



Heart&Stroke 
Spark
Together for healthy kids™

A Promise to Our Children

The Heart and Stroke Foundation of
Ontario's Vision for a Healthy Tomorrow



HEART &
STROKE
FOUNDATION
OF ONTARIO

Finding answers. For life.™



Which tomorrow shall we choose?

For more than 50 years, the Heart and Stroke Foundation has been at the forefront of groundbreaking research into heart disease and stroke. The knowledge we now have is saving lives, not just in hospitals, but in community centres, schools and homes across the province. By reaching deeply into our communities, we're making a difference in the lives of all Ontarians – regardless of gender, age or ethnicity – when disease strikes and, more importantly, before it takes a life.

The Foundation has a strong history in tackling critical health issues facing Canadians such as tobacco control, stroke care delivery, trans fats and the placement of Automated External Defibrillators (AEDs) in public spaces across Ontario.

Our AED initiative committed to, and has been successful in funding the placement of 2,000 AEDs across Ontario. With the help of donors and community partners, more than 1,400 AEDs have already been placed and, as a result, 15 hearts have been restarted, 15 lives have been saved. We must and can do so much more.

In regards to extraordinary results achieved through compassionate and confident support, the Heart and Stroke Foundation Centre for Stroke Recovery stands as a beacon of enlightenment and innovation in stroke care.

The Foundation is investing in Spark Together for Healthy Kids, an initiative aimed at reducing the deadly impact of childhood obesity on a future generation and the health of our communities. The Foundation has committed to investing more than \$14 million over five years to help make Ontario children healthy and active.

Spark Together for Healthy Kids is about working together to inspire individuals, families, communities, businesses, and government to spark collective change – in how we live, how we act, and how we think – to ignite a brighter future for our children. It is a strategy calling for public policies that encourage and enable children to be physically active and have access to healthy foods.

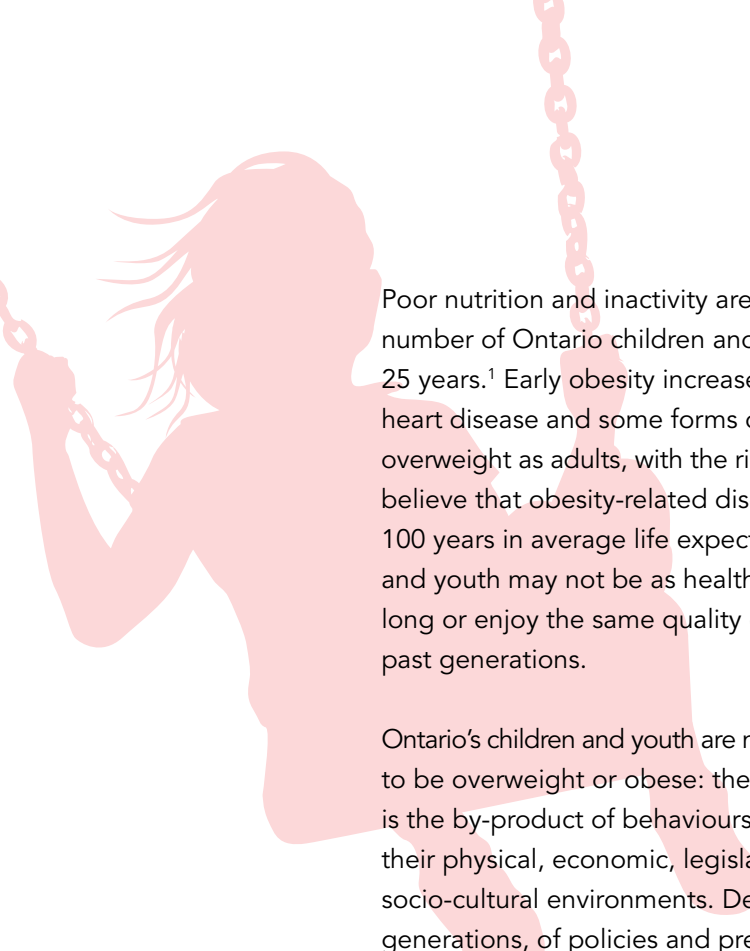
Spark Together for Healthy Kids can only be successful if all Ontarians embrace the vision and create our sparks individually and collectively in the community.

The future of our communities depends on the health of our children. The time to act is now.

Say YES to Spark Together for Healthy Kids. Visit heartandstroke.ca/spark to sign the Spark Promise to Our Children.

A handwritten signature in black ink that reads "Colleen Johnston".

Colleen Johnston, Chair and President
Heart and Stroke Foundation of Ontario



Poor nutrition and inactivity are threatening the health and well-being of our children. The number of Ontario children and youth who are overweight or obese has tripled over the past 25 years.¹ Early obesity increases the risk of premature high blood pressure, type 2 diabetes, heart disease and some forms of cancer.² More than half of overweight children will remain overweight as adults, with the risk increasing with a child's age and weight.³ Some researchers believe that obesity-related diseases may even negate the progress made over the past 100 years in average life expectancy.⁴ In other words, obesity may mean that today's children and youth may not be as healthy, live as long or enjoy the same quality of life as past generations.

Ontario's children and youth are not choosing to be overweight or obese: their poor health is the by-product of behaviours shaped by their physical, economic, legislative and socio-cultural environments. Decades, if not generations, of policies and preferences have increased ready access to large servings of calorie-dense and often nutritionally poor foods, while at the same time engineering physical activity out of daily lives. This is the perfect combination for creating an "obesogenic environment" – a setting that encourages people to eat and drink more calories than they expend.⁵

Poverty and associated food insecurity complicate the situation. Choosing healthier food options may require significant changes to how a family allocates its food budget.⁶ Similar conflicts and challenges may be present when families want to enroll children or youth in recreational activities. For those living in poverty, hunger and obesity are a cruel paradox.

Over the past 50 years, we've learned that improving health takes more than education or individual interventions: it requires a coordinated, population-based approach that can shift societal norms and is supported by healthy public policies, legislation and effective enforcement. We've succeeded on a number of fronts, such as changing attitudes and behaviours about tobacco, drinking and driving, seat belts and child restraints. It is time to utilize what we've learned, the skills we've developed and the energy, enthusiasm and dedication of stakeholders to address the issue of child and youth obesity.

- 28% of Ontario children and youth ages 2 to 17 are overweight or obese.¹
- Overweight and obesity rates increase with age, climbing from 21.5% among children 2 to 5 years of age, to 25.8% among those 6 to 11 and 29.2% among those 12 to 17.¹
- Since 1978/79, the combined overweight/obesity rate increased 70% and the obesity rate was 2.5 times higher, with most of the change occurring among youths aged 12 to 17.¹
- Off-reserve Aboriginal children have the highest rate of overweight and obesity, at 41.3% compared to 26.3% for white children and youth.¹
- More than half of children and adolescents who are overweight are at risk of being overweight as adults.³
- The risk of adult obesity increases with age.³

The Two Pillars

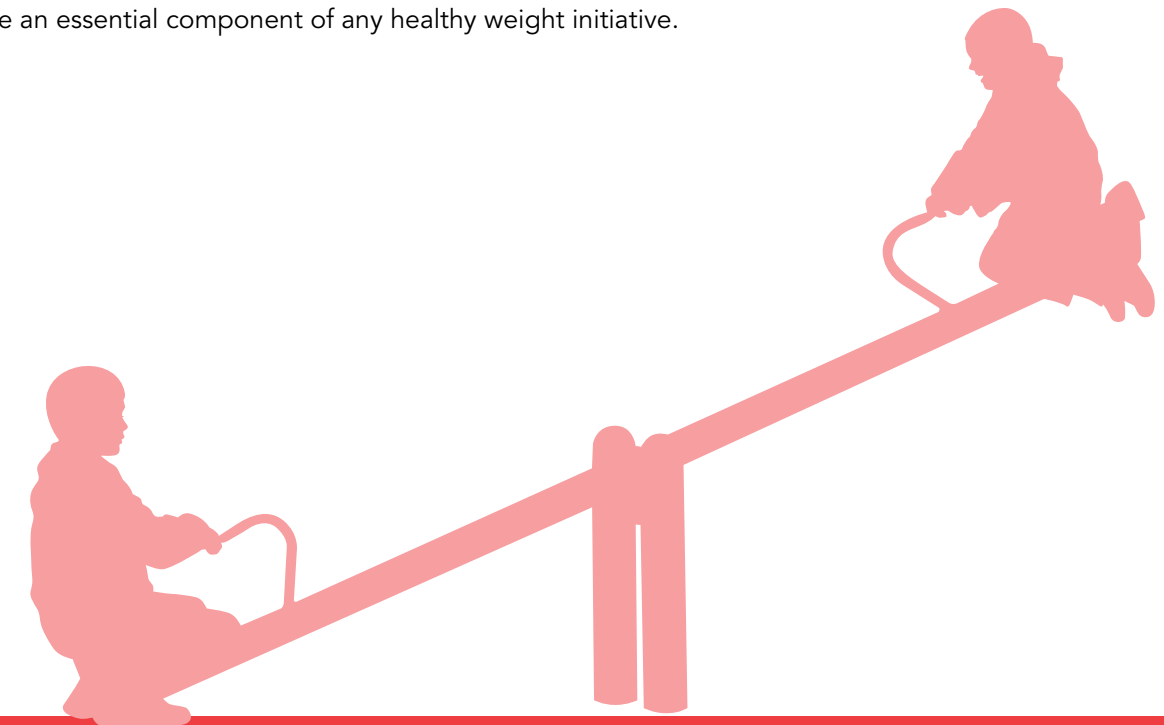
There are two essential pillars for the prevention and management of childhood obesity in Ontario:

- **Healthy eating:** Access to healthy food is tied to food security – sustainable physical, cultural, societal and economic access to enough safe, nutritious, and socially acceptable food. Healthy eating means much more than simply having an adequate number of calories: it refers to a diet in which there is sufficient intake of the sort of safe and nutritious foods that promote the health and growth of children and youth and meet their cultural norms.

We know that both the cost of, and access to, healthy foods vary significantly across Ontario. The Heart and Stroke Foundation of Canada's 2009 Report on Canadians' Health found, for example, that the cost of six apples ranged from as low as \$.90 in Toronto to as high as \$5.49 in Dryden and \$7.45 on the Bearskin Lake First Nations reserve north of Sioux Lookout.⁷

It is a telling, but sad, commentary on the high cost of healthy food that children and youth account for four out of every 10 clients of Ontario food banks.⁸ Reducing inequalities and ensuring all children and youth can have access to a healthy diet must be an essential component of any healthy weight initiative.

- Over half (59%) of children and youth consume fewer than five servings of fruit and vegetables per day.¹
- Children who eat fewer than three servings of fruit and vegetables per day are more likely to be obese than those who report eating five or more per day (10% vs. 6%).¹
- Almost 40% of those served by food banks in Ontario are children.⁷
- Data from Statistics Canada shows that in 2008 the price of important grocery items such as milk, chicken, bread and pasta have all increased at greater than twice the rate of inflation.⁷





- Over a quarter (26%) of overweight or obese children ages 6 to 11 report fewer than seven hours a week of physical activity and 35% report 30 or more hours of screen time per week.¹
- Only 49% of children and youth accumulate the equivalent of even 60 minutes of moderate to vigorous activity each day.¹⁰

- **Physical activity:** physical activity is when the body engages in movement and expends energy.⁸ Physical activity is a key determinant of health and is essential for normal growth and physical and mental development.^{9,10} Depending on one’s age, abilities and goals, the type of activity or activities can vary. Health Canada recommends 90 minutes of moderate to vigorous activity each day for children and youth, but less than half are meeting that goal.¹¹ We need to ensure that all Ontario children and youth – whatever their circumstances – have access to opportunities to be active based on ability, age and cultural appropriateness.

What Impacts Our Access?

How communities are planned and built greatly impact our ability to access physical activity and healthy foods. Factors include public transit, the availability of bike lanes and trails, recreational facilities, green spaces that are safe and secure, and affordable grocery shopping options. For example, the Diabetes in Toronto Institute for Clinical Evaluative Sciences Atlas looked at 140 neighbourhoods in Toronto and found that diabetes rates were highest in those areas with the poorest access to public transit and a fresh supply of fruits and vegetables. These areas also coincided with Toronto’s 13 poorest and most underserved neighbourhoods.¹²

Bridging the Gap Between Knowledge and Action

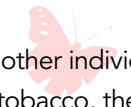
Are people – particularly parents – informed about the importance of healthy weights? Yes. According to polling conducted by the Heart and Stroke Foundation, almost all (97%) of Ontario parents agree that maintaining a healthy weight can improve a person’s chances of a long and healthy life. Moreover, the same proportion is aware that overweight and obese children are somewhat or very common in Ontario.

So if parents know what is healthy for their children and are concerned about the issue of childhood obesity, why are overweight and obesity rates continuing to climb? The fact of the matter is that healthy eating and physical activity are not a matter of simple awareness of what to do. Rather, it depends in large part upon awareness in combination with two key factors that shape one’s ability to make healthy choices in our obesogenic environment: affordability and accessibility

Factor	What does it mean?	What are the key determinants?
Affordability	Affordability refers to more than merely the cost of buying a child or youth healthy foods or equipment for participating in recreational sports or activities. Affordability refers to the cost in relation to your income and how much you must spend on essentials such as shelter, heating and transportation. Median incomes vary significantly across the province, and many of those communities with lower median incomes also have significantly higher food costs.	<ul style="list-style-type: none"> • Income • Cost
Accessibility	Even if something is affordable, it may not necessarily be accessible. Accessibility is defined as the quality of being “at hand” when needed. But proximity is not enough to ensure access. Accessibility is shaped by a range of physical, geographic, economic and cultural factors and can vary according to age, physical abilities, income, gender or culture. A healthy eating or physical activity program that suits some may pose significant barriers to children or youth with physical or mental health challenges, who lack transportation, or who feel left out or unwanted.	<ul style="list-style-type: none"> • The built environment • Geography (where you live) • Transportation • Sociocultural environment • Safety

To effectively deal with childhood obesity, we must begin with the root causes: poverty and physical and social environments. Almost one in nine Ontario children lives in poverty.¹³ Moreover, in our current economic environment many more are living in households where it is becoming increasingly difficult to afford and ensure access to physical activity and a healthy diet.¹²





The Way Forward

Playing the “blame game” – blaming children, youth, parents, schools or other individuals – for the obesity epidemic is not a helpful or productive approach. As with tobacco, the issue is greater and the root of the problem is more complex than simply individual “bad choices.” Childhood obesity is a societal problem and – as was the case with tobacco – will require a collective societal response. Effective prevention and management will require sustainable environmental and societal changes that promote healthy populations.

There are a number of promising and effective programs and approaches that have been utilized in a variety of jurisdictions to promote healthy weights in children and youth.¹⁴ Healthcare providers, advocates, educators, parents, community developers, architects, leaders in the private sector, and not-for-profits such as the Heart and Stroke Foundation have all recognized the importance of making meaningful changes.

To move forward and leverage the current momentum, utilize what we know, and ensure that all Ontarians benefit, requires:¹⁵

- **Effective leadership:** a single voice to help bring together the stakeholders, organize activities and provide direction for unified action;
- **Dedicated advocacy:** creating awareness of and supporting the development of sustainable multi-sectorial solutions and action plans;
- **Sustainable funding:** securing or re-prioritizing funding so there is support for the development, implementation and evaluation of healthy environments, physical activity and healthy eating interventions on an ongoing and sustained basis; and
- **Healthy public policies:** the development, implementation, monitoring and evaluation of policies, regulations, taxes and/or subsidies that make environments less obesogenic and more health promoting.

In response to the dramatic increase of childhood obesity in Europe, the European Union launched the *EU Platform on Diet, Physical Activity and Health*. The initiative brings together representatives of the food industry, advertisers, retailers, fast-food restaurants, cooperatives, consumer groups and health non-governmental organization to create a comprehensive vision, forge agreement on basic headlines and strategic goals, share learnings, and facilitate action. Commitment areas include advertising to children, nutritional information, food composition, promoting healthy lifestyle, and physical activity.¹³

The Foundation has provided strategic leadership on a number of key health issues in Ontario, such as calling for a trans fat ban, promoting Automatic External Defibrillators in public places, working towards a smoke-free Ontario, and advocating for organized stroke care. In 2006, the Foundation identified childhood obesity as a critical issue for the future heart health of Ontarians and created the *Spark Together for Healthy Kids* initiative to focus on seeking sustainable solutions. As part of this initiative, the Foundation created the Spark Community Advocacy Fund, which provides financial support to groups so they can implement advocacy initiatives designed to increase access to physical activity and/or healthy food for children. Reports produced by the Foundation and its partners include *Access to Healthy Food*, and *Toward a Healthy Ontario*, the report of its 2007 think tank.

To continue to make progress and protect and promote the health of our children and youth, we must leverage leadership, dedicated advocacy, access to sustainable funding and healthy public policies to address both pillars of healthy weights: access to healthy eating and physical activity. This requires a dedicated, sustained multi-sectorial approach to change.

Key Change Principles

In its work on the childhood obesity issue in Ontario and in light of what it has learned from the research and policy literature, the Heart and Stroke Foundation has identified five key principles for achieving and sustaining positive changes.

1. Build on what exists

Individuals, organizations, agencies, industry and governments need to be working in a collaborative and synergistic way in order to build on what exists and change the obesogenic environment in which our children live. We have many assets in Ontario that can provide the basis for developing a comprehensive strategy:

- Passionate and dedicated advocates across the province
- A tradition of strong recreational programming and excellent school and community services
- A healthy school policy framework as captured in Foundations for a Healthy School¹⁶

The Built Environment

- Research has shown that when green spaces in a community are increased, BMIs in children decline.¹⁷
- In its recent call to action, *Healthy Communities, Sustainable Communities*, the Ontario Professional Planners Institute emphasizes the importance of urban design, active transportation and green infrastructure for promoting the health of Ontarians, particularly children and youth.¹⁵

The Challenge of Childhood Poverty

- 1 in 9 Ontario children live in poverty.¹²
- The average single-parent or two-parent low-income family lives about \$7,100 below the low-income poverty cut-off.¹²
- According to the 2004 Canadian Community Health Survey, slightly over 8% of Ontario households meet the definition of “food insecure”, with rates being as high as 10% in Northern Ontario and Toronto.⁷



- Close working relationships between public health departments and community and local governments
- A clear mandate for health promotion and chronic disease prevention within the new Public Health Standards¹⁷
- Excellent examples of local and regional collaboration in policy and program development and delivery of physical activity and food nutritional programs

2. Partnerships are essential

Over the past 30 years, there has been a fundamental shift in how we as a society perceive smoking, air pollution, the wearing of seat belts, and drinking and driving. These sorts of broad social changes would not be possible without partnerships between not-for-profit organizations and coalitions, governments, the private sector and policy makers.

A number of organizations have already made significant contributions that are part of the solution and have helped to shape the recommendations presented in this paper. They include:

- The Ontario Chronic Disease Prevention Alliance has helped us to “Think like a System” and develop common messages¹⁸
- The Ontario Collaborative Group on Healthy Eating and Active Living’s analysis of policy options¹⁹
- The Ontario Task Group on Access to Recreation for Low-Income Families Policy Framework²⁰ calls for all involved to work together in a systematic way to make affordable access to recreation a reality in Ontario
- People for Education’s report, *Ontario’s urban and suburban schools: a prescription for change*²¹, outlined the leadership and structures that will be required to have the desired impact
- The Ontario Professional Planners Institute released *Healthy Communities, Sustainable Communities* and are engaging their members in helping to plan communities that will support physical activity and healthy living²²
- The annual report card released by Active Healthy Kids Canada²³ documents and assesses the rates of children’s levels of physical activity
- Breakfast for Learning’s 2007 Report Card on Nutrition for School Children²⁴ looks at parents’ perceptions of what their children and youth are consuming

The logic of building upon what exists is the basis of British Columbia’s *ActNow BC* program, a cross-government, multi-sectorial initiative launched in 2005 to make British Columbia the healthiest jurisdiction to host the Olympic and Paralympic Games. *ActNow BC* helps to provide coordination and evaluation across four key program area (healthy eating, physical activity, tobacco control and healthy choices in pregnancy) in order to leverage the work of partners.¹⁶

3. Recognize and address diversity

The face of Ontario is changing and any response to the obesogenic environment must recognize and address our ethnic and cultural diversity. What you eat and the childhood games you play can have deep and meaningful cultural roots. Programs and services must recognize and nurture diversity and provide culturally-appropriate foods and activities.

4. Empower and energize families and communities

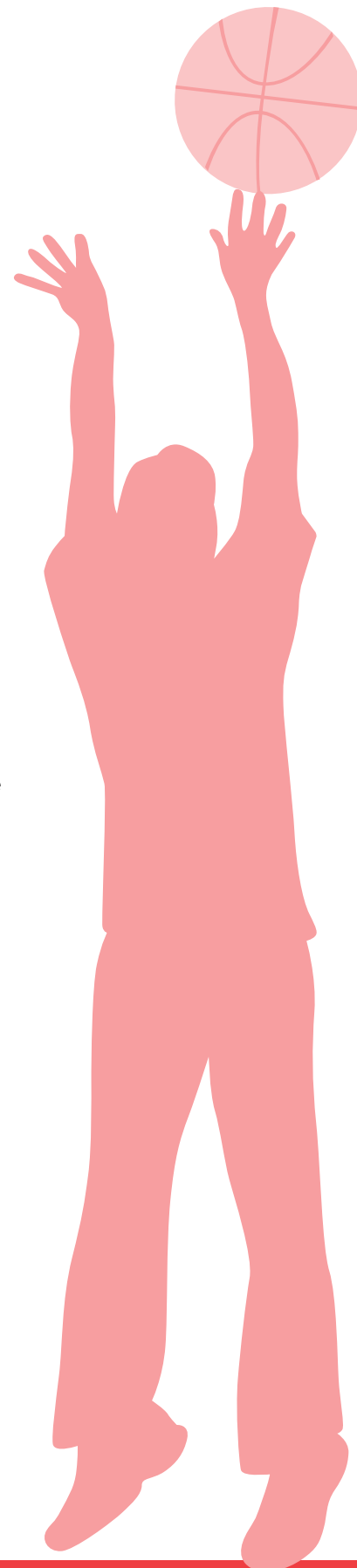
It is critical to empower families and communities to take greater control over the determinants of their health, whether they be environmental, cultural, related to health services or personal behaviours. We need to energize families and communities so they can take what we know about what works to enhance healthy eating and physical activity and reduce child and youth obesity and funnel it into effective action. We can start by shifting public opinion

away from the perception that obesity is an individual “failure of will” and helping people to see and accept that it is a population health concern requiring a collective public response.

5. Benefit from research and evaluation

While much is known about childhood obesity, significant gaps in our knowledge remain. Support for continuing research is critical. A system for surveillance that can provide the data necessary for evaluating our progress and support the assessment of all initiatives could be invaluable.

In 2007 the Foundation commissioned the PlayON study of physical activity in 30 schools across the province. Twelve percent of students surveyed reported that school is the only place they engage in physical activity; 63% said they watch TV/movies or play video games for 1-3 hours each day, with an additional 15% reporting in excess of 3 hours per day.¹⁸



Next Steps for Ontario

1. Ensure access to adequate, nutritious, safe and culturally appropriate foods for all Ontarians.

Affordability

- Review and increase income supports to low-income households.
- Study a subsidy program such as a food voucher program or direct subsidy model (e.g., triggered by percent of income spent on food, based on a local, modified food basket).
- Review all government initiatives with a food security filter to ensure they support and not exacerbate food security issues.
- Increase food literacy for families and children by expanding food preparation and nutrition education courses in after-school and community programming, and return food preparation courses to the high school curriculum.
- Conduct research and program evaluation into efficacy of dollars spent on programs that reduce food insecurity.

Accessibility

- Expand the Northern Ontario Fruits and Vegetables Program (NFVP) from two to all seven district health units in Northern Ontario. Review the potential to expand the program to other priority “at risk” communities across the province and to include other nutritious foods.
- Provide a provincial top-up to expand the Federal government’s Food Mail Program that services fly-in communities in Northern Ontario.
- Advocate for the expansion of food sharing programs such as the Good Food Box program to target priority populations and neighbourhoods, with a particular focus on First Nations and children; as well, advocate for the involvement of local food retailers to sell the subsidized boxes.
- Expand eligibility and promotion of Active 2010 Communities in Action Fund’s support of community-based healthy food programs, such as local farms, preparation of traditional foods, community farmers’ markets, nutrition programs, and community gardens and greenhouses.
- Build on the *Healthy Food for Healthy Schools Act* to include a comprehensive school food policy to make healthy eating the easy choice for all students.



2. Foster action that supports and encourages active living and physical activity.

Affordability

- Ensure all Ontario children and youth have universal access to a core set of free, publicly funded recreation programs and/or services based on quality standards for children’s sport and recreation programming.
- Review all government initiatives to ensure they support physical activity and wide-spread access to active living.
- Conduct research and program evaluation into efficacy of dollars spent on programs that reduce physical inactivity.

Accessibility

- Support and advance community planning and funding that ensures communities have active transportation networks that are safe, secure and walkable, such as promoting mixed land use, green spaces, bike lanes, provision and upkeep of sidewalk, and proper lighting.
- Create a system to promote programs and operating policies that make it easier for families and children to find recreational opportunities and green spaces.
- Establish dedicated infrastructure funding for sport, parks and recreation facilities.
- Introduce a second physical education credit in high schools.
- Provide implementation resources to support Health and Physical Education curriculum.
- Support the development of programs that promote safe active routes to school, such as the walking school bus.
- Evaluate Daily Physical Activity in schools and expand support for its implementation.

3. Develop essential processes and framework for action

- Undertake health impact assessments of the intended and sometimes unintended effects of policies, plans, programs or projects, as well as the distribution of those effects within the population, with particular attention to their impact upon childhood obesity.
- Establish a government-wide or coordinating body to provide necessary leadership, including the development of a framework for the integration of services to families, children and youth, and ensuring adequate sustainable funding.
- Develop and implement sustainable community planning and the creation of built environments that link health and land use planning for healthier communities.
- Enable all municipalities and school boards to establish a local framework for services and planning, including the coordinated use of schools buildings, and of services such as public health, child care and recreation.
- Ensure community level schools and other community spaces are supported to serve as community “hubs” and used for affordable, formal and informal recreation activities, with an immediate focus on developing comprehensive and affordable after-school programs.

4. Facilitate for collaborative action

- Create opportunities for consumers and the public to exert positive influences on the food industry.
- Identify and promote effective public-private partnerships that promote access to physical activity and healthy eating.
- Utilize the media to help engage the public in the issues, the social, economic and health impacts and collective solutions.

We can all spark change,
especially when the well-being of our children is at risk.

At the Heart and Stroke Foundation,
we know we can achieve real results when we are all driven by energy,
innovation and passion. *Spark Together for Healthy Kids* is about
working together, building momentum and showing that together
we can change how we live, and save lives in the process.

Together creating change.

**Which tomorrow shall we choose?
Say YES to Spark at heartandstroke.ca/spark**



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Together creating change.

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SPARK CHAMPIONS:



SPARK SUPPORTING PARTNERS:

- Active Healthy Kids Canada
- Association of Local Public Health Agencies
- Asthma Society of Canada
- Boys and Girls Club of Ontario
- Breakfast for Learning
- Canadian Diabetes Association
- Champlain Cardiovascular Disease Prevention Network
- Dietitians of Canada
- Health Nexus
- Ontario College of Family Physicians

- Ontario Lung Association
- Ontario Physical and Health Education Association
- Ontario Professional Planners Institute
- Ontario Public Health Association
- Parks and Recreation Ontario
- ParticipACTION
- People for Education
- Today's Parent
- Waterfront Regeneration Trust
- YMCA



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