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Executive Summary

In 2005, Canada's Federal, Provincial and Territorial governments released the *Integrated Pan-Canadian Healthy Living Strategy* (*Strategy*). The aim of the *Strategy* is to demonstrate and affirm a consensus across jurisdictions on the need for action on common chronic disease risk factors and the underlying conditions in society that contribute to them. The *Strategy* emerged largely because of concerns over reported increases in rates of overweight and obesity among the Canadian population and their association with chronic disease. The emphasis of the *Strategy* is on physical activity, healthy eating and healthy weights, and governments have established benchmarks within the three areas explicitly aimed at increasing the proportion of Canadian adults who engage in regular physical activity and report eating fruits and vegetables five or more times per day. Although all provinces and territories in the country, with the exception of Quebec, signed on to the *Strategy*, no single approach to addressing the goals was adopted and jurisdictions have responded differently to the challenge of meeting these benchmarks. Since the endorsement of the *Strategy*, two progress reports have been published indicating that there has been slight, if any, improvement in the target behaviours.

Three Centres of Excellence – the BC Centre of Excellence for Women's Health, Prairie Women's Health Centre of Excellence, and the Atlantic Centre of Excellence for Women's Health – have followed the developments of the healthy living discourse and federal and provincial healthy living strategies to examine current efforts to promote healthy living in Canada from the perspective of women. This project was inspired by a decade and a half of work on women's health that has been conducted by our three Centres. During these years we saw relatively little critical discussion of women's health built upon a comprehensive sex- and gender-based analysis (SGBA), despite mounting evidence of the value of SGBA. In response, we have championed the theory and practice of SGBA and developed resources, learning tools and myriad analyses of health topics and issues to illustrate its value. This particular report is another element of that legacy of research for action and change.

In this report, we analyze the sex, gender, diversity and equity dimensions of healthy living among women in Canada, looking at the healthy living discourse, key healthy living topics and selected healthy living strategies. The report consists of four parts; (1) the status of women in Canada and the discourse of healthy living; (2) a profile of healthy living among women in Canada; (3) an examination of selected healthy living strategies and practices in Canada and promising gender-sensitive interventions in healthy living for women; and (4) recommendations for future directions in research, policy development, program design and delivery for women in Canada.

We begin with a look at international measures of gender equality and a demographic profile of women in Canada to provide context for our analyses. We describe the key features of the healthy living discourse, a history of its emergence in Canada, and examine the extent to which it can or does address the needs and experiences of diverse populations of women. Profiles of women and healthy living are provided for ten topic areas in the second section, three of which are conventionally understood as the core of healthy living—body weights, healthy eating and physical activity. Seven additional topics are discussed as they are important to a fuller understanding of women's health: food insecurity, sedentary behaviour, alcohol use, tobacco use, sexual behaviour, injuries and gender-based violence. Drawing on national survey data, key reports and published literature, we present the current evidence about women in Canada for each of the topics. The third section of the report examines selected healthy living strategies including the federal strategy and strategies from Ontario, Manitoba, Prince Edward Island and British Columbia. While several strategies note the importance of factoring in the determinants of health – which include sex and gender – many do not, and it appears that there is limited attention to women and the particular challenges and opportunities they encounter in their efforts to engage in many aspects of healthy living. Finally, we provide a description of some interventions that may offer direction for new approaches to healthy living programming for women, including promising gender-sensitive practices such as trauma-informed physical activity.

The evidence presented in this report suggests that there are enormous challenges to achieving the targets established by provincial and federal healthy living policies. Our review of several healthy living strategies confirms that they have not typically embraced women as a distinct population of interest although women are often implicitly – and negatively – the targets of such strategies. In addition, many strategies do not address the root causes of health problems that arise from the physical, social and environmental conditions in which women in Canada live, work and play. By ignoring salient differences between women and men as well as among women, healthy living policies run the risk of deepening inequity and causing harm to women. Thus "healthy living" needs to be reframed, to embrace a broader understanding of health and health issues.

Résumé

En 2005, les gouvernements fédéral, provinciaux et territoriaux du Canada ont lancé la Stratégie pancanadienne intégrée en matière de modes de vie sains (la SMVS). Le but de la SMVS est de démontrer et de soutenir un consensus à l'échelle des administrations provinciales et territoriales sur le besoin d'une action concertée à l'égard des facteurs de risque des maladies chroniques courantes et des conditions sous-jacentes qui y contribuent au sein de la société. La SMVS a vu le jour en grande partie à cause d'inquiétudes sur les constats de l'augmentation des taux de surpoids et d'obésité au sein de la population canadienne et de leur association avec des maladies chroniques. La SMVS met l'accent sur l'activité physique, la saine alimentation et le poids santé. Les gouvernements ont établi des points de référence pour ces trois volets qui visent explicitement à augmenter la proportion d'adultes canadiens et canadiennes qui font de l'activité physique régulièrement et qui indiquent qu'ils mangent des fruits et des légumes cinq fois par jour ou plus. Même si la totalité des provinces et des territoires, à l'exception du Québec, a signé la SMVS, aucune approche concertée pour atteindre ces buts n'a été adoptée, et les administrations provinciales et territoriales ont pris des mesures différentes pour atteindre ces points de référence. Depuis l'entérinement de la SMVS, deux rapports d'étape ont été publiés. Ils concluent à une légère amélioration, voire aucune, des comportements ciblés.

Trois centres d'excellence – le Centre d'excellence de la Colombie-Britannique pour la santé des femmes, le Centre d'excellence pour la santé des femmes de la région des Prairies et le Centre d'excellence de l'Atlantique pour la santé des femmes – ont suivi l'évolution du discours sur les modes de vie sains ainsi que des stratégies fédérale et provinciales sur la question afin d'examiner les initiatives faisant actuellement la promotion des modes de vie sains au Canada du point de vue des filles et des femmes. Ce projet s'inspire de quinze années de travaux de recherche réalisés par nos trois centres d'excellence pour la santé des femmes. Pendant cette période, nous avons constaté très peu de discussion critique fondée sur une analyse des influences du genre et du sexe (AIGS) exhaustive, et ce, en dépit de l'accumulation de preuves de la valeur de cette approche. En réponse, nous avons défendu la théorie et la pratique de l'AIGS et, pour en démontrer la valeur, nous avons élaboré des ressources, des outils d'apprentissage et une myriade d'analyses sur des sujets et des problèmes liés à la santé. Le présent rapport constitue un autre élément de cet héritage de recherches visant l'action et le changement.

Dans ce rapport, nous analysons les dimensions du sexe, du genre, de la diversité et de l'équité en matière de modes de vie sains chez les femmes au Canada, en examinant le discours sur les modes de vie sains, les principaux sujets liés à la santé et des stratégies choisies sur les modes de vie sains. Le rapport comporte quatre sections : (1) la condition féminine au Canada et le discours sur les modes de vie sains; (2) un profil des modes de vie sains parmi les femmes au Canada; (3) un examen de stratégies et de pratiques choisies sur les modes de vie sains et d'interventions sexospécifiques prometteuses en matière de modes de vie sains pour

les femmes; et (4) des recommandations de futures pistes de recherche, d'élaboration de politiques, de conception de programmes et de prestation ciblant les femmes au Canada.

Pour donner un contexte à nos analyses, la première section se penche sur les mesures internationales d'équité entre les sexes et sur le profil démographique des femmes au Canada. Nous décrivons les principales caractéristiques du discours sur les modes de vie sains, faisons l'historique de son émergence au Canada et examinons la mesure dans laquelle le discours peut répondre ou répond aux besoins et aux expériences de diverses populations de femmes. La deuxième section décrit des profils de femmes et de modes de vie sains par rapport à dix rubriques, dont les trois qui correspondent, par convention, à l'essentiel des modes de vie sains, soit le poids, la saine alimentation et l'activité physique. Comme elles sont importantes pour comprendre pleinement la santé des femmes, sept autres rubriques sont également abordées : l'insécurité alimentaire, la sédentarité, la consommation d'alcool, le tabagisme, les comportements sexuels, les blessures et la violence sexospécifique. À l'aide de données d'enquêtes nationales, de rapports importants et de la documentation publiée, nous présentons l'état de la situation actuelle des femmes au Canada pour chacune des rubriques. La troisième section du rapport traite de stratégies choisies sur les modes de vie sains, dont la stratégie fédérale et les stratégies de l'Ontario, du Manitoba, de l'Île-du-Prince-Édouard et de la Colombie-Britannique. Même si plusieurs stratégies soulignent l'importance de prendre en compte les déterminants de la santé – ce qui comprend le sexe et le genre –, un grand nombre ne le font pas. Il semble qu'on prête une attention limitée aux femmes et aux défis et possibilités qui se présentent à elles dans leurs efforts pour adopter plusieurs aspects des modes de vie sains. Enfin, la quatrième et dernière section décrit les interventions qui pourraient donner des pistes de nouvelles orientations pour les programmes de vie saine destinés aux femmes, dont des pratiques sexospécifiques prometteuses, comme l'activité physique qui tient compte des traumatismes subis.

Les données présentées dans ce rapport laissent entendre qu'il faut surmonter d'énormes défis pour atteindre les objectifs établis dans les politiques fédérale et provinciales sur les modes de vie sains. Notre examen de plusieurs stratégies sur les modes de vie sains a discerné qu'elles n'ont habituellement pas tenu compte des femmes à titre de population d'intérêt, bien que les femmes soient souvent des cibles implicites – et négatives – de ces stratégies mêmes. De plus, un grand nombre de stratégies ne s'attaquent pas aux causes fondamentales des problèmes de santé qui découlent des conditions physiques, sociales et environnementales dans lesquelles les femmes du Canada vivent, travaillent et se récréent. En ignorant ces différences marquées entre les femmes et les hommes, ainsi qu'entre les femmes, les politiques sur les modes de vie sains posent le risque d'approfondir l'inégalité et de faire du tort aux femmes. Par conséquent, la notion de « modes de vie sains » doit être reformulée, afin de comporter une définition élargie de ce que sont la santé et les problèmes de santé.