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Chair

Mrs. Joy Smith

Standing Committee on Health

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• (1530)

[English]

The Acting Chair (Mr. Tim Uppal (Edmonton—Sherwood Park, CPC)): Welcome, ladies and gentlemen, to the Standing Committee on Health, meeting 48. Pursuant to Standing Order 108 (2), this is the study on healthy living.

We do have witnesses with us today. I'd like to welcome them. We have the Association pour la santé publique du Québec, Émilie Dansereau-Trahan and Lucie Granger. Welcome. With the Canadian Association of Occupational Therapists, we have Natalie Macleod Schroeder and we also have Elisabeth Ostiguy. With the Canadian Medical Association, we have Dr. Anne Doig and Jill Skinner. With the Canadian Nurses Association, we have Barb Mildon and Lisa Ashley. And with the Public Health Agency of Canada, we have Judith Bossé and Jean-Marc Dupont.

We will begin with the Association pour la santé publique du Québec. We'll have opening statements, for five minutes.

[Translation]

Ms. Lucie Granger (Director General, Association pour la santé publique du Québec): Thank you.

Good afternoon. I am Lucie Granger, Director General of the Association pour la santé publique du Québec, which is one of the 10 provincial and territorial public health associations in Canada. We also have ties with the Canadian Public Health Association.

The association was established in 1946. It is a not-for-profit, autonomous, multidisciplinary group that contributes to the promotion, improvement and maintenance of the health and welfare of Quebec's citizens.

[English]

The Acting Chair (Mr. Tim Uppal): Excuse me. We're going to work on the translation here. There's no translation.

I think we should just start again.

[Translation]

Ms. Lucie Granger: Not a problem.

I am Lucie Granger, Director General of the Association pour la santé publique du Québec, which is one of the 10 provincial and territorial public health associations in Canada. We also have ties with the Canadian Public Health Association.

Established in 1946, the ASPQ is a not-for-profit, autonomous, multidisciplinary group that contributes to the promotion, improvement and maintenance of the health and welfare of Quebec's citizens.

We take action in various areas, including perinatal, tobacco-control and weight-related issues, more specifically weight-loss products, services and methods, often known as WLPSM.

We are also involved in urban planning, the food available in schools, and energy drinks, just to name a few issues.

Without further ado, I will now turn the floor over to Émilie Dansereau-Trahan, who is responsible for the issues related to WLPSM at the ASPQ.

Ms. Émilie Dansereau-Trahan (Responsible for the file on weight-loss products, services and methods, Association pour la santé publique du Québec): Around the world, weight-related issues have multiplied over the past 20 years. According to a recent Canadian study, 24% of the adult population is obese and 37% of Canadians are overweight.

As well, the overweight issue seems to be particularly worrying among young people, aged 2 to 17 since, over a period of 20 years, the obesity rate has more than doubled among this group, from 3% to 8% between 1978 and 2004.

At the same time, the phenomenon of excessive concern regarding weight is just as worrying, particularly among women and girls. According to a survey, in Canada, 56% of women with a healthy weight want to lose weight and 30% of young girls, aged 10 to 14, go on a diet every year.

Weight loss is also a concern for people who are overweight, and a number of those people may be tempted, at some point or another, to turn to commercial weight-loss products, services, and methods.

The ASPQ believes it is crucial that the excessive concern regarding weight be incorporated in the strategies developed to promote healthy lifestyles and to reduce the number of problems related to obesity and overweight.

Given the popularity of commercial weight-loss programs, we can infer that a lot of people who wish to lose weight use weight-loss products, services, and methods.

The Association pour la santé publique du Québec is concerned about the use of weight-loss methods, since, in most cases, they pose many health risks.

There are so-called minor risks, such as digestive problems, headaches or sleep issues, and then there are major risks, such as arrhythmia, cardiac arrests or even death.

In addition, studies show that 95% of people who follow a diet regain the weight lost, even adding more pounds, during the five years after their attempt. This is called the “yo-yo” effect and it constitutes a risk factor associated with obesity. Therefore, diets are often counterproductive as a solution to weight-related problems.

Finally, it is important to mention that most natural health products for weight loss, available over the counter, have not necessarily been reviewed by Health Canada. So they are available over the counter, even though their impacts on health have not been studied and their efficacy has not been proven. As a result, these products are a potential risk for users' health. The ASPQ asks that a monitoring process be implemented for weight-loss products, services, and methods in order to protect the public health and monitor fraudulent practices in the weight-loss industry.

Overweight is constantly blamed for the poor health of much of the public. The association believes that current strategies promoting healthy lifestyles influence individuals' choices to use unhealthy weight management methods that are potentially dangerous for their health.

We are currently talking a lot about the fight against obesity and the obesity epidemic, which are very strong words. At the Association pour la santé publique du Québec, we believe that the use of such words contributes to the stigmatization of people who are overweight rather than the promotion of a healthy lifestyle.

Overweight is in fact a consequence of another issue, of lifestyle. People are less active, eat larger quantities of lower-quality food because they no longer pick up their own hunger and satiety signals. They are also more stressed, more rushed, have a lot of difficulty sleeping, and so on.

All these elements are factors that affect the health and, therefore, the weight of our population. We must take action and address all those issues. As long as weight-loss methods that make promises of quick and painless weight loss are on the market, making healthy life choices won't be as appealing for people.

Weight-loss products, services, and methods are a risk for the health of Canadians and an obstacle to the development of healthy lifestyles.

Therefore, the association's recommendations are: to include excessive concern about weight in programs that target weight-related issues; to address healthy lifestyles, regardless of weight, rather than weight as a measure of lifestyle; to conduct an analysis of the positive and negative impacts of public health messages conveyed with regard to weight-related problems, based on a benefit approach; to implement a monitoring process for the WLPSM industry; and to enforce the strict and integral application of the Natural Health Product Regulations and analyze their efficacy.

Thank you.

• (1535)

[English]

The Acting Chair (Mr. Tim Uppal): Thank you very much.

We now have the Canadian Association of Occupational Therapists for five minutes.

Ms. Natalie MacLeod Schroeder (Representative, Board Director for Manitoba, Canadian Association of Occupational Therapists): Good afternoon, ladies and gentlemen.

My name is Natalie Macleod Schroeder. I'm an occupational therapist representing Manitoba on our association's board of directors. With me today is Elisabeth Ostiguy, director of professional affairs.

The Canadian Association of Occupational Therapists is pleased to participate in this consultation on physical activity guidelines. CAOT believes that being active is important for Canadians through all stages of life. However, the complexity of Canadians' day-to-day lives challenges the government in its attempt to promote healthier lifestyles. To encourage Canadians to be more engaged in their well-being, appropriate guidelines are needed.

Occupational therapists are health professionals who promote the therapeutic use of and participation in self-care, work, and play activities to achieve maximum health and quality of life. Occupational therapists recognize the importance of a holistic approach to well-being for a successful transition to more active living regardless of personal limitations and environmental conditions.

Active living contributes to the well-being, functional capacity, and quality of life of all Canadians. It needs to be part of everything that people do during the course of everyday life and throughout their lifetime. A focus solely on prescribed physical activity, such as 30 minutes of cardiovascular exercise, will not necessarily result in Canadians being more engaged in healthy lifestyles.

Research demonstrates that day-to-day realities influence the possibility of engagement. Canadians must address barriers to their good intentions. These challenges include finding the time, accessing the right activity, and fitting in all the demands. Better outcomes will be realized through an active living guide that provides a variety of easily identifiable approaches.

Occupational therapists believe that providing broad guidelines without addressing the challenges will not meet overall goals of attaining a healthier society. An active living guide needs to be about the total person, reflective of their realities and their stage of development.

The World Health Organization defines active living as “a way of life in which physical, social, mental, emotional, and spiritual activities are valued and are integrated into daily living”. Health flourishes when people have access to activities that hold personal meaning, are publicly valued by the society in which they live, and lead to productive and satisfying lifestyles. All Canadians must be active participants in their own well-being.

Moving beyond physical activity guidelines to an active living guide will engage Canadians in their positive health outcomes, while ensuring a greater possibility for sustainable commitments. To change Canadians' habits for the better, the government needs to create a vision of possibilities. An active living guide will provide advice on the best ways to ensure balance in life and encourage activity to enjoy a full and enjoyable life.

The guide goes beyond what kinds of activities could be considered, such as gardening, dancing, and jumping rope, to include suggestions on how to make changes and stay engaged. The following are examples of what else could be included: how to set the right goals; making involvement in an activity easier; and making the right choice of activity.

Therefore, CAOT recommends that the federal government create an active living guide, along the same lines as Canada's Food Guide. It would identify the range of activities and strategies to promote healthy living.

According to the Coalition for Active Living, the trend to physical inactivity is reaching epidemic proportions today. The coalition believes that while most Canadians recognize the benefits of physical activity to their overall well-being, they remain inactive.

A number of barriers discourage physical activity among the economically disadvantaged. These include fees for programs and facilities. As a result, they will have fewer opportunities to develop patterns of healthy living.

Programs that encourage Canadians to be active should not be a luxury that cannot be afforded. As such, CAOT recommends that the federal government increase the application of the child fitness tax credit to the economically disadvantaged to facilitate participation in active living programs.

The Canadian Association of Occupational Therapists believes in ensuring active participation in everyday living to foster health and well-being. An active living guide, supported by selected tax credits, will support the government's vision of a healthier society.

Thank you for your attention. We would be pleased to answer any questions.

• (1540)

The Acting Chair (Mr. Tim Uppal): Thank you.

We will now have the Canadian Medical Association for five minutes.

Dr. Anne Doig (Past President, Canadian Medical Association): Thank you.

I would like to thank the committee for inviting the Canadian Medical Association to appear on this important topic.

As a family physician in Saskatoon and the past president of the CMA, I can assure you that Canada's physicians have an acute interest in drawing attention to the health consequences of poor nutrition and lack of physical activity and the challenge of obesity.

We know that obesity is a contributor to a number of chronic diseases, such as diabetes, cardiovascular disease, hypertension, and liver disease, as well as breast, colon, and prostate cancer.

We know that over-consumption of salt, sugars, and saturated fats and trans fats can be a factor in hypertension, cardiovascular disease, stroke, and kidney disease. And we know that Canadians have become dramatically less physically fit in recent decades.

As a country, we need to espouse a culture of health and wellness based on good nutrition and physical activity. Finding solutions will require a collaborative, system-wide approach involving all levels of

government—the health, education, industry, finance, and transportation ministries—and the private sector.

We know that if provided with support when young, children can adopt healthy lifestyles. That is why the CMA continues to call on governments across the country to work with school boards to provide at least 30 minutes of active daily physical education for all primary and secondary grades, given by trained educators in the field; to provide access to attractive, affordable, healthy food choices and clearly post the nutrition content of the foods they sell; and to ban junk food sales in all primary, intermediate, and secondary schools in Canada.

The CMA has advocated policies and regulations for food safety and promoted healthy eating and physical activity as key components of healthy living and the prevention of disease. The CMA policy statement “Promoting Physical Activity and Healthy Weights” calls for a Canada-wide strategy for healthy living that includes information and support for Canadians to help them make healthy choices, support for health professionals in counselling patients on healthy weight and in treating existing obesity, community infrastructure that makes healthy living choices easier, and public policies that encourage healthy eating and physical activity.

All Canadians need access to nutritious food at affordable prices. The price of milk, produce, and other healthy foods varies greatly in different parts of Canada. In remote areas, they are even more expensive because of high transportation costs. In urban areas, nutritious food may be unaffordable for people on low incomes and unavailable as grocery stores move to the suburbs, thus creating food deserts.

Among other strategies, governments should consider implementing school meal programs and taking into account the cost of nutritious food when setting social assistance levels.

The proliferation of packaged, prepared foods and fast foods has contributed to excess amounts of salt, sugar, saturated fat and trans fat, and calories in our diet. While we welcome the federal government's support for the reduction of trans fats and sodium levels in processed foods, reliance on the food industry to reduce these ingredients voluntarily has not been successful. We believe that regulation is needed to safeguard the health of Canadians.

Healthy living begins with an awareness of the impact of food and exercise on health. While individuals must take responsibility for making healthy choices, the CMA believes that governments have an obligation to provide guidance on healthy eating and physical activity that can be incorporated easily into daily lives. We commend the federal and provincial and territorial governments for their recent “Framework for Action to Promote Healthy Weights”. Physicians were also pleased to see the revised Canada's Food Guide in 2007 and the recent update to Canada's Physical Activity Guides.

• (1545)

The CMA supports nutrition and caloric labelling on packaged foods to help Canadians make informed food choices. The federal nutrition labelling awareness initiative is useful to consumers, but we think information can be simplified. For example, the U.K. is testing front-of-package “traffic light” coding for fats, salt, sugar, and calories. The CMA has also called for a clear display of caloric counts and sodium, transfat, and protein levels on restaurant and cafeteria menus.

The CMA believes encouragement of active transportation, that is, walking and cycling, is a way to increase physical activity. Communities need to make it easier for Canadians to be physically active in their day-to-day lives by providing sidewalks and pedestrian-friendly intersections, bike lanes, paths and parking spaces, and trails, parks, and green spaces.

One area that we believe warrants further study is the use of incentives to promote healthy behaviours. By transferring funds or other benefits to an individual, incentives provide immediate rewards for behaviours that can lead to long-term health gains. An example in Canada is the children's fitness tax credit, which is intended to help children be more active by offsetting some of the costs incurred by families for sports and leisure programs.

It is impossible to overstate the importance of nutrition and physical activity to our health. Encouraging Canadians to make healthy choices requires a wide-ranging, long-term and collaborative approach. The CMA believes this challenge should be met urgently. Canada's physicians are more than ready to work with governments to ensure that Canadians can improve and maintain their health.

• (1550)

The Acting Chair (Mr. Tim Uppal): Thank you.

Now we will have the Canadian Nurses Association.

Ms. Barb Mildon (President-elect, Canadian Nurses Association): Bonjour.

I am Barb Mildon, a registered nurse and president-elect of the Canadian Nurses Association. On behalf of Canada's quarter-million nurses, I wish to thank the members of this committee for the opportunity to speak.

As this committee is undoubtedly aware, there is compelling scientific evidence that shows regular physical activity improves health and quality of life, significantly reducing the risk of chronic disease, disability and premature death. Unfortunately, Canadians are paying dearly for rising rates of obesity and chronic illness. We are paying with our health dollars. We are paying with our health.

We all know why physical activity is important. The question we must ask is how do we get people moving?

I invite you to read the brief that CNA has put together for you on this subject. It contains a number of recommendations, but I will focus on just a few of them today, namely, that we should pay particular attention to the needs of youth and children, aboriginal Canadians and recent immigrants; place a stronger emphasis on health promotion and illness prevention; and expand our reach by increasing public health resources.

As with most public health initiatives, it pays to start with high-risk and vulnerable populations. First nations communities are being crippled by type 2 diabetes. Over one-third of Canadian children between the ages of two and eleven are overweight, and of them, about half are considered to be obese. Three out of five children and youth between five and seventeen years are not active enough for optimal growth and development. Overweight children are more likely to remain overweight or become obese in adulthood, and they are at greater risk for chronic disease and mental health problems.

For the first time in history, the current generation of young people is not expected to live longer than their parents. Despite life-extending breakthroughs in science and medicine, we are losing precious ground.

CNA therefore urges the federal government to increase funding for health promotion initiatives targeted at children and youth, aboriginal peoples, immigrants and refugees, and other vulnerable populations.

Day in and day out, public and community health nurses, educators and researchers are working with Canadians to promote healthy lifestyles, to prevent and manage chronic illnesses, to help people take charge of their health by staying active. We engage in preventive medicine that diverts health care costs away from far costlier acute care interventions down the road.

Inactive Canadians are at greater risk for heart disease, obesity, high blood pressure, osteoporosis, diabetes, cancer, and depression. Among Canadians age 45 and older, 70% report one or more chronic conditions directly related to physical inactivity.

Chronic diseases represent a huge cost to Canadian society, in terms of treatment—67% of all direct health care costs—and in terms of lost productivity. It makes good economic sense to invest in public health. You get a triple dividend: better health outcomes, lower health costs, and a more productive economy.

CNA therefore urges all levels of government to redirect health system funding toward preventive health care services and programs, particularly those addressing physical activity and nutrition education and counseling.

Given the huge scope of the issue, however, the public health sector needs more financial resources and more people to get the job done. Stable, long-term funding is needed to ensure proper integration of services and foster greater interprofessional collaboration. Successful programs need to be scaled up and extended deeper into the communities that need them.

CNA therefore urges federal, provincial, and territorial governments to make additional investments in the public health nursing workforce, and in the public health workforce generally, so that health professionals have the capacity to support increased health promotion, including the promotion of physical fitness and healthy living.

Registered nurses across Canada will of course continue to play an active role in promoting active lifestyles, but we want to step up the intensity. We can do this by drawing on the expertise of specialty nursing members, like the community health nurses, nurses in rural and remote communities, and aboriginal nurses who are working daily with individuals and communities to promote healthy lifestyles.

• (1555)

Through greater investment in public health, a stronger focus on health promotion and disease prevention, and special measures for children and other vulnerable communities, Canada could be taking a huge step in the right direction, a step towards an active and healthy future.

Thank you for your attention.

Merci.

The Acting Chair (Mr. Tim Uppal): Thank you.

We will now have the Public Health Agency of Canada for five minutes.

[*Translation*]

Ms. Judith Bossé (Associate Assistant Deputy Minister, Health Promotion and Chronic Disease Prevention Branch, Public Health Agency of Canada): Mr. Chair, honourable members, thank you for the opportunity to speak at these important discussions about healthy living.

I'm pleased to be here today to build on those discussions with an emphasis on physical activity and healthy living.

[*English*]

As you all know, physical inactivity is one of the main modifiable risk factors for obesity and many chronic diseases. It is a global issue, recently identified by the World Health Organization as the fourth leading risk factor for global mortality, following high blood pressure, tobacco use, and high blood glucose.

As you also heard last week, the burden of chronic disease in Canada, as in many other countries, is significant and growing. Promoting physical activity and active lifestyles is one way to reduce this burden. Physical activity plays an important role in the health, well-being and quality of life of Canadians, particularly children and youth, and helps to prevent chronic diseases such as cancer, type 2 diabetes, and heart disease.

Physical activity is not just a public health issue; it also promotes the well-being of communities and is an investment in future generations. Unfortunately, most Canadians are not getting enough physical activity to promote good health. We need to do more to move toward active lifestyles.

Of course, we know that this is not as easy as it sounds. Getting people moving in a society that makes it easy to be sedentary is a challenging task. While leisure-time physical activity levels may appear to be higher than ever, we know that Canadians are not as fit as they were once. Over time, our workplaces, household chores, and transportation options have evolved so that requirements, or rather opportunities, for physical activity have been reduced. Counteracting these societal shifts often requires significant effort by individuals to be active.

Nevertheless, the Government of Canada is committed to addressing the growing problem of physical inactivity and its health implications among Canadians. As you have heard, federal, provincial, and territorial ministers of health and healthy living have recently endorsed a declaration on prevention and promotion, a commitment to helping Canadians lead healthier lives. FPT governments have also launched a framework for action to promote healthy weights, which includes a commitment to creating supportive environments for children for physical activity.

Given that the solution to physical inactivity does not rest with any one sector, we are making connections between the sport, physical activity, and recreational sectors and those responsible for health and education. PHAC is working through a forum of FPT ministers responsible for sport, physical activity, and recreation, who set physical activity targets for children and youth in 2008 and agreed in 2009 to focus specifically on increasing children's physical activity in the after-school time period; enhancing cross-government and intersectoral collaboration with, among others, provincial ministers of education; and aligning and coordinating physical activity social marketing messages across Canada.

The Government of Canada has made several investments to increase physical activity in partnership with PTs and NGOs, including for example ParticipAction and PHE Canada. In addition, the children's fitness tax credit helps parents increase their children's physical activity and participation in sport programs by offsetting some of the costs. The Recreational Infrastructure Canada program provides funding to municipalities to improve and develop sport and recreational facilities.

At the federal level, we have a specific role in providing leadership on public health issues and are promoting community-based intersectoral collaboration to support the kinds of fundamental changes that are needed to get Canadians moving. These include such things as promoting active and safe routes to school and pedestrian and bike-friendly community planning. The age-friendly communities initiative, in which five provinces are engaged, has Canadian seniors involved in planning and design with their own communities to create healthier, more active, and safer places for them to live and thrive.

These are some examples of how we are raising awareness about the health impacts of community design with a view to encouraging a legacy of health-promotion communities.

The Government of Canada also has an important role to play in ensuring that our policies and programs are grounded in evidence. Canada is considered a world leader in the measurement of physical activity and in the development of evidence-based guidelines. The newly released physical activity guidelines are based on evidence funded by the Public Health Agency of Canada, evidence that was also used in the development of the WHO guidelines.

● (1600)

We acknowledge that there are still gaps in our understanding. We are partnering with the Canadian Institutes of Health Research to support knowledge syntheses on physical activity, sedentary behaviour, and health.

Lastly, we know that it is critical to continue to raise levels of awareness and education about the importance of physical activity and healthy eating. The agency will continue to work with stakeholders to develop additional tools and resources to help Canadians become and stay physically active.

[Translation]

At the root of physical activity specifically, and healthy living generally, is the importance of making healthy choices easier for Canadians. While there is much work to be done, we believe that we are on the right track.

Thank you for the opportunity to present today.

[English]

The Acting Chair (Mr. Tim Uppal): Thank you very much.

We will go into our first round of questioning now. We'll begin with the Liberals, with Dr. Duncan for seven minutes.

Ms. Kirsty Duncan (Etobicoke North, Lib.): Thank you, Mr. Chair.

Welcome, everybody, and thank you for your presentations.

I'm going to pick up on what Dr. Doig was talking about, which is children.

We have the 2003 Physical Activity and Sport Act and we have the integrated pan-Canadian healthy living strategy. These are good goals; they're good strategies. I want to know what difference they make at the community level, and more particularly, at the individual level. If we can teach children to have good nutrition and be involved in physical activity, we'll have healthier adults.

My concern is that not all children get a chance at a healthy diet. Probably 600,000 Canadian children go to school hungry. Hungry children cannot learn. We know we have good breakfast programs. I was the vice-chair in Toronto, and we fed 110,000 children every morning. That means that one out of four of our kids goes to school hungry. I think that's unconscionable in Canada. And we're the only industrialized country without a national breakfast program.

I understand that education is a provincial jurisdiction, but I think there is an opportunity for federal leadership to develop a national breakfast program, building on what is currently there. I feel the same thing about exercise. Although we talk about tax credits, there are some children who simply cannot afford to participate, and the only physical activity they will get will be in school. I think the two biggest things we could do are to provide nutrition and to provide that exercise at school.

I'll give the example from my own riding. We have the highest rate of type 2 child diabetes in the province of Ontario. It's linked to poverty. We're the fifth most diverse riding in the country. We have many newcomers, and my families are working two and three jobs just to put food on the table, and if the choice is between a five-dollar litre of orange juice and a two-dollar double litre of orange pop, the choice is clear.

Having said all that, I guess my question is, how do you feel about a national breakfast program and a national commitment to 30 minutes of physical activity in our schools?

It can open up to everybody.

● (1605)

Dr. Anne Doig: Since you named me in the preface to your question, perhaps I'll take the prerogative of speaking first in response.

A number of the things that you've said, Ms. Duncan, are echoes of what I said in the presentation. The specific strategies, whether it be a national breakfast program at the school level or a national lunch program at the school level, we can argue about. The point is that children are undernourished and underactive.

To your point about the two-litre carton of...something—I'll say milk, rather than orange juice—being priced at more than double the price of a two-litre bottle of pop, I saw that first-hand when I did a trip up to northwestern Ontario last year during my presidency and visited Kenora. It's disgraceful. There is no reason. Transportation costs don't cut it, when we're talking about two things that are each in two-litre bottles. Yes, there are some refrigeration and up-front production costs for the milk, but basically we have a pricing system and we have policy and advertising that allow parents and children to believe that these are good choices. These are not good choices. Milk is a good choice; water is a good choice. Pop, energy drinks, fruit-flavoured water are not good choices.

What is needed—I think you're correct—is a national strategy that brings all of the FTPs on board and says this is what Canadians need; this is what Canadian children need; this is the activity level and the nutrition level that are acceptable across Canada.

Ms. Kirsty Duncan: Thanks, Dr. Doig.

My concern, as you know, is that not every family can even afford to buy nutritious food. So if we could provide, as you say, a snack, lunch, or breakfast, the point is that if you want to reach all children, the place to do it is at school. It's at school.

Dr. Anne Doig: The other piece is to make sure, as I said in my presentation, that there are no impediments to the amount of assistance provided to those families that require assistance to eat a healthy diet. I can't tell you the number of times I get asked to fill out a form to allow someone on social assistance to have special diet provisions. They're ludicrous. I'm not a nutritionist. But the little tick boxes I have to fill out simply to allow someone to have a few extra dollars to try to purchase healthy food are ludicrous.

The Acting Chair (Mr. Tim Uppal): Ms. Mildon, did you want to get in?

Ms. Barb Mildon: Thank you very much, and I also thank you for your question.

In our CNA brief, we speak to the scientific or research evidence that the programs you mention do make a difference. That can be demonstrated. The other thing I wanted to say is that your comments speak to the need to marry whatever happens in terms of these recommendations to the continuing effort to eradicate child poverty. Without the two working in tandem, it's not going to be as effective.

Thank you.

Ms. Natalie MacLeod Schroeder: I'll leave the breakfast program to my colleagues. However, you talked about physical activity within the school system. From our point of view, we need to move beyond it being 30 minutes of physical education, which often winds up being quite sedentary. It focuses on an educative approach. Look at integrating activity throughout the day that is physical. If we're going to have focus sessions, they should be physical activity sessions, not just physical education sessions, so that it becomes a lifestyle. It is not a separate activity that I have to go do; it is something that is part of the everyday life of every child in Canada.

●(1610)

Ms. Kirsty Duncan: I thank you for saying that. As a coach all my life, I know that it is about activity, and it needs to be part of how you get through your day.

The Acting Chair (Mr. Tim Uppal): Thank you.

We will now go on to Monsieur Malo.

[*Translation*]

Mr. Luc Malo (Verchères—Les Patriotes, BQ): Thank you very much, Mr. Chair.

Thank you to this large group of important witnesses.

My first question is for the representatives from the Association pour la santé publique du Québec. I am trying to understand something. In your view, where is the problem, the real risk? Is it the weight-loss products themselves or the way in which people can use them?

Ms. Émilie Dansereau-Trahan: I would say that it's the weight-loss products themselves. Of course, use and product go hand in hand. I tend to talk about weight-loss products, services, and methods all in one. If we only refer to weight-loss products, the simple fact that they exist will distract people from making healthy life choices. Saying that you're going to lose weight quickly is much more desirable. As I said, these products can have minor effects on health, causing digestive problems, for example. But they can also have major and serious effects both on physical health and psychological or mental health.

Mr. Luc Malo: Dr. Doig, you mentioned the U.K. where they use the traffic light system to help people to identify more quickly the nutritional value of various products. Could you expand a little on how that works?

[*English*]

Dr. Anne Doig: Thank you for that question.

The idea is that some of the nutrition labelling information currently provided on packaging is perhaps a little difficult to understand. Providing people with information that says that this meets 12% of your recommended daily allowance for X nutrient doesn't compute for people in terms of planning their eating throughout the day. Instead, you could have something that identifies perhaps five categories of nutrition information and then say red light, yellow light, green light. A product might have a green light for its sodium concentration but at the same time receive a yellow light for calories and a red light for trans fats. You would label the outside of the package.

I mean, if I had my way, we would get rid of processed and pre-made food altogether, and everybody would buy natural food. But since we have a culture that is used to eating things that are made for it and produced ahead of time, one of the things we're looking for is an easy way for people to visually get the information they need so that they don't have to have a grade ten equivalent in chemistry or nutrition to understand the nutrition information on the package. Make it simple so that people understand what it is they're buying.

[*Translation*]

Mr. Luc Malo: Thank you.

Ms. Bossé, at the end of your presentation, you said that there is still “much work to be done”, but that “we are on the right track”. Based on the current trend, how long could it take to reach our objectives?

Ms. Judith Bossé: It’s hard to say. But we know very well that changing the habits of a society can take a long time. When the fight against smoking started, it took 20 years for a mass social movement to finally develop .

At the rate we are going now, and if we can create social movements, it is hard to know how long it will take for trends to stabilize and take root.

Inequality issues obviously have to be taken into consideration. We could create trends that might increase inequality if we don’t pay attention to the way programs and policies are implemented.

I can’t tell you how long it will take us to get there. Next year, we definitely want to call on various sectors— traditional, professional and non-traditional—to make a commitment and take action.

We need all sectors to work together on the nutritional aspect, as well as the social and physical aspects, so that people become more active both in their recreational time and their lives in general, and so that they can make the right nutritional choices, regardless of the social or cultural class they belong to.

• (1615)

Mr. Luc Malo: So you think that change...

Go ahead, Ms. Mildon. I will ask my question after you.

[English]

Ms. Barb Mildon: Thank you very much.

I just wanted to add to the comments already that another important factor is what happens in terms of school health nursing. Unfortunately, we’re seeing a trend that school health nursing is not as prevalent as it used to be. Yet school health nurses can work with school boards to set policies board-wide, they can be involved directly in obesity prevention programs, and they can of course advise on physical health and activities.

The notion of school health nursing as a factor in all of the other things that have been brought to bear today I think is another one we need to keep in mind.

[Translation]

Mr. Luc Malo: Ms. Bossé, do you think that the work that needs to be done to raise awareness and to trigger a change in habits for a healthy lifestyle will be as significant as the work done in the fight against smoking? That’s the example you used. Is 20 years a reasonable timeframe? In terms of developing healthy lifestyle choices, meaning physical activity and healthy eating, are changes in the way of thinking and in habits as significant or more significant than they were for smoking?

Ms. Judith Bossé: Obviously, with tobacco, no quantity is acceptable whereas, when we talk about healthy weight and activities aimed at staying healthy, we are dealing with an evolutionary process. Problems are much more complex. Are we talking about 20 years? I hope not.

I hope we will start seeing downward trends or trends that will stabilize over the next 5 to 10 years. This will clearly require sustained efforts across sectors, leadership from governments and the various players in civil society or home life.

Mr. Luc Malo: Thank you very much.

[English]

The Acting Chair (Mr. Tim Uppal): Thank you.

Ms. Leslie.

Ms. Megan Leslie (Halifax, NDP): Thanks, Mr. Chair.

Thank you to all of you for your contributions to this.

My first question is for the Public Health Agency. I think the built environment is a key component of healthy living, especially when we’re considering physical activity. We’ve heard about walkable communities and access to recreation facilities and good public transportation systems. I’m wondering if the Public Health Agency or the federal government are collaborating with provinces and territories to look at ways of incorporating public health into community design.

Ms. Judith Bossé: Yes, this is exactly what we’re doing. We’re communicating with FPTs, but at the federal level we’re also working with Transport Canada. We’re at the early stage of working with other government departments and with provinces.

I will just mention the age-friendly community, which is basically a physical-social environment. We had the participation of seniors, so it reflects what their needs are. It’s looking carefully at that urban environment. It’s looking at social support in a way that would maximize people’s ability to thrive and be active.

There are already 300 municipalities in Canada, in five provinces, that are aiming to develop further uptake by communities of this urban design and social support. We are promoting that, and we’ll be looking at how an age-friendly community can make seniors more healthy. The design is actually for healthy lives.

Ms. Megan Leslie: So there are the age-friendly communities, and I understand that project. And there is also consultation and collaboration with provinces and territories beyond the age-friendly?

Ms. Judith Bossé: The age-friendly is one concept. But since September, when we signed the framework for action to promote healthy weights, we have been looking more at supporting environments. And supporting environments have a part, which is urban planning.

• (1620)

Ms. Megan Leslie: What would some of the recommendations be? If you’re working with provinces or municipalities, what are some of the things you’re trying to support?

Ms. Judith Bossé: At this stage?

Ms. Megan Leslie: It’s too soon?

Ms. Judith Bossé: It's a bit too soon, because we're looking at existing policy. We're looking at an inventory of what FPTs have. The first idea is to look at what we have and what our plans are, so as to influence each other in the uptake. There is policy, best practices, and the promotion of these best practices.

Ms. Megan Leslie: Is the Public Health Agency also doing this with first nations communities?

Ms. Judith Bossé: We are working with the first nations and Inuit health branch in Health Canada for the on-reserve. And we're working with the territories, the people living in the territories. It's not looking just at urban areas; it's looking at remote areas as well.

Ms. Megan Leslie: Thanks for the update.

Ms. Mildon.

Ms. Barb Mildon: I'd like to add to what's already been spoken of. Number one, we want to commend recent federal initiatives such as the infrastructure Canada program that was introduced in 2009. It allows dedicated funding for building and improving recreational facilities. That is important.

As to what can be done from an urban planning perspective, the funding of infrastructure initiatives such as bicycle paths, safe walking paths, and access to waterways would be practical ways to increase physical activity.

With respect to our aboriginal communities, we know they often are dealing with unsafe playgrounds, which is as big an issue as not having a playground. It's important to pay attention to the condition the playgrounds are in.

Thanks.

Ms. Megan Leslie: Madame Granger.

[Translation]

Ms. Lucie Granger: Thank you. If I may, in answer to your question on environments conducive to physical activity and the importance of calling upon various groups, I would like to tell you that there is currently a pilot project in Quebec whose goal is to confirm that municipalities can use urban planning regulations to restrict the proliferation of fast food areas around schools.

We realize that urban planning regulations can be used for this purpose and there are legal foundations that allow us to move forward. There are three municipalities, Baie-Saint-Paul, Lavaltrie and Gatineau, which are exploring different options in terms of urban planning regulations, in order to be able to retain the acquired rights. But all stakeholders in society may, at one time or another, be called upon to play an active role and contribute to the creation of healthy and safe environments.

Ms. Megan Leslie: Is this pilot project with the cities supported by the provincial government?

Ms. Lucie Granger: The project is funded by Québec en Forme, as well as the Quebec government and the Fondation Lucie et André Chagnon. The organization is currently carrying out this project.

Ms. Megan Leslie: Thank you.

[English]

The Acting Chair (Mr. Tim Uppal): There are about 30 seconds, if you—

Ms. Megan Leslie: Okay.

The Acting Chair (Mr. Tim Uppal): No? Okay. Thank you.

Dr. Carrie.

Mr. Colin Carrie (Oshawa, CPC): Thank you very much, Mr. Chair.

First of all, I think I'd like to talk to the Public Health Agency of Canada. I do want to commend you for the leadership of the government, because in the last few years we have seen the children's fitness tax credit, rink funding, in the fall the framework for action to promote healthy weights, Canada's Food Guide, investment in NGOs like ParticipAction. But I can't help but think Canada is one of the wealthiest countries in the world, and I do recognize that some Canadians may have difficulty accessing healthy food. I look at the example of my own kids and how much personal choice and personal responsibility come down to it. I liked what Dr. Doig was saying, that she'd like to get rid of all these processed foods.

I'm one of those guys who actually shops, and, you know, you see five kilograms of rice is less than \$10; a bag of oatmeal is \$2.99; an apple is 50¢; a chocolate bar is \$1. But you make these choices and the kids choose the chocolate bar. Water is free. Walking is free. I look at my own kids, who get up at 6 a.m., hop on the bus at 7:00, they're in school until about 2:30 or 3:00, they get home. Where are the opportunities for them to be active in their very busy lifestyles? Then parents come home and they throw something prepared into the oven. This is like a huge, huge issue, and I'm trying to get my head around it.

We recently heard from StatsCan that the physical activity levels, particularly for kids, are not even coming close to meeting the minimum guidelines. I was wondering, you mentioned the "Eat Well and Be Active" educational toolkit for educators. What kind of buy-in are you getting at the provincial level and the levels where educators have the kids in front of them for five or six hours a day? Are you getting a strong uptake with that?

• (1625)

Ms. Judith Bossé: I think it's a bit early, because we're starting to work with the education sectors. So right now it's uneven. It depends: there are some who are really sensitized and some we need to work with more. As you well know, the education sector is a provincial jurisdiction, so we're working through partnership with our provincial and territorial colleagues but also working through the joint consortium for school health as a way to promote better tools, better policy, better resources, so that the health policies are actually ingrained into our schools. But it's early days and a whole lot more needs to be done.

In terms of the part of your question on physical activity and how our kids can actually do it in their busy lives, that's the reality of everyone. We all have very busy lives. But I think what we're realizing is for kids, actually, let's say there are ways to design safe ways for them to cycle to school; let's say that schools are located in a way that it is easy for them to bike or even walk, walk in a way that is actually fun and entertaining. That's what we're looking at.

Some provinces have some pilots for active and safe transportation to school, and we're looking at it. We're evaluating how good it is. So far, the indication is that there are very good programs that are not just addressed to kids who come from high socio-economic backgrounds but also are addressed to kids with low socio-economic backgrounds.

Physical activity and an active lifestyle—it's about building an active life in the everyday, everything you do. Obviously, if you have the leisure time.... And that's why we're focusing on the after-school leisure time, as often kids finish earlier than parents, and they have all these hours when it's their most sedentary time, right after school before the parents get home. The question is, how can we, through mobilization of multi-sectors, get the kids to want to be active, to want to, through various activities and various involvements in communities, basically meet a little bit more of the moderate to high physical activity levels that we're aiming to get them to meet?

Mr. Colin Carrie: I hear what you're saying, and I agree with what you're saying, but to design communities like this at the municipal level, there are some communities that are taking that on. But again, I bring the example back to my kids. Up at 6 a.m., they're on a bus at 7:00, because they have to be bused, and the bus leaves at 2:35 or whatever, so they don't have time to do the after-school.... When I was in school, I played after-school sports. They're not even given that option out there.

How would the physical activity promotion help with the crisis? And are we getting a buy-in at the different levels? I think everybody's in agreement here that we should be doing these things. At a federal level, there are certain things that we're doing. As I said, I commend you for what's been done in a very short period of time, but a lot of these decisions are outside this jurisdiction. I was wondering, are you getting that collaboration and buy-in at this stage of the game?

Ms. Judith Bossé: Well, this is one of the reasons why we have funded PHE, the physical education...I forget the acronym.

Mr. Jean-Marc Dupont (Acting Executive Director, Centre for Health Promotion, Health Promotion and Chronic Disease Prevention Branch, Public Health Agency of Canada): It's PHE Canada.

• (1630)

Ms. Judith Bossé: Yes, PHE Canada. It's basically to work with other NGOs to build more of a cross-sectoral effort in the after-school period, working with the schools and looking at how the school facilities could be better used to get our kids active.

As I say, it's early days. We're starting to focus on the after-school period with a myriad of actors, basically, with some NGOs, but also with some from the private sector, and we're looking at how we can entice kids to see that as a valuable investment of their time and to spend less time in those sedentary behaviours.

Mr. Colin Carrie: Do you have any statistics, in a range from kids to adults, on how Canada is comparing internationally on physical activity?

Ms. Judith Bossé: I do have some studies on physical activities. Canadian kids are doing relatively well compared to others internationally, but I would say, based on the newly released studies from Stats Canada—the community health measurement survey—

that what we're realizing is that for kids as well as adults, because it's self-reported information, it seems that people tend to overestimate how much moderate to vigorous activity they do.

So in fact you're seeing 60% of the kids reporting that they do, but when you measure it, really you're seeing that there is about 14% or 7%, depending on if you go from moderate to high. We have a long way to go, because there's a misunderstanding of what “moderate to vigorous” is.

We need a whole lot more of the easily devised tools that people can wear and that would objectively tell you that you are doing the right thing—like pedometers. But Canada is a leader in that field, and internationally we seem to be a little ahead in the measurement, so—

The Acting Chair (Mr. Tim Uppal): Thank you.

We'll now go into our second round, with five-minute rounds starting with Dr. Dhalla.

Ms. Ruby Dhalla (Brampton—Springdale, Lib.): Thank you very much, everyone, for coming and for your insightful presentations.

I want to go back to something that Anne spoke about in her capacity as past president for the CMA and in regard to all the work they've done across the country.

When you spoke about nutritional labelling having a green, yellow, and red light concept, I can tell you from working with my mom to get her physically fit and active and trying to explain what calories and trans fats are, from the upbringing that they had back home in India, it's been a huge learning curve. Now we've gotten her to a process such that when she goes shopping she's actually looking at the number of calories and the sodium count and so forth. But it was a bit of a challenge to ensure that the education part was there so that when foods were being purchased for the home, they were healthy.

When we had witnesses here a few weeks back, they were mentioning in regard to nutritional labelling that there was a regulatory process and that a number of changes are still pending. Had you brought forward your idea about the green, amber, and red light concept to the Public Health Agency?

Dr. Anne Doig: I don't think we have specifically communicated that. I'm looking at my staff members and Public Health staff on that; I'm not sure that we have specifically communicated this. It's an initiative that we're aware of that is happening in another country and we bring it forward as a suggestion.

The point of my suggestion was to make the information accessible and at a literacy level—

Ms. Ruby Dhalla: That people can understand, yes.

Dr. Anne Doig: When I'm saying literacy, I don't just mean reading. I mean literacy in the largest sense of that word: at a level so that people can understand the information. I mean literacy so that we can make the information very user-friendly and very useful to them in their everyday lives. Whether it's a traffic light system or some other kind of system, the idea is to bring information in a way that people can go, “Oh, gee, maybe I had better think twice about buying that”...whatever it is.

Ms. Ruby Dhalla: What country has brought in this system that you're mentioning?

Ms. Jill Skinner (Associate Director, Public Health, Canadian Medical Association): The U.K.

Dr. Anne Doig: Yes, the U.K. I'm not aware of it being in use anywhere else. Most of the other nutritional labelling that I've seen is narrative and very dense. Even I can't understand most of it.

Ms. Ruby Dhalla: I think it's an excellent idea. Having a constituency that has a number of ethnic Canadians who have come from various countries where it is.... I don't want to say it's in fashion, but eating foods with a high sugar content is promoted, versus here, where you're trying to get them on a path of healthy eating and healthy living.

I think something like this that would simplify the labels would definitely be of benefit. As my mom said when I was first explaining it to her, "I need a dictionary to figure this all out, or I need to go to university for four years and get my degree in chemistry to figure out exactly what's going on in a label". I think it would be a tremendous advantage and benefit.

• (1635)

Dr. Anne Doig: We used to say an apple a day keeps the doctor away. What I think we need to say now is if you can't read it and you can't pronounce it, then don't eat it.

Ms. Ruby Dhalla: It's an excellent idea.

There's another thing I wanted to ask the Public Health Agency about as well. I know that Dr. Carrie was speaking about the buy-in from some of the programs.

What's going on with ParticipAction? I actually attended an event last month in my riding with Coca-Cola, whose headquarters are there. They have a really unique initiative of partnering up, not only from an industry perspective but also with organizations like ParticipAction, and going into the community to promote healthy living within some community organizations and with some vulnerable groups.

Ms. Judith Bossé: I actually would have to admit that I probably don't know about that specific you are talking about. When we're talking with ParticipAction, our work with them has been more on the social marketing aspect. Obviously you're aware that ParticipAction has received money from the federal government for this year and next, so they're actually initiating new programming, which at this stage I'm not familiar with in detail.

That being said, ParticipAction and ourselves are actually in dialogue and looking at, obviously, the framework for promoting healthy weight and the role of physical activity. We're looking at what they're evolving, their program, and at how in the whole engagement strategy the NGOs like ParticipAction and what they're doing could help communities. But I would not say anything on that particular program.

Do you want to say anything?

The Acting Chair (Mr. Tim Uppal): Just quickly.

Mr. Jean-Marc Dupont (Acting Executive Director, Centre for Health Promotion, Health Promotion and Chronic Disease

Prevention Branch, Public Health Agency of Canada): If we have time.

ParticipAction obviously is key in what we call in health communications "gen pop work". They are key to help us work with perhaps not an overly segmental, small part of our priority target audiences that we need to work with, but certainly their role, as we all know, is huge. We get a lot of buy-in simply because of who they are and their name and their legacies. So we'll continue to be working with them and the Canadian Society for Exercise Physiology. We've just worked with them on the release of the physical activity guidelines, for example.

You're meeting with ParticipAction, I believe, as well in a couple of days, so you can get into more detail with them, but given that we're short on time, I've got so much I want to say I'll keep—

Ms. Ruby Dhalla: You're doing excellent work.

The Acting Chair (Mr. Tim Uppal): Ms. O'Neill-Gordon, you're next.

Mrs. Tilly O'Neill-Gordon (Miramichi, CPC): Thank you, Mr. Chair.

Welcome, everyone. Your presentations were really very well worth hearing, and I certainly appreciate all your advice.

Over the years as a grade one teacher, an elementary teacher, I have worked with provincial governments and seen them put many programs into place to focus on proper eating, healthy eating, and ParticipAction with our children. As well, our government in 2003 passed the Physical Activity and Sport Act to encourage Canadians to increase their level of physical activity and healthy eating. As we all know, there's more and more stress being put on these two things as well.

But we've also seen that some of the most important barriers continue to increase, and they have put a kind of a slowdown to physical activity. We've seen that especially in schools, but still and all you usually have your 30 minutes of physical activity. But when you look at teenage older ones, and you look at adults and seniors, there are still a lot of barriers there that are preventing us from carrying on with the healthy eating and the healthy ParticipAction.

I'm just wondering what are some of the chief barriers that you see in any of those age groups, the twenties, the seniors, the adult ages, and how can we try to compensate and help them in this way.

Dr. Anne Doig: I think part of the barrier is that we have forgotten—and several of my colleagues around the table today have made the point—the difference between physical activity and physical education, the difference between active play and active transportation and some kind of thing out there called a gym membership or being on a sports team. We've forgotten the importance of play. We've forgotten the importance of using our feet, using our bodies, our arms and our legs to get us places, to have fun together. If we could get the kids outside playing instead of sitting on their butts in front of a television set, not only would they be more active, but they would also be less prone to the influence of all the advertising out there for all those processed food products.

It's a cumulative effect, but our society has changed in the space of a generation, in my lifetime. When I compare what I and my friends did for after-school activities and what my own children did, and now what the next generation is doing, I'm seeing a trend towards over-protectionism, involvement in organized activity rather than allowing children to play actively, and this concept that unless you've laid down 500 bucks and paid for it, it somehow isn't worth doing.

We have to get back to the very, very basics of playing outside, walking, riding a bicycle, those kinds of activities, taking your kids camping for the summer holidays instead of thinking that the only holiday is a trip to Disney World.

● (1640)

The Acting Chair (Mr. Tim Uppal): Mr. Dupont.

Mr. Jean-Marc Dupont: Mr. Chairman, I couldn't agree more.

What has changed, is your question. Information technology, iPads and iPhones, screen time, sedentary behaviour has changed a lot. With respect to the built environment, the municipal planners are great at being able to tell you the radius that is required on a street in a new urban development so that in the winter a snowplough can turn around when clearing the street. But they're not as good and they don't have the training or the background in community development to tell you exactly what is required for a new community to be liveable and to promote healthy behaviour.

I'd like to tweak on what you were saying, but I couldn't agree more. I think what's also changed is our need to, as parents, value more deliberately what we didn't have to before. If we have sidewalks, we're laughing. If the neighbourhood associations and the built environment are lobbying their municipal government to put in sidewalks so the kids don't get hit by a car, victory is claimed, but that's not enough.

The argument, as you know more than anyone, belongs to the one who can frame it in his or her terms. We have in this country learned a lot around how to speak with our trans-sectoral or multi-sectoral partners what is engaging and what is not engaging. In the seventies, we thought surely if people knew smoking was bad for them, they'd all quit, so we put pamphlets in pharmacies and our job was done. In the eighties, as conceptually we'd learned a little more about the incentives and disincentives that are required to help people make decisions, we banded around terms such as making healthy decisions the easy decisions, and we started to realize there were these barriers that we're talking about now.

What Dr. Bossé said is true. There's a lot of work to do, but it's a really exciting time. I started my career 20 years ago in the public service, left for the private sector, and now am just coming back to the public sector. Everything is cyclical, as we know. There's a huge window of opportunity where the stars are aligning on physical activity, nutrition, obesity, and broader healthy living issues. I think with the leadership and the collective wisdom not just of these NGOs, but the federal, provincial and territorial governments, there is a unique opportunity and it behoves us to grab the reins where perhaps we have not over the last 20 or 30 years. Canada was a world leader.

I think the potential is really there. I could speak to it perhaps by answering some other questions, because I'm getting the signal.

The Acting Chair (Mr. Tim Uppal): Madame Beaudin.

[*Translation*]

Mrs. Josée Beaudin (Saint-Lambert, BQ): Thank you very much, Mr. Chair.

Welcome, and thank you for being here. I only have five minutes and they will go by quickly.

Ms. Doig, in line with what you were saying about ways for the federal government to take the best possible actions to try to improve the situation, what players are in the best position to promote favourable environments? Isn't it—and this is my opinion—the people who are closest to those we want to help and for whom we want to create the environments?

Twenty years ago, I worked at Kino-Québec, which is the equivalent of ParticipACTION, and I hope we have made progress in Quebec since. But weight is still a problem and there are other problems on top of that.

Let's talk about prevention. You mentioned having fun. There was this advertisement that said: "Come out and play!" Being active can be fun. It's natural for children to want to move from the time they are really little and it's as if we have taken this opportunity away from them. How do we solve this problem of inertia? How can we make people want to be active? You were talking about the tax credit, a tool that the government could use, but the tax credit only applies to families who pay taxes.

At another committee, we did a study on poverty, and I wonder how to reach the poor. Perhaps we should come up with another formula. These families will not pay \$250 or \$300 to do an activity. Free public parks and pools, and healthy environments, those are some options. There are municipal family policies that make this easier for our families, our wards—since we operate with wards in Quebec. Do we need a national strategy or should we facilitate the work of people who are closest to those affected and whom we want to help? I will let you answer.

•(1645)

[English]

The Acting Chair (Mr. Tim Uppal): Do you want to start and jump in?

Dr. Anne Doig: I'm not sure if that was directed at me, but it seemed to be.

I think you're right that the actions occur at the individual level, at the grassroots level. But I think the regulatory framework, the authority to cause things to go in the direction they need to go in, has to be at a more overarching level. So there is a role for government, both provincial and territorial governments, but also the federal government, in setting standards, in regulating, in driving some of the framework within which this has to happen.

Yes, there's also the level at the grassroots, and I think part of that is—forgive me—making it sexy again. If we need to somehow encourage people to go back to the kinds of activity I knew as a child, there have to be leaders in the community who take that on as a challenge and those have to be the Gretzkys of this world and other people like him. I picked on him just because his name came into my head.

My community has done some of that stuff. In Saskatoon we do have free pool time in the inner city for our aboriginal people and others of low income. We do have a community that has walking trails and abilities for people to get outside, and that's in a part of the world where it's not uncommon for it to be minus 35. We have a snow angel policy in our city. You are required to shovel your sidewalk so people can actually walk on it.

There are initiatives out there. What we have to do is tell the story and promote that community to community to community, so it happens.

[Translation]

Mrs. Josée Beaudin: Thank you.

Yes, Ms. Granger?

[English]

The Acting Chair (Mr. Tim Uppal): Short answer, please.

[Translation]

Ms. Lucie Granger: The local, regional, provincial and federal governments must all take action. We must be able to rely on the cooperation and commitment of all parties. I didn't mention something earlier about pilot projects, and I want to take this opportunity to do so. There are some in each community, but the one I gave as an example goes over a period of three years and one third of its funding comes from the Public Health Agency of Canada. So we see that all governments support our efforts and our various initiatives. So a big thank you to them.

Mrs. Josée Beaudin: Thank you.

Yes?

[English]

Ms. Natalie MacLeod Schroeder: I couldn't agree more. I think the messaging has to come from all levels. There are the tax credits, the free pools, but we need messaging coming from everywhere to

engage the communities, to motivate people to push their communities to develop those free resources, to energize movement on all levels. Active living is more than just the gym membership.

The messaging has to come from the top and it has to come from the bottom and everybody needs to work together to get Canadians active and recognize what active living is and what it means to be active.

The Acting Chair (Mr. Tim Uppal): Thank you.

Mrs. Davidson.

Mrs. Patricia Davidson (Sarnia—Lambton, CPC): Thanks very much, Mr. Chair.

Thanks very much to each of you for being here. This has been a really good discussion today. We're seeing the discussion go to a level it hasn't been at before. This is where we need to go.

It's very clear that the whole issue is a societal issue. It is not just an issue of being inactive. There are a whole lot of issues.

When we look at the labelling situation, for one thing, I'll be the first to admit it is extremely confusing. We've had this discussion with health officials, and I know there are changes coming. Hopefully the labelling is going to be improved. The physical education aspect in schools is another part of it.

Is anybody teaching people how to cook these days? We talk about prepared foods. Does anybody know how to cook something that isn't a prepared food? Are these part of the federal, provincial, and territorial discussions? If not, they should be, because I don't think there's a lot of expertise out there. What about the public health nurse and the school system, all of those things? We've discussed sodium reductions, trans fats, those things, but it takes a whole lot more than that.

We talk about kids not getting enough activity. Dr. Doig, I loved what you said about kids having forgotten how to have fun, to get out and play. I look at my grandson and my great-nephews, who are five years old. It costs \$1,000 to join a house league hockey team. Parents can't afford that. Regardless of what kinds of incentives there are from the federal government, it's still way too expensive. We need more accessible activities for kids.

Over-protectionism has created some of this. We're afraid to let our kids out onto the trails that some of the communities have provided. We're afraid to let them walk to and from school. It's totally a societal issue.

Monsieur Dupont, do you want to continue with some of the comments you wanted to make when my colleague was asking her questions? You seemed to be on a bit of a roll there on filling us in on what PHAC might be doing and where we'd be going.

●(1650)

Mr. Jean-Marc Dupont: Those who know me know not to get me started.

Mrs. Patricia Davidson: We'll learn.

Mr. Jean-Marc Dupont: I'm extremely pleased with the level of discussion, as well. If there is some collective wisdom we've been hearing, and that you will continue to hear, it is in fact the multi-sectoral question. We have learned a lot of lessons over the last 20 or 30 years about how to do that well and how not to do that well.

We require policy, program, and proper communications work. In health communications in the field of health promotion, we have learned so much.

Any consultation I go to, people say "You do not segment enough". You cannot put a pamphlet out and expect that fridge magnet to speak to new Canadians. You have to segment. You have to do rigorous audience analysis. I won't bore you with the technical details. You need to drill down and get the right message to the right people: first nations, new Canadians, Canadians of low socio-economic status, and seniors, including seniors with disabilities. There are a number of NGOs working with these priority groups as well. We're looking forward to leveraging their wisdom to help us align.

Alignment should be our new mantra. My daughter showed me a YouTube video about cowboys herding cats, and the cowboy says "I've been a cat herder for 20 years". It's a bit like that. We have a lot of really well-intentioned federal, provincial, and territorial governments, NGOs, and civil society all doing their bit; we're just not aligned properly. That is really hard to do, but we are making headway.

If we continue to work on alignment so that we're all singing from the same hymn book, you will see, all of a sudden, the proper communication messages to the proper stakeholders, to the municipal councillors, the urban planners, and the developers. The message is we've come this far, and I think a new era is starting and it's exciting.

I don't know if that's good enough, but I think I had better stop.

Mrs. Patricia Davidson: It's great. Thank you.

The Acting Chair (Mr. Tim Uppal): Thank you.

We will now go to Mr. Dosanjh.

Hon. Ujjal Dosanjh (Vancouver South, Lib.): Thank you very much for your presentations.

As I was sitting and listening to you, I was reminded of my own battle of the bulge, which is pretty hard to win at my age.

There are a couple of questions I want to ask Dr. Doig. You mentioned the meal program. Have you costed that program for Canada today?

Dr. Anne Doig: I'm sorry, Mr. Dosanjh, that is far beyond my capabilities as a family physician. I personally have not costed it, no.

Hon. Ujjal Dosanjh: I was assuming your association may have.

Ms. Jill Skinner: No, we haven't.

●(1655)

Hon. Ujjal Dosanjh: My colleague went out and did some quick work. I understand if the federal government did a meal program nationally, it would cost less than a billion dollars a year. Of course, if you partnered with the provinces it would be half a billion dollars each—a half billion for the federal government, a half a billion for the provinces.

I was struck by some figures we were given in the previous meeting here that the U.S. spends about \$1.14 per child, per day, for their meals throughout the U.S., and we spend less than five cents per child, per day, in Canada. We believe we are a more inclusive, more just, and more compassionate society, so I think we need to take a look at that.

That's just a comment. I would actually be considering that issue.

The other issue is about the lights you talked about: the red light, the amber, and the green. The tobacco industry was so hard to beat in terms of that issue. Do you think anyone in Canada is going to allow any government to do that system in terms of the green, the amber, and the red? Then you're talking about foods. It's the food industry. It's everyone that sells everything. I'm not being a pessimist; I'm just thinking of the humongous battle that might be if one engages in that.

Had you given any thought to that as you made your recommendations?

Dr. Anne Doig: I've always been someone who, faced with someone telling me I can't do something, will find it's the only stimulus I need to make me turn around and do it.

I would encourage all of you at the committee level to take that challenge.

Just because there are powerful lobbies out there that will tell you they don't want to do this does not mean that it isn't the right thing to do. If it is the right thing to do to provide Canadians with the nutrition information they need, then I'm sorry, we'd better do it.

If somebody wants to lobby against the point of view that I've taken, they're free to lobby. That's what being in an open and democratic country is about. But in the final analysis, government has a responsibility to do what is right for the citizens.

Hon. Ujjal Dosanjh: I agree.

Yes?

[*Translation*]

Ms. Émilie Dansereau-Trahan: All health logos and health claims should also be cleaned up. On food packages, we often find a number of references to health, but the product in question is not healthy at all. We have a lot of cleaning to do, and regulations have to be established on nutritional value. We really need to clean up health logos because it is astounding to see the logos that companies use when the food is not healthy.

[English]

Hon. Ujjal Dosanjh: I was actually going to come to you next to ask exactly that question. You mentioned in your submission that we should toughen up the regulations. Do you have any specific proposals, other than the general recommendation?

[Translation]

Ms. Émilie Dansereau-Trahan: Are you talking about the Natural Health Products Regulations?

[English]

Hon. Ujjal Dosanjh: Yes, you mentioned that specifically.

Do you have any specific regulations that you've developed?

[Translation]

Ms. Émilie Dansereau-Trahan: The Natural Health Products Regulations were supposed to come into force on March 28. All products were supposed to have a natural product number or an exemption number—

[English]

Hon. Ujjal Dosanjh: I see.

[Translation]

Ms. Émilie Dansereau-Trahan: —then the measure was postponed.

There is no deadline anymore, but the regulations exist.

[English]

Hon. Ujjal Dosanjh: So what you're saying is that those regulations would be sufficient?

[Translation]

Ms. Émilie Dansereau-Trahan: That would be the first step, but then there should be an assessment since the regulations state that information should be provided to support the products' efficacy.

[English]

Hon. Ujjal Dosanjh: Sorry, I misunderstood you. I recognize that.

The Acting Chair (Mr. Tim Uppal): Thank you.

Mr. Stanton.

[Translation]

Mr. Bruce Stanton (Simcoe North, CPC): Thank you, Mr. Chair.

Ms. Doig, I am happy that you tackled the topic of nutrition in the north, in isolated and remote communities.

[English]

This is a subject that we've been studying in our other committee, on aboriginal affairs.

Perhaps this is not so much a question, but just to address the subject, one of the things we have looked at is that the government has just changed the program by which it subsidizes nutritious food to not just communities in the northern territories but isolated communities in northern Manitoba, Saskatchewan, and Quebec. The focus has been entirely on moving away from giving any kind of subsidy for foods that, for example, have a long shelf life, that could

be shipped in on, say, winter roads or by sealift during the summer and stored, to putting all of the subsidy on foods that are perishable and of a high quality.

The changes to this program, which used to be called the food mail program and was costing anywhere up to \$45 million per year in subsidy... The new program, inspired almost entirely by the voices of citizens in the community, have restructured this so that the subsidy will be put on right at the retail level. Shoppers in the North West or the Northern Store will be able to see the amount of subsidy through the Nutrition North Canada program right on the ticket, so that they can see exactly how much the price has been lowered to get milk or produce or fruit, all of which would be essentially transported by airlift, throughout the season.

It has also been increased; it's a \$60 million a year commitment to make sure that all of that subsidy for the isolated communities is going directly to high-quality perishable foods.

The second part is that Health Canada is working with INAC and with the retailers to inject the health information that goes with this.

I encourage, by the way, any of our witnesses who are here today—and all of your presentations, I must say, were spot on and extremely valuable for our population to consider... Particularly for people in northern communities, this is going to be of some great interest in the years ahead. There is a steering committee comprised of members of the communities to work out some of the details, and there will be a process in place to hear the successes of the program. Perhaps in a few years, down the line, we'll be able to re-evaluate this. I would encourage our witnesses who are here today to look at Nutrition North Canada. It's new. We'll be watching closely, but I think it's going to be right on target for the kinds of theme you talked about in your presentation.

That's all I have, Mr. Chair. It's not so much a question as a comment. I thought, considering our witnesses' timely mention of that particular topic, it would be good to know.

• (1700)

The Acting Chair (Mr. Tim Uppal): Very good. If there are no comments by the witnesses, we'll go to Ms. Leslie.

Ms. Megan Leslie (Halifax, NDP): Thanks, Mr. Chair.

Madam Mildon, you talked a little bit about interprofessional collaboration. Ms. Ostiguy and I have chatted about this informally in the hallways, and I know the CMA talks about it as well. When I think about interprofessional collaboration, I think in particular about a community health centre in my community that does incredible collaboration and really is holistic when it looks at people's health: you can see a nutritionist and you can see a social worker and you can see a doctor and you can see a nurse practitioner.

I wanted to throw that out to the three groups. What would interprofessional collaboration look like from the perspective of your professions—as it relates to physical activity, but I think health generally?

Ms. Barb Mildon: Thank you. It's a wonderful question. Certainly we see it across professions. Of course we have nurses, we have physicians, we have occupational therapists and nutritionists, all well represented today. We also need engineers, we need urban planners—the broad spectrum of professionals—to bring the collective wisdom about how to make all these things happen to improve physical activity.

CNA would see a very broad coalition brought together to inform. Doing that and being open to all of the professions that can inform the planning and the realization of the goals is, I think, the way to go.

• (1705)

Ms. Megan Leslie: Thanks.

Ms. Doig.

Dr. Anne Doig: I think hidden in your question is more than just interprofessional collaboration. I absolutely agree with what Barb just said. The key to this is not just the health professionals—even broadly written, if we include coaches and people like that as health professionals. It's much broader than that; it is the urban planners, it is the engineers, it is everyone in society. It is all the ministries that I named in the presentation I made to you. This is more than just a doctor-and-nurse issue; it is more than just a health professional issue. It is a community issue, and it is multi-sectoral and multi-level. I think that's the message you've been hearing consistently from all of us today.

Ms. Megan Leslie: Thanks. And with the regulatory framework coming from government, all I can say is hallelujah. Thanks.

Ms. Ostiguy and Ms. Schroeder.

Ms. Natalie MacLeod Schroeder: Again, I can't agree more with my colleagues. I think it has to go across the range of health professions and education professions into our communities to get the message across consistently. I'm going on Mr. Dupont's statement earlier that we need to be able to get it to the right segments of the population. We need to have a broad understanding across the different cultural groups that we have and the groups of different abilities. We need to look at our clients with disabilities. We mentioned the older adults with disabilities, but we have younger adults, we have children with disabilities. Looking at how we have all of those involved is going to take a broad approach, in which we need the health professionals at the table, the engineers, the urban planners. The educators, I think, are absolutely key right across the board, and not just those in the schools but those who are trained health educators, who can come from a variety of backgrounds. I think we need to be looking at those.

Ms. Megan Leslie: Concerning getting to the right segments of the population, my next question, if there is time, is if government were to develop a long-term care strategy or a home care strategy, what would be some of the key recommendations for folks who need care and for making sure that there are physical activity options available to them?

Ms. Mildon.

Ms. Barb Mildon: Thank you very much.

Just very quickly to your last question, I would add the example of patient safety, which has taken on such a huge profile lately, and rightfully so. When we brought in our engineers and our mechanics

to look at devices, we realized that we could shift the focus from “there were mistakes being made” to “there were design needs” in those kinds of equipment. By making those, we improved patient safety.

To end that, and now to answer your new question, which is wonderful, I would just draw your attention to seniors' programs. With sensitivity, I will note that Mr. Dosanjh prefaced his comments by saying that at his age, he's having a greater problem with battling the bulge. We know that happens to seniors as they get older. So the inclusion in any kind of approach to seniors programs—there are examples that we list in our briefing note, and perhaps the VON Smart program is one of the best—of going to seniors where they are is the most important thing. Not only do we then increase their physical activity, but as well we reduce their social isolation, which also adds quality to their life.

The Acting Chair (Mr. Tim Uppal): Thank you.

Mr. Brown.

Mr. Patrick Brown (Barrie, CPC): A lot of the questions have already been asked, but there are a few I want to touch upon, the first to the Canadian Nurses Association.

You mentioned in your comments investment in infrastructure. I certainly appreciated the RINC program that they had during the economic stimulus program. I know there were lots of tennis courts and rinks and gymnasiums built around the country through it. I guess the question we have, given that we're now in an atmosphere of fiscal austerity in which we're trying to be careful with spending as we leave the recession, is what type of investment you believe is necessary in infrastructure targeted towards recreation. Do you have any idea on the scope of that?

Ms. Lisa Ashley (Nurse Consultant, Nursing Policy, Canadian Nurses Association): Certainly. We haven't put a monetary amount on this issue. It's the need to pull the sectors together. I would think that would be something that governments would need to go back to looking at. We have talked about a shift of the focus from acute care, moving some of those dollars and that funding into health promotion initiatives.

Mr. Patrick Brown: Anne, did you have a comment too?

Dr. Anne Doig: Some of the infrastructure costs—and I'm going to steal some thunder from the speakers beside me.... We don't have to go out and build new things; we have to teach people to use the things they have. There are walking programs in my community, in every single shopping mall in Saskatoon. Those shopping malls are there. People go at seven o'clock in the morning, they go at seven o'clock at night, and they walk. Get people using the stairs. Make the stairwells safe; make them clean. We have some of that infrastructure. We simply have to re-educate people to the use of it.

That doesn't get to the question that was framed, in terms of our long-term-care needs and the needs of those with disabilities, but it does get to the broad general population and the fact that if we re-educate, we don't necessarily need a lot of high-cost investment in infrastructure. We have it already.

•(1710)

Mr. Patrick Brown: One thing I wanted to touch upon, actually, from the CMA submission, was caffeine intake. I know that in every room we have here on Parliament Hill we have coffee at the back of the room. How much of a concern is that? Is it sort of that everything in moderation is okay? I understand from when we looked at this before that a medium Tim Horton's has 80 milligrams of caffeine. A normal Red Bull has 80 milligrams of caffeine. Are you concerned about average intake, or are your comments directed more toward those who are taking caffeine in much more unusual doses?

Dr. Anne Doig: You've given me the opportunity to segue to something that is near and dear to my heart, and that is the hidden ingredients in things.

In a committee hearing room on Parliament Hill, there's a coffee pot at the back of the room, and a group of adults can decide whether they wish to consume some coffee. When kids go out and buy vitamin drinks, or they buy energy drinks or whatever the heck they call those things nowadays, they are getting caffeine. And they're not getting just 80 milligrams. They might be getting 300 milligrams of caffeine in a small can of some kind of drink.

I'm concerned about the fact that these products aren't even honestly labelled, and they're marketed to kids who don't have the capacity to understand the implications of the choices they're making. So if you're going to put a product out there, where it's easily accessible and it's unregulated and people who don't have knowledge can actually purchase it, to me that's wrong.

Mr. Patrick Brown: Are there any products like that we should be aware of?

Dr. Anne Doig: I think I just named several of them. I didn't use brand names, but vitamin drinks, energy drinks, and all of these sport

drinks out there have hidden ingredients in them. There's a huge market of things people think are healthy, because they're marketed to that image, the image of the athlete or the participant.

Mr. Patrick Brown: I've heard that before, but the main sources of those products we've looked at don't fall into that category. I've never seen an energy drink that actually had 300 milligrams. The one we know of, Red Bull, has 80.

When we talk about the products we should be very cautious about, I guess I'm curious about who the culprits are. I can appreciate if you don't want to mention any brand names, but this has been referenced a few times before in this committee. Is there anything more pointed you wanted to say on that?

The Acting Chair (Mr. Tim Uppal): Be very brief, please.

Dr. Anne Doig: My point is that there are many products of this sort that are marketed as though they were good for you and that are not good for you.

You made the point that moderation is key. A 12-year-old boy who's going to the store and buying a bottle of ersatz flavoured drink with jazz in it doesn't know the cumulative risks he is taking by buying those drinks. They shouldn't be out there in the first place.

The Acting Chair (Mr. Tim Uppal): Thank you very much.

Committee, we have a couple of minutes of committee business to do.

Thank you, witnesses. Thank you for your testimony. It's very valuable to our study.

[Proceedings continue in camera]

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