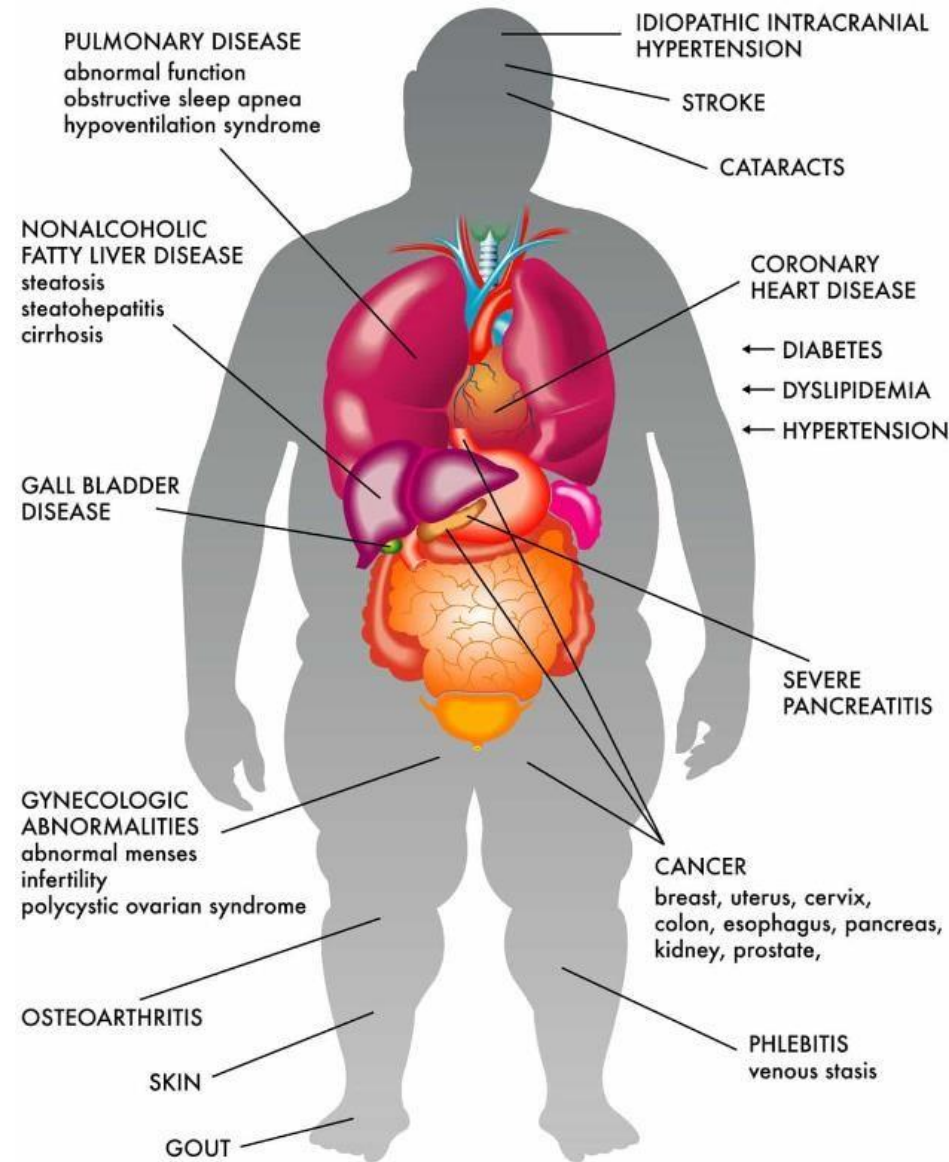
# What are the physical health consequences of obesity?

- a) cardiovascular diseases (coronary artery disease, stroke)
- b) diabetes
- c) musculoskeletal disorders, especially osteoarthritis
- d) cancer (endometrial, breast, ovarian, prostate, liver, gallbladder, cervix, kidney, colon, esophagus, pancreas)
- e) obstructive sleep apnea
- f) non-alcoholic fatty liver disease
- g) infertility and subfertility
- h) all of the above

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- f) non-alcoholic fatty liver disease
- g) infertility and subfertility
- ✓ **h) all of the above and more...**

# Health consequences of obesity



**Risk increases  
with increase  
in body weight**

# What are the psychological consequences of obesity?

- a) depression
- b) anxiety
- c) body image disorders (obese people often despise a body they find ugly)
- d) low self-esteem (guilt complex, self-aversion)
- e) weight-related perceived and self-stigma
- f) eating disorders
- g) feeling misunderstood or excluded because of the social and medical intolerance
- h) poor quality of life
- i) all of the above



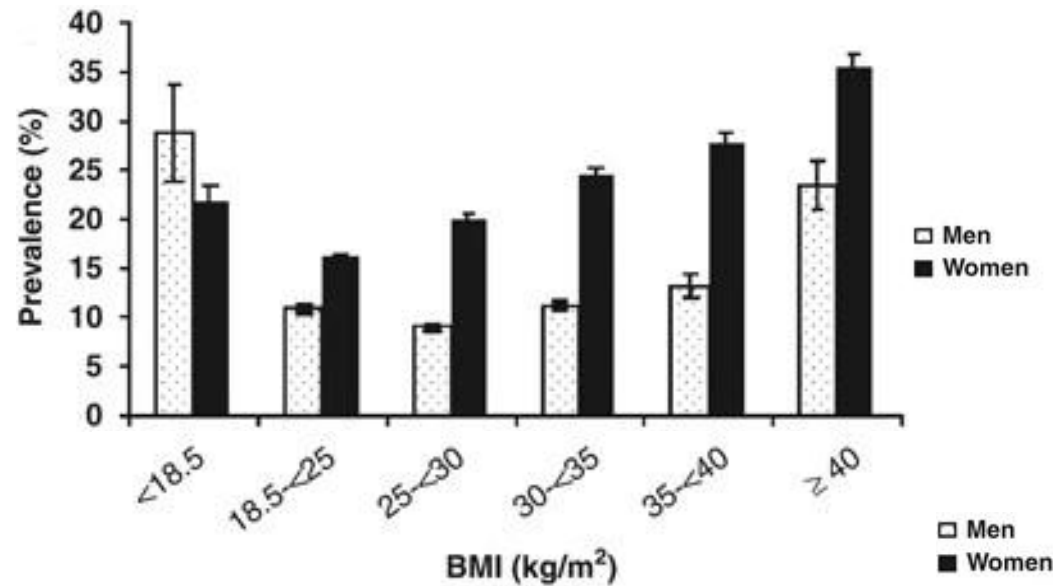
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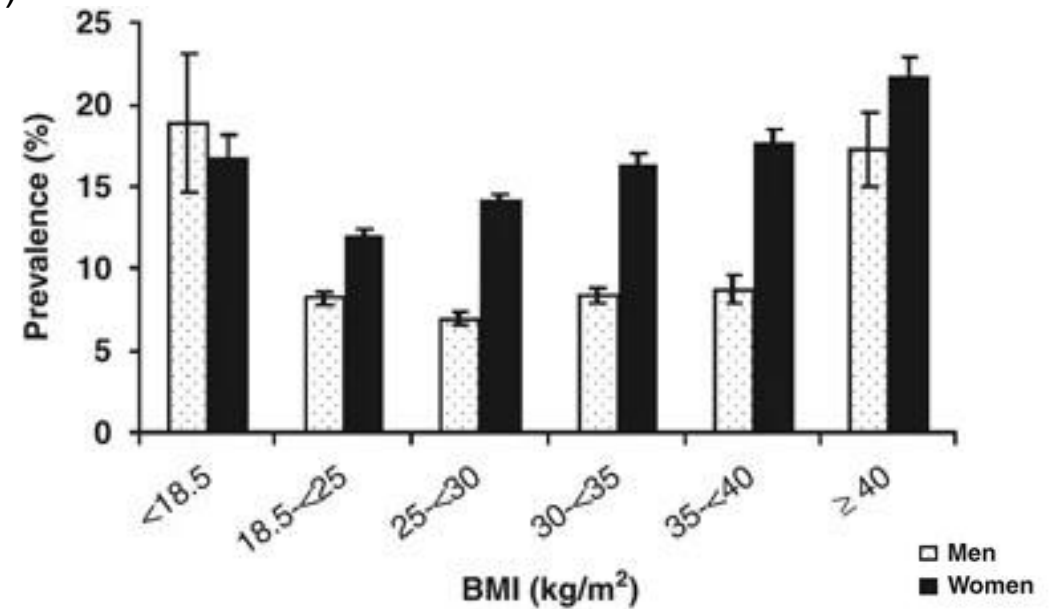
 **i) all of the above and more...**

# Depression and anxiety, by sex and BMI level

(a)



(b)



Age-standardized prevalence of lifetime diagnosed (a) depression and (b) anxiety by sex and BMI levels

# **What is the annual cost of obesity in Canada, CAD\$?**

(direct and indirect costs)

- a) 2.6 billion
- b) 4.9 billion
- c) 7.1 billion

# What is the annual cost of obesity in Canada, CAD\$?

(direct and indirect costs)

a) 2.6 billion

b) 4.9 billion

 c) 7.1 billion **and increasing...**

## **PUBLIC HEALTH CRISES**

### **THE 19th & 20th CENTURIES:**

**Infectious Diseases (IDs)**

**Reproductive Health (Maternal/Infant Health)**

**Safety Issues**

### **THE LATE 20th & 21st CENTURIES:**

**Chronic Diseases**

**Aging Populations**

**Mental Health**

**Climate Change/  
Environmental Pollution**

**[Emerging IDs  
(e.g. Antibiotic resistance)**

**Preventable Injuries]**

## Today's Leading Causes of Death:

### **Non-Communicable Diseases** (including Heart Disease & Strokes, Cancers, Diabetes, Chronic Lung Disease)

Chronic Diseases - **#1 cause of death globally (41 million deaths/y; 71% of deaths).**

Leading Risk Factors accounting for large % of deaths:

- Tobacco (6m deaths/y)
- **Physical Inactivity (3.2m deaths/y)**
  - **Unhealthy Diets**
- Harmful Use of Alcohol (2.3m deaths/y)
- **High Blood Pressure (7.5m deaths/y)**
- **Overweight and obesity (2.8m deaths/y)**
  - **High Cholesterol (2.6m deaths/y)**
- Cancer-associated infections (2m deaths/y)

WHO, 2016 - [http://www.who.int/kobe\\_centre/measuring/urban-global-report/ugr\\_full\\_report.pdf](http://www.who.int/kobe_centre/measuring/urban-global-report/ugr_full_report.pdf)

WHO, 2018 - <https://www.who.int/nmh/publications/ncd-profiles-2018/en/>

## **OBESITY is a GLOBAL EPIDEMIC**

**“Worldwide obesity has nearly tripled since 1975...**

**In 2016, more than 1.9 billion adults, 18 years and older, were overweight (39%). Over 650 million were obese (13%)...**

**Over 340 million children and adolescents aged 5-19 were overweight or obese in 2016.”**

World Health Organization, 2016 - <http://www.who.int/mediacentre/factsheets/fs311/en/>

# HIGH LEVELS OF PHYSICAL INACTIVITY IN CANADA

## HEY CANADA!

**ONLY 15% OF ADULTS**  **AND 5% OF OUR CHILDREN**

are getting the minimum recommended amount of **PHYSICAL ACTIVITY** needed for health benefits.

<p>Adults need</p> <p><b>150</b> MINUTES PER WEEK</p> <p>of moderate-to-vigorous physical activity</p>	<p>Children need at least</p> <p><b>60</b> MINUTES PER DAY</p> <p>of moderate-to-vigorous physical activity</p>
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Source: Active Healthy Kids Canada (2013). Are We Driving our Kids to Unhealthy Habits? 2007-2011 Canadian Health Measures Survey

 **PARTICIPACTION**  
Let's get moving.  
participACTION.com

 **95%** of Canadian Kids **DON'T GET ENOUGH PHYSICAL ACTIVITY.**

**5-17 year olds** should get at least **60** MINUTES OF MODERATE-TO-VIGOROUS **PHYSICAL ACTIVITY EVERYDAY!**

Encourage kids to:

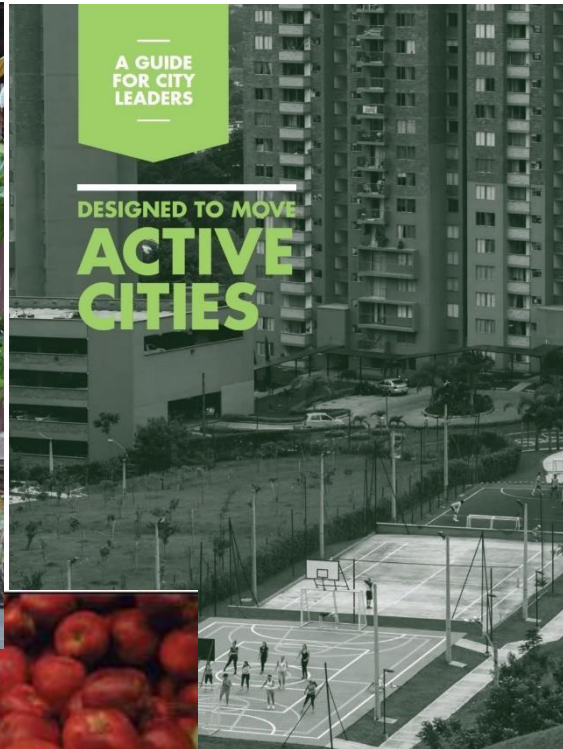
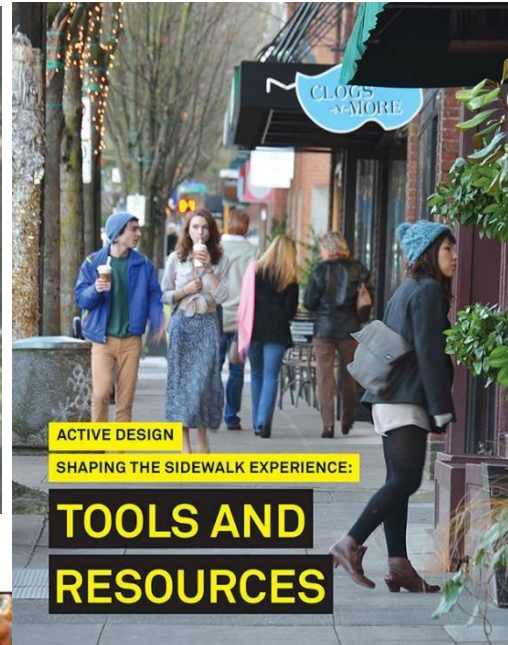
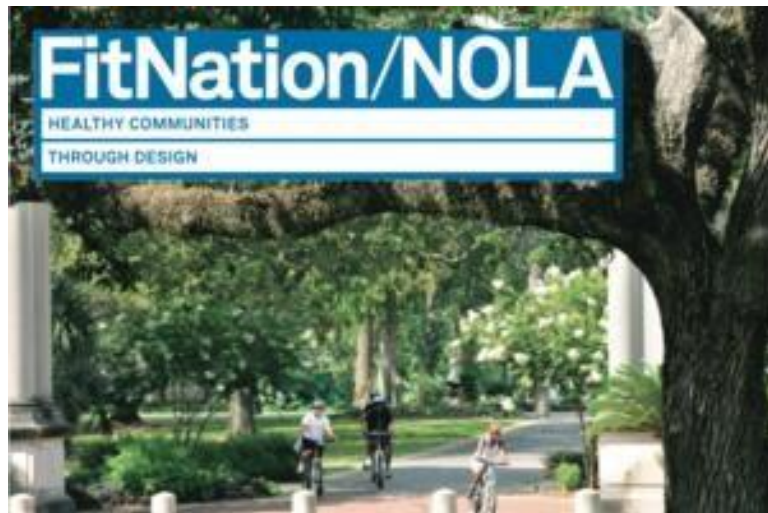
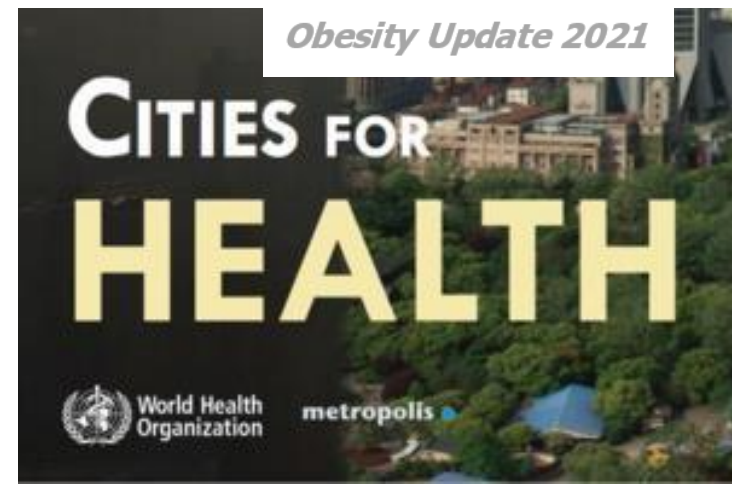
**RUN** **WALK** **BIKE** **SWIM** **PLAY**

Source: Active Healthy Kids Canada (2013). Are We Driving our Kids to Unhealthy Habits?

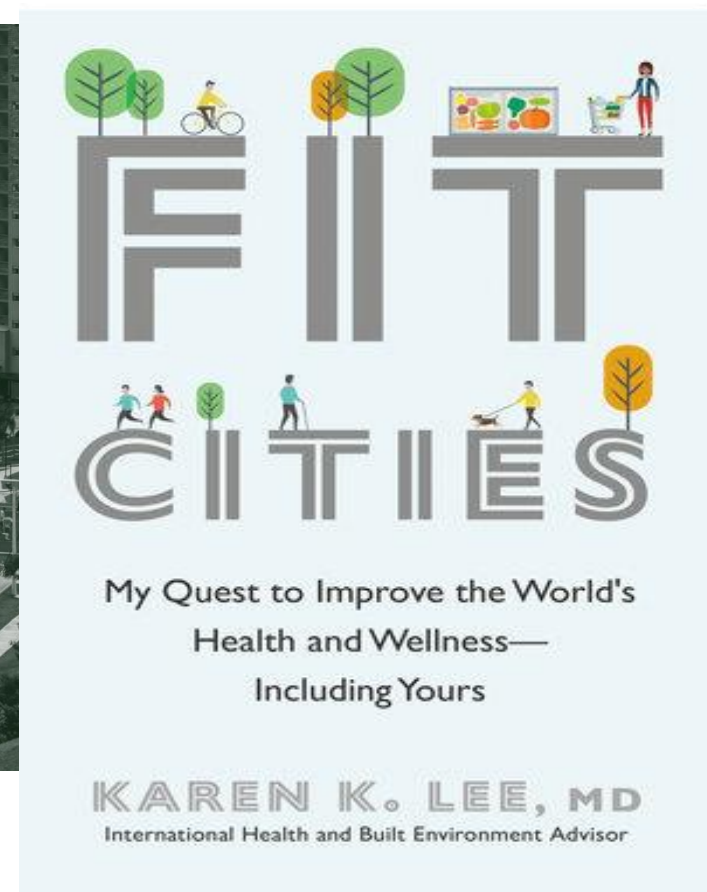
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# 21<sup>st</sup> Century Needs for Public Health & Preventive Medicine Collaborations



FOOD RETAIL EXPANSION to SUPPORT HEALTH



## **NEEDED PUBLIC HEALTH & PREVENTIVE MEDICINE (PHPM) COLLABORATIONS ON OUR 21<sup>st</sup> CENTURY HEALTH CRISES**

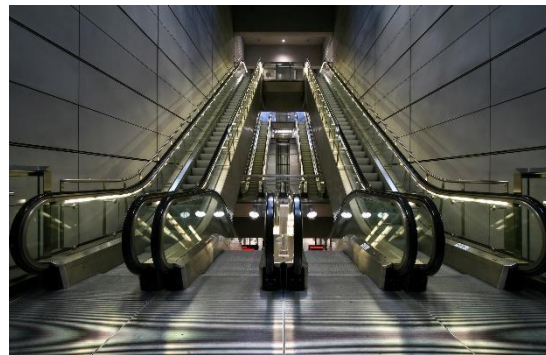
- 1. We can apply the lessons learned from previous PHPM successes to help us structure our approach.**
- 2. Within that structure, there is now an evidence base for key risk and protective factors, and pathways, on which to intervene.**
- 3. We can learn from innovations in other jurisdictions globally and adapt them to our local context.**

## **Key Lessons from Previous PHPM Success**

- 1. Identify key preventable risk and protective factors, and pathways of propagation on which to intervene.**
- 2. Intervene using a standard set of pillar activities.**
- 3. Use a settings-based approach for monitoring, prevention and control activities.**

# Applying Lessons Learned to 21<sup>st</sup> Century Health Crises

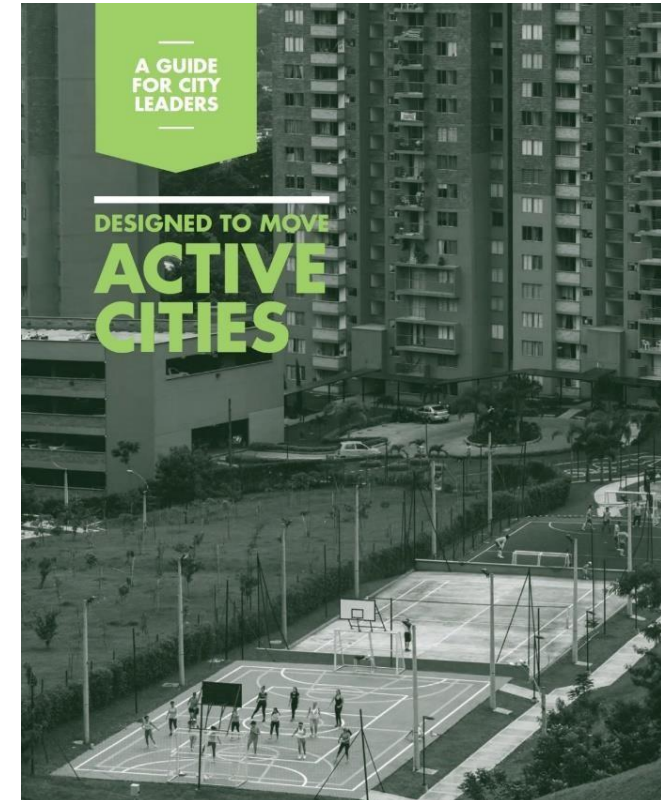
1. Identify key preventable risk and protective factors, and pathways of propagation on which to intervene:
  - Obesity, physical inactivity, sedentariness, unhealthy diets, social determinants (working conditions, social isolation & lack of social support)
  - Pathways of Propagation for Risk and Protective Factors, including Community Neighbourhoods, Streets, Buildings, Physical and Social Environments of Different Settings such as worksites, schools, etc.



# EVIDENCE-BASED PATHWAYS OF PROPAGATION

## Community Design

- **Design elements:**
  - Closeness of residential areas to stores, jobs, schools, and recreation areas
  - Continuity and connectivity of sidewalks and streets
  - Aesthetic appeal and safety of the physical environment
- **Policies:**
  - Zoning regulations
  - Building codes
  - Builders' practices
  - Government policies
- **Associated Outcomes:**
  - 161% median improvement in Physical Activity
  - Increased sense of community and decreased isolation
  - Reduced crime and stress

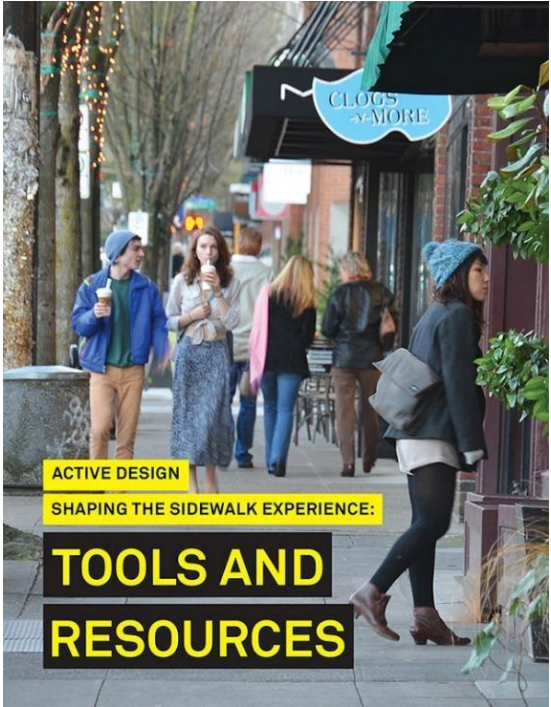


# EVIDENCE-BASED PATHWAYS OF PROPAGATION

## Street Design



- Design elements:
  - Improved street lighting
  - Infrastructure to increase safety of street crossing
  - Traffic calming approaches (e.g., speed humps, traffic circles)
  - Enhancing landscaping
  
- Policies:
  - Building codes
  - Roadway design standards
  - Environmental changes
  
- Associated Outcomes:
  - 35% median improvement in Physical Activity
  - Increased sense of community and decreased isolation
  - Reductions in crime and stress



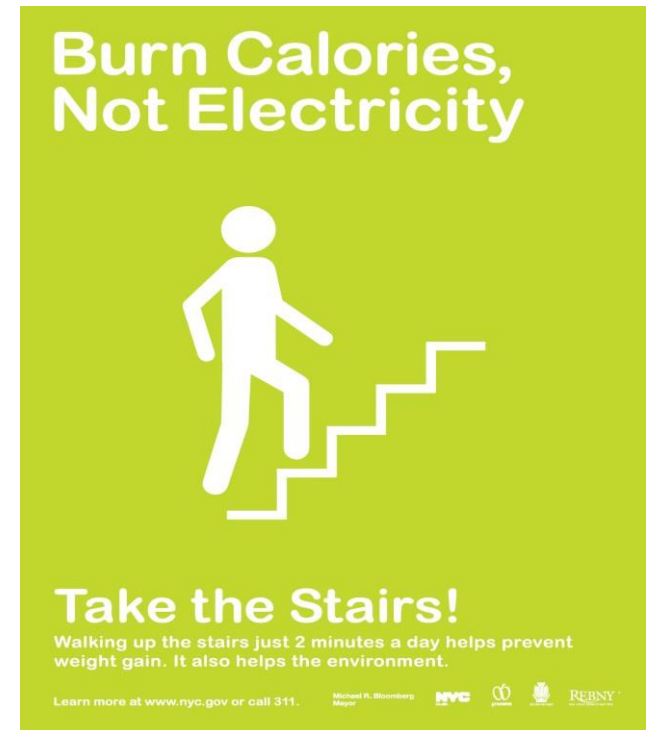
US Task Force on Community Preventive Services, 2004 - [www.thecommunityguide.org](http://www.thecommunityguide.org)  
 Active Design Guidelines - <https://www.drkarenlee.com/resources/usa>

# EVIDENCE-BASED PATHWAYS OF PROPAGATION

## Building Design



- **Point-of-Decision stair prompt signage**
  - Signs placed at elevators & escalators encouraging stair use, w/ info on benefits of stair use
  - **Median 50% increase in stair use/physical activity**
- **Skip-stop elevators**
  - **3300% increase in stair use/physical activity**
- **Design and aesthetic interventions**
  - Music & art in stairwells
- **Design stairs to be more convenient and visible**
- **Natural lighting in stairwells & stair visibility**



- US Task Force on Community Preventive Services, 2005 - [www.thecommunityguide.org](http://www.thecommunityguide.org);  
<https://www.cdc.gov/physicalactivity/worksite-pa/toolkits/stairwell/index.htm>; Nicoll, 2007; Nicoll & Zimring, 2009;  
 Ruff, Rosenblum, Fischer, Meghani, Adamic & Lee, 2014

# EVIDENCE-BASED PATHWAYS OF PROPAGATION

## Social Support Mechanisms



- **Interventions** focused on **strengthening social networks** that provide supportive relationships for behavior change
  - e.g., setting up **buddy activities, walking groups** or other **groups to provide friendship** and support
  - **Associated Outcomes: Increased physical activity**
- **Community Health Workers** that provide support to **CVD and Diabetes patients**
  - **Associated Outcomes: Improvements in blood pressure, cholesterol, triglycerides and blood sugar control**

- US Task Force on Community Preventive Services, 2015, 2016 -  
[www.thecommunityguide.org](http://www.thecommunityguide.org)





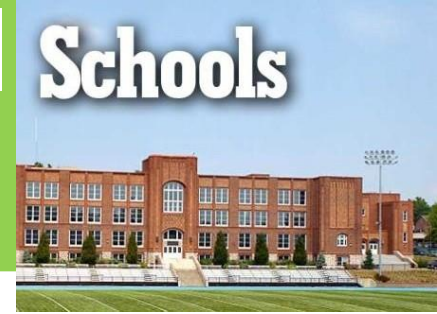
# EVIDENCE-BASED PATHWAYS OF PROPAGATION

## Worksite Factors



- **Information and education** (e.g., lectures, written materials, educational software)
- **Activities that target awareness & self-efficacy**
- **Social factors** that affect behavior change
  - behavioral counseling, skill-building activities, **rewards** or reinforcement, and inclusion of **co-workers or family members to build support systems**
- **Changes to physical or organizational structures** that **make healthy choices easier** and target the entire workforce
  - making **healthy foods more available**, providing more **opportunities to be physically active**, changing health insurance **benefits**, or providing health club memberships
- **Associated Outcomes:**
  - **In RCTs, participating employees lost an average of 2.8 pounds (9 studies) and reduced their average BMI by 0.5 (6 studies) compared to control groups**

# EVIDENCE-BASED PATHWAYS OF PROPAGATION



## School Factors

- Implement well-designed **Physical Education** curricula taught by trained teachers
- Combine enhanced school-based PE with other school- and community-based interventions (such as activities that foster family involvement, and community partnerships to increase opportunities for physical activity)
- **Neighbourhood walkability**, and **proximity to homes and route connectivity**
- Availability of indoor and outdoor **physical activity facilities**
- Proximity to other recreational facilities
- **Design of playgrounds**
- **Standing desks; moving furniture**
- **School meal policies** that ensure school breakfasts or lunches **meet specific nutrition requirements**
- **Fresh fruit and vegetable programs** that provide **fresh fruits and vegetables to students during lunch or snack**
- **Associated Outcomes:**
  - **Reduction or maintenance of obesity rates**
  - **Improved moderate-vigorous physical activity**
  - **Improved academic achievement**



# EVIDENCE-BASED PATHWAYS OF PROPAGATION

## Available Types of Food Retail – Supermarkets vs Fast Food

- **Supermarket availability is associated with lower rates of neighborhood obesity**
- **High density of fast food restaurants is associated with increased weight and obesity in area residents**

## Point-of-Decision Information in Food Retail – **Menu labeling on items such as calories**

## Trans Fat Exposure in Food - **associated with increased cardiovascular risk**

## Community Gardens

- **People with a household member who participated in a community garden ate more fruits and vegetables per day**
- **Garden-based nutrition education improved adolescent fruit and vegetable intake**

## Access to Tap Water vs Caloric Beverages

- **Big source of calories in the diet (9% of calories in U.S.) are from carbonated and non-carbonated soft drinks; Children & Adolescents are getting 10-15% of total calories from sugar-sweetened beverages and 100% fruit juice**
- **Water fountain installation + education in elementary schools in deprived neighborhoods reduced risk of overweight in children**

Sources: Moreland K et al., Supermarkets, other food stores, and obesity. *AJPM* 2006; 30(4): pp. 333-339.

Mehta NK, Chang VW. Weight status and restaurant availability: a multi-level analysis. *AJPM* 2008; 34(2): pp. 127-133.

Alaimo K, Packnett E, Miles RA, Kruger DJ. Fruit and vegetable intake among urban community gardeners. *J Nutr Educ Behav.* 2008; 40(2): pp. 94-101. McAleese JD, Rankin LL. Garden-based nutrition education affects fruit and vegetable consumption in sixth-grade adolescents. *J Am Diet Assoc.* 2007 Apr; 107(4):662-5.

Block G. Foods contributing to energy intake in the US: data from NHANES III and NHANES 1999–2000. *J Food Comp Anal.* 2004; 17: pp. 439–47.

Wang Y, Bleich S, Gortmaker S. Increasing caloric consumption from sugar-sweetened beverages and 100% fruit juices among US children and adolescents, 1988-2004. *Pediatrics* 2008; 121(6): pp.1604-1614.

Muckelbauer R et al. Promotion and provision of drinking water in schools for overweight prevention: randomized, controlled cluster trial. *Pediatrics* 2009; 123(4): pp. e661-7.

[www.thecommunityguide.org](http://www.thecommunityguide.org) ; [www.healthyeatingresearch.org](http://www.healthyeatingresearch.org) ; <https://www1.nyc.gov/site/doh/health/health-topics/trans-fat-in-new-york-city.page>;

# RECENT INNOVATIONS

## THE EXAMPLE OF NEW YORK CITY

## NYC



Using a settings-based approach for monitoring, prevention and control activities

### Children's Settings

#### Daycare Policy Development & Public Health Inspections to Monitor and Enforce

- **New Daycare Regulations:**
  - **New food and beverage standards** – e.g. provision of drinking water, limits to juice, no sugary drinks
  - **60 minutes of physical activity daily**
  - **Limits to TV viewing to 60 min or less daily**
- **Monitoring & Enforcement by Public Health Inspectors** during inspection visits



#### School-based Surveillance for Childhood Obesity, and Interventions on Food and Physical Activity

- **Obesity Surveillance: Annual measurements of children's weights and heights, and fitness + report card**
- **School lunch improvements – salad bars; provision of drinking water; low-fat milk only**
- **School physical activity facility improvements – School Construction Authority policies on gymnasium vs auditoriums; partnership with Transportation & Schools on School Play Streets**

## NYC



Use a settings-based approach for monitoring, prevention and control activities:

### Adult Settings

### Improving Worksite Environments for Physical Activity, Food and Social Factors

### Key Opportunity: Using Government, Academic & Healthcare Sector Worksites as Demonstration Sites

- Examples of Demonstration Projects:
  - Painting **walking meeting routes** in government worksites
  - Ensuring **stair access by cardkey for employees** and **stair prompt posting** in government buildings
  - Provision of **standing desks**
  - Improving **drinking water access** in government buildings
- **Policies** include NYC Government **Mayoral Executive Orders** under Mayor Bloomberg:
  - **Food Standards** for Meetings, Vending & Procurement by City Agencies
  - Assessment of **Government construction and major renovation projects for physical activity promoting design features**

(See [www.drkarenlee.com/resources/usa](http://www.drkarenlee.com/resources/usa))

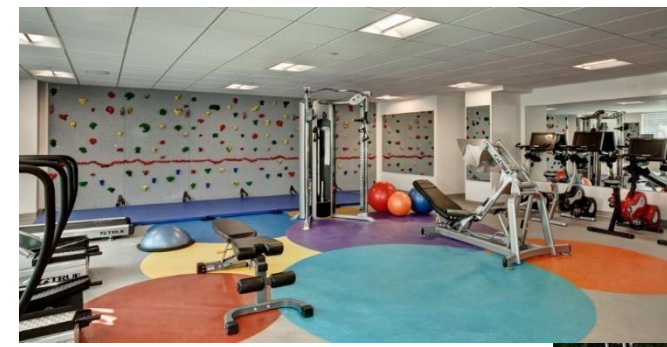


Use a settings-based approach for monitoring, prevention and control activities:

**Vulnerable Populations**

**Improving Access to Healthy Amenities, and Mobility and Social Factors for Aging Populations and High Needs Populations**

- **Partnerships** with Dept of **Housing** Preservation and Development (HPD) & **Developers** of Affordable Housing to **Improve Affordable Housing Designs**
  - Pilot Projects – recreation spaces; rooftop farms
  - HPD Request for **Proposals incorporating Health Criteria**
  - **Studies** to address key concerns like cost
- **Food Retail Expansion to Support Health (FRESH)**
  - partnership with City Planning & Economic Development to create zoning and tax incentives for supermarket development & expansion in **food deserts**
- **New permits for fruit & vegetable carts** in underserved neighbourhoods



(See [www.drkarenlee.com/projects](http://www.drkarenlee.com/projects) and [www.drkarenlee.com/resources/usa](http://www.drkarenlee.com/resources/usa))

NYC



Use a settings-based approach for monitoring, prevention and control activities:

## Healthcare Settings

### Physical Activity, Food and Social Factor-related Policies and Practices in Hospitals

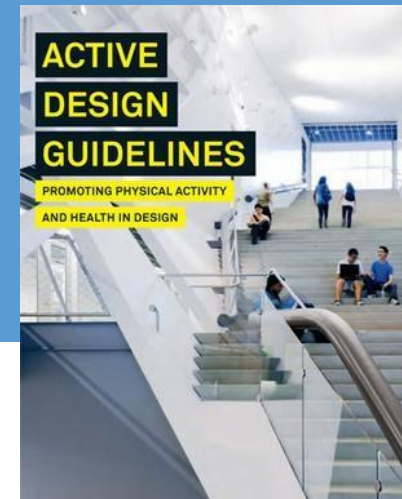
- Key Opportunity #1: Using Healthcare Setting as Demonstration Sites for Healthy Designs & Amenities
- Key Opportunity #2: Hospitals/Healthcare Sites as Community Resources for Health-Supporting Amenities

E.g. Working with NYC Architecture Firm to use LEED Design for Active Occupants credit, including to create walking paths for patients, families, staff and community to use at Stanford Children's Hospital

### Laboratory Reporting of New Diseases

- Diabetes A1C test results are now Reportable by Laboratories to Health Dept in NYC





Use a settings-based approach for monitoring, prevention and control activities:

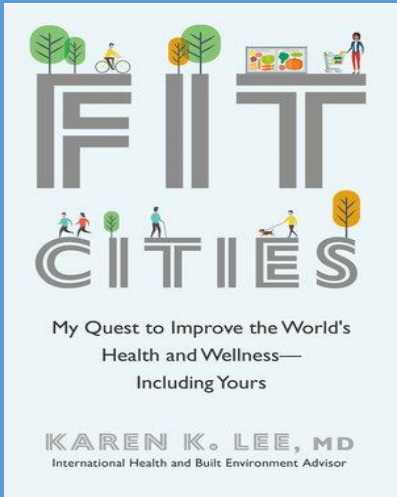
### Community Settings

Reviews of New Developments for Designs Promoting Physical Activity and Social Interaction, and Healthy Food and Beverage Access; Healthier Buildings

- Assisting Non-Health Sectors in using Guidelines for Healthier Developments & Buildings:
  - Active Design Guidelines and Supplements
  - LEED Green Building Certification System Credits for Design for Active Occupants & for Urban Agriculture
  - Enterprise Green Communities - Criteria for Active Living, Healthy Eating, Indoor Air Quality in Affordable Housing Developments
  - Plumbing Code Updates requiring Water-Bottle Refilling Stations in New Buildings
  - Building Code bill to improve stair visibility and accessibility
  - (Beyond NYC: WELL Healthy Building and Community Rating Systems; Healthy Community Guidelines in Alberta and Canada, anticipated 2021)
- Improving Food Settings – Menu Labelling and Trans Fat Bans in Restaurants

(See [www.drkarenlee.com/resources/usa](http://www.drkarenlee.com/resources/usa))

# SUCCESSSES IN NEW YORK CITY



Times Square Pedestrianization

## Health-related Outcomes include:

- Childhood obesity trends reversed
- Bicycle travel increased 126%
- Transit ridership into CBD increased 11.3%
- Traffic fatalities decreased almost 30%
- Air pollution levels decreased at pedestrian plazas
- “No Physical Activity in Last 30 Days” showed significant decline after no change in previous decade
- Life expectancy 2.2 years longer and increasing faster than the rest of the U.S.

## Positive Economic Outcomes also:

- Retail sales increased around pedestrian plazas and bike lanes
- Record numbers of tourists (>50 million annually and growing)

Columbia University (NYC) –  
Designing Healthy Cities (2day course, June 2021)  
[www.drkarenlee.com](http://www.drkarenlee.com)

# HOUSING FOR HEALTH at University of Alberta

[HforH@ualberta.ca](mailto:HforH@ualberta.ca)

## 1) Partnership Working Group (and Subcommittees)

- >150 partners in Canada from health, planning, development, design, community and academic sectors
- Developing Healthy Community Guidelines (anticipated 2021)

## 2) 2 Pilot Developments - Edmonton and Whitecourt (pop. ~10,000), AB

## 3) Community Engagement

- Partnering with community residents on creating healthier environments to increase political support and industry demand

## 4) Research and Evaluation

## 5) Knowledge Sharing and Dissemination

- **1<sup>st</sup> ANNUAL CONFERENCE FEBRUARY 24, 2021 (virtual) – Early Bird Registration until Feb. 12, 2021 (\$10)**

<https://www.ualberta.ca/departments-of-medicine/divisions/preventive-medicine/housing-for-health/conference.html>

SAVE THE DATE

# Fit Cities Fit Towns Canada

1<sup>st</sup> Annual Conference

PRESENTED BY  
HOUSING FOR HEALTH

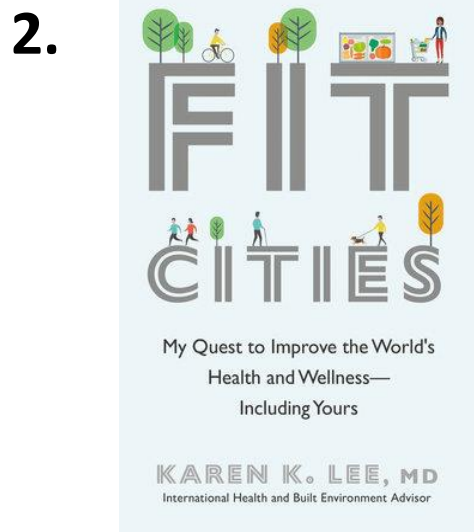
Virtual Event  
February 24, 2021  
8 AM - 1 PM MST  
General | Student  
\$20 | \$5

Registration details: <https://app.groupize.com/e/fit-cities-fit-towns-canada-conference>

Contact info: [HforH@ualberta.ca](mailto:HforH@ualberta.ca)

## ADDITIONAL RESOURCES FOR THOSE INTERESTED IN LEARNING MORE

1. [www.drkarenlee.com/resources](http://www.drkarenlee.com/resources)



For more ideas and the stories behind them,

**FIT CITIES** is now available in Bookstores or Online.

3. Columbia University Mailman School of Public Health (NYC) – *Designing Healthy Cities* Course (2 days, June 2021)

4. University of Alberta - Faculty of Extension *Creating Healthier Communities* Continuing Education Course (EXLUP 4109, 2d dates TBD) and future webinars

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**(Disclaimer: The views expressed herein do not necessarily represent the view of the Public Health Agency of Canada)**

# QUESTIONS?



# Discussion

**Are we doing enough around NCD and risk factor surveillance for NCD prevention and control?**  
E.g. Obesity monitoring at the population level

**Are we addressing key risk factors using a settings-based approach?**  
E.g. Daycares and schools for childhood obesity surveillance and interventions; worksites

**Are Clinical MDs working with Public Health & Preventive Medicine MDs to address community supports for chronic disease prevention and management?**  
E.g. Neighbourhood improvements to support active living, healthy eating and social supports

**Does the public demand that our communities support the prevention & management of their chronic diseases (like they demand support for infectious disease prevention)?**  
E.g. Does the public find it unacceptable that their restaurant food should lead to heart disease (just as they find it unacceptable that they would get E.coli or salmonella food poisoning)?

**What can we do now within our own clinical and hospital facilities for our staff, patients and their families, and how are these facilities intersecting with our communities?**  
E.g. Walking Paths, Outdoor Exercise Equipment, Playgrounds, Community Gardens, Farmer's Markets on Hospital Grounds

THANK YOU

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