

Appendices

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Weight Bias Analysis Tool for Public Health Policies

obesity
canada



obésité
canada

Background

Obesity is now widely recognized as a chronic disease among health practitioners and researchers, and by NGOs such as Obesity Canada, the Canadian and American Medical Associations and the World Health Organization (1, 2).

The final frontiers for acceptance of obesity as a chronic disease remain within public health and health policy. While evidence tells us that obesity affects morbidity and mortality at the population level, and that weight bias and obesity stigma are fundamental drivers of health inequalities (3–4), much work remains to be done to provide the meaningful prevention and management strategies that need to be implemented if Canada and other jurisdictions are to truly adopt a chronic disease framework for obesity (5).

Too many current public health policies and strategies to address obesity are solely focused on prevention, are based on simplistic narratives of “eat less and move more” and fail to account for individual heterogeneity in body size and weight (6). Specifically, the current public health obesity narrative promotes and reinforces assumptions about personal irresponsibility and lack of willpower among people with obesity (7). These assumptions contribute to the beliefs that people with obesity and their children simply lack awareness and knowledge about healthy eating and physical activity and are therefore largely to blame for the obesity epidemic.

This is a challenge that is not insurmountable.

Public health can leverage existing health promotion frameworks, such as the “health for all policy framework” and the “global plan of action on social determinants of health” to address weight bias and obesity stigma (8–10). Within this context, however, public health decision makers need to ensure that strategies do not have unintended consequences for individuals and populations.

Public health can also directly address weight bias and obesity stigma by using a weight bias lens to identify strategies and policies that may be contributing to bias and obesity stigma. Supporting policy makers to operationalize obesity in a non-weight centric chronic disease framework may help mitigate tensions that exist between the public health obesity prevention discourse, clinical practice and the experiences of people living with obesity. Strategies such as critically reflecting on the unintended consequences of public health policies and discourses, questioning of simplistic assumptions about obesity’s causes, shifting focus to health and well-being, addressing obesity as a chronic disease and prioritizing people-centered health promotion approaches have been recommended as potential solutions to prevent further weight bias and stigmatization in public health policies.

The following checklist is designed to support policy makers in critically assessing policies, strategies and programs and correcting for weight bias and stigma.



Weight Bias Question	Rationale
What is the overarching goal of the policy or program?	<ul style="list-style-type: none">• Identifying specific policy goals can help determine whether the proposed strategies are specific to obesity prevention/ reduction or whether obesity is inappropriately being used as a hook for overall health promotion policies.
Is the policy goal to promote healthy behaviours or to prevent and/or reduce obesity?	<ul style="list-style-type: none">• Behaviours like healthy eating and physical activity are important for population health. However, behaviour change alone may not sufficiently contribute to obesity prevention or reduction because obesity is a much more complex disease.• Obesity prevention and management strategies should go beyond the promotion of healthy eating and physical activity behaviour to include: i) more detailed and evidence-based information about the drivers of weight gain (including genetics, mental health, built environment, food environment, socio-economic status, cultural practices, physical challenges, education level, food addiction and more) and ii) information evidence-based treatments and supports for people living with obesity.• Positioning healthy eating and physical activity public health strategies as effective obesity prevention and management interventions may cause further weight bias and stigma. Such strategies may unintentionally position individuals with obesity as unhealthy or as targets for healthy behaviour strategies.
Does “obesity” even need to be mentioned in this specific health promotion policy or behaviour change strategy?	<ul style="list-style-type: none">• If this is a policy to promote overall health, consider whether obesity needs to be mentioned at all. Positioning health promotion or wellness policies as obesity prevention strategies unfairly and inaccurately implies that only persons or populations with obesity need to engage in health promoting behaviours.
If this is an obesity prevention / reduction policy, what are the expected outcomes?	<ul style="list-style-type: none">• The World Health Organization defines of obesity as a disease when excess or abnormal adiposity/weight impairs health. Health impairments may be different between individuals, communities and populations. There are many health consequences associated with obesity such metabolic, musculoskeletal, mental, and social issues. Evaluation measures need to consider the broad health impacts of obesity rather than just reduction in body weight.



Weight Bias Question	Rationale
Is body size being used as an obesity prevention/reduction strategy outcome?	<ul style="list-style-type: none">• Many obesity policies have weight or BMI as outcomes. Although BMI is a surrogate measure for obesity (used mainly in population surveillance studies), it is not an adequate measure of a person's health. People come in different shapes and sizes, and individuals can experience health over a wide range of BMI levels.• BMI merely measures body size and in itself is not an adequate health measure. Therefore, the impact of obesity prevention/management strategies should not be measured by body size.• Like any other chronic disease strategy, obesity prevention and management strategies should be measured according to specific and measurable health/clinical outcomes.
Could this policy create unintended consequences such as labelling individuals according to their body size?	<ul style="list-style-type: none">• Creating “healthy” versus “unhealthy” weight categories ends up labeling groups by their size and/or weight and contributes to weight bias. Population health outcomes need to focus on just that — health outcomes. This is important for prevention of further weight bias and stigma.• Be specific and distinguish between body size and obesity as a disease. Size is not a disease. Obesity is a disease.
Is the language in this policy appropriate?	<ul style="list-style-type: none">• Be aware of the language used in policies. Always use “person-first-language” when referring to obesity. Avoid using the clinical term “obesity” when referring to a person's body size. Obesity is a clinical/medical term used when an individual has been diagnosed with obesity (i.e. direct health impairments due to excess or abnormal weight/adiposity).• Provide evidence-based messages about the link between weight/size and health.• Promote body size diversity and body positivity through images and language.
Have you engaged people with obesity in the development of this policy?	<ul style="list-style-type: none">• In an era of people-centered health care, public health can and should engage people with obesity in the development of policies and strategies.• Having active participation of individuals with obesity can help change negative attitudes and beliefs and facilitate the development of compassionate and equitable population health strategies.



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Analyse des préjugés liés au poids — Politiques de prévention de l'obésité

obesity
canada



obésité
canada

Contexte général

L'obésité est maintenant largement reconnue en tant que maladie chronique, autant par des professionnels de la santé, des chercheurs, des ONG telles qu'Obésité Canada, des associations médicales canadiennes et américaines, que par l'Organisation mondiale de la santé (1, 2).

Les dernières barrières à l'acceptation de l'obésité en tant que maladie chronique se retrouvent au sein même des organismes de santé publique et de politiques de santé. Les preuves scientifiques nous indiquent que l'obésité influence tant la morbidité que la mortalité. Elles démontrent aussi que les préjugés liés au poids ainsi que la stigmatisation de l'obésité sont des facteurs fondamentaux des inégalités en matière de santé (3-4). Malgré ces informations, il reste énormément de travail à faire pour développer les stratégies de prévention et de prise en charge qui seront mises en l'avant si le Canada et d'autres juridictions adoptent des stratégies considérant l'obésité en tant que maladie chronique (5).

Trop de politiques et de stratégies actuelles de santé publique visant l'obésité sont axées uniquement sur la prévention, basées sur des recommandations simplistes telles que : « manger moins et bouger plus » et ne tiennent pas compte de l'hétérogénéité individuelle en matière de taille et de poids corporel (6). Plus précisément, le discours actuel en santé publique fait la promotion et renforce la supposition que l'obésité est causée par le manque de responsabilité ou de volonté des gens (7). Ces suppositions contribuent à la croyance selon laquelle les personnes obèses et leurs enfants ne sont tout simplement pas sensibilisés et manquent de connaissances en matière de saine alimentation et d'activité physique. Selon ces suppositions, les individus sont donc largement responsables de l'épidémie d'obésité.

C'est un défi qui n'est pas insurmontable.

Les responsables de la santé publique peuvent s'inspirer des cadres de promotion de la santé existants, tels que : « Santé dans toutes les politiques », ainsi que le « Plan d'action mondial sur les déterminants sociaux de la santé » pour lutter contre les préjugés liés au poids et la stigmatisation des personnes vivant avec l'obésité (8-10). Dans ce contexte, toutefois, les décideurs en santé publique doivent s'assurer que les stratégies n'ont pas de conséquences involontaires pour les individus et les populations.

La santé publique peut aussi s'attaquer directement aux préjugés liés au poids et la stigmatisation de l'obésité. Pour se faire, ils peuvent se servir d'une vision favorable aux thématiques de poids de manière à identifier les stratégies et politiques susceptibles de contribuer aux préjugés et à la stigmatisation de l'obésité. En aidant ainsi les décideurs à opérationnaliser la thématique de l'obésité dans un cadre de travail des maladies chroniques non axées sur le poids, nous pouvons contribuer à atténuer les tensions existantes entre les discours des divers acteurs. Ceux-ci se retrouvent dans les milieux de santé publique, de la pratique clinique et de l'expérience des personnes vivant avec l'obésité lors d'approche concernant la prévention de l'obésité. L'utilisation de stratégies telles que la pensée critique pourrait servir à aborder divers sujets tels que : les conséquences involontaires des politiques et des discours de santé publique, la remise en question d'hypothèses simplistes concernant les causes de l'obésité, le détour de l'attention vers la santé et le bien-être plutôt que le poids, la lutte pour que l'obésité soit reconnue en tant que maladie chronique, ou l'établissement de priorités pour que la promotion de la santé soit axée sur les personnes. Ces diverses idées sont recommandées comme de possibles solutions pour prévenir la stigmatisation et réduire les préjugés liés au poids dans les politiques de santé publique.

La liste de contrôle ci-dessous est conçue pour aider les décideurs à évaluer de manière critique les politiques, les stratégies et les programmes et pour offrir des idées pour réduire les préjugés liés au poids et la stigmatisation.



Questions de préjugés liés au poids

Logiques sous-jacentes

Quel est l'ultime objectif de cette politique ou de ce programme ?

- Identifier les objectifs précis d'un programme ou d'une politique peut aider à déterminer si les stratégies qui y sont proposées s'avèrent à être spécifiques aux sujets de la prévention ou de la réduction de l'obésité, ou si ces thèmes n'y sont abordés que de façon inappropriée, soit uniquement en tant que thème accrocheur pour illustrer toutes les politiques de promotion de la santé.

Est-ce que l'objectif global de la politique est d'y promouvoir des comportements sains ou celui de prévenir et réduire l'obésité ?

- Les comportements tels qu'une saine alimentation et l'activité physique sont importants pour la santé de la population. Cependant, les changements de ces comportements ne peuvent à eux seuls contribuer suffisamment à la prévention ou à la réduction de l'obésité, puisque l'obésité est une maladie beaucoup plus complexe.
- Les stratégies de prévention et de gestion de l'obésité devraient aller au-delà de la promotion d'une saine alimentation et de l'activité physique. Celles-ci devraient inclure : i) des renseignements détaillés et fondés sur des données probantes au sujet de facteurs de prise de poids (comprenant ceux de la génétique, la santé mentale, le milieu bâti, les environnements alimentaires, les pratiques culturelles, les défis physiques, les dépendances alimentaires ainsi que le statut socioéconomique dont le niveau de scolarité) et ii) des traitements basés sur les données probantes ainsi que du soutien pour les personnes souffrant d'obésité.
- Positionner les stratégies de santé publique en matière d'alimentation saine et d'activité physique comme étant des interventions efficaces de prévention et de prise en charge de l'obésité peut entraîner d'autres préjugés et stigmates liés au poids. Puisque de telles stratégies peuvent involontairement positionner les personnes obèses comme tant nécessairement en mauvaise santé. Ou encore, en tant que cibles pour des stratégies de comportement sain qui pourraient également s'appliquer à tous.

Est-il même nécessaire de mentionner l'« obésité » dans cette politique de promotion de la santé ou dans cette stratégie de changement comportemental ?

- Lorsqu'il s'agit d'une politique visant à promouvoir la santé en général, demandez-vous si l'obésité doit même y être mentionnée. Car positionner des politiques de promotion de la santé ou du mieux-être comme étant des stratégies de prévention de l'obésité est une façon injuste et inexacte. Puisque cela insinuerait que seules les personnes ou les populations obèses doivent adopter des comportements favorisant la santé.

Lorsqu'il s'agit bien d'une politique de prévention ou de réduction de l'obésité, quels sont les résultats escomptés ?

- L'Organisation mondiale de la santé définit l'obésité comme une maladie lorsqu'une adiposité ou un poids excessif ou anormal nuit à la santé. Cependant, les déficiences sur le plan de la santé peuvent varier d'une personne, d'une communauté ou d'une population à l'autre. L'obésité a de nombreuses conséquences sur la santé, notamment des problèmes métaboliques, musculo-squelettiques, mentaux et sociaux. Les mesures d'évaluation doivent tenir compte des répercussions générales de l'obésité sur la santé, plutôt qu'une simple réduction du poids corporel.



Questions de préjugés liés au poids

Logiques sous-jacentes

Est-ce que la corpulence est utilisée en tant que résultat pour une stratégie de prévention ou de réduction de l'obésité ?

- De nombreuses politiques portant sur le thème de l'obésité ont comme résultats le poids ou l'IMC. Bien que l'IMC soit une mesure de substitution de l'obésité (utilisée principalement lors d'études de surveillance des populations), il ne constitue pas une mesure adéquate de l'état de santé d'une personne. Les gens ont des formes et des tailles différentes, et les individus peuvent néanmoins être en bonne santé, et ce sur un large éventail de niveaux de l'IMC.
- L'IMC mesure simplement le ratio taille/poids. Il n'est pas conçu pour être une mesure adéquate de l'état de santé. Par conséquent, l'impact des stratégies de prévention et de gestion de l'obésité ne devrait pas être mesuré en fonction de la corpulence.
- Comme toute autre stratégie de lutte contre les maladies chroniques, les stratégies de prévention et de prise en charge de l'obésité devraient être mesurées en fonction de résultats cliniques et de santé précis et mesurables.

Cette politique pourrait-elle créer des conséquences involontaires, telles que le catalogage des personnes en lien avec leur corpulence ?

- La création de catégories de poids « sain » ou « malsain » finit par cataloguer des groupes de personnes en fonction de leur taille et/ou de leur poids. Cette catégorisation contribue aux préjugés liés au poids. Et puisque les résultats en matière de santé des populations doivent justement se concentrer ce point : les résultats en matière de santé. Ces nuances sont importantes pour aider à prévenir ces préjugés et stigmatisations liés au poids.
- Soyez précis et faites la distinction entre la corpulence et l'obésité en tant que maladie. La taille n'est pas une maladie. L'obésité en est une.

Est-ce que le vocabulaire utilisé dans cette politique est approprié ?

- Soyez conscient du niveau de langage utilisé dans les politiques. Toujours utiliser les termes favorisant la « personne d'abord » lorsqu'il est question d'obésité. Évitez d'utiliser le terme clinique « obésité » pour désigner la corpulence d'une personne. L'obésité est un terme clinique/médical utilisé lorsqu'une personne a reçu un diagnostic d'obésité (c.-à-d. : avoir des problèmes de santé directs dus à un excès de poids ou à une adiposité).
- Fournir des messages fondés sur des données probantes au sujet du lien entre le poids/taille et la santé.
- Romouvoir la diversité et la positivité corporelle par l'image et le langage.

Avez-vous fait participer des personnes vivant avec l'obésité à l'élaboration de cette politique ?

- À une époque où les soins de santé sont centrés sur la personne, la santé publique peut et doit faire participer les personnes vivant avec l'obésité à l'élaboration de politiques et de stratégies.
- La participation active des personnes vivant avec l'obésité peut aider à changer les attitudes et les croyances négatives et faciliter l'élaboration de stratégies de santé de la population fondées sur la compassion et l'équité.

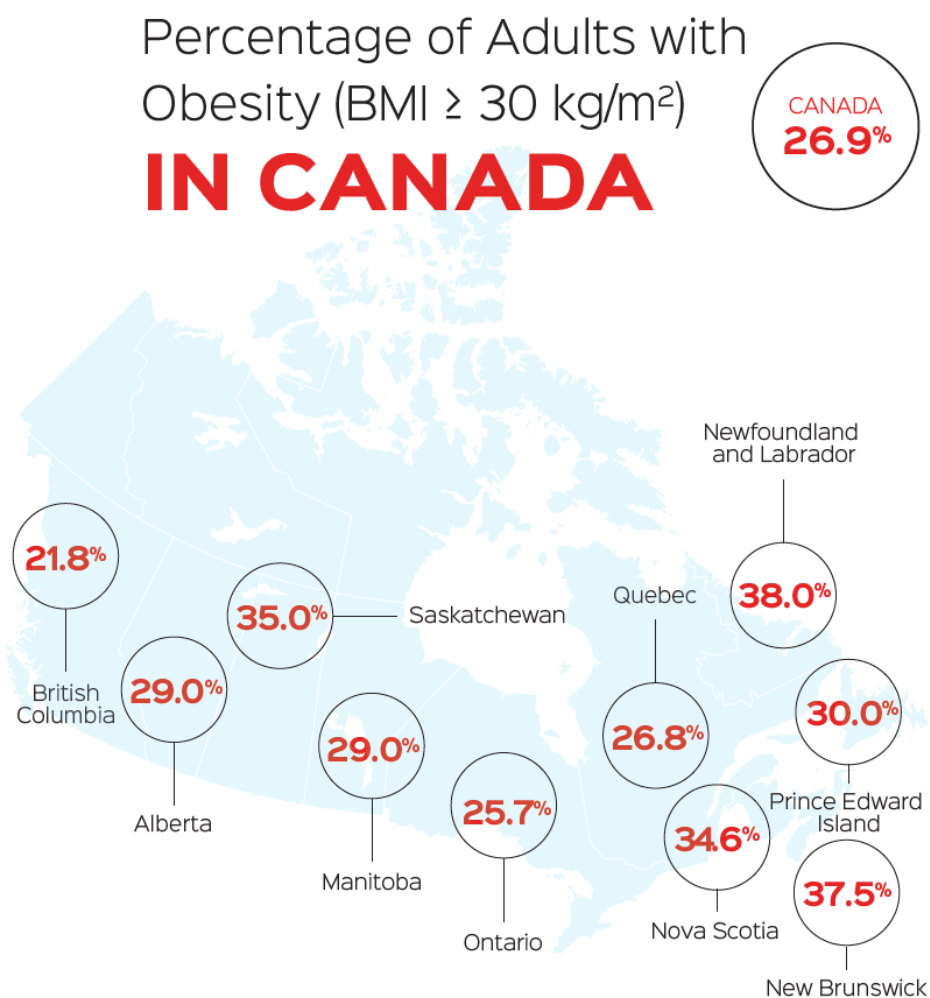


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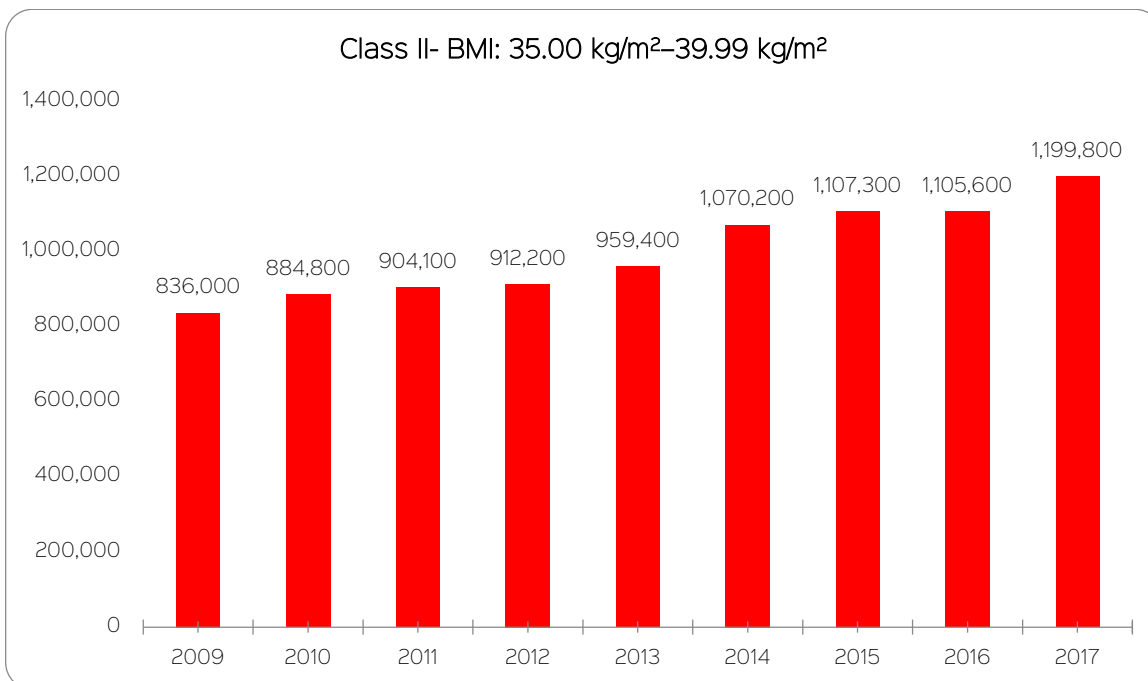
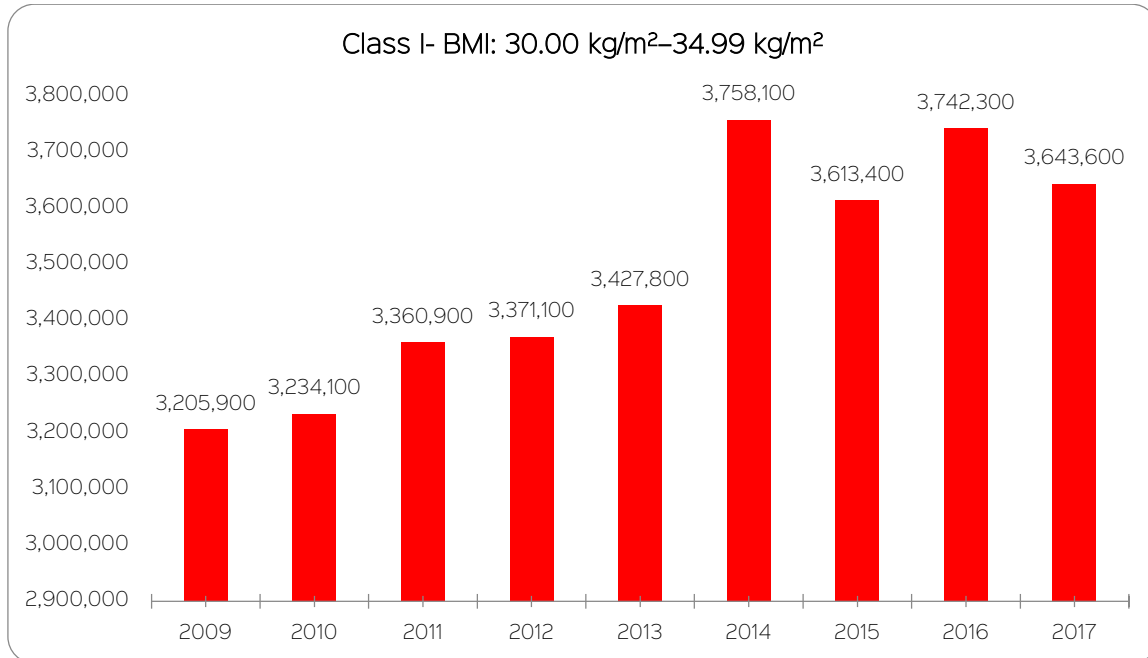
Prevalence of Obesity in Canada

Population health studies measure the prevalence of obesity using a crude measure called the Body Mass Index (BMI). Although this measure is helpful for population health surveillance, it is not a tool that can be used to clinically diagnose people with obesity. Obesity should be diagnosed by a qualified health professional using additional clinical tests and measures. Based on existing population surveillance studies, the prevalence of obesity in Canada has increased significantly over the past three decades. According to the 2017 Canadian Community Health Survey,¹ over 7.2 million adults have obesity and according to the 2017 Canadian Health Measures Survey,² 26.9%, or more than one in four adults in Canada is living with obesity and may require medical support to manage their disease.



Source: Statistics Canada, CCHS, 2017. Reproduced and distributed on an "as is" basis with the permission of Statistics Canada. Data was not available for Yukon, Northwest Territories, and Nunavut.

Number of Adults with Obesity in Canada





Source: Statistics Canada, CCHS, 2009–2017. Reproduced and distributed on an “as is” basis with the permission of Statistics Canada.

Footnotes: ^a Persons aged 18 and over excluding pregnant women

^b Data from Yukon, Northwest Territories and Nunavut are not available beyond 2014

^c As a result of the 2015 redesign, CCHS has a new collection strategy, a new sample design and has undergone major content revisions. With all these factors taken together, caution should be taken when comparing data from previous cycles to data released for the 2015 cycle onwards.

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Provincial/Territorial Profiles

The following provincial/territorial profiles were created based on phone interviews with individuals who were identified as either the policymakers or professionals responsible for the implementation of obesity management strategies in their respective province or territory.

Once a profile was drafted based on the interview, it was shared with the interviewee for their approval and to offer them an opportunity to add any relevant information in regards to obesity management for adults in their province/territory.

Every effort was made to identify an individual or group in each province/territory who were responsible for implementing obesity management policies for adults; however, in those provinces/territories where no specific individual was identified, a profile was created based on publicly-available information.

Alberta

Approved: August 21, 2018

- Obesity is not officially recognized as a chronic disease in Alberta.
- The Diabetes, Obesity, and Nutrition Strategic Clinical Network (DON SCN) is a diverse clinical and research network that leads the design, implementation and evaluation of initiatives that improve the quality and delivery of health care services in these clinical areas across Alberta.¹ Through a network of clinicians, researchers, patient advisors, policymakers and community organizations, the DON SCN works towards identifying key indicators or areas for improvement in healthcare quality and access to adequate services. The work of DON SCN is broad and they work with partners both within and outside the health care system to support individual, community and population health.
 - Strategic Clinical Networks play a key role in identifying clinical practices that are based on the best available evidence and then partnering with clinical operations to spread and scale implementation of these practices across the province.
 - Strategic Clinical Networks play a major role in facilitating the translation of research into clinical and operational practice. The DON SCN is currently translating research findings of a University of Alberta research team on bariatric care in acute care hospitals into hospital bariatric care standards for implementation.
 - The *Bariatric Friendly Hospital Initiative* is a collaboration involving DON SCN, Medicine Hat Regional Hospital, University of Alberta and Obesity Canada, to develop hospital standards that improve and standardize patient care for people living with obesity while in hospital.² The project will also help identify the processes for implementation of bariatric care standards with an aim to roll out these standards across Alberta hospitals. The DON SCN is hopeful that future research grant funding will support the development and implementation of bariatric care standards for home care and supportive living environments.
 - The DON SCN is collaborating with architects and building contractors on the design of new healthcare facilities to ensure that bariatric facility standards are recognized throughout the building process.
 - The DON SCN is coordinating on behalf of clinical subject experts relevant bariatric care information and metrics for *Connect Care*, the new provincial clinical information system.
 - The DON SCN is spreading education and promoting awareness that obesity is a chronic disease. There is no current overarching provincial strategy on obesity

treatment and management. The DON SCN hopes to coordinate the development of a provincial obesity strategy that will address children, youth and adults.

- Obesity is on people's radars; there is a greater understanding and recognition of obesity's association with other health issues. Other SCNs, such as Bone & Joint, Cardiovascular Health & Stroke and Respiratory Health, recognize the health impacts of obesity. The DON and other SCNs are collaborating to develop pathways to ensure effective patient assessment and identify better care solutions.
- The Government of Alberta's Ministry of Health has recently recognized the need to provide dedicated funding of Physician Services for obesity management as part of a multidisciplinary team.
- Alberta Health Services offers the *Alberta Healthy Living Program*, which is an integrated community-based chronic disease management program. The program provides patient education through disease-specific and general health and lifestyle topics, self-management support through *Better Choice, Better Health* workshops and supervised exercise.³
- Nutritional Counselling: Dietitians in Alberta provide evidenced-based nutritional counselling to patients with obesity. All *Adult Bariatric Specialty Clinics* provide nutritional counselling.
- Exercise Therapy: There is a supervised exercise program offered through the *Alberta Healthy Living Program*. However, these do not necessarily accommodate the physical needs of patients living with obesity. Some *Adult Bariatric Specialty Clinics* do provide exercise therapy through occupational therapists or physiotherapists.
- Psychological/Behavioural Support: There is obesity-specific psychological support offered through the *Adult Bariatric Specialty Clinics*. There has been a fair bit of training and coaching, across health disciplines, on behaviour strategies.
- Interdisciplinary Teams: There are five *Adult Bariatric Specialty Clinics* in Alberta, located in Edmonton, Calgary, Medicine Hat, Grande Prairie and Red Deer. Service providers in these clinics may include dietitians, doctors, psychologists, registered nurses, occupational therapists, physiotherapists, psychiatrists, social workers and surgeons. All clinics provide assessment services to determine specific barriers to weight management and the development of individualized care plans.⁴⁻⁸
- Meal Replacement Programs: Meal replacement program costs are not covered by the provincial health authority.

References:

- ¹ Alberta Health Services. (2018). *Diabetes, Obesity and Nutrition Strategic Clinical Network*. Retrieved from <https://www.albertahealthservices.ca/scns/page7676.aspx>
- ² Alberta Health Services. (2018). *Bariatric Friendly Hospital Initiative*. Retrieved from <https://www.albertahealthservices.ca/scns/Page13410.aspx>
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- ⁴ Alberta Health Services. (2018). *Edmonton Adult Bariatric Specialty Clinic*. Retrieved from <https://www.albertahealthservices.ca/info/service.aspx?id=1008784>
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British Columbia

Approved: July 18, 2018

- Obesity is not officially recognized as a chronic disease in British Columbia (BC), but rather a risk factor for chronic disease. It is recognized that obesity and overweight rates are increasing in BC just like the rest of Canada. The BC Centre for Disease Control is working with the Ministry of Health to address inequities (socioeconomic and geographical) as obesity rates are tied to education, income and geography.
- The focus in the Population and Public Health (PPH) Division in the BC Ministry of Health is on promoting healthy weights and preventing overweight and obesity in children and youth. The Ministry of Health is working with the Childhood Obesity Foundation and the Provincial Health Services Authority (PHSA) to implement province-wide services for families with children above a healthy weight. These include *Shapedown BC* and the *HealthLink BC Eating and Activity Program for Kids* telehealth service. In 2017, The Province provided funding to the Childhood Obesity Foundation to develop a prototype for a “made-in-BC” early intervention program that is tailored to BC families and communities. PPH also supports a number of policies, programs and initiatives that aim to create healthy food environments that make the healthy choice the easy choice and enable healthy eating by enhancing food literacy (food knowledge, attitudes and skills), thus promoting healthy weights for children, youth and adults. Examples include:
 - The *Informed Dining Program*. Since 2012, many restaurants in BC have been participating in the Informed Dining Program, a voluntary nutrition information program for restaurants developed in collaboration with Restaurants Canada, the BC Restaurant and Foodservices Association, the Heart and Stroke Foundation (BC & Yukon), chain and independent restaurant owners and public health stakeholders. Participating restaurant provide their guests with nutrition information for all standard menu items at or before the point of purchase.
 - *Carrot Rewards* is a tool that promotes healthy eating and healthy behaviours in general. It is an innovative mobile app platform designed to motivate people to make healthier choices by rewarding their actions with loyalty points from their preferred participating loyalty partner. Carrot Rewards has been available in BC since February 2016. Participants receive their choice of loyalty points for engaging in and completing health promotion activities that target common risk and protective factor associated with maintaining healthy weights and combatting chronic disease. Intervention streams include: healthy eating (focus on sugary drinks, sodium and fruits and vegetables), physical activity, positive mental health, immunization, moderation of alcohol and tobacco cessation.

- Regarding specialized treatment for children and youth, the services and care provided in BC include targeted interventions for co-morbidities that require treatment from a specialist or sub-specialist such as a geneticist, gastroenterologist, endocrinologist, or sleep specialist.
- BC has the *British Columbia's Continuum for the Prevention, Management, and Treatment of Health Issues Related to Overweight and Obesity in Children and Youth*. The continuum was developed by Child Health BC and the Childhood Obesity Foundation, in collaboration with the BC Ministry of Health. It provides a comprehensive and coordinated approach for the implementation of policies, programs and services across a continuum of care to promote healthy weights and the management of overweight and obesity related health issues for children and youth in BC. This work recognizes provincial efforts to promoting and supporting healthy weights and identifies future considerations to strengthen the current approach. There is currently no similar strategic direction for obesity treatment and management in adults.
- BC has guidelines on *Overweight and Obese Adults: Diagnosis and Management* since 2011 that provide recommendations for overweight and obesity management with the rationale for progression from Lifestyle Management to Pharmacologic Management to Surgical Intervention. It should be noted that BC is the only province or territory in Canada to have made these guidelines publicly available.
- Bariatric surgery is available to all residents in BC performed at the *Richmond Metabolic and Bariatric Surgery* in Richmond and *Island Health Bariatric Program* in Victoria.
- Nutritional Counselling: Registered dietitians are available to all residents of BC and can be accessed based on health professional referral at the primary care level. Outpatient nutrition service departments within BC health authorities offer a variety of group and individualized approaches to support patients with weight management. Dietitians specializing in obesity management work within the bariatric surgical programs and the *Medical Weight Management* program (details below). Dietitians are also available through Dietitian and Physical Activity Services at HealthLink BC. This telephone, email and web-based nutrition service supports the nutrition information, education and counselling needs of BC residents and health professionals. As noted previously, HealthLink BC's Eating and Activity Program for Kids supports children, teens and their families to reach healthy weights and improve their overall health and quality of life.
- Exercise Therapy: HealthLink BC is British Columbia's portal providing access to non-emergency health information and advice. Physical Activity Services (PAS) at HealthLink BC (formerly the Physical Activity Line) offers general physical activity information and professional guidance to B.C. residents, focused chronic disease management programs, wayfinding services, health professional support and referrals to other health care

professionals. PAS Qualified Exercise Professionals (QEP) are nationally accredited Certified Exercise Physiologists (CSEP, ACSM, HFFC) and have a minimum of a bachelor's degree in exercise science with a focus in exercise physiology and health promotion.

To support those living with obesity, PAS provides a Metabolic and Bariatric service (MetBar) for anyone living with obesity, for those who have undergone or are considering metabolic/bariatric surgeries, or for those living with complex metabolic conditions. The MetBar service model of care is delivered as a low-barrier initiative, with advice and counselling available via telephone or email. Specialists in the MetBar service have extensive training and experience in lifestyle counselling and complex-care case management. The comprehensive approach includes lifestyle counselling utilizing the 5A's framework, Motivational Interviewing and Cognitive Behavioural Therapy techniques, goal setting strategies, as well as exercise prescription for chronic disease management and functional impairments.

QEP's assist clients in developing strategies to objectively problem-solve challenges around self-care and lifestyle adherence; depending on client needs, ongoing, accessible long-term support and relapse planning is offered. Additionally, PAS have partnered with provincially funded Metabolic and Bariatric surgical programs as well as evidence-based weight management programs to provide comprehensive education, counselling and therapy for clients. For those considering Bariatric surgeries, the MetBar service is non-competitive and is established to complement surgical services, primary care and allied-health by providing pre and post-operative education, treatment, care planning and triage, using a multidisciplinary team-based approach.

- Psychological/Behavioural Support: Mental health support specifically for obesity management is provided through the bariatric surgical programs and the Medical Weight Management program (details below).
- Interdisciplinary Teams: We could not find evidence for the existence of interprofessional teams specifically focused on obesity management in primary care in any of the regional health authorities. With the introduction of Primary Care Homes focused on bringing together family practices with health authority services in a team-based approach, there will be an increased opportunity for inter-professional care moving forward. This will potentially benefit overweight and patients with obesity. There are also multidisciplinary teams focused on obesity management in BC.
 - The Medical Weight Management program led by Dr. Michael Lyon is available to patients at no cost. BC Medical Services Plan covers all required costs (medical consultations, physical exams, group medical visits and laboratory tests). The Medical Weight Management Program assesses and treats patients and has a multidisciplinary team. A physician referral to the program is required. After being

referred, patients are assessed by a board certified obesity medicine physician (Dr. Lyon) and a registered dietitian to assess their medical, nutritional and behavioural background thoroughly. The diagnostic approach adopted by this program is based upon the *5-A's of Obesity Management* as described and taught by the Canadian Obesity Network. The program begins with a one-year long intensive lifestyle modification program with the bulk in the context of group medical visits. Group medical visits are interactive; physician supervised sessions that are intended to assist patients in carrying out the significant behavioural changes required to impact obesity and its comorbid conditions successfully. There also is a registered kinesiologist who offers group exercise modules. Cognitive Behavioural Therapy is also offered in this program as an 8-week module led by Dr. Lyon. The program also assesses patients for their need and suitability for bariatric surgery and will refer patients to the Metabolic and Bariatric Surgery Centre in Richmond when deemed appropriate. They work in close collaboration with the surgical team to assist in the preparation of the surgical candidate and will continue to provide ongoing follow-up for the patient after the immediate postoperative period. The program is located at 1550 United Boulevard in Coquitlam.

- o *Richmond Metabolic and Bariatric Surgery* offers pre- and post-surgical care. This program has a multidisciplinary team comprised of two bariatric surgeons, intensive care unit specialists, internal medicine specialists, respiratory medicine specialists, anesthesiologists, dietitians, an occupational therapist and a psychiatrist. For information and consultation on physical activity, the program utilizes Dietitian and Physical Activity Services at HealthLink BC mentioned above.
- o *Island Health Bariatric Program* in Victoria offers education and assessment for patients on the bariatric surgery route. The team comprises of a medical internist with a specialty in obesity medicine, a dietitian/patient navigator and a nurse coordinator that offer pre-operative assessment and education and post-operative follow-up. For information and consultation on physical activity, the program utilizes Dietitian and Physical Activity Services at HealthLink BC mentioned above.
- Meal Replacement Programs: Meal-replacement programs that are offered to patients of the centres mentioned above do not include the cost of the product. Patients are responsible for covering the cost of the meal replacement products.

Manitoba

Draft sent: July 13, 2018

- Manitoba Health, Seniors and Active Living (MHSAL) entrusts clinical practice and delivery of health care services to the regional health authorities. The Regional Health Authorities (RHAs) have direct operating responsibilities for services provided within the regions. MHSAL entrusts Shared Health to lead the planning and coordinate the integration of patient-centered clinical and preventative health services across the provinces. Additionally, Shared Health delivers specific province-wide services, such as diagnostic imaging and laboratory services.
- RHA funding is provided in global allocations, requiring the RHAs to allocate funding to specific programs and services as they deem appropriate. The bariatric surgery program is, thus, funded through global funding. The province set a minimum expected number of services to be performed following program initiation.
- The provincial government does not recognize obesity as a chronic disease. At the regional health authority level, the Winnipeg Regional Health Authority does recognize obesity as a chronic disease.
- There is no overarching provincial framework or guidelines on obesity treatment and management; however, at a regional level, there may be guidelines on treatment and care for bariatric patients
- A bariatric surgery program is operated by the Winnipeg Regional Health Authority (WRHA). This is the only bariatric surgery program within the province and receives referrals from physicians for patients throughout Manitoba. The waitlist for the program is long.
- Within the WRHA, the WRHA Bariatric Care Committee (Committee) has been in place for approximately 10 years. The Committee is an inter-professional, inter-sectorial committee that examines various aspects of the care and treatment of individuals with obesity along the continuum of care. The Committee has examined and developed clinical guidelines on how to provide safe care for individuals with obesity while they are in the healthcare system.
- Bariatric surgeries such as the sleeve gastrectomy and gastric bypass are insured services within Manitoba. Gastric banding and minimally invasive surgical procedures, such as that associated with the gastric balloon, are deemed uninsured services within the province; thus, the pursuit of them would be at the patient's own expense. Notably, gastric banding can be accessed at one of the two private surgical centres in Manitoba – Maples Surgical Centre and Western Surgery Centre. Patients who are referred to the

bariatric surgery program have access to dietary counselling and psychological support as part of the pre-operative assessments and post-operative follow-ups.

- There also are healthy living initiatives within RHAs. Obesity prevention, health promotion type activities vary between regions in design and delivery. By demonstration, the Prairie Mountain Health (PMH), Interlake-Eastern Regional Health Authority (IERHA), Northern Regional Health Authority (NRHA) and Southern Health-Santé Sud (SHSS) regions offer a *Craving Change* program. As well, the Better Choices, Better Health Program is offered within the province, which is a peer-led online and in-person self-management program designed to help Manitobans with ongoing health conditions.
- Nutritional Counselling: Patients can be referred to outpatient dieticians by their family physicians; however, services outside of Winnipeg are limited. Through Primary Care Services, there are a series of community care ACCESS Centres that offer health and social services that vary from community to community, some of these centres offer clinical nutrition services. Within the bariatric surgery route, patients do have access to a dietician for their pre-operative assessment. As well, Manitobans may call Dial a Dietitian, which is a provincial service that provides nutrition information and respond to questions about food and nutrition, as opposed to nutritional counselling services.
- Exercise Therapy: There are limited services for exercise therapy for both the general public and individuals with obesity.
- Psychological/Behavioural Support: There are referral pathways for psychological/behavioural support but not linked specifically to obesity management. Having overweight or obesity does not, however, limit access to these supports. Psychological services are provided through some community care ACCESS Centres. Psychological/behavioural support is available to patients as part of the pre-surgical assessment for bariatric surgery.
- Interdisciplinary Teams: An interdisciplinary team provides the pre-surgical assessment and support to those patients that are referred for bariatric surgery. The interdisciplinary team is composed of surgeons, a registered nurse, a dietician/nutritionist, psychologist and kinesiologist/physiotherapist. Other than this, there is no evidence for formal programs or interdisciplinary teams dedicated to obesity treatment and management at the primary care level.
- Meal Replacement Programs: There is no evidence for the availability of meal replacement programs in Manitoba or any of the regional health authorities. If they do exist, it is likely that patients cover the cost of the products themselves.

New Brunswick

Approved: August 7, 2018

- New Brunswick has a comprehensive Wellness Strategy. This multi-year (2014–2021) strategy builds on the previous wellness strategy, taking into account evaluation findings and recommendations from previous efforts (2006–2012). The Strategy is designed as a road map to guide New Brunswick citizens, organizations and government departments to take action on creating wellness-supporting environments.
- Under the Wellness Strategy, the Wellness Branch of the Department of Social Development has a mandate to focus on creating environments that support greater healthy eating and physical activity (as well as greater food security, tobacco-free living, mental fitness and healthy aging).
- Obesity is recognized as a health issue in the province, as people who have overweight and obesity are at risk for a number of chronic diseases and roughly one-third of New Brunswick adults (18 years and over) have obesity.
- At the regional health authority (RHA) level, the RHA's recognize obesity as a chronic disease. The New Brunswick government has not formally recognized obesity as a chronic disease, but they do recognize obesity as a significant health issue.
- In 2010, the province adopted Wagner's Expanded Chronic Care Model as an approach to the systemic prevention and management of chronic diseases.
- The Chronic Disease Prevention and Management unit is working to move away from disease-specific approaches to care and toward finding innovative ways of building "systems of care" that can better address the care needs of the increasing number of New Brunswickers who are living with multiple and complex chronic conditions.
- In 2012, a new health coaching model *Live Well! Bien Vivre!* was piloted in an effort to better support citizens in reaching their personal health and wellness goals (this was launched as part of a provincial diabetes strategy). Based on successful evaluation results, the program became a core service in 2017.
- The *Live Well! Bien Vivre!* Program is delivered by Diabetes Canada through its regional program in NB with funding from the Government of New Brunswick. The program takes a community-based approach to support individuals' wellness goals and improve the prevention and management of chronic diseases. It helps citizens to identify their health goals while supporting behaviour change and self-management practices. The coaches help clients identify barriers to healthy living and assist them to create an action plan that incorporates changes into the context of peoples' daily lives. The coaches also help clients navigate systems and find credible resources in their

communities. This health coaching program is available at no cost to any adult 19 years old and over living in New Brunswick. Since the previous *Report Card* the number of health coaches has increased from 6 to 9

- Since the previous *Report Card*, the Vitalité regional health authority is in the process of expanding the *MotivAction Youth Clinic* program beyond the Moncton area to include the entire Vitalité health region. The *MotivAction* program provides a referral pathway for primary health care providers and aims to address the complexity that comes with the management of childhood obesity. The program is run by a multidisciplinary team that works in the community setting with the child, family and other partners as identified, to construct patient/family-centered care plans.
- The province of New Brunswick also has an active medical community that advocates for action around obesity. <https://www.cbc.ca/news/canada/new-brunswick/nb-obesity-problem-1.3759819>
- Recently, the New Brunswick government banned the sale of chocolate milk and juices in schools in an effort to create a healthier food environment for students. <https://www.cbc.ca/news/canada/new-brunswick/milk-chocolate-juice-new-brunswick-schools-1.4704011>
- For patients meeting the required criteria, Medicare covers surgical treatment of obesity by several techniques such as gastric partitioning, gastric banding, gastric sleeve and bilio-pancreatic diversion.
- Nutritional Counselling: There are referral pathways for nutritional counselling in Primary Health Care. Nurse Practitioners or Family Physicians can refer patients to a dietitian in the publicly funded health services systems (Public Health, Home Care and ambulatory clinics). This service is available to all residents.
- Exercise Therapy: There is no formal funding for programs like gyms or gym memberships. However, residents can access health coaches and/or rehabilitation professionals within the healthcare system.
- Psychological/Behavioural Support: There are referral pathways for psychological support however this support is broad-based and not linked specifically to the treatment and management of obesity.
- Interdisciplinary Teams: There are multiple interdisciplinary teams working in community health centres, health service centres, diabetes education centres and a province-wide homecare program called the *New Brunswick Extramural Program* (a service that is available to every New Brunswicker at no cost). The *New Brunswick Extramural Program* interdisciplinary team provides home health care services that range from disease self-management education to management and support of more

complex medical needs (both acute and chronic) such as post-surgery, stroke recovery, medication management, Rehabilitation and Reablement (R&R) and end of life care.

- Aside from some of the pediatric programs, there is no evidence for the existence of interdisciplinary teams that have been specifically deployed to address adult obesity treatment or management in New Brunswick.
- Meal Replacement Programs: The Department of Social Development does not cover any products on obesity management.

Newfoundland and Labrador

Approved: August 13, 2018

- Obesity is recognized as an important risk factor for chronic disease in Newfoundland and Labrador. It is the province's approach to target factors that lead to chronic disease, including obesity. The province recognizes obesity as a concern and is actively working with communities, stakeholders and residents to foster healthy lifestyles, including eating and exercise habits.
- Bariatric surgery is available in Newfoundland and Labrador. Individuals are referred to the clinic by their primary provider. Once referred, individuals undergo an assessment to determine their suitability for bariatric surgery. If, after the assessment, it is felt the client requires management of a comorbid chronic condition and/or changes to current lifestyle, the client will be advised to pursue these before being admitted to the surgical program. The Bariatric Surgical Centre may refer clients who are deemed inappropriate for surgery (high BMI) to other health care providers who will work with the client to reduce his/her BMI. Also, there are self-management working groups. Since the previous Report Card, bariatric surgical numbers have increased from 3 surgeries per week to 4, which equates to approximately 160 surgeries annually. At this time, there are 84 patients on the surgical wait list. Residents who are covered under the provincial Medical Care Plan (MCP) and need to travel to access bariatric services may apply for financial assistance through the Medical Travel Assistance Program (MTAP). MTAP is the payer of last resort and residents are required to have their medical travel expenses assessed by their private insurance provider before submitting an MTAP application. Any monies paid by private insurance must be disclosed in the MTAP application.
- Since the 2016 Report Card, the province continues to offer the Stanford Chronic Disease Self-Management Program called 'Improving Health: My Way', this is a provincially sponsored, free program designed to help people positively manage the daily challenges of living with a chronic condition. Workshops consist of six sessions that are offered for 2.5 hours once a week, over a six week period. A support person (friend or family) of patient's choice may accompany the individual to the training sessions. Workshops are offered throughout the province, in each of the four regional health authorities. In the program brochure, 'obesity' is explicitly mentioned as one of the conditions for which people can self-refer. Workshops are co-led by trained leaders whom themselves have a chronic condition or have cared for someone living with a chronic condition.
- The Way Forward: Chronic Disease Action Plan is a provincial framework designed to address the increasing burden of chronic disease in Newfoundland and Labrador

through implementing effective prevention, early intervention and chronic disease management. As outlined in the framework, individuals with chronic disease (or at risk for chronic disease because of comorbid obesity) may access comprehensive services. The Foot Care program is an example. This program is available to individuals, 65 years and older, who are diabetic, have home supports and are on the provincial health care program. Individuals using this program may have weight issues that could potentially be addressed through the Foot Care program.

- In April 2018, the 811 Health Line launched the Dial-a-Dietician service, where residents from across the province can dial 811 and speak to a dietitian. This service enables residents across the province to access a dietitian who can answer food and nutrition questions and provide information on how to make healthier food choices. To support the uptake of the service, promotional tools are being developed to increase awareness of the program among health professionals and by the general public.
- The BETTER Program (Building on Existing Tools to Improve Chronic Disease Prevention and Screening) is being implemented in primary health care sites across Newfoundland and Labrador. BETTER focuses on prevention and screening of cancer, diabetes, cardiovascular disease and their associated lifestyle factors (diet/nutrition, physical activity, smoking, alcohol), using practice facilitation techniques carried out by a Prevention Practitioner.
- The Newfoundland and Labrador government published *Thinking about your weight? What about your health?* this document is a healthy eating, active living and positive body image resource for adults. The resource addresses diet myths, promotes healthy lifestyles factors and provides tips and external resources for adults to lead a healthier life.
- Nutritional Counselling: Residents of the province can access nutritional counselling through the Dial-a-Dietician service, free of charge, or they can be referred to a Dietician by their primary provider. Also, there is an 'eating healthier' component in the *Improving Health: My Way* program. Residents with a chronic disease may have additional access to nutritional counselling through other chronic disease programs. Patients who are accepted into the Bariatric Surgery Program are required to meet with a dietitian.
- Exercise Therapy: There is a 'Become more active and/or maintain an exercise program' component in the *Improving Health: My Way* program. The province does not offer personal tax breaks for those enrolled in fitness programs.
- Psychological/Behavioural Support: Patients in the Bariatric Surgery Program have to be psychologically fit to be accepted into the program. There are referral pathways for psychological/behavioural support, but these are not linked specifically to obesity management

- Interdisciplinary Teams: The Bariatric Surgery Program is comprised of an interdisciplinary team; the team is composed of nurse practitioners, surgeons, dieticians and other health professionals.
- Meal Replacement Programs: There is no evidence for the availability of meal replacement programs through the Department of Health & Wellness or in any of the regional health authorities.

References:

¹ <http://www.health.gov.nl.ca/health/mcp/travelassistance.html#resort>

Northwest Territories

Approved: July 23, 2018

- There is no publicly-available evidence that obesity is recognized as a chronic disease in the Northwest Territories (NWT); however, it is recognized as an issue at the population level.
- NWT government recognizes that there are many residents who have overweight or obesity, but they are also aware of insufficient capacity at the primary care level.
- At this time, there are no formal obesity prevention and management programs in the NWT. However, residents may access services through three health and social services authorities for all health concerns including obesity. The health and social services authorities are the Northwest Territories Health and Social Services Authority, Tlicho Community Services Agency and Hay River Health and Social Services Authority.
- The Office of the Chief Public Health Officer, Department of Health and Social Services currently oversees areas of health promotion and community-wellness promotion.
- Patients requiring obesity treatment and management can be referred by family practice physicians or specialists, nurse practitioners, allied health professionals or self-referred for registered dietitian services. Many communities do not have a full complement of experts for a team. In larger communities like Yellowknife, there is a registered dietitian who works with a nurse or a nurse practitioner and a psychologist. Services offered here include individual counselling and education, self-management classes and the *Craving Change* program.
- Although there are many educational resources available, the issues with capacity extend to available time and human resources as well. At the primary care level, there is a lack of guidelines around obesity scanning, i.e., collecting weight, height, BMI and waist circumference. This potentially affects the diagnosis and management of obesity. There also are insufficient numbers of professionals providing team-based obesity management services.
- There are private practitioners in NWT who offer obesity management services such as personal trainers, holistic nutritionists and naturopathic doctors. NWT residents may access programs such as Weight Watchers for a fee.
- We were unable to find any evidence of strategic vision/policy/guidelines on obesity management and treatment for adults in NWT.
- Nutritional Counselling: Nutrition counselling is available at no charge to all residents through registered dietitians who work with NWT health authorities. Most registered dietitians are Certified Diabetes Educators who have a strong background in chronic disease management in diabetes and other obesity-related diseases. Many registered

dietitians in NWT have been through the leadership program conducted by Dr. Arya Sharma through Dietitians of Canada and use the 5As approach. Dietitians are not available in every community, so people in those communities that are interested in losing or managing their weight go to the nurses in their community who may have access to a dietitian on-site or via Telehealth. Lastly, dietitians have long waiting lists. Wait times can vary from 2-4 months. A long waiting time between referral to a dietitian and the first appointment can have an adverse impact on the patient's motivation to manage their obesity.

- **Exercise Therapy:** The Government of NWT provides communities with funding to promote physical activity in the communities, but it is up to the communities to plan and implement those efforts. This includes the education system (schools), where physical exercise is encouraged and included. There may be services available to support individuals who want to become more active through publically funded services. Residents can also use private gyms, which are not covered through public funding.
- **Psychological/Behavioural Support:** Psychological/behavioural support is not available specifically for obesity management. However, if patients come forward with mental health concerns like 'food addiction,' they can be referred to as psychological counselling. One centre also offers access to psychological counselling; however, sites in remote communities do not have this service. Many employers provide employees with an employee assistance program through which residents can access psychological services.
- **Interdisciplinary Teams:** Health professionals choose to work in teams in larger centres (like Yellowknife) on a case-by-case basis. Other than this, we were unable to find evidence for formal programs or multidisciplinary teams dedicated to obesity treatment and management at the primary care level. If a patient requires any other health professional for obesity management, they can be referred to a specialist.
- **Meal Replacement Programs:** The Government of the NWT provides extended health benefit coverage for residents with chronic conditions. Coverage for meal replacements for chronic conditions is assessed on a case-by-case basis. We were unable to find evidence for the existence of any meal-replacement program for obesity management in NWT. If it does exist, it is likely that patients cover the cost of the products themselves. Patients who are prescribed meal replacements such as OPTIFAST® 900 may be eligible for coverage under their own health insurance.

Nova Scotia

Draft sent: August 14, 2018:

- The provincial health authority does recognize obesity as a chronic disease.
- There is a growing interest in obesity in the province with the province working towards establishing more of an obesity program. Members of the Halifax Obesity Network and representatives from the Nova Scotia Health Authority (NSHA) are meeting with the Government of Nova Scotia to address the need for and to discuss strategies moving forward related to obesity treatment and management.
- The NSHA recognizes the need to increase physician understanding of weight management and the implications for surgical outcomes and is trying to integrate obesity management with their perioperative portfolio
- We were unable to find any evidence of strategic vision/policy/guidelines on obesity management and treatment for adults in Nova Scotia.
- The Halifax Obesity Network is the only interdisciplinary surgical weight management program in the province. The team is composed of a nurse practitioner, registered dietitian, registered psychologist, endocrinologist and bariatric surgeon. The program provides pre-surgery disease management, behaviour change education and post-surgical support and education.
- The Partners for Healthier Weight clinic, which was the only medically-supervised weight management clinic in Nova Scotia, was closed in 2017.
- The NSHA offers a variety of programming, through their Primary Health Care services, to residents who want to improve their health.
 - The *Healthy Lifestyle Group* is a program for adults referred to the out-patient dietitian and has pre-diabetes, lipid abnormalities, hypertension, overweight/obese and/or a need for lifestyle education. The program consists of monthly group sessions that are designed to help participants manage various health conditions, support them with a plan to improve their health and build their confidence to carry out this plan.¹
 - *Health Connections* is a two-tiered program. Tier 1 is designed for people who are at higher risk or recently diagnosed with a chronic disease. Four 1-hour sessions focus on healthy eating, active living, coping with life's challenges and finding motivation. Tier 2 programming is designed for people with established chronic disease and sessions are more disease specific.²
 - *Community Health Teams* offer free wellness programs and wellness navigation services in communities across the province. Free programming can include managing risk factors; food, nutrition and weight management; physical activity;

emotional wellness; and parenting. Wellness navigation helps residents to prioritize health goals and connects them to resources.³

- The *Hants Health and Wellness Team* is an interdisciplinary healthcare team that promotes emotional and physical wellness and self-management of chronic conditions,⁴ including weight management.⁵ The team is composed of a Chronic Disease Management Dietician and Nurse, Nurse Practitioner, Internist, Emotional Wellness Counsellor/Navigator and Physiotherapist. The core services provided include health and wellness programs; wellness navigation; emotional wellness counselling; chronic disease management; nutrition education; and complex care.⁴ The weight management program consists of 4 group sessions; if a participant of the weight management program would like additional support through one-on-one sessions, they may be provided.⁵
- The *Your Way to Wellness* is a free chronic disease self-management program that helps people and their caregivers, with chronic conditions, overcome daily challenges, take action and live a healthy life. The program consists of two and a half hour weekly group meetings for six weeks. Trained volunteers, most of whom have a chronic condition, lead the sessions. Participants learn how to: set goals and problems solve; improve communication with health care providers, family and friends; eat healthier and become more active; manage symptoms; make daily tasks easier; improve self-confidence; and manage fear, anger and frustration.⁶
- Nutritional Counselling: Community health program can refer residents to a dietitian. Group nutrition education and counselling may be offered in specific locations for weight management if BMI > 27 with accompanying medical condition that can be improved with weight loss.⁷
- Exercise Therapy: In some cases, the NSHA may cover the cost of exercise therapy for obesity management.
- Psychological/Behavioural Support: In some cases, the NSHA may cover the cost of the psychological support for obesity management.
- Interdisciplinary Teams: The *Halifax Obesity Network* is the only interdisciplinary clinical obesity treatment and management program in the province. The *Hants Health and Wellness Team* does provide group weight management program than can be supplemented with one-on-one sessions if needed.⁵

References:

1. Healthy Lifestyle Group. (2017). Nova Scotia Health Authority. Retrieved from: <http://www.nshealth.ca/service-details/Health%20Lifestyle%20Group>

2. Healthy Connections. (2017). Nova Scotia Health Authority. Retrieved from:
<http://www.nshealth.ca/service-details/Health%20Connections>
3. Community Health Team. (2017). Nova Scotia Health Authority. Retrieved from:
<http://www.nshealth.ca/service-details/Community%20Health%20Teams>
4. Hants Health and Wellness Team. (2017). Nova Scotia Health Authority. Retrieved from
<http://www.nshealth.ca/service-details/Hants%20Health%20and%20Wellness%20Team>
5. Personal communication. (23 August 2018). Hants Health and Wellness Team.
6. Your Way to Wellness. (2017). Nova Scotia Health Authority. Retrieved from:
<http://www.nshealth.ca/service-details/Your%20Way%20To%20Wellness>
7. Nutrition Education and Counselling (Dietitians). (2017). Nova Scotia Health Authority. Retrieved from:
[http://www.nshealth.ca/service-details/Nutrition%20Education%20and%20Counselling%20\(Dietitians\)](http://www.nshealth.ca/service-details/Nutrition%20Education%20and%20Counselling%20(Dietitians))

Nunavut

Based on publicly available information. As of August 15, 2018:

- There is no publicly-available evidence that obesity is recognized as a chronic disease in the Nunavut.
- There is no publicly-available evidence of strategic vision/policy/guidelines on obesity management and treatment for adults in Nunavut.
- As of July 9, 2018, there are no defined programs in Nunavut for the treatment and management of obesity in adults
- An internet search did not locate any private alternative practitioners in Nunavut, such as Weight Watchers®.
- Nunavut is a large territory, approximately 1/5 of Canada's land mass, that is home to less than 1% of Canada population. There are 25 communities dispersed over the large territory. Each community is unique and differs by geographic locations, population, language, colonial history, access to healthcare and economic opportunity.¹ These communities are only accessible by air, which requires innovative approaches to the delivery of healthcare in the territory.
- The Department of Health is responsible for delivering healthcare services and developing policy/legislation that governs the healthcare system. This is the only territory in Canada in which the Department of Health is also responsible for healthcare delivery.²
- In 2017, the Department of Health had only ~50% of their over 1,100 positions filled with permanent staff. Difficulties retaining qualified staff are related to high costs of living, expensive travel, limited job opportunities for spouses and isolated communities.²
- Nunavut's 25 communities receive health services through 22 community health centres, two regional health centres located in Rankin Inlet and Cambridge Bay and the Qikiqtani General Hospital is located in Iqaluit. Community health centres are staffed by specially trained nurses with expanded scopes of practice.²
- The territory of Nunavut has many social and health issues that present serious concern to the government:³
 - Poverty is a serious concern and is related to the high costs of living in the territory. The number of residents who receive social assistance in the territory has remained relatively constant, ranging from 38–49%. Unfortunately, the income assistance provided by the government has not kept pace with Nunavut's increase in living costs. The average cost of food in the territory is approximately two times that of the national average, but that cost of food is a function of the remoteness of the community, with the price of food increasing

in relation to the remoteness of the community. Due to increased costs of living and an insufficient amount of financial assistance, food security is a concern for a significant proportion of the population.

- Nunavut has a high rate of tuberculosis comparative to the rest of Canada; it is approximately 62 times that of the rest of Canada.
- The majority of residents (62%) over the age of 12 smoke. Due to the high rates of smoking and exposure to second-hand smoke, the territory has high rates of death due to lung and colorectal cancer.
- Nutritional Counselling: There is no evidence to indicate the presence of government-funded nutritional counselling for obesity.
- Exercise Therapy: There is evidence to indicate that resident can access rehabilitation services, free of charge, in Iqaluit, Rankin Inlet and Kitikmeot regions. Community therapy assistants provide specific rehabilitation in Cape Dorset, Igloodik, Pangnirtung and Rankin Inlet. These services do not appear to disease/injury specific and it appears residents can self-refer.⁴
- Psychological/Behavioural Support: There is no publicly-available evidence for psychological services related to obesity.
- Interdisciplinary Teams: There is no evidence to indicate the presence of interdisciplinary teams related to the treatment and management of obesity in the territory.
- Meal Replacement Programs: There is no evidence to indicate that the cost of meal replacement programs for obesity is covered by the territorial government.

References:

1. Department of Health – Government of Nunavut. (2016). Health Profile Nunavut: Information to 2014. Retrieved from: https://www.gov.nu.ca/sites/default/files/files/health_profile_nunavut.pdf
2. 2017 March Report of the Auditor General of Canada: Health Care Services-Nunavut. (2017). Retrieved from http://www.oag-bvg.gc.ca/internet/English/nun_201703_e_41998.html
3. Nunavut Courts. (2016). A Primer on Nunavut 5th Edition. Retrieved from: <https://www.nunavutcourts.ca/phocadownload/EN/Primer/PrimerNunavut2015-2016.pdf>
4. Department of Health. (n.d.). Rehabilitation. Retrieved from: <https://www.gov.nu.ca/health/information/rehabilitation>

Ontario

Based on publicly available information. As of August 21, 2018:

- There is no evidence that obesity is recognized as a chronic disease in Ontario. According to publicly available documents, obesity appears to be recognized as a risk factor for chronic disease.^{1,2}
- The Ministry of Health and Long-Term Care (MOHLTC) developed a Bariatric Service Strategy (date unknown) to address the increasing rates of obesity and obesity-related illness.³ The Bariatric Service Strategy does not appear to be a publicly available document.
- The MOHLTC identified childhood obesity reduction as an important area of action for health in 2012.^{1,4}
- The MOHLTC funds surgical and medical bariatric programs for residents of Ontario through the Ontario Bariatric Network (OBN).⁶
- The OBN mission is to provide comprehensive medical and bariatric services for individuals who have obesity and obesity-related disease and to advance patient care in Ontario through education and research.⁵ The network is comprised of 7 Bariatric Centre of Excellence (BCoE), 3 Regional Assessment Treatment Centres (RATC) and 3 Surgical Only Sites.⁸ The BCoEs provide comprehensive pre-, peri- and post-operative bariatric services.⁸ The RATCs provide comprehensive pre- and post-operative care for patients, but bariatric surgery is not performed at these locations.⁸ They partner with BCoEs and Surgical Only Site to provide surgery.⁸ Both BCoE and RATC provides medical and surgical bariatric services. The Surgical Only Sites only provide peri-operative bariatric services.⁸
- Medical care is provided through an interdisciplinary team. The team composition may vary between clinics and programs; teams may be composed of a registered dietician, social worker, registered nurse and/or nurse practitioner, medical internist and other specialists, such as psychologists.⁶
- *OBN Surgical Program*
 - Through an interdisciplinary team, the Surgical Program provides comprehensive pre-operative, peri-operative and post-operative surgical care.⁷
 - Bariatric surgery is offered at 10 sites throughout the province, three of these sites are surgical sites only.⁸ The MOHLTC funds Roux-en-Y Gastric Bypass, Vertical Sleeve Gastrectomy and Duodenal Switch bariatric surgeries.⁷
 - Eligible patients will be contacted directly by their assigned bariatric centre to attend an orientation session, followed by comprehensive screening and assessment by the interdisciplinary bariatric team to assess their

appropriateness for surgery. Intensive education and nutritional counselling are provided prior to surgery. Following bariatric surgery, patients are monitored closely within the first year and then scheduled for routine follow up annually for a period of up to 5 years.⁷

- *OBN Medical Program*

- Through an interdisciplinary team, the Medical Program provides non-surgical treatment for obesity and obesity-related health conditions, safe weight management and healthy lifestyle change.⁹
 - The Medical Program is offered at 8 sites throughout the province. It is a two-year program; patients are enrolled for 6 months of active treatment, followed by 6 months of maintenance and 12 months of monitoring.⁹
 - Eligible patients will be contacted directly by their assigned bariatric centre to attend an orientation session, followed by comprehensive screening and assessment by the interdisciplinary bariatric team to assess their appropriateness for a treatment plan. Intensive education and nutritional counselling is provided.⁹
 - Treatment plans vary from person to person and can include the following: behaviour modification/education classes; low-calorie meal replacement; and one-on-one interventions.⁹
- Nutritional Counselling: Nutritional counselling is provided through the medical and surgical programs offered by the OBN. Ontarians can speak with a dietitian, free of charge, through Telehealth Ontario.¹⁰
 - Exercise Therapy: There is evidence to indicate that exercise therapy is being provided through the medical program.
 - Psychological/Behavioural Support: There is evidence to indicate that psychological support is provided by the medical and surgical programs.
 - Interdisciplinary Teams: The services provided by surgical and medical programs offered through the OBN appeared to be the only publicly funded programs in the province.
 - Meal Replacement Programs: The surgical and medical pathways offered through the OBN have an Optifast component. There is no evidence to suggest that cost meal replacements are funded by MOHLTC. According to the OBN website, patients pay \$253/case.¹¹

References:

- ¹. Public Health Ontario. (2013). *Addressing obesity in children and youth: Evidence to guide action for Ontario*. Retrieved from https://www.publichealthontario.ca/en/eRepository/Addressing_Obesity_Children_Youth_Sept2013.pdf
- ². Public Health Ontario. (2017). *Neighborhood walkability and body mass in urban areas*. Retrieved from https://www.publichealthontario.ca/en/eRepository/EB_neighbourhood_walkability_and_body_mass.pdf
- ³. Ontario Bariatric Network. (2015). Bariatric Registry. Retrieved from: <http://www.ontariobariatricnetwork.ca/our-centres/bariatric-registry>
- ⁴. Ontario Public Health Association. (2012). *Strategic actions to address childhood obesity developed by the collaborative chronic disease prevention work group*. Retrieved from <http://www.opha.on.ca/getmedia/33369c55-fc93-4887-895f-63a61d492b2d/cpdwg-report-obesity-FINAL2-29-10-12.pdf.aspx?ext=.pdf>
- ⁵. Ontario Bariatric Network. (2015). Mission. Retrieved from: <http://www.ontariobariatricnetwork.ca/about-US>
- ⁶. Ontario Bariatric Network. (2015). Ontario Bariatric Programs. Retrieved from: <https://www.gov.nu.ca/health/information/rehabilitation>
- ⁷. Ontario Bariatric Network. (2015). Surgical Program. Retrieved from: <http://www.ontariobariatricnetwork.ca/our-programs/surgical-program>
- ⁸. Ontario Bariatric Network. (2015). Our Bariatric Centres. Retrieved from: <http://www.ontariobariatricnetwork.ca/our-centres>
- ⁹. Ontario Bariatric Network. (2015). Medical Program. Retrieved from: <http://www.ontariobariatricnetwork.ca/our-programs/medical-program>
- ¹⁰. Dieticians of Canada. (2 April 2018). Speak with a dietitian. Retrieved from: <https://www.dietitians.ca/Your-Health/Find-A-Dietitian/Search-for-a-Dietitian.aspx>
- ¹¹. Ontario Bariatric Network. (2015). Optifast Pricing. Retrieved from: <http://www.ontariobariatricnetwork.ca/obn-members/obn-directives-protocols/optifast-pricing>

Prince Edward Island

Approved: July 18, 2018

- Obesity is recognized as a chronic condition, however not as a chronic disease in Prince Edward Island (PEI) but has been identified as an important risk factor for chronic disease.
- The Department of Health & Wellness takes care of planning and policy and upstream interventions whereas Health PEI (HPEI) undertakes health service delivery. HPEI develops a business plan each year that is approved by the department.
- There are a number of different activities to address obesity in the province:
 - The Craving Change program (offered in specific sites).
 - Community Dietitians can provide one-on-one services to PEI residents, through primary care services and tends to focus on weight management. Residents can self-refer and do not require a physician or nurse practitioner referral.
 - Dietitians in Ambulatory Care at the Queen Elizabeth and Prince County Hospitals offer post-bariatric surgery management to individuals who have undergone bariatric surgery. A physician or nurse practitioner referral is required to access these services.
 - The Living a Healthy Life program, a 6-week program for chronic disease self-management, is offered in some communities periodically.
 - NutriSTEP (Nutrition Screening Tool for Every Preschooler) and Toddler NutriStep is used to identify nutrition risk at Public Health Nursing offices across PEI. The Toddler NutriSTEP (ages 18-35 months) and NutriSTEP (ages 3-5 years) were incorporated into standard screening practice of 18 month and 4-year Child Health Clinics in 2015. The completed screens are reviewed and help to identify families in need of additional nutrition information or referral to a dietitian and other health practitioners as required.
 - Triple P (Positive Parenting Program) is in year 5 of implementation. Recently 10 practitioners across PEI (internal and external to the government) were trained in Lifestyle Triple P which is designed to work with parents of overweight children aged 5-10 years.
- There are various private organizations that offer weight management services including a fee for service physician.
- The province has done some work to develop evidence-based programming related to obesity. There was pilot program addressing pre-diabetes; it was a community-based program that focused on lifestyle factors. The program went beyond providing

education and included experiential components designed to improve the skills and confidence level of participants.

- The province supports the go!PEI initiative, which focuses on promoting healthy lifestyle choices, primarily physical activity, which has been successful. The province has noted that the program can recruit participants who are well but needs support to develop a strategy to target individuals who are less well or inactive. The province has recently submitted a grant to gain funding to address this issue.
- There is no evidence of strategic vision/policy/guidelines on obesity management and treatment for adults. Obesity is recognized as a health concern by the government and there is pressure to address obesity.
- The provincial Wellness Strategy is broad and it addresses obesity prevention indirectly. There are sections in the Wellness Strategy on increasing physical activity levels and healthy eating. The Wellness Strategy is designed to address the increasing rate of chronic diseases by creating a plan to mobilize all Islanders, communities, organizations and government departments to do their part in creating a province that supports and celebrates healthy living.
- The 2016 Chief Public Health Officer's Report identified that obesity (measured by BMI) is linked to an extensive number of co-morbidities including heart disease, diabetes and several cancers. It noted that self-reported obesity rates in PEI were higher than the Canadian average at 24.4% and those aged 50–64 years are more likely to have obesity compared to the overall Island population.
- The PEI Children's Report 2017 concluded that obesity rates among children are rising and that children with the most deprivation and low family affluence were significantly more likely to have obesity, while children with the most privilege and high family affluence were significantly less likely to have obesity.
- All bariatric surgery occurs either in Moncton, New Brunswick or Halifax, Nova Scotia. The off-Island surgeons do their own assessment and prep for bariatric surgery.
- Nutritional Counselling: Community Dietician services are offered through primary care and tend to focus on weight management. Dietitians working in ambulatory care are more focused on patients who have undergone bariatric surgery.
- Exercise Therapy: There is no evidence for the availability of publicly-funded exercise therapy programs for obesity management. One of the pillars of the Wellness Strategy is to increase the physical activity levels and to reduce the sedentary time of Islanders.
- Psychological/Behavioural Support: There does not appear to be anything publicly funded specific to obesity management, although there is some for trauma-related issues which for some may be an underlining issue.

- Interdisciplinary Teams: There are no formal programs or interdisciplinary teams dedicated to obesity treatment and management at the primary care level that are publicly funded.
- Meal Replacement Programs: There is no evidence for the availability of meal replacement programs through Health PEI.

References:

- 1 <https://www.princeedwardisland.ca/en/information/health-pei/living-healthy-life-self-management-program>

Quebec

Approved: March 21, 2019:

- Obesity is not officially recognized as a chronic disease in Quebec. There is no evidence of a policy or guidelines document that confirms the provincial government's recognition of obesity as a chronic disease. A group of experts (internal to the government) formulated this recommendation, but there has been no position or further discussion on the topic.
- There is some evidence of strategic vision/policy/guidelines on obesity management and treatment for adults.
 - «Plan d'action en chirurgie bariatrique» (2009) is the plan for bariatric surgery in the province.
 - Some mentions of weight management in «Politique gouvernementale de prévention en santé» (2018)
- Nutritional Counselling: When referred by a physician, it is possible for an individual to see a dietitian who is paid by the province. As this is managed locally, there is no information about waiting time between referral to and consultation with a dietitian.
- Exercise Therapy: There is no evidence of a publicly funded exercise therapy program that is available to Quebec residents.
- Psychological/Behavioural Support: Behavioural counselling/psychological support is available to patients on the bariatric surgery route.
- Interdisciplinary teams: The *Weight-Loss Support Clinic* at the Université de Sherbrooke led by Dre. Marie-France Langlois has a multidisciplinary team which includes a physician, dietitians, a psychologist, a kinesiologist and a nurse.
- Meal replacement programs: Ministère de la Santé et des Services sociaux does not cover the cost of meal replacement programs (like OPTIFAST® 900). Patients cover the cost of the product.

Saskatchewan

Approved: August 1, 2018

- Obesity is not officially recognized as a chronic disease by the provincial government in Saskatchewan; however, the Saskatchewan Medical Association recognized obesity as a chronic disease in 2015.
- There is no publicly-available evidence of strategic vision/policy/guidelines on obesity management and treatment for adults in Saskatchewan.
- Across Saskatchewan, multi-disciplinary primary health care teams are providing care and management to persons living with chronic conditions. The province is working to ensure that chronic diseases are addressed through a coordinated approach.
- The Saskatchewan Health Authority offers a Bariatric Surgery Program in Regina. Individuals are referred to the program by their primary care provider and work with an interdisciplinary team including nursing, surgeon, dietitian, psychology and exercise therapist. There is an online element of the program to help support the individual with lifestyle and behavioural changes and to increase knowledge regarding bariatric surgery. The program is aimed at increasing knowledge and preparing individuals for the lifelong changes associated with undergoing bariatric surgery. Saskatchewan Health covers both Roux en Y Gastric Bypass and Sleeve Gastrectomy procedures for residents of Saskatchewan.
- The *Healthy Weights Initiative* is also available to Saskatchewan residents free-of-cost and is currently offered in Moose Jaw and Regina. The *Healthy Weights Initiative* is a partnership between Alliance Health Medical Clinic (a private clinic that has four locations in Regina and Moose Jaw) and the YMCA and is the result of consultations with more than 100 Regina doctors and health region officials, academics and clinicians¹. An individual with a BMI of 30 or more can be referred to the program by a doctor¹. The 12-week program includes nutritional counselling, exercise with a trainer five times a week and weekly cognitive behavioural therapy sessions¹. Participants also attend weekly meetings with a registered dietitian¹. Social support is also built into the program. Each participant has a buddy to motivate them. Before they begin, participants identify the barriers to their success, such as lack of a babysitter for their kids in the evening, lack of a ride to the gym, lack of encouragement and are motivated to come up with solutions. After the initial 12 weeks, there are another 12 once-a-week meetings with a trainer to help keep people on track. The program started in 2014 in Moose Jaw² and early 2016 in Regina. This initiative has received federal funding to support its operation.
- The LiveWell™ Chronic Disease Self-Management Program is offered to individuals and their families who have a chronic disease. An inter-professional team of medical

specialists, nurse clinicians, dietitians, pharmacists, exercise/physical therapists, social workers, psychologists, peer leaders and support staff provide individual and group education/counselling, exercise and specialty clinics. This program is offered province-wide.

- Within the *LiveWell Program*, there are specialized Weight Management programs
- LiveWell Weight Management Group Education sessions are offered in Saskatoon. These 2-hour group sessions offered once a month can be accessed by any adult individual interested in weight management. The goal of the session is to improve health and wellbeing through education about healthy lifestyle choices. Topics include health risks of obesity, healthy food choices, physical activity, behaviour modification and goal setting. Family physicians can refer their patients or patients can self-refer to the group session. There are no out-of-pocket costs for this program.
- LiveWell Individual Nutrition Counselling provides individualized nutrition assessment and counselling for a variety of conditions. Family physician or healthcare provider referral is required. The program is offered in Saskatoon and rural sites throughout the province. There are no out-of-pocket costs for this program.
- The Craving Change program is designed for individuals who deal with emotional eating and struggle to maintain healthy weights. The goal of the program is to identify personal triggers for problematic eating and learn strategies to change problematic eating behaviours. The program provides four 23 hours group session over a 4-6 week period. Residents can self-refer or be referred by a physician or other healthcare provider. There are no out-of-pocket costs for this program.
- The LiveWell Adult Obesity Program – New Weight Way is for any adult who is interested in healthy lifestyles for a healthy weight. The program will prioritize individual who has been assessed at stage 2 or 3 level using the Edmonton Obesity Staging tool. The program provides a comprehensive set of modules (nutrition, exercise, goal setting, stress, problem-solving, sleep and supplement) covering the critical areas that influence weight management. Residents can self-refer or be referred by a physician or other healthcare provider. There is a \$30 cost for this program.
- The Saskatchewan Health Authority offers the 12-month self-management program called the *Healthy Lifestyle Program* in the former Sun Country Health Region.
- The Living Your Best Weight program is being provided in the former Cypress health region area of the province. The program is intended for adults who are interested in managing their weight and improving their overall health and well-being. The program consists of three 2 hours session held weekly for over a three week period. It appears that residents can self-refer to the program and that there are no out-of-pocket costs to participate.

- Nutritional Counselling: The Saskatchewan Health Authority does have registered dietitians who provide nutritional counselling. Dietary services are accessible through a physician referral. Also, some Primary Health Care Networks offer dietitian services. Some private practice dietitians would work specifically in obesity management, but it is unknown if this is also the case in public/primary health care. The *Bariatric Surgical Program* provides nutritional counselling specific for obesity management.
- Exercise Therapy: Exercise therapy is available in some regions throughout the province. There are a few community clinics in Saskatchewan that employ exercise specialists, exercise programs would be available for patients of those clinics, but they are not solely dedicated to obesity prevention. There are private practice exercise programs available to Saskatchewan residents for a cost.
- Psychological/Behavioural Support: To the knowledge of the respondents, there is no behavioural/mental support for obesity management offered through the Primary Healthcare Networks. From a mental health and addictions perspective, residents who seek our psychological health supports where obesity is part of their story, obesity would be included in their care plan. The *Bariatric Surgical Clinic* employees a psychology team and offers psychological services pre-surgery. Also, the *Craving Change* program has a behavioural component and the *Living Your Best Weight* programs offers 12 cognitive behavioural sessions.
- Interdisciplinary Teams: There is an interdisciplinary team at the *Bariatric Surgery Program* in Regina. The team is made up of surgeons, a Registered Nurse, a Registered Dietitian, an Exercise Therapist and a psychology team. The unit provides information about the surgery, what to expect in the hospital, pre- and post-surgery nutrition, exercise recommendations and support. The team will assist the patient throughout their involvement in the surgical bariatric program which includes focusing on the patient's emotional, physical, nutritional and educational needs. There are no teams specific to obesity available in Saskatchewan in the publically funded healthcare system.
- Meal Replacement Programs: There is no coverage for weight-loss products through the provincial supplemental health program.

References:

¹Martin, A. (2016, January 29). A new free weight loss program seeks to reduce obesity in Regina. *Regina Leader-Post*. Retrieved from <http://leaderpost.com/health/diet-fitness/a-new-free-weight-loss-program-seeks-to-reduce-obesity-in-regina>

²Allen, B. (2014, December 19). Free weight-loss program helps Moose Jaw residents lose 2,500 lb. *CBC News Saskatchewan*. Retrieved from <http://www.cbc.ca/news/canada/saskatchewan/free-weight-loss-program-helps-moose-jaw-residents-lose-2-500-lb-1.2878348>

Yukon

Approved: June 27, 2018

- Obesity is not officially recognized as a chronic disease by the territorial government in Yukon; however, the Yukon Medical Association recognized obesity as a chronic disease in November 2018.
- There is no publicly-available evidence of strategic vision/policy/guidelines on obesity management and treatment for adults in Yukon.
- The territorial government has implemented the *Weight Wise* program to address the growing concern of obesity in Yukon.
 - *Weight Wise* was developed by the Alberta Health Services chronic disease management program to target prevention and treatment of obesity. It has been available in Yukon since 2010. Before that, Yukon residents had to travel to Edmonton to participate in the program.
 - *Weight Wise* is the medical program that provides participants with information and support for managing their weight and leading healthy lifestyles. The program uses a collaborative care model, which includes a multi-disciplinary team of a physician, dieticians, psychologist, a kinesiologist and a nurse who have all been trained to deliver *Weight Wise* in Yukon. *Weight Wise* is delivered in modules by a dietician and psychologist. When patients enter the *Weight Wise* program, they receive an initial medical assessment by the physician who might initiate therapy for weight management and treatment of comorbidities if needed at that time and continuous follow up. After 6 months of management as per Canadian guidelines, a patient might be considered for bariatric surgery or more aggressive medical management. This may include continuing self-management, a prescription for Saxenda® and regular follow-up (patients cover the cost of Saxenda® themselves or through their health insurance plans), or consideration for bariatric surgery. Saxenda® is not currently listed on the Yukon Drug Formulary nor have they applied for Common Drug Review. If the patient meets the eligibility criteria and if bariatric surgery is considered suitable, a surgeon from Alberta makes a trip to Yukon for surgical consultation.
 - The introduction of *Weight Wise* to the territory has allowed more individuals to participate; however, there is currently a waitlist with an anticipated five-year wait to access the program. Individuals require a referral from a physician to be eligible (News Release-May 26, 2016).
 - Permanent funding has been allocated for the *Weight Wise* program in Yukon. With secure funding *Weight Wise* can now provide two intakes annually along

with a comprehensive follow-up for clients who have already completed the program. The introduction of *Weight Wise* to the territory has allowed more individuals to participate, with each intake allowing 18-20 individuals.

- There may be future funding to expand the *Weight Wise* program in the territory, which will allow the program to operate out of smaller municipalities.
- Nutritional Counselling: Patients can be referred to the dietician in the outpatient services of the Thompson Centre in Whitehorse (open to all Yukon residents) by their family physician. Residents who have a chronic disease can access to dietician services through the *Chronic Disease Unit*, or the *Weight Wise* program also in Whitehorse (specifically for obesity management).
- Exercise Therapy: One of the modules in the *Weight Wise* program has a 3-hour class led by a kinesiologist that will involve some exercise therapy (specifically for obesity management). The government has provided the *Weight Wise* program with additional funding to increase access to exercise by covering the membership cost to the Canada Games Centre. The Canada Games Centre is a multi-use community sport, recreation and wellness facility. There is no evidence of a publicly funded exercise therapy program that is available to Yukon residents outside the *Weight Wise* program.
- Psychological/Behavioural Support: A psychologist is available through the *Weight Wise* program (specifically for obesity management).
- Interdisciplinary Teams: The *Weight Wise* program has a multidisciplinary team which includes a physician, dieticians, a psychologist, a kinesiologist and a nurse. The *Weight Wise* program is available only in Whitehorse.
- Meal Replacement Programs: Yukon Health and Social Services does not cover the cost of meal replacement programs (like OPTIFAST® 900). Patients cover the cost of the product.

Summary table of Federal Public Drug Benefit Programs and the coverage status of anti-obesity drug products in their formularies

Program	Populations served	Coverage for Xenical® (DIN: 02240325)	Coverage for Saxenda® (DIN: 02437899)	Coverage for Contrave® (DIN: 02472945)	Comments
Canadian Forces Health Services	Canadian Armed Forces Members and their families	Yes ¹ Covered under the Canadian Forces Health Services Drug Exception mechanism	No	No	Source: Canadian Armed Forces Drug Benefit List ¹ Requests for special authorization are considered for use in treating obesity in members with a BMI ≥ 30 kg/m ² or BMI ≥ 27 kg/ m ² with at least 2 comorbid conditions exacerbated by obesity (HTN, CVD, DM, dyslipidemia, OSA, OA). Initial approval is for 6 months Extension past 6 months if 5% body weight lost from baseline Extension past 1 year (up to 4 years) if weight loss is maintained and no ADRs develop.
Correctional Service of Canada	Inmates in federal correctional facilities	No ²	No	No	² Xenical® can be made available to inmates as long as is prescribed by a Correctional Services Canada physician and purchased from a pharmacy external to Correctional Services Canada. The inmate is responsible for any costs incurred.
Interim Federal Health Program	Temporary coverage of health care benefits to resettled refugees, refugee claimants and others who are not eligible for provincial or territorial health insurance	No	No	No	More information can be acquired by calling 1-888-614-1880. In some cases, the costs of these drug products may be covered by the Interim Federal Health Program by individual case review.
Non-Insured Health Benefits	Registered First Nations and recognized Inuit for a specified range of medically necessary items and services that are not covered by other plans and programs	No	No	No	More information can be found at: http://www.hc-sc.gc.ca/fniah-spnia/nihb-ssna/provide-fournir/pharma-prod/med-list/index-eng.php
Public Service Health Care Plan	Optional health care plan for federal public service employees (including RCMP) and	Yes ³	Yes ⁴	Yes ³	More information can be acquired by calling 1-888-757-7427. ³ Covered at 80% of the cost for members with active plans. No

	their dependents designed to supplement provincial health insurance plans				<p>carrier approval or special authorization is required. Reasonable and customary charges apply.</p> <p>⁴ Covered at 80% of the cost for members with active plans. Cost of the needles is not covered. A prescription must be specifically for weight management. No carrier approval or special authorization is required. Reasonable and customary charges apply.</p>
Veterans Affairs Canada <i>Programs of Choice 10 (POC 10)</i>	Veterans	No	No	No	

**Number of Bariatric Surgeries (by type) in Canada (by province)
between 2009 and 2018**

Province	Gastric Bypass ^a								
	2009 -2010	2010 -2011	2011 - 2012	2012 - 2013	2013 - 2014	2014- 2015	2015- 2016	2016- 2017	2017 - 2018
Prince Edward Island	0	0	0	0	0	1	0	0	1
Newfoundland and Labrador	0	0	0	1	3	4	2	3	4
Nova Scotia	2	3	6	4	6	1	3	5	7
New Brunswick	9	18	5	6	1	7	20	25	25
Quebec	161	148	171	196	310	349 ^b	368 ^b	423 ^b	518 ^b
Ontario	820	1,658	2,217	2,516	2,380	2,462	2,802	3,074	3,313
Manitoba	0	18	64	83	105	120	181	188	183
Saskatchewan	46	60	74	63	65	72	48	53	38
Alberta	131	144	172	234	260	257	289	394	489
British Columbia	57	42	69	45	28	43	40	66	67
CANADA	1,226	2,091	2,778	3,148	3,158	3,316	3,753	4,231	4,645

Province	Gastric Banding ^c								
	2009 –2010	2010 –2011	2011 – 2012	2012 – 2013	2013 – 2014	2014– 2015	2015– 2016	2016– 2017	2017– 2018
Prince Edward Island	0	0	0	0	0	0	0	0	0
Newfoundland and Labrador	0	0	0	0	0	0	1	1	1
Nova Scotia	0	0	1	0	1	0	0	0	1
New Brunswick	109	87	70	49	33	28	22	9	8
Quebec	764	922	954	734	617	651 ^b	394 ^b	277 ^b	254 ^b
Ontario	53	46	36	30	28	39	49	23	40
Manitoba	0	0	0	1	1	0	1	0	0
Saskatchewan	0	1	0	0	0	0	0	0	0
Alberta	93	77	62	63	14	16	15	7	1
British Columbia	93	70	13	8	8	7	5	4	3
CANADA	1,112	1,203	1,136	885	702	741	487	321	308

Province	Sleeve Gastrectomy ^d								
	2009 -2010	2010 -2011	2011 - 2012	2012 - 2013	2013 - 2014	2014- 2015	2015- 2016	2016- 2017	2017- 2018
Prince Edward Island	0	0	0	0	0	0	0	0	0
Newfoundland and Labrador	0	0	37	82	105	100	95	122	105
Nova Scotia	57	58	44	57	54	43	45	59	55
New Brunswick	9	47	89	79	110	223	259	228	252
Quebec	205	358	505	799	1,216	2,030 ^b	2,302 ^b	2,610 ^b	3,148 ^b
Ontario	50	133	250	286	400	551	643	743	936
Manitoba	0	23	25	20	16	14	15	8	10
Saskatchewan	0	1	7	15	23	39	34	45	43
Alberta	64	153	203	215	263	316	324	408	441
British Columbia	25	15	63	123	175	290	321	290	315
CANADA	410	788	1,223	1,676	2,362	3,606	4,038	4,513	5,305

Province	Other Bariatric Surgery ^e								
	2009 –2010	2010 –2011	2011 – 2012	2012 – 2013	2013 – 2014	2014– 2015	2015– 2016	2016– 2017	2017– 2018
Prince Edward Island	0	0	0	0	0	0	0	0	0
Newfoundland and Labrador	0	0	1	1	0	0	3	7	5
Nova Scotia	0	0	0	1	1	3	3	3	1
New Brunswick	0	0	0	1	2	0	6	1	3
Quebec	366	331	264	259	268	64 ^b	178 ^b	156 ^b	85 ^b
Ontario	9	18	8	14	25	11	9	13	8
Manitoba	0	0	0	0	1	0	0	0	0
Saskatchewan	1	0	0	0	2	0	0	1	0
Alberta	8	4	1	2	3	7	7	7	2
British Columbia	4	2	4	2	1	1	4	0	3
CANADA	388	355	278	280	303	86	210	188	107

^a “Gastric Banding” includes:

- vertical banded technique (laparoscopic approach)
- adjustable banding technique (laparoscopic approach only)

^b This figure was reported in a personal communication with a policy maker in Quebec. As part of the Agreement between the Government of Quebec and CIHI, the data transmitted by Quebec and held by CIHI may only be used

for specific purposes. Therefore, CIHI was not authorized to provide us with the requested data.

^c “Sleeve Gastrectomy” includes:

- vertical (sleeve) gastrectomy technique (open approach)
- vertical (sleeve) gastrectomy technique (laparoscopic approach)

^d “Gastric Bypass” includes:

- gastric bypass technique with gastroenterostomy [e.g. Roux-en-Y] (open approach) and (laparoscopic approach)
- gastric bypass technique with gastroenterostomy and biliopancreatic bypass [to terminal ileum] [e.g. biliopancreatic diversion] (open approach) and (laparoscopic approach)

- gastric bypass technique with enteroenterostomy and biliopancreatic bypass [to terminal ileum] [e.g. duodenal switch] (open approach) and (laparoscopic approach)
- ^e "Other" includes:
- circular stapling or suturing [plication] technique (open approach) and (laparoscopic approach) and (endoscopic per orifice approach)
 - combined techniques [e.g. adjustable banding technique and plication] (laparoscopic approach only)