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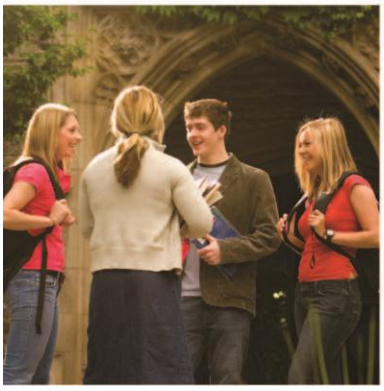
DIALOGUE SUMMARY

PROMOTING HEALTHY WEIGHTS USING POPULATION-BASED INTERVENTIONS IN CANADA



17 SEPTEMBER 2012

EVIDENCE >> INSIGHT >> ACTION

Dialogue Summary:
Promoting Healthy Weights Using Population-based Interventions in Canada

17 September 2012

McMaster Health Forum

For concerned citizens and influential thinkers and doers, the McMaster Health Forum strives to be a leading hub for improving health outcomes through collective problem solving. Operating at the regional/provincial level and at national levels, the Forum harnesses information, convenes stakeholders, and prepares action-oriented leaders to meet pressing health issues creatively. The Forum acts as an agent of change by empowering stakeholders to set agendas, take well-considered actions, and communicate the rationale for actions effectively.

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Conflict of interest

The authors declare that they have no professional or commercial interests relevant to the dialogue summary.

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Dialogue

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SUMMARY OF THE DIALOGUE

All dialogue participants agreed that the prevalence of overweight and obesity in Canada, and in turn, its associated health and economic burden, is significant and growing. However, there was concern among most participants about framing the problem to be focused on obesity instead of on obesity as an outcome of a complex problem driven by many factors at the individual, community, societal and environmental level (or more generally about healthy and active living). Participants then deliberated about differing views and framings of the factors driving the problem which focused on: 1) whether the problem is driven by factors at the individual level (e.g., sedentarism) or at the community, societal and/or environmental level (e.g., elements of the built environment that may support or limit healthy and active living); 2) whether and how the problem affects specific groups (e.g., those of low socioeconomic status) and whether focusing on such groups detracts from recognizing overweight and obesity as a problem that affects everyone; and 3) the lack of inter-sectoral collaboration to address the problem.

Most dialogue participants generally agreed that the three options – information and skills building, programs to support healthy settings, and guidelines and policies to enable healthy food and activity requirements – were elements of a comprehensive approach to promoting healthy weights given that components of each will be needed for efforts to be successful. While most agreed about the need for a comprehensive approach, several dialogue participants also highlighted the need to consider the optimal sequencing of and relative emphasis given to the options. For example, several dialogue participants argued that option 3 (guidelines and policies to enable healthy food and physical activity environments) be prioritized before options 1 (information and skills building) and 2 (programs to support healthy settings) given that policies need to be in place first, and then information/skills building and programs reinforce them. Also, some dialogue participants suggested that option 1 (information and skills building) was relatively less important than options 2 and 3, whereas others argued that option 1 could be important provided that the focus is on new and promising strategies instead of what were called 'tired' or more traditional approaches such as mass media campaigns.

Moving forward, dialogue participants emphasized the need to collectively: 1) be prepared to take advantage of 'windows of opportunity' to build momentum; 2) embrace the power of incrementalism for producing long-term change; 3) build a menu of evidence-based options that can be scaled up but tailored to the needs of specific communities and populations; 4) produce Canadian evidence about whether and how efforts to promote healthy weights are having an impact; and 5) be attentive to opportunity costs and ensuring the most effective interventions are scaled up in a way that makes the best use of investments made. Dialogue participants also raised one or more of the following as important priorities for them to push forward personally: 1) restricting marketing and taxing unhealthy foods; 2) measurement (e.g., 'report cards' for tracking change); and 3) supporting community engagement.

SUMMARIES OF THE FOUR DELIBERATIONS

DELIBERATION ABOUT THE PROBLEM

All dialogue participants agreed that the prevalence of overweight and obesity in Canada, and in turn, their associated health and economic burden, is significant and growing. While it was agreed that the problem is a pressing health challenge, many dialogue participants expressed concern about framing the problem as obesity. In general, most dialogue participants supported the statement by one participant at the start of the deliberations who indicated that 'the framing as obesity is wrong.' Building on this statement, another dialogue participant stated that the focus should instead be about obesity as an outcome of a 'wickedly complex problem' driven by many factors at the individual, community, societal and environmental level.

Echoing this sentiment, several dialogue participants argued that the focus should be on healthy and active living given that obesity is the outcome of problems associated with healthy and active living. As one dialogue participant remarked, 'it's not about obesity but about getting healthy habits right.' In addition, a few dialogue participants suggested that framing the problem around obesity can also be disempowering for individuals, and that thinking about being healthy is more empowering and more likely to support healthy behaviours in the long term. However, one dialogue participant cautioned that the public may not see 'health' as an important issue to address, and instead are more likely to address issues related to 'illness.' The same dialogue participant further explained that focusing on health lacks the 'hook' to get the public excited about the importance of health issues, and that without broader social movements, sustained change would be difficult (i.e., a sense of urgency needs to be brought to the issue). Similarly, another dialogue participant suggested that while it's not the problem per se, obesity is an issue that can be used to motivate policymakers, but that the solutions considered need to focus on promoting healthier behaviours. Several other dialogue participants agreed, commenting on the lack of urgency in addressing the issue and the overall lack of political will to take action and, in doing so, make difficult decisions.

Emerging from this discussion were deliberations about several competing views and framings of key factors that contribute to overweight and obesity in Canada:

- whether the problem is driven by factors at the

Box 1: Background to the stakeholder dialogue

The stakeholder dialogue was convened in order to support a full discussion of relevant considerations (including research evidence) about a high-priority issue in order to inform action. Key features of the dialogue were:

1) it addressed an issue currently being faced in Canada;
2) it focused on different features of the problem, including (where possible) how it affects particular groups;
3) it focused on three options (among many) for addressing the policy issue;
4) it was informed by a pre-circulated evidence brief that mobilized both global and local research evidence about the problem, three options for addressing the problem, and key implementation considerations;
5) it was informed by a discussion about the full range of factors that can inform how to approach the problem and possible options for addressing it;
6) it brought together many parties who would be involved in or affected by future decisions related to the issue;
7) it ensured fair representation among policymakers, stakeholders and researchers;
8) it engaged a facilitator to assist with the deliberations;
9) it allowed for frank, off-the-record deliberations by following the Chatham House rule: "Participants are free to use the information received during the meeting, but neither the identity nor the affiliation of the speaker(s), nor that of any other participant, may be revealed"; and
10) it did not aim for consensus.

Participants' views and experiences and the tacit knowledge they brought to the issues at hand were key inputs to the dialogue. The dialogue was designed to spark insights – insights that can only come about when all of those who will be involved in or affected by future decisions about the issue can work through it together. The dialogue was also designed to generate action by those who participate in the dialogue, and by those who review the dialogue summary and the video interviews with dialogue participants.

individual level (e.g., sedentarism) or at the community, societal and/or environmental level (e.g., elements of the built environment that may support or limit healthy and active living);
- whether and how the problem affects specific groups (e.g., those of low socioeconomic status), and if focusing on such groups detracts from recognizing overweight and obesity as a problem that affects everyone; and
- the lack of inter-sectoral collaboration to address the problem.

Spectrum of factors driving the issue

Dialogue participants deliberated about the relative importance of a broad spectrum of factors that were identified as being key drivers of the overweight and obesity epidemic in Canada. At one end of the spectrum, several dialogue participants outlined factors at the level of individuals. For example, one dialogue participant noted generally that individual behaviours (e.g., being sedentary versus active, eating unhealthy foods versus making healthy food choices) are important factors, and another participant supported this comment by indicating that the issue is about healthy living, behaviours and activities. Adding to these statements, another participant indicated that the problem is about a lack of healthy habits, but suggested that if individuals improve these habits it will support change and initiate a healthy living feedback loop. The same participant further highlighted that they believed individuals possess the agency to change their behaviour, but that there is a lack of 'nudges' or 'levers' in place to help people make these changes. Further supporting this notion, another dialogue participant argued that while community, societal and environmental factors are important, a key element of the problem is that people still have the ability to make choices and therefore the problem cannot solely be driven by environmental factors. The same participant also remarked that solely focusing on broader factors (i.e., at the community, societal and environmental level) may be disempowering because the person is always put at the 'end' of the causal chain, and that they have no chance to improve behaviour because of the many factors affecting them.

Other dialogue participants asserted that individual behaviours are only one of many factors driving the problem. For example, one dialogue participant felt that overall, individual responsibility has been overemphasized as a contributor to overweight and obesity, as compared to factors such as the built environment. Several dialogue participants further argued that the problem is driven by environmental changes that have taken place (e.g., building communities that are not conducive to walking). Others further emphasized the importance of recognizing that the problem is more about a complex interplay of individual, community, societal and environmental factors, with one participant stating that the issue cannot be understood as one of will power versus the system.

From these statements, a debate about the relative importance of the built environment emerged. One dialogue participant remarked that the 'if we build it, they will come' perspective is not true and that children would much prefer to play video games and eat high calorie foods such as chips and pop. Agreeing with this statement, another dialogue participant suggested that the built environment currently receives a great deal of resources, yet the problem persists. The same participant indicated that instead it seems to have been the incidental activity that has disappeared because of how we spend leisure time (i.e., often being sedentary). In contrast, another participant responded by stating that 'if we build it they might walk but, if we don't, they won't.' This participant further explained that it is important to not lose sight of the built environment as an important component of the problem because improving it will do no harm, could help people walk more, and sends indirect messages about the importance of healthy living (e.g., walking is better than driving). Another participant also noted that while we may have more facilities available in the built environment to support structured activity (e.g., community centres), people are unable to walk easily to them because communities have still not been planned in a way that facilitates walking instead of driving.

Impact on specific groups

The issue of whether and how specific groups are affected by the problem was raised on several occasions during the deliberations. At a broad level, several dialogue participants emphasized the need to not lose the focus on the social determinants of health because doing so may result in the problem becoming entrenched in certain groups if underlying factors such as poverty and education are not addressed. However, several dialogue participants questioned the framing of the problem as one that disproportionately affects specific groups (and particularly those of low socioeconomic status) and noted the need to look beyond income and education because there is more to the issue. Two dialogue participants questioned the data about the association between low socioeconomic status (SES) and overweight and obesity, with one noting that it is increasingly a problem of the middle class and the other asserting that evidence of an association is mixed at best and that the SES issue is an example of victim blaming. Similarly, several dialogue participants also highlighted that the problem is one that affects everyone and the risk of framing the problem as affecting specific groups is that it will result in overlooking or ignoring other important groups in society, and ultimately hinder efforts to promote healthy weights at a population level. Other dialogue participants emphasized the need to ensure the problem is still framed with an equity lens because the nature of the problem may still differ across groups, which is important to consider when identifying options (e.g., school-based interventions may differ depending on whether the school is in a high versus a low SES neighbourhood).

Lack of inter-sectoral collaboration

The lack of inter-sectoral collaboration was highlighted several times throughout the deliberations as one factor contributing to a general lack of collective, sustained action for promoting healthy weights. The issue was largely discussed in the context of what was viewed as the often tense and difficult relationship with the food industry. For example, one dialogue participant noted that there is an antagonistic relationship with industry, but that a mutual understanding and collective response will not be possible without their meaningful engagement (which was suggested as being difficult when industry is often at the table in name only). Another dialogue participant argued that all of the private sector cannot be grouped together and there is a need to segment what is meant by 'industry.' This participant emphasized the need to understand that there are many constructive ways to work in collaboration with some parts of the private sector (e.g., retailers who can modify their policies by more actively promoting fruits and vegetables in the store), but that engaging companies that market sugar-sweetened beverages to children seems more difficult and problematic. One of the participants with a rich understanding of policymaking articulated the need to recognize that industry is often invited to the table but then are 'beat up' during the meetings, with it often seeming as though they were invited for that purpose. This participant then emphasized to the group that those working in the public health sector need to be 'called out' for not being constructive and for not moving the agenda forward. In addition, they stated that there is a need to look for common interests where possible (instead of simply walking away from the table) and emphasized that "we have a responsibility to do this together and do it right."

A dialogue participant with a good understanding of industry noted several examples where progress has been made by industry (e.g., increasing support for responsible marketing with 20 companies having signed on to the children's advertising initiative). The participant also highlighted the significant regulatory issues faced when companies attempt to bring a new re-formulated product (e.g., one that reduces calorie intake) to market as an example of where a more constructive and collaborative relationship is needed.

DELIBERATION ABOUT POLICY AND PROGRAMMATIC OPTIONS

Most dialogue participants generally agreed that the three options – information and skills building, programs to support healthy settings, and guidelines and policies to enable healthy food and activity requirements – were elements of a comprehensive approach to promoting healthy weights given that components of each will be needed for efforts to be successful. One dialogue participant noted that it was hard to differentiate between the options given the interdependencies between them. While most agreed about the need for a comprehensive approach, several dialogue participants also highlighted the need to consider optimal sequencing of and relative emphasis given to the options. For example, several dialogue participants argued that option 3 (guidelines and policies to enable healthy food and physical activity environments) be prioritized before options 1 (information and skills building) and 2 (programs to support healthy settings) given that polices need to be in place first, and then information/skills building and programs reinforce them. One dialogue participant suggested that while sharing information and building skills are important, they seem to most appropriately come later in the process, and that there first needs to be an overarching policy mandate to provide leadership, common goals and formalized mechanisms to support information and skills building. During the deliberation about option 2 (programs to support healthy settings) several dialogue participants similarly noted that policies need to be in place first to support program development and reinforce programs in the long term.

Option 1 – Information and skills building

Views among dialogue participants were mixed about the bundle of elements included as part of this option, which focused on equipping people with information and skills to increase awareness of the risks of being overweight or obese, supporting healthy behaviours and making informed decisions. Two dialogue participants expressed that this type of approach is not needed, with one asserting that information and education provision is not effective and takes resources away from other more worthwhile efforts, and the other implicitly dismissing it by suggesting that all that is needed are policy measures (e.g., imposing bans on advertising to children). Other dialogue participants generally agreed that increasing awareness and building skills were important goals and that messages need to be conveyed as effectively as possible.

Several ideas and comments were provided by dialogue participants about how to optimize the impact of this option. First, several dialogue participants noted the need for a 'hook' to make the issue 'sexy' and thereby garner the attention needed to effectively promote healthy behaviours and support informed decisions. In addition, the need to focus on simple messages related to anti-sedentarism (e.g., by promoting short bursts of exercise) was highlighted on several occasions given that so many people spend most of their day sitting. For example, two participants emphasized the need to not overcomplicate the message, and to promote 'back to basics' messaging about being less sedentary by emphasizing simple, low-cost and unstructured approaches to healthy behaviours (e.g., make the message that activity is fun). In addition, another dialogue participant outlined that an important part of effective messaging is being attentive to health literacy levels and 'keeping it simple'. This participant highlighted examples of popular, simple messages such as 'eat food, mostly plants and not too much' (from Michael Pollan's book *In Defense of Food: An Eater's Manifesto*), and the '23 and ½ hour' intervention message from a popular (nearly 3 million views) YouTube video by Dr. Michael Evans that emphasized 30 minutes of activity per day as the single best intervention for your overall health. Another dialogue participant noted we need to not just tell people to eat fruits and vegetables, but encourage them to enjoy fruits and vegetables and equip them with the skills for buying and preparing healthy foods.

Second, the need to select and disseminate messages with intermediaries and partners was noted several times during the deliberation about this option. For example, it was highlighted that activities related to information and skills building should be done in partnership with all relevant stakeholders (e.g., schools, parents, NGOs, policymakers and professional organizations). Some dialogue participants viewed schools as a particularly

important partner for messaging because there is a captive audience who could become a 'new crop of healthy eaters.'

The example of school curricula and the challenges with consistent messaging given the variation in curricula within and between provinces raised a third point in the deliberations about the need for consistent and sustained messages across sectors and levels. In general, it was suggested by several participants that ensuring consistent messages across providers, organizations, regions and provinces/territories will help avoid confusion. One dialogue participant stated that even though it may seem as though the messaging is not working, it is important to have sustained efforts as the messages take time to sink in. The same participant further stated that there are no magic bullets, but persistence and hearing consistent messages across settings (e.g., at school, home and in the community) is what will work in the long term. Echoing these sentiments, another dialogue participant remarked that 'if a message is important, it bears repeating all year and not for three weeks.' However, this dialogue participant also expressed skepticism about campaigns that have a public interest component and are overseen by government agencies because they can bring in political messages and potentially 'water down' the messages. Another dialogue participant raised the point that efforts towards consistent messaging should also include retailers as partners to ensure that messages are consistent at points of purchase as well as with labelling.

Lastly, several dialogue participants noted the need to move away from what were viewed by many as old and 'tired' mass media approaches, and instead focus on ensuring that new and promising strategies are also adopted. As an example, one dialogue participant emphasized the importance of using emerging technologies such as social media and online videos that are inexpensive, have the potential to reach vast and diverse audiences, and are not time-limited like a mass-media campaign. Some participants suggested that proven strategies should be drawn on in developing initiatives about promoting healthy weights. One dialogue participant gave the example of a successful marketing initiative for promoting syphilis testing. The YouTube videos and marketing materials for this initiative were some of the most viewed in Canada at the time. Another dialogue participant suggested that we simply do a very bad job of selling healthy living and behaviours, and indicated that to some extent lessons can be learned from industry about their approach to selling products or a viewpoint.

Option 2 – Programs to support healthy settings

The deliberations about this option focused primarily on the issues of program sustainability, scaling-up and measurement to ensure accountability. The deliberation began with one dialogue participant pointing out the lack of long-term funding to support programs in Canada, which they argued limits the ability of those working in the area to sustain action. The same participant further noted that if programs work, funders need to commit to sustain it over a longer period of time. As one dialogue participant remarked, Canada remains a nation of pilot programs. Another dialogue participant responded by supporting the notion that assessing scalability (i.e., whether programs can be rolled out more broadly) is critical, but also questioned whether and how this can be reconciled with the need to ensure that programs are tailored to local contexts. One suggested solution was to ensure that within any given community that decision-makers have a menu of evidence-based options to select from and implement. Another participant further suggested that this type of approach would also require coordination through a model similar to EPODE (Ensemble Prévenons l'Obésité Des Enfants), which is a large-scale (rolled out in 500 communities worldwide), coordinated, capacity-building approach for communities to implement effective and sustainable strategies to prevent childhood obesity.

Related to the issue of scalability, several participants emphasized the need for measurement and accountability for investments in programs. In general, it was suggested that measurement is needed in order to be clear about how programs are performing (i.e., identifying whether there is a return on investment). One dialogue participant commented that unless there is a robust measurement system, there will be no

accountability, statistics about progress (or lack of progress) will not be published, and specific areas that need attention (e.g., schools in greater need) will be difficult to identify. However, one dialogue participant cautioned that it is challenging or impossible to reliably determine the return on investment for a particular program because at any given time there are a large number of programs running and it is difficult to attribute impact to any of them in isolation (i.e., there is always a synergistic effect). This participant also argued that sometimes impact is not apparent until a critical mass of awareness, programs and policies are achieved, thereby calling into question the reliability of evaluations of single programs.

Option 3 - Guidelines and policies to enable healthy food and physical activity environments

The deliberation about this option focused on the relative merit of different models of guidelines and policies versus the 'build it and they will come' mentality. Participants provided examples of several models for guidelines and policies that they thought were particularly promising. First, the approach of banning specific products or advertising (e.g., those directed at children) were outlined as a promising way forward given what was viewed as a successful venture into this policy domain by New York City (i.e., banning the sale of specific unhealthy foods). The idea of 'nudges' (i.e., not telling people how to live but encouraging them to make healthy choices) was also raised as an option that is being discussed in the United Kingdom. While it was noted that 'nudges' are not a replacement for stricter regulations, the types of interventions that are often included in this approach (e.g., financial and non-financial incentives to reach a target behaviour or outcome) were highlighted as potentially having an important role to play. The use of taxes (e.g., on sugar-sweetened beverages) and subsidies (e.g., for fruits and vegetables) were also profiled as an important and potentially effective policy lever by several dialogue participants. However, as one dialogue participant noted, while the effectiveness of taxing unhealthy food is well supported by research evidence and typically receives strong public support, governments seem largely to be philosophically opposed to it. Lastly, several dialogue participants were supportive of the need for health impact assessments (i.e., evaluating the health impacts of policies across sectors), particularly if the assessments fostered collaboration across sectors and supported community engagement.

As the deliberation progressed, many dialogue participants seemed to suggest that a mix of approaches is needed. For example, one participant suggested that taxation would decrease consumption in most of the population, but certainly not for everyone. However, this participant and others further argued that the newly generated funds could be used to move forward with additional health promotion activities (e.g., investing in better water and/or food access in the north). One participant stated that "the debate about taxes doesn't change the fact that people need help with making better beverage choices." In general, participants seemed to agree that the most fruitful approach would be to pursue a mix of bans (e.g., on marketing targeted towards children), 'nudges' (e.g., providing incentives for healthy activities) and taxes/subsidies coupled with a requirement for health impact assessments to maximize benefits and minimize harms/risks.

Considering the full array of options

During the deliberations about each of the options, several themes emerged that dialogue participants identified as important overarching considerations. First, community engagement was emphasized in each of the deliberations and by many dialogue participants as being needed regardless of the mix of approaches implemented. Community engagement was viewed as essential because it provides a mechanism to understand the specific needs of different groups and allows for the creation of programs and policy to address these needs. One participant asserted that 'policy can't be created until the community is engaged' and another participant stated that interventions need to be informed by evidence. but to be sustainable they need community engagement.

Second, there was much discussion about whether specific groups should be targeted (as one way of operationalizing the term population-level interventions), or if programs and policies should be implemented across populations (i.e., in the more literal sense of the term). For example, one dialogue participant questioned whether an intervention should be abandoned if it has minimal impact on promoting healthy weights among specific groups (e.g., taxation may not be as effective for people living in the north given that prices are already very high), rather than adopting a mix of approaches that will address the problem in different ways and ultimately achieve a broader population-level effect.

Third, the need for ongoing measurement of impact was emphasized by several dialogue participants as a way of ensuring the availability of relevant Canadian data and research evidence, and determining whether investments made in programs and policies are having an impact (i.e., identifying whether there is a 'return on investment'). However, one dialogue participant made cautionary remarks about the relative importance that can be placed on such measures, noting the difficulty in attributing impact to any one intervention, and the synergistic effect that occurs between interventions which may result in a significant increase in impact after the addition of a second intervention.

Lastly, the issue of political will was mentioned on several occasions, both in the sense of the need for a greater sense of urgency among decision-makers about addressing the overweight and obesity epidemic, and in the context of the need for a 'whole-of-government approach'. For example, one dialogue participant argued that to make change happen there is a need to work with those who can 'pull the relevant policy levers.' The same participant noted that these policies are controlled by a number of ministries (e.g., education, finance, etc.) and this type of process will require a behavioural change from within governments.

DELIBERATION ABOUT IMPLEMENTATION CONSIDERATIONS

Dialogue participants raised several implementation considerations. First, the need to be prepared to take advantage of 'windows of opportunity' to build momentum was emphasized as an essential implementation consideration. For example, one dialogue participant highlighted the World Health Assembly resolution in May 2012 through which member states adopted a voluntary global target to reduce mortality from non-communicable diseases (e.g., cardiovascular disease and diabetes) as one potential political commitment around which people can rally. Second, there was a collective sentiment that the power of incrementalism should not be neglected as a strategy for producing long-term change. As one participant remarked, incrementalism generally involves changing from accepting certain behaviours (e.g., sedentarism) to gradually changing these behaviours (e.g., towards greater physical activity), to not accepting these behaviours. Third, the notion that 'one size doesn't fit all' was raised as another implementation consideration with some participants reaffirming their position that there is need for a menu of evidence-based options that can be scaled up but tailored to the needs of specific communities and populations. Fourth, the need for Canadian evidence about whether and how efforts to promote healthy weights are having an impact was identified as another critical implementation consideration, so that these efforts can continually be refined to optimize their impact. Lastly, in implementing programs and policies, participants noted the importance of being attentive to opportunity costs and ensuring the most effective interventions are scaled up in a way that makes the best use of investments made.

DELIBERATION ABOUT NEXT STEPS FOR DIFFERENT CONSTITUENCIES

When asked about what actions they plan to take following the dialogue, participants spoke to specific examples of steps to champion change in their respective constituencies. In a general comment about the dialogue, one participant expressed frustration about the dialogue playing out in the same way as other meetings, with a pervasive 'can't do' attitude among many participants where deliberations about one policy

option resulted in one group feeling marginalized. This participant challenged the rest of the group to instead shift to a 'can do' attitude by "dipping our toe in the water and start moving forward." Other participants raised one or more of the following as important priorities for them: 1) restricting marketing and taxing unhealthy foods (e.g., sugar-sweetened beverages); 2) measurement; and 3) supporting community engagement.

Several participants emphasized that restricting marketing of unhealthy foods and beverages to children is a top priority, with one participant arguing that it is unethical to target children with marketing initiatives that seek to influence their behaviour. This participant stated that a personal goal is to work towards accountability for regulating marketing by noting that too often the provinces pass responsibility to the federal government who then pass it on to industry, resulting in little to no action. The same participant further described work with policymakers about how to move forward with taxation of sugar-sweetened beverages in their own jurisdiction, and stated a commitment to advancing progress in this area. Another participant firmly agreed with marketing and taxation as key priorities moving forward, and further indicated that they are not supportive of approaches that are not mandatory (as opposed to those that are self-regulating).

Most participants identified measurement as a key priority moving forward. In general, participants noted that their priority is to measure 'what works' and support the collection of evidence that would allow for tracking of progress (or lack of progress), with some supporting the idea of 'report cards' for tracking change and impact over time across Canadian jurisdictions. One participant noted that moving forward there is a need to identify how to include a range of indicators such as amount of screen time and physical activity to track progress in addressing sedentarism. Another participant highlighted that the work of the Canadian federal, provincial and territorial working group of ministers of health and health promotion/healthy living has started to develop a common framework for promoting healthy weights, which includes measuring and monitoring as one of the core priorities. Another participant remarked that their long-term vision for measurement is to draw on the work that has been done about smoking by aligning data and collecting indicators that will tell a story for Canadians about the magnitude and importance of the problem.

Lastly, many participants expressed a commitment to supporting community engagement and generally agreed with one participant's statement that there is a need for interventions informed by evidence, but that for them to be sustainable they need community engagement. One participant commented that the 'them and us' mentality is not constructive and stated that "everyone needs to be at the table with eyes wide open." Echoing this sentiment, another participant emphasized the need for all sectors (e.g., schools, public health, agriculture, healthcare, community planning, etc.) to come together and work as partners. A different dialogue participant indicated a desire to improve upon the engagement of NGOs in the federal, provincial and territorial working group, and another agreed with this as an important step forward, but noted that it can be hard to be engaged given that NGOs often have limited resources. Lastly, one participant expressed interest in pursuing the development of a model similar to EPODE which was described in the evidence brief and focused on engaging community stakeholders and supporting the scale-up of promising programs.