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Chair

Mr. Rob Merrifield

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● (1530)

[*English*]

The Chair (Mr. Rob Merrifield (Yellowhead, CPC)): I'd like to call the meeting to order.

We want to thank our presenters for being here. We have a large number of presenters today—I believe we have six groups. At ten minutes each, it's going to take the better part of an hour, and we want to get started early to be able to leave some time for questioning.

Just to let the committee know, Madame Demers has a notice of motion, but she's prepared to waive it until next meeting. We appreciate that very much.

We want to get right to our presenters. We thank you all for coming. We want you to relax and enjoy the meeting; we're looking forward to your presentations to us.

Instead of introducing all of you at the beginning, because there are so many, I'll just introduce you as we give you the floor, and if you have others who are with your delegation, then you can introduce them as well. But I'll introduce the presenters.

To start with, we have from Manitoba.... I'm going to pronounce this wrong, I know. Maybe I'll just ask George Neepin.

Chief, would you please introduce yourself?

I don't see him.

The Clerk of the Committee (Mrs. Carmen DePape): He may not be here.

He's supposed to be here, so probably he's just a little late.

The Chair: He may be a little late, so let's move on to the National Association of Friendship Centres. We have Peter Dinsdale.

Peter, the floor is yours. You have ten minutes. We look forward to your presentation.

Mr. Peter Dinsdale (Executive Director, National Association of Friendship Centres): Thank you very much.

I'd like to thank the committee for an opportunity to be before you today to present some of our thoughts and perspectives on the important issue of childhood obesity.

I've prepared a small presentation, which I've given to the clerk. Hopefully it has made its way around; if not, I'm sure it will during the presentation. I promise there won't be too much propaganda in it. We'll try to get right to the good stuff.

There is a tremendous urban aboriginal issue in this country today. Approximately half of all aboriginal people live in urban areas, half of all aboriginal people are under the age of 25, and half of all aboriginal people do not graduate from high school. What's occurring is an increasingly tough demographic for us to serve. It's an incredibly challenged population, and we are on the ground all across Canada to meet that challenge.

There are a number of key issues, certainly as related to childhood obesity, that I'd like to highlight. I'm not going to go over them all with you. There's more contained in the presentation we had prepared for the committee.

52% of all aboriginal children living in urban areas live in poverty —more than one in two. It's an incredibly challenging reality for us to deal with in these communities. In urban communities across Canada, we face an incredible housing crunch, living in over-crowded housing situations. Our employment standards are lower than the general population's. Our youth continue to struggle through education and to deal with drug and alcohol addictions in the communities we're serving. We have a tremendously challenging issue of community engagement with our people in penitentiaries, and with our women suffering higher degrees of spousal abuse than the mainstream population, or than should be accepted in any case whatsoever.

These are the challenges the friendship centres are facing across the country. The National Association of Friendship Centres is mandated to provide services to the local friendship centres that exist across the country. We do so through the provision of programs and training supports.

Our structure is that we're very much made of local community members. Local community members make the boards. The boards make their regional board; these make our national board, of which I am the executive director. There are 116 friendship centres across the country from coast to coast to coast. Through these 116 friendship centres, we provided 1.1 million client services last year. We did that through 1,260 various programs and services, a number of which directly impact on the issue of childhood obesity.

Let me give you an example of some of those programs. We have 23 aboriginal head start programs within friendship centres across Canada. These are programs that help young aboriginal people get ready for school. They give them a head start by providing training in culture, a lot of which results in a higher self-esteem, which ultimately is going to result in better health outcomes.

We have a variety of programs, such as full-fledged day cares in ten of our friendship centres; we have a variety of family support programs to train parents for better parenting skills, from feeding their children better to having better outcomes in general—we have sixty of those programs; and we have ten specific early childhood development programs looking at the very outset of these young people's lives. Those are the kinds of things we're doing.

We have a variety of food and nutrition programs that directly impact on child obesity. We're talking about people who live in poverty. It's much cheaper to buy a bag of chips than it is to get the fruits, meats, and vegetables that are required to have a healthy lifestyle.

We have 24 prenatal nutrition programs to train young moms at the start, to make sure they are ready when their children are born and while they're still in fetus, to make sure we're having a positive outcome with nutrition and that they have the information they need.

Unfortunately, we operate a number of food banks and community meals as well to make sure that aboriginal people across this country have access to food and are not going hungry.

And unfortunately, we have few proactive kinds of programs. Very few formal sport and recreation programs are available in community centres. We have only two formalized activity programs across the country. We have 18 formalized summer camps or "out on the land" programs. We have one fitness centre and 13 general recreation-type programs. These are very small numbers when you consider that we're in 116 community centres and serve 1.1 million client contacts through the year.

We have a variety of cultural programs, which naturally impact on childhood obesity. Most friendship centres do powwows and have traditional dancing and things of that nature—very much activity-oriented activities—and language programs, teachings, and things of that nature.

We have two kinds of formalized programs through our structure that I want to tell you about quickly and that certainly impact on childhood obesity. We have an urban, multi-purpose aboriginal youth centre initiative, which looks directly at recreational social programs for urban aboriginal people. A lot of it impacts on the kinds of recreation programs we are able to provide that look at childhood obesity.

● (1535)

Finally, we have a summer employment program called Young Canada Works, which really funds a lot of camps and moving kinds of activities in the summer, to keep kids active.

All of this is to say that this is what we're doing. We conducted some research in 2005 to take a look at the lack of recreation we saw in the communities that are currently able to provide it, and we had some interesting findings.

What we found was, as I said, the majority of friendship centres are involved in some type of physical or recreation program rather informally, and that the opportunities for aboriginal youths to access physical activities within communities is limited. It's hard for them to get access to programs.

The largest barrier to aboriginal youths participating in physical activities is financial. They can't afford the shoes. They can't afford a change of clothes. They can't afford the basketball, the hockey stick, the lacrosse stick, the fishing rod, the canoe paddle, to go out and participate and be active.

The largest barrier that our community centres are facing, the friendship centres, is financial. They can't afford to keep a worker there to have their young people go through programs.

The basic infrastructure exists across the country to have a meaningful impact in urban areas. There is just not a financial commitment at any level of government to look at that type of programming on a consistent basis for urban aboriginal people.

I know our time is short, so I'm going to begin to summarize.

With respect to barriers to programming, I'll say there are a couple. There is limited urban aboriginal programming in general. There's a huge constitutional divide—I'm sure I don't need to tell the members about it—when it comes to aboriginal services. Particularly in urban areas, there's a bit of a dearth of the will to step in because of the concern that it will be seen as taking the provincial responsibility that many believe exists for urban aboriginal people.

In general, there's limited physical activity or recreational programming available in communities. What sport and recreation programming exists in the aboriginal community is focused on high-performance athletes, such as those going to the North American Indigenous Games and things of that nature.

There is lack of provincial programs to fill in the void that exists. While some programming does exist, I think the jurisdictional divide remains.

I've talked about poverty from a very programmatic perspective, and I think it's important to note that childhood obesity is linked to poverty. Poverty is linked to the physical, mental, emotional, and spiritual health of people in our communities. It's not one thing. If it was simply childhood obesity, we'd buy a bunch of treadmills and balls to chase and be done with it. The reality is that broader systemic issues exist in communities, and we need to have a more comprehensive approach to address them.

Programs that support this, like the aboriginal friendship centre program that we administer, are important because they provide the context and the framework for other programs to be involved. We are currently involved in a process—which I'm not going to sell you on today—to look at enhancements to fund that program appropriately. However, I'd note that programs like the aboriginal friendship centre program are key to ensuring that the recreation programs are available in communities that those centres serve.

If I could be so bold as to finish with some recommendations, I would recommend four things.

First, it's vital that this committee look at the programming for the group of kids aged six to twelve. We have some programs in the early childhood area, but when we get to that magic six-to-twelve age group, there is a huge divide. In the community centres, unless a young person is in trouble with the law or drops out of school, there are no formalized programs for them, so we're seeing childhood obesity as an outcome.

Funds are clearly required for specific physical activity and recreation programs. These have tremendous health, justice, and other outcomes. If they're playing basketball Friday night, they aren't out drinking or breaking into other places or getting into other kinds of trouble.

We believe a broad urban aboriginal action plan is required to address the broader issues that we address. It's not enough to have one-off programming. We think we need a systematic approach to address the over 50% of aboriginal people who live in urban areas. That approach doesn't exist in this country today.

And finally, we recommend supporting urban development issues like the aboriginal friendship centre program funding.

Thank you.

● (1540)

The Chair: Thank you very much.

We'll now move to Chief George Neepin. I see that he's here now.

If you would take the floor, we look forward to your presentation.

Chief George Neepin (Chief, Manitoba Keewatinowi Okimakanak): Thank you, Mr. Chairman.

I want to begin by thanking the members of the committee for inviting me to speak on behalf of Grand Chief Sydney Garrioch of MKO on this very important issue of childhood obesity. I would also like to acknowledge the traditional territory of the Algonquin peoples.

I'm going to keep my presentation focused on what I believe is most relevant for a parliamentary committee to consider, as opposed to expressing all other important information on the subject.

I understand the purpose of the study is threefold: to obtain information about recent trends in childhood obesity; to understand the wide range of determinants that influence childhood overweight and obesity rates—social, economic, geographic, cultural, genetic, and environmental factors; and to identify existing and potential roles for the federal government in addressing these issues.

The region I represent spans nearly half the province of Manitoba in the northern portion. I have a written summary of who we are and what we do, for the reading pleasure of the committee later.

My presentation will highlight the three main areas that form the theme for this study. I'm going to focus less on quantifying the issue through statistics—I'm sure you've heard much of this already—and focus on the quality of the message that needs to get out.

I have heard that the rate of childhood obesity in aboriginal children is in the range of 60%. This is an alarming enough statistic at the broad level, even if it is off a few percentage points. What concerns me about this is that at least half of those in our population are under the age of 18. On one hand, this can be viewed as a negative thing, because about 20 years from now at least 30% of our population—nearly 17,000 of our northern children, 60% of whom are under 18—will be faced with risks associated with chronic disease such as diabetes, hypertension, heart disease, high cholesterol, and colon cancer, added to those they are already suffering from today. On a more positive note, though, I know that if we take the right action now, starting with delivering the right messages to parents and communities about the importance of physical activity and nutrition, we can have some peace of mind that the prevalence rate will be impacted in another direction by at least these 17,000 first nations citizens.

How do we measure this? I'll leave that up to the experts, but I'll emphasize that investment in measuring effectiveness should be secondary to trusting the advice and recommendations of those on the front lines actually dealing with the situation.

On the determinants of health associated with this particular disorder, I can offer some points for each of the ones highlighted. On the social aspect, I suppose a number of concerns can be highlighted here that attribute the condition to lifestyle choices such as apathy or neglect. But I would caution any parliamentarian not to attribute certain health conditions to certain populations, and to refrain from attaching any stigma to an already sensitive dynamic that exists for aboriginal people in this country.

I am sure many assumptions have been made by many people up to this point, and not just politicians or bureaucrats, about the responsibility of parents to ensure that their children are adequately nourished and provided for in their recreational needs. These assumptions need to be balanced by the realities facing our people.

Let me share some of the social realities in our communities. We do the best we can to meet the needs of our children and their families. We have programs in our communities that are mandated by law to provide essential services through various government departments, such as Indian Affairs, and the first nation and Inuit health branch. That includes education services, child and family services, day care, and primary health care. These essential services are provided through financial authorities that are not only very stringent but inadequate. Moreover, these programs are based on demand and legal responsibility under some authority of government. But there are voids that are still not filled, such as the jurisdictional wrangling that occurs between the provincial regional health authorities and our federal nursing stations.

Many of our schools are starting to age and are overcrowded. Technology is either outdated or limited. Mandates are focused and limited, and resources are stretched. Furthermore, there is a lack of recreational facilities. Policies of authorities sometimes limit access. Those facilities that do exist, such as federal school gyms, and crucial positions, such as recreation directors, are not considered core social programs.

● (1545)

I suppose the consequences of this situation are compounded rates and effects of depression, discrimination, and other impacts of obesity and poor nutrition on the mental health of children such as lethargy, low esteem, and poor body image.

In terms of economic determinants, the main point I want to emphasize here is the need to address poverty as a major factor affecting health status. With limited income and opportunities to income, families have limited resources to acquire the tools for healthy living. More income means more money to buy sports equipment, to transport kids to extracurricular events, and to buy nutritious food.

In terms of geographic factors, half of the communities within MKO are in remote locations accessible only by air or winter roads, and winter roads usually at times don't last very long. Every year our organization intervenes on behalf of its member nations to advocate the need for subsidies and emergency response related to winter roads, or lack thereof, when the weather does not cooperate.

The government needs to take responsibility for ensuring that the appropriate authorities are in place to assist communities in getting access to the basic necessities of life—in this case, fresh foods such as meat and produce and fruits and vegetables. An example of a good-case scenario is the recent implementation of the food mail program, a cooperative effort between Sobeys West of Thompson, Manitoba, and Canada Post.

Food mail is a Government of Canada program that pays part of the cost of shipping nutritious, perishable food and other essential items by air to isolated northern communities through postage rates of 80¢ per kilogram. The principal objective of this program is to reduce the cost of nutritious, perishable food and other essential items, thereby improving nutrition and health.

Eligible items include fresh fruit and vegetables, milk, cheese, eggs, bread, and meat, as well as non-perishable food such as canned food, cereal, pasta, and baking supplies. Ineligible foods include pop, chips, and candy, and tobacco and alcohol. Nutritious, perishable foods are generally delivered within 48 hours. Direct shipments can be made to individuals, organizations, establishments, and businesses providing day care services, school breakfast programs, health care, and similar services.

This is an excellent example of partnership between government, business, and first nations, and I cannot emphasize the importance of government to continue to remain committed to this program, perhaps even through some form of statutory guarantee.

The cultural factors have probably already been highlighted by other presenters, such as the decline in traditional lifestyles and the need to get back to a more traditional way of life. In the past, our ancestors had no choice but to keep moving and remain active as a means of survival. These days it is more a form of recreation. For example, through the school curriculum there is traditional food gathering and preparation, such as hunting, fishing, trapping, snowshoeing, dog sledding, and mandatory home economics classes, such as tanning, canning, harvesting, cooking, and baking.

The genetic factors are probably best left for the scientists to explain. However, I'm certain that certain genetic conditions exist that predispose aboriginal people to certain health conditions at an increased rate over the general population, such as certain forms of cancer, heart disease, and endocrine disorders. It is not fair to attribute certain health conditions as arising because of poor lifestyle choices. I'm sure a combination of factors contribute to this problem.

Finally, some environmental factors to be considered could be related to the deterioration in the environment and ecosystems of our lands due to mining, forestry, and hydroelectric development. Migration routes and patterns of herding animals have been impacted by exploration and development in the north, and waters have been contaminated due to flooding.

Effects on the environment have devastating impacts on the traditional ways of the people, and compensation for the loss of culture and the way of life is still outstanding for many of our communities. Governments can assist on this front by expediting the specific land claims process as it impacts treaty land entitlement and by dealing with the relocation of the Sayisi Dene people, who are members of our organization in the northwestern corner of the province.

● (1550)

By righting past wrongs, our people can move on and begin rebuilding their spirts and restoring confidence in their relations with the different levels of government.

First nations need to begin building the economies necessary to provide the right opportunities to families.

The main message here is that no one solution exists. The issues confronting our people are complex and intertwined. No one government or department can bear the responsibility for the safety and health of our children. This is a shared responsibility.

The challenge for all of us is coming up with common understandings, commitments, and actions at a formal level such as through intergovernmental agreements and more flexible policy and legislative frameworks. I am confident this can be done.

I look forward to the recommendations of the Standing Committee on Health and future commitments of government to respond to this latest health crisis. This particular issue falls within a subject area that usually is very low in priority and under a lot of scrutiny as far as expenditures are concerned. Child obesity falls under health, and in many of our communities health has been under extreme pressure and a lot of the services are being cut.

The issue of health also falls far below critical issues like employment, securing business opportunities, the cost of living, attracting airlines to provide services to our communities, funding winter roads so that goods and services can be brought in, housing, and families in crisis. All of these take priority and usually take precedence over issues in health.

I just wanted to briefly mention in closing that competitive sport has its advantages towards inspiring individuals to better themselves physically through diet and practice in between competitive games, but a lot of times non-competitive sport promotes friendship and doesn't measure your acceptance according to your skill level. I commend the government for recognizing that sport in general requires financing and promotion of healthy and positive inter-community competition.

Our communities are isolated, and a lot of priorities remain in trying to get a basic service that in big cities we accept as always being there—that's basic transportation amongst our communities. It's one of the critical areas. So a lot of the competition that occurs between communities down south can't be had in many of our communities.

I just want, again, to reiterate my thanks for the opportunity to appear before this committee.

The Chair: Thank you very much.

Now we'll move to the Manitoba First Nations Education Resource Centre. We have Lorne Craig Keeper, executive director.

I understand you're somewhat related to the honourable member Tina, so we'll keep brother and sister—I understand—apart.

Remember, every word can and will be used against you here.

The floor is yours.

Mr. Lorne Keeper (Executive Director, Manitoba First Nations Education Resource Centre): Good afternoon.

I would like to thank the Standing Committee on Health for undertaking a study on childhood obesity.

I'm honoured to come forward as a witness at the invitation of the committee.

It is my understanding that the committee wants to consider what role and responsibility the federal government may have in regard to childhood obesity, and that this study includes a focus on aboriginal children.

I will speak specifically to the issue as it affects first nations, and in particular the role of schools. The federal government could have a significant role on this issue for first nations children because of the legal framework for first nations in Canada.

My name is Lorne Keeper, and I'm the executive director of the Manitoba First Nations Education Resource Centre located in Manitoba.

I am a member of the Nisichawayasihk Cree Nation in northern Manitoba. My work has been in the field of education for the past 30 years.

In Manitoba, there are 55 first nations schools that are administered by their nations. This is commonly referred to as local control. First nations in Manitoba set local control of their education in the early 1970s in a move they felt was intrinsic to self-determination; however, the federal government did little to accept and support this concept. For approximately 25 years, there were essentially 55 one-school systems, with little or no support for the second- and third-level services that are taken for granted in all other jurisdictions.

The organization I represent, the Manitoba First Nations Education Resource Centre, was established in 1999 and was given a mandate by the chiefs of Manitoba to provide second- and third-level services to the 55 first nation schools. The funding initially came from the Gathering Strength initiative, which was the federal government's response to the Royal Commission on Aboriginal Peoples.

The centre's staff worked directly with these schools. We have a role similar to that of a school board in a provincial school division. The primary difference is the provincial school boards have jurisdiction over their schools, and in our case the Manitoba region of Indian and Northern Affairs Canada has jurisdiction over the schools we serve.

The problem of obesity is prevalent in first nations children and will only worsen if not addressed. There is extensive research on the causes of obesity in children. I do not need to cite any references. The predominant causes, as I understand, are that poverty and obesity are directly related, and low self-esteem and obesity are directly related.

In our first nations communities, it has been the changing nutrition patterns and the lack of physical activity within the larger process of social and cultural changes that are largely responsible for the emergence of obesity as a health threat. In first nations communities fifty years ago, diabetes was a disease that was virtually non-existent. Some early research implied that our people were immune to this disease. As you are all aware now, diabetes is the number one health issue in first nations communities throughout Canada. If the trend of childhood obesity continues, a very high percentage of this youth group will develop diabetes.

It is often thought that obesity and lifestyle choices are simply about bad food choices and a lack of effort to make healthy eating and lifestyle choices. However, in the schools where we work, there are the issues of poverty and the intergenerational effects of colonization, which are very real and have affected virtually every first nation in Manitoba. Colonization has impacted on our lifestyles and societal structures through policies that have controlled almost every aspect of our lives. Many of you are aware of residential schools as one example of colonization.

Another critical factor that we believe contributes to obesity is the cost of food. One of our staff members compared the cost of purchasing healthy food for a family of four living in Winnipeg with the cost of purchasing the same healthy food for a family living in a northern first nation in Manitoba. It was found that the family of four in Winnipeg would spend, on average, $800 per month on food for a healthy diet. The cost of purchasing the same food in the northern first nation for one month was costed at approximately three times more per month. It would cost $2,400 to feed a family of four with the same fresh fruits, vegetables, and meats. Note that a four-litre jug of milk in this community costs $12.

The irony of costs in the north is reflected in the cost of a litre of whiskey. An individual purchasing a litre of whiskey in Winnipeg and then travelling 1,500 kilometres to a northern community is able to purchase the litre of whiskey for the same price, because the price is regulated by the provincial government. Something is certainly wrong with this picture.

● (1555)

Regulation of the price of healthy foods by the federal government would have a significant positive impact. The Government of Canada must play an important role in improving the health and well-being of all children. In doing so, it will begin to address the issue of obesity in our youth.

What are some strategies to consider for intervention, prevention, and control of obesity in first nations children? The impacts of poverty and poor nutrition are having a detrimental effect on school success. One of the ways to address this issue systematically is through the provision of breakfast for learning programs and by providing school-wide healthy lunch programs. Currently, schools have very little or no resources to fund such programs. However, providing such programs will not only have a positive impact on learning, but also improve attendance rates and help to meet nutritional requirements. Being hungry or chronically malnourished means a child is not able to concentrate and perform in school or work to their full potential. If the federal government were to provide such funding for first nations schools, this would assist in proactively addressing a number of problematic issues such as childhood obesity. It would also have a positive impact on long-term academic success.

Enhancing universal access to sports and recreation in first nations communities is also an area of need.

Capacity-building in first nations communities has to begin in the area of health professionals. It is important for communities to develop their own professionals. In order for capacity to occur, the government of the day must resource capacity.

More qualified physical education teachers must be trained. In many of our first nations schools across Canada, gym facilities and recreation facilities are not to be found. Having adequate school gym or recreation facilities seems to be contingent on the size of your first nations population. In Manitoba, at least, one-third of our 55 schools do not have an adequate gym, and in some communities there is no gym or recreational facility. On the other hand, provincial jurisdictions ensure that their schools have adequate facilities for physical activity and recreation.

It is imperative that health education strategies are developed and implemented by the communities, for the communities. Further to this, school-based programming and strategies will be required to promote healthy choices and could include curricula to instill healthy choices; self-esteem building and life skills; a physical education and health curriculum that promotes recreational activities to balance athletic competition; early intervention by qualified nutrition counsellors or health practitioners at the primary, middle, and senior years; outdoor education camps and activities; nutritional awareness for parents; and requiring schools to offer only nutritious, low-fat foods and drinks.

Undoubtedly the requirements to address this challenging crisis are considerable. It is evident that first nations schools in our communities are the centre and focal point of much of the community activity. What happens in the community is usually reflected in the school. For example, in many of our first nations communities, there is a concern about first-language laws. First nations schools are not being asked to develop programming for restoration of the first language of the community.

In the particular area of obesity, schools cannot solve the obesity epidemic on their own, but it is unlikely to be eased without strong school-based policies and programs.

The Manitoba First Nations Education Resource Centre has had many ongoing success stories in working with the 55 first nations schools in Manitoba. Our organization is viewed as a catalyst for change in our communities. Many of the strategies are possible but require resourcing in terms of staff, as well as funding for the development of programming. Communities must build a capacity locally to help address the obesity problem. Our organization, if given the task to help the federal government, will be able to begin the process by building capacity and working with the schools to address this issue. The answers are within.

[*Witness speaks in his native language*]

Thank you.

● (1600)

The Chair: Thank you very much.

We'll now talk a little more about diabetes. With us is Christine Lund, an Inuit diabetes coordinator.

If you would, please introduce the other individuals who are going to help you with the presentation.

Ms. Christine Lund (Diabetes Awareness and Prevention Coordinator, Tungasuvvingat Inuit): Connie will start.

Ms. Connie Seidule (Program Coordinator, Inuit Family Resource Centre, Tungasuvvingat Inuit): [*Witness speaks in Inuktitut*]

Hi. I'm Connie. I work at the Tungasuvvingat Inuit Family Resource Centre. This is Christine Lund, and she is the diabetes awareness coordinator at Tungasuvvingat Inuit. My coworker Ernie Kadloo is the child and family programs facilitator at the Inuit Family Resource Centre.

We came here today to give you a bit of a picture of urban Inuit in Ottawa and how the issues might relate to childhood obesity. Christine will talk a little bit about the risk factors. I'll outline a few of the child and family programs we have as well as the diabetes awareness program, and the results of an urban Inuit conference that was held and hosted by our organization last year, in 2005. Then Ernie will speak briefly about the inherent connection between Inuit culture, games, and the physicality of preserving health and welfare among our children and families.

Just to give you a bit of background, Tungasuvvingat Inuit was incorporated in 1987. It was created to serve the unique needs of urban Inuit in Ottawa and Ontario. We have some programs right now that also service Inuit right across Canada, such as the diabetes awareness program and our Mamisarvik treatment program. Tungasuvvingat Inuit provides support in the development of social, health, cultural, and economic programming and services to empower and enhance the lives of Inuit living across Canada and in urban centres.

Currently, we have a staff of 26, 81% of whom are Inuit, and our board has 100% Inuit membership. We have programs in counselling, addiction treatment, health promotion, employment training, and family, children, and youth, with funding support from federal, provincial, and municipal governments as well as from foundations of support organizations.

Our mandate is to provide social support for Inuit as follows: to assist Inuit adjusting to southern urban culture; to provide vocational and employment advice; to assist with family and personal difficulties; to provide counselling and referrals; to help with substance abuse; to give personal and financial management and counselling; and to set up community and recreational programs. We have a long history of working with this population here.

Currently, the urban Inuit population makes up 25% of the total Inuit population of Canada. We are one of the only urban centres that actually have formalized programming. There are a few major pockets of Inuit across Canada in Montreal, Edmonton, St. John's, and Winnipeg, but we in Ottawa are one of the only centres that actually have formalized programming set up for this population. We are also the largest population of urban Inuit in Canada.

● (1605)

Ms. Christine Lund: The urban Inuit today are undergoing dramatic cultural changes and transformations when they move to an urban environment from their regional areas. Traditional beliefs and values are more difficult to maintain in the urban areas. Inuit must learn to navigate a new way of life while facing misunderstandings of culture and discrimination. Additional barriers to access of services for urban Inuit include economic, physical, social, and language considerations. A lot of Inuit have Inuktitut as a first language rather than English.

With respect to the risk factors, a lot of our urban families face economic challenges similar to that of other first nations groups. They come from lower-income families. This alone creates barriers that increase the risk of type 2 diabetes as well as childhood obesity. Being economically challenged reduces or eliminates the opportunity for children to participate in organized activities. A lot of recreational activities now have a fee, rather than being free services. A lot of the activities require transportation. Although we do live in urban centres where transportation is available, if you don't have the funds, you can't get to where you need to go. A lot of our children don't even have enough to eat to physically participate in any activity. If they can get to the activity, they are hungry and they don't have the physical stamina to keep up with other children.

Food insecurity is an issue. Parents are often accessing food banks to try to meet the basic needs of their families, let alone having nutritious snacks. A lot of the time they are dealing with having substance rather than nutrition.

As I was saying earlier, language is a barrier for a lot of urban Inuit, and that contributes to the risk factor. The primary language is Inuktitut. Instructions that are given for physical activities or clubs... even food preparations, recipes that we follow every day, are misunderstood or may be interpreted in a different way. There's a lot of misunderstanding.

Our children living in urban centres are undergoing a lot of peer pressure. Living their Inuit culture is not cool any more. They need to drink the right drinks, wear the right clothes, hang out with the right people, and look the right way. Deviating from that and keeping up their tradition is frowned upon. They want to fit in.

Awareness and understanding of healthy eating habits and food preparation is actually a learned skill for urban Inuit. It's not something that's learned from the area they've moved from. Urban Inuit have to re-learn this skill. Traditional knowledge was passed down from grandparents to the young. The knowledge used in the north is not relevant in the urban centres. When a family moves to an urban centre, they actually have to re-learn what is nutritious and how to feed their families. The whole game is changed.

Again, traditionally, the Inuit were subjected to cycles where food was in abundance and then there were shortages. You had to get food while you could. It meant you were moving a lot. You had to travel long distances just to get your basic needs met. There was no sedentary lifestyle. A sedentary lifestyle is a new thing for Inuit in urban centres.

● (1610)

Ms. Connie Seidule: Currently at Tungasuvvingat Inuit there are two main health promotion programs that relate to childhood obesity. The first is the Inuit Family Resource Centre. We've been serving Inuit children and their families for over eight years now. The program focuses on families with children from zero to thirteen years of age. The goal is to promote healthy outcomes through four main, core standard areas. We have child development and nutrition, cultural development and retention, parenting and caregiving skills, and community development and healing.

Our core programs at the moment are the Canada prenatal nutrition program, CPNP, for pregnant moms and infants up to one year, and the community action program for children, CAPC, for children zero to six years and their families. We also have some targeted age-specific programs right now for children from six to thirteen years old.

We offer a small number of primary health care services. These include blood pressure and blood sugar health checks, individual health consultations, assessments, and some complementary medicine.

Our publications include articles in the *Canadian Journal of Public Health* and the Canadian Institutes of Health Research knowledge translation casebook. These might be of interest to you as they speak directly to the most effective ways of gathering information from the communities to determine the best method of health promotion—what the best interventions would be for this population and for our community.

We've presented our findings from our research project across Canada, the United States, Australia, and Russia in the last three years.

The second program is the urban Inuit diabetes prevention and awareness initiative, which Christine runs. It is a national program designed to network the other centres, the other pockets of urban Inuit across Canada. There's a lot of work that's been done. It's been tagged as a priority since 2001. The main objectives of the initiative are to raise awareness of diabetes among urban Inuit, its risk factors, and the value of healthy lifestyle choices and practices. It promotes indigenous ownership of diabetes primary prevention and health promotion, it promotes innovative approaches to diabetes prevention and health promotion, it ensures equitable delivery across the country, it provides culturally appropriate material to targeted urban Inuit, it promotes healthy and traditional foods, it ensures that Inuit culture and values are reflected in the development and delivery of the program, it promotes a holistic approach to healthy living, and it ensures the active participation of urban Inuit in diabetes prevention and health promotion across the country.

Healthy and active living, of course, are paramount to the well-being of urban Inuit. With continued support, we hope to continue to empower this population across Canada to take ownership and promote healthy lifestyles within urban Inuit culture.

● (1615)

Ms. Christine Lund: One of the challenges to note that is faced by the national diabetes program is that we do deliver nationally, and we are the only urban Inuit program delivering across Canada that's out of region or off-reserve. So that presents challenges in itself, just being cross-Canada.

Ms. Connie Seidule: We have pictures, too.

Also, you might be interested in some other results of Tungasuvvingat Inuit's 2005 urban Inuit conference, which was named National Urban Inuit One Voice. Two of the main findings as they relate to childhood obesity and health would be the finding to create an effective advocacy mechanism to achieve an equitable share of aboriginal funding to address the needs of Inuit living outside their land claim regions. It was identified that it is important to recognize that Inuit governments and organizations in the larger community must work together to see how we can advance Inuit well-being at the urban level. And we implore governments to ensure that funding and programs have Inuit-specific components and seek the participation of urban Inuit in the development of any upcoming initiatives.

The second finding is the need to promote healthy Inuit families through health and social supports, community and cultural development, and education in health, nutrition, child development, and parenting skills. Among these subcategories is traditional knowledge, which Ernie can speak to. The continuation of Inuit games, sports, and recreational activities is inherent to maintaining the physical health of this population.

The urban Inuit community, also keep in mind, is growing at increasing rates, with the number of children, families, and elderly who do not have access to recreation and sports activities correspondingly increasing as well. And again, resources and staff are needed to provide these sports and recreation activities.

The Chair: You're overdue. It may be very tight, or we could actually engage you with the questioning round and get the rest of the information then.

Ms. Connie Seidule: Sure. We can do questions.

The Chair: Thank you very much.

We'll move to the Aboriginal Nutrition Network. With us is Bernadette deGonzague.

The floor is yours.

Ms. Bernadette deGonzague (Registered Dietitian, Aboriginal Nutrition Network): Thank you, Mr. Chair.

I'm very honoured to be here to speak on behalf of the Aboriginal Nutrition Network.

I'm a member of the Abenaki First Nation in Quebec and one of seventeen aboriginal registered dieticians in Canada.

I brought a copy of the role paper for the Aboriginal Nutrition Network, but unfortunately we didn't have funding to have it translated. Carmen has a copy.

I know you've heard much information from many different parties. Being invited to speak at a grassroots level, I would like to give you an idea of what a dietician faces in the community. I'm speaking to you on behalf of my experience in the near north on a reserve community, as well as in an urban population.

I'll come to my first day at work.

I'm the only RD servicing an aboriginal population of about 5,000 people living on and near the area's seven reserves. The nearest large urban centre is 350 kilometres away. Travelling distance between communities is up to 250 kilometres, often on gravel roads.

On my drive in to work, I'm thinking about how busy it has been since my colleague left six months ago. She was the third person in that position in a two-year period. We are lucky to be funded for two FTEs, but the position has been vacant since she left. We are at risk of losing funding for that second position because of the vacancy.

I arrive at my office to find a community health representative, or CHR, waiting at my door. She needs some nutrition information ASAP for an 18-year-old girl who has just found out she is pregnant. The girl is enrolled in the Canada prenatal nutrition program, but the CHR has no formal training in nutrition. She calls on me often. The girl is leaving soon to go down south to school, so she needs the information right away.

My agenda for the day, then, includes three individual counselling appointments and an afternoon workshop. Meet my clients.

The first is a 54-year-old woman who has just been diagnosed with diabetes. She's taking care of her daughter, son-in-law, and three of her grandchildren. They're all staying in her three-bedroom home because of the mould in their own home, and they're having breathing problems as a result.

We start with basic diabetes education and a few small changes she could make to her eating habits, with some discussion on physical activity. We also go over some ideas for her to feed her grandchildren, although she doesn't like to interfere with their care. I'm amazed that in spite of the chaos in her home, she even came for her appointment. I hope she comes back for follow-up.

The next one is a single mother of four young children, including a two-month-old infant. The CPNP worker has asked me to see her about her own nutrition while breast-feeding her young infant. She doesn't show up for her appointment. When I call her, she tells me one of her children is sick, she has no babysitter, and she has no transportation to the clinic. I arrange to do a home visit the next day.

It's only the third week of the month, but her family food budget of $400 has been spent. The local store is expensive and the selection of fresh produce is slim. I will bring her a food voucher from the CPNP, but some clients have reported that their Ontario Works allowance has been reduced by the amount they receive from CPNP vouchers.

Next, I see a 40-year-old man who has been referred for high cholesterol and triglycerides. He has been on my waiting list for two months. We talk about his diet, and I ask if he is able to use any traditional food. Although he used to go hunting and fishing with his dad as a child, no more. He works full-time and can't take the time off to go. He doesn't have money for a boat or a trailer, and the cost of butchering a deer or a moose is too high, at $125 to $200. Besides, his doctor told him wild meat wasn't good for him because it has too many contaminants and is high in fat.

We talk about how our traditional foods are actually what kept us alive, and how they are in fact much healthier and lower in fat than most market foods. The benefits far outweigh the risk of any contamination in this region, which is actually low. His wife was unable to attend with him, since she works also, but we go over some sample food labels of the convenience foods she has been cooking for the family. He's shocked to realize how much sugar and fat is in the pop and chips he has at night with his children.

I answer a few phone calls. The first is a call from a teacher at the elementary school who wants to start a class for overweight children —a fat class, in effect. I suggest that isolating children who are overweight for diet and exercise might not really be the best approach. I tell him I'll be happy to come and do some healthy lifestyle programming with all of the kids, and we agree to talk about it the next time I'm in the community.

Next, one of the parent volunteers with the breakfast program needs help with menu planning. We talk about potential donations, since the budget from the Canadian Living Foundation's Breakfast for Learning is limited.

Lastly, I get a call from a nurse in one of the other seven communities, 150 kilometres away. I'm not scheduled there for another two weeks. She has a client whose 8-year-old has just been diagnosed with type 2 diabetes. The child is overweight and they live in a remote area with few recreational activities, so they watch TV and play computer games. I fax her some information until I can get out to the community and speak with the family. I also tell her about a new program on APTN that now includes an aboriginal dietician.

● (1620)

My afternoon class goes well. We're learning about canning the first harvest from a community garden. It was a challenge getting it going and to keep vandals, dogs, and wildlife from ruining the garden, but it worked.

The maternal child health program here provides child care so moms can attend the class. A few of the people who had signed up for class didn't come. They are most likely attending the funeral of a young member who committed suicide. The day ends with completing paperwork and trying to prepare for the next class the following week.

On my day as an urban dietician, I work in a program funded by the Métis, the off-reserve aboriginal and urban Inuit prevention and promotion program from ADI, and I'm challenged with the task of diabetes prevention with funding that is limited to short-term projects, not ongoing programs. Our diabetes prevention program has, for the last two years, depended on last-minute annual extensions. Most recently, we got a six-month extension, and just yesterday we received notice that we have had approved a new program to start on December 1, in three weeks.

The N'Amerind Friendship Centre in London is our best partner. We partner with them often to gather and to reach the children and youths in the community, although their youth program has been cut and they have no funding for our youth program in London. There are over forty schools in the city of London, with a few aboriginal children in each school. If I go to the ones with the highest concentration of those children, I'm told that since many of those children come from on-reserve nearby communities, they're not my mandate under the off-reserve ADI program. Nutrition services are not considered core services for provincial aboriginal health access centres.

Now that you have a grassroots idea of what some of our challenges are, how can you support aboriginal people and their registered dieticians and health workers in their communities to do the work that needs to be done?

We need human resource capacity-building and improvement and access to dietician services. We need support for recruitment and retention of aboriginal people in careers such as nutrition, physical activity, and health promotion. They need to leave their communities to do these programs, so we need enhanced distance education opportunities and internships closer to home that include cross-cultural training and initiatives such as the career promotion tool kit developed by the Aboriginal Nutrition Network.

We need mandatory core funding for registered dieticians in primary care and prevention programs. The breadth and quality of nutrition education could be greatly improved by measures ensuring that a registered dietician is mandatory staff, or at least a resource person for programs such as ADI, CPNP, and maternal child health; and that health workers such as CHRs and pure educators in the community are supported and trained in nutrition.

We need reimbursement for transportation, not only to medical appointments but also physical activity opportunities on and off reserve.

We need a specific research agenda for both on- and off-reserve populations, one that will yield useful and accurate data to direct programming efforts. Incidence of on- and off-reserve diabetes and other chronic disease rates are not known. We need information on food consumption patterns, activity patterns, and preferences. We need qualitative research to explore aboriginal peoples' perceptions, values, and beliefs around health, weight, activity, and the effects of residential schools on parenting, eating, and feeding behaviours. We need clinical research related to diet composition—carbohydrates, protein, and fat—and the effect on insulin resistance and diabetes and cardiovascular disease specifically within aboriginal populations.

We need support for educational activities in developing culturally appropriate teaching materials that encourage traditional food use and activities, in print as well as in audiovisual tools such as video, music, and theatre, and using technology that appeals to children and youth, with translation into English and French as well as aboriginal languages.

We also need a clearing house of program funding and resources available to improve the dissemination and communication of the resources available.

● (1625)

Lastly, we need to improve access to traditional foods and activities, and to improve support for community traditional food use and sharing programs such as community gardens, freezers, and institutional policies that are respectful of the spiritual and cultural significance of food for use in health and in ceremonies.

Environmental protection of traditional food supplies goes without saying. Support hunting and fishing programs both in the north and in southern and urban aboriginal areas.

Aboriginal school curricula and after school programs such as those funded by friendship centres should include mandatory nutrition and physical activity components.

Finally, this funding needs to be flexible enough to eliminate the disconnect between on- and off-reserve funding and improve coordination between provincial and federal funding. It must be a long-term commitment and use outcome measures that reflect more qualitative results than just BMI.

Thank you.

The Chair: Thank you very much for your presentation.

We have one more presenter. From the Affordable Food Alliance, we have Jim Deyell.

The floor is yours.

Mr. Jim Deyell (Director, Public Affairs, Northern Canada, Affordable Food Alliance): Thank you, Mr. Chair, guests, and fellow speakers. This is the first opportunity for the alliance to sit in front of any committee, and we appreciate it.

My name is Jim Deyell. I represent the Affordable Food Alliance, and I have with me today two associates who represent the third one, as there is one missing. With me are Alasdair MacGregor and Helen Barry, who represent the Fédération des coopératives du Nouveau-Québec. The representative from Arctic Co-operatives Limited is absent from the table today. As for me, I represent the North West Company, once the Hudson's Bay Company.

The Affordable Food Alliance, as I said, comprises three major food and general merchandise retailers in northern Canada, including all northern parts of the provinces, with the exception of New Brunswick, Nova Scotia, and Prince Edward Island. Our customer base is in excess of 100,000 people, and we represent over 150 northern communities.

Along with me today are Helen Barry and Mr. Alasdair MacGregor, from store development of the Fédération des coopératives du Nouveau-Québec. Absent is Mr. Jim Huggard, from the Arctic Co-ops.

My position with the North West Company is director of public affairs. While I represent the alliance, my work experience has been with the North West Company. In all, I have 41 years of experience in the north. The combined experience of those of us sitting at the table today is close to 100 years, so we claim some authority to speak on the subject of the north, although none of us is aboriginal or Inuit.

My observations over those years of experience in regard to childhood obesity is that we have indeed an increase. It's very evident. It is somewhat in keeping with the changing lifestyles, to a more sedentary rather than a nomadic lifestyle. It is, however, much more than that.

We have seen a marked increase in the population, the demographics of which we are probably all aware of here at this table. Some of those demographics have been mentioned. What has not kept pace with this growth, however, is the infrastructure in housing to accommodate the population needs.

We now have, and have had for some time, overcrowding in homes, where double digits make up the household complement of two- or three-bedroom houses. In some cases, these homes have limited facilities and considerable difficulty with structured family activities such as sleeping habits and meal preparation. In the latter, I believe there are educational challenges in the preparation of healthy meals. Hence, the prevalence to use ready-to-go goods. High amongst that selection are pop and chips. I have no doubt that the per capita consumption of sugar-laden goods by our northern customers exceeds that of the average Canadian.

What are we trying to do about it? For the past fifteen years—and this is specific to the North West Company—we have had an in-store healthy living program that has a specific focus on guiding the customer to shelf staple products that have lower sugar or fat and a higher fibre content within the items' ingredients. We use a simple icon that identifies a product, and it's the means to direct the customer to that product. It's an in-house program that has the backing of nutritionists and dieticians for guidance. Our food merchandise offer is under scrutiny to determine the best choice for the consumer as we replace that assortment.

We also focus on the four key food groups in order to give this program balance. We further support this program with pamphlets directed at teaching about healthy food choices. Several people in this room are familiar with our program, and we have received recognition for it from health agencies.

Key among the challenges we see is that of the diabetes epidemic. Here our approach has been to fundraise for research into finding a cure for diabetes. To date, our fundraising has exceeded half a million dollars. This is a staff-driven initiative that includes participation in the Hawaii marathon. This year we are sending seventeen participants to that marathon. These are people from within the store group and people from the communities in the north.

My partners in the alliance have their own in-store initiatives to work for a better quality of life for the customers we serve. To that end we have aligned ourselves with FNIHB to support them at the store level with our programs on healthy eating. Specifically, at the moment, we are looking at issues of under-nutrition and are focusing at this time on a series of recipe cards that will be distributed through the store systems.

We work with Johns Hopkins University indirectly through Joel Gittelson, with his program on healthy stores initiatives that is going on in Cambridge Bay and Ikaluktutiak.

● (1630)

The question we are being asked today is on the role and the responsibility of the federal government from the point of view of the alliance. The alliance was formed for that very reason. It was the firm conviction of the members that to make perishable nutritious food more available to the customer we had to pool our resources and seek cooperation with the private and public sectors. Specifically, we focused on the food mail program—which has already been mentioned today—provided by INAC.

There are several studies of the dietary habits of the first nations and Inuit people, at least going back as far as 1992. Some of these have resulted in changes to the policy of the food-mailable items. The most recent study that we know of was the pilot project offered to three communities, one by the name of Kangiqsujuaq, in Nunavik; the second being Kugaaruk, Nunavut; and the third one being Fort Severn, in northern Ontario. This study was jointly administered by Health Canada and INAC. It commenced some three or four years ago, and the results of the study have been published.

The study was, in effect, to check on the dietary intake after an increase in the freight subsidy, from eighty cents to actually thirty cents per kilogram. The study was to see what effect this actually had on the dietary intake of the consumer.

At the same time the government was doing this study, we, in our stores, were viewing it as well from a sales point of view, to study the increase in sales that the freight subsidy actually caused. In particular, we focused on produce, fruits and vegetables, and the dairy lines. The program extension that INAC and Health Canada was offering here was in fact focused on just those commodities: fruits and vegetables and the milk and dairy product lines. They call them “highly perishable goods”.

What we saw as retailers was a marked increase in the purchase of these lines, and the consumer was much happier with the lower prices. Essentially, the difference was only 50¢ a kilogram. It was not really all that significant; however, it did make for downward changes in prices. As the chief indicated, four litres of milk cost $11.99 in most places in northern Canada that have this mail service. By taking a further 50¢ off that, you took $2.25 off the price of that bag of milk, so it was significant in that sense, but that's still much higher than we pay for our milk down here.

We measured the food category in terms of how it relates to the overall basket the consumer is buying. What we saw happening here was that with the reduction, the amount being spent on produce moved from about 3¢ on the dollar upwards to 6¢, and that's significant. It may not sound like a lot, but the line in the sand that most retailers are looking at today for a balanced basket is somewhere around 10¢ on the dollar, so it was a significant move upwards. We also saw this in dairy.

The government report on the pilot project was quite technical and not easy reading for those uneducated in nutritional facts. However, what was understandable in that report were these two words: food deprivation. This was a fact that was still quite evident even after the subsidy had been applied. The study showed us that for a family of four—two adults and two teenage children—the income, on a social assistance base after shelter, was around $1,692. That was on social assistance after shelter, two family allowances, and a quarterly GST cheque.

They then took the Canada's food guide basket and bought it at northern prices, only to find that in fact all but $90 was spent. But the thing about the Canada's food guide basket is that it does not include things like ammunition, gasoline, or the basic necessities of following a traditional lifestyle, so “food deprivation” certainly resonated with us. It resonated very dearly with the retailers, and at this point the retailers felt they really had to do something to extend this program, or to at least extend the increased subsidy. We felt it had to be extended to all remote fly-in northern communities. In fact, we felt a moral responsibility to push this. Equally so, the federal government had a moral responsibility to act, given the evidence.

● (1635)

There are about 140 such communities. The current subsidy mail program is only used by about 60 of those. It cost INAC about $42 million last year to pay for this program, and that has an approximate 16% increment built onto it each year. For the past number of years, INAC has only budgeted $27 million plus to support this program, and then the manager of the program has to go cap in hand to the treasury or within INAC itself to come up with the shortfall.

It is estimated by INAC and ourselves that to extend this 30¢-per-kilogram program to all 140 communities and the inhabitants thereof, it would cost an additional $31 million. If that was done, we would be servicing 92,000 people. If you do that on a per capita basis and break it down, it only comes to 90¢ a day, which really is not a lot of money—essentially, the price of an apple a day.

We have continued to push for this. We have sought advice. We have written to many. We have met with many. We have demonstrated on the Hill. We have actually handed out apples on the Hill to try to make our point. But it has generally been to no avail. We have not seen any positive movement in this at all, no positive response from the government, yet we feel it must happen and we continue to push.

We are encouraged to see that, just in the last week, the minister—

● (1640)

The Chair: I'll have to ask you to tighten it up really quickly. You're actually a little over, and we have to have time for questions.

Mr. Jim Deyell: Sorry.

In the last week, Jim Prentice, the Minister of INAC, did announce a change in the entry point, to Winnipeg from Churchill, but I'm still concerned about his last paragraph and this comment that he raised:

> The Government of Canada will review the structure, focus, funding and other criteria of the Food Mail Program. This review will be based in part on the evidence obtained from food mail pilot projects conducted over the past three to four years....

I think that's done. I think the record is written. I think food deprivation speaks for itself. I don't think we need to go any further.

Thank you, Mr. Chairman.

The Chair: Thank you very much.

We'll now open it up to questioning, and we would like to start with the official opposition.

Ms. Keeper, you have ten minutes.

Ms. Tina Keeper (Churchill, Lib.): Thank you very much, Mr. Chair.

I would like to thank everybody for their presentations today. This has been a really important panel for us. We have now had two panels that have been solely dedicated to the aboriginal community, and I really appreciate the diverse representation that is here.

I would like to start just by putting something out there to our speakers who represent MKO, the friendship centres, and MFNERC. One of the things you reiterated—and I know the Inuit Family Resource Centre mentioned it as well—was that poverty is directly correlated to obesity. Certainly that's what we have found in what we've heard through the past number of panel presentations. We've heard it from everyone from the Canadian Council of Food and Nutrition to medical professionals and nutritionists, and it is one of the statistics that we've seen over and over again.

This is a prevalent issue within the aboriginal community. As we've said, first nations, Inuit, and Métis seem to have no reprieve from this issue of poverty, and it has been mentioned that it's directly related to colonization. I know there are members and people who believe poverty is about corruption, poverty is about choice. I'd like to ask just whoever might want to respond to that how they feel, and what they believe or have seen in their work, in their studies, about how poverty is affecting aboriginal people, so that we can at least hear from the aboriginal community about their position on that.

That's open to anybody who might want to address it.

Chief George Neepin: Very quickly, I'll respond to that from the perspective of overall funding of communities and how priorities obviously get set.

As I mentioned in my presentation, health takes a back seat to a lot of the issues, not because nobody likes health, but because it's just a matter of how crisis matters are dealt with. Families in crisis, as I mentioned, are a critical issue in the community.

For example, in terms of basic needs, we take roads and transportation down south for granted. They're a high priority for many of our communities. By the time you go through a lot of the priorities, then you start looking at the children. I'm sure we would find no child in any of our communities who would not attend a structured program if it was ever set in our communities. But then we'd be in a crisis if we found that children didn't come whenever you formed or planned something in the community.

Right now, in my own community, you see a lot of children looking and asking, “When are we going to do this?”, or “When are we going to do this again? Didn't we have fun when we did that last time?” So they're looking, and I think that's the important thing right now. We're fortunate that we're not here talking about children not wanting to do things, and I think that's an important thing too.

But overall in our communities, health and recreation seem to take a very low priority because of the crises that many of our communities are in.

● (1645)

Ms. Tina Keeper: Chief Neepin, I think you actually mentioned that recreation is not seen as a core program in social funding, and you also mentioned that there is a cap on health funding. Is there a difference, then, between what Canadians might receive in terms of the funding under provincial jurisdiction versus what first nations do in the same areas?

Chief George Neepin: The way the funding is right now, many of our financial administrators will tell you that before we sign on the bottom line for any kind of program, contribution agreement, or anything, they'll predict already that we're going to be falling short. There is a policy out there that says it's own-source revenue, where we have to come up with our own moneys. That's why business opportunities are so important. That is why we have to make sure our businesses have to be healthy and strong, so that we supplement the funding that we need and many of the community needs that we have out there. We have to have thriving economies, but that's been a struggle as well for many of our communities.

A lot of times when we see priorities, families in crisis because of funerals and things like that, those take precedence over the basic needs of children for recreation and things like that. So that's what I keep harping on—priorities. As I said, children will come, but a lot of the time the priorities are unfortunately elsewhere for community leaders like me, like housing—and speakers have mentioned our overcrowded housing.

The Chair: Would anyone else like to answer the question?

Ms. Connie Seidule: Yes, I have something to add.

Just in relation to your question about the access to funding, one thing I know for Inuit programs, and I suspect also for first nations and Métis, is that when the pots are being decided upon in terms of how much is going to be put toward an initiative, most of the time it's based on a per capita cost analysis. That doesn't take into account the many complex issues related to barriers to access or the different needs that indigenous people face. I think that's a very important thing to remember.

The Chair: Peter, and then if Ernie wants to add anything, he can.

Mr. Peter Dinsdale: I'm one of the younger ones up here, and sometimes I get impatient with the speed of change within our own organization and with the things we want to do. I'm reminded by the elders we work with that it has been a really short time that aboriginal people in this country have had relative freedom. This isn't really the forum, but it relates directly to poverty.

I'm the first person in my family to go to university, and that was not seen as a good thing. That was a bad thing. I was leaving the community and I was going to school. What was I, a snob? Wasn't where we lived good? I guarantee you that my child will have a different expectation for education.

So irrespective of what programs come up, what our broad aboriginal agenda is, once we determine what that is, it needs to include access for people to go to school to change the poverty cycles we live in today. Poverty is real. We face it everyday in friendship centres. Soup kitchens and food banks are unfortunately our most well-attended programs. I think it really is symptomatic of a broader dysfunction that we need to heal, but for me, education is probably the gold key for that.

The Chair: Anyone else? I don't want to push anyone, but if—

A voice: What about Ernie?

The Chair: I don't see Ernie indicating that he wants to speak on it, but if he does, then he will.

Go ahead.

Ms. Bernadette deGonzague: I just have one other comment.

Every year, public health units do an annual nutritious food basket costing for each region. Before coming to this meeting, I was asking our public health nutritionist if she is aware if the provincial social assistance program uses that cost estimate in determining a family's food allowance. To the best of her knowledge, she said, no, they do not. In Timmins, I think the most recent estimate was at least $600 to feed a family of four, but a family might only be given $400 for a food allowance.

The Chair: Do you have any further questions?

● (1650)

Ms. Tina Keeper: Do I have more time?

The Chair: You have enough for a very tight question, and then I'll ask for very tight answers.

Ms. Tina Keeper: I'd like to ask a question about the food security issue. Because we are seeking recommendations and what role the federal government can play, I would again put out to the floor a question about how important food security is in terms of access in the north.

The Chair: Who would like to answer that? Jim?

Mr. Jim Deyell: Yes.

Food security is paramount, and we have great difficulties in managing to get food into the north. We've logistically been challenged, and I think we've met success, but not always. However, the food mail program is paid for by INAC, it's managed by the post office, and there are a number of hoops that one must jump through to get the program to work. I find them prohibitive. They're definitely prohibitive to the quality of the produce that ultimately lands in front of the consumer.

We are encouraged at this point to seek alternative ways of doing this. However, the purse strings stop with INAC, and they pay the bills. We can get it there, but there are things in our way, and there are things that bother us.

The Chair: Thank you.

Madame Gagnon.

[*Translation*]

Ms. Christiane Gagnon (Québec, BQ): Thank you for your comments, and above all for the picture you have painted of aboriginal health, especially with regard to the quality of their nutrition. You present a very disturbing and worrisome report. We need to make a concerted effort to redress this situation.

You mentioned a global plan. Given the number of challenges that all the aboriginal communities need to address, what timeline do you have in mind to really make some adjustments before you can alter the reality of Aboriginal people? How do you rate Health Canada's follow-through in terms of the challenges you have to deal with? You mentioned transportation, improved nutrition, better sports equipment, poverty and affordable housing. This represents many challenges and is part of the government's responsibilities. Whether the Liberals or the Conservatives were in power doesn't really matter because they failed miserably and the outcome is disastrous.

Different communities have different expectations; they have programs that are better suited to them. We will need to sit down with federal government representatives and with health authorities in order to establish an action plan.

How long will it take to meet all these needs? Have you assessed it? This is a rather long question, isn't it?

[*English*]

The Chair: Let's see what we get for an answer. Does anyone want to give it a try?

Go ahead, Peter.

Mr. Peter Dinsdale: I'm certainly not flippant enough to say I know how long and how much in particular, but I will say a lot of work has been done in some of that regard over the past year and a bit. We've been looking at some of the structural changes that might need to be made to our education system, to our housing systems, and to other systems, to make the investments where they need to be made, certainly in a first nations, Métis, and Inuit context, with the Kelowna process and aboriginal round table process that occurred. Our concern, frankly, and the other side of that, is that we need to have an urban action plan, which hadn't been contemplated in that process.

I think there are two timelines that we need to consider. The first is that any immediate investment in children will pay off in this generation. If you wait another mandate, if you wait another ten years, then the next generation will benefit. I think that's the first answer. Kids not being hungry at night, kids having access to quality food and programming, can have an immediate impact.

I think the longer-term issues, with the broader health in our communities, is going to take a better collaboration between the first nations, Métis, and Inuit governments and the Government of Canada, and a broader action plan with the provinces to deal with the cities.

I don't think that's an answer for you, but certainly from my perspective, when we sit down and look at how to make these changes, that's the kind of landscape and timeline that we see.

The Chair: Yes, Lorne.

● (1655)

Mr. Lorne Keeper: Much like Peter says, for example, there's the language loss. Language can be restored in one generation. I believe one generation is a good target.

I also believe the government has to give the responsibility back to the people it serves. They just have too much control over our lives.

I worked in Nelson House for ten years, with the Nisichawayasihk Cree Nation. When I left that community, the board I worked for asked me what the number one issue in their community was. To me, it was the issue of wellness. Because oftentimes all we do is blame, we have a difficult time dealing with the shame in our lives. So I believe we have to take back control that is rightfully ours.

A couple of years ago, I heard Reg Alcock, the former President of the Treasury Board. He was speaking to the chiefs, and he said that as President of the Treasury Board he had big responsibilities. At the same, he questioned his authority, but he said he knew the federal government had fiduciary responsibility to the first nations of this land and that the government should leave them be. He said the government should fund them with something like federal transfer payments to the provinces. They should send the first nations the money and let them decide where it goes.

But, no. As Chief Neepin said, something like 160 reports have to be done by first nations in terms of accountability. As first nations people, though, we have to have control of our lives. That's the only way.

Thank you.

The Chair: Thank you very much.

Mr. Dykstra.

Mr. Rick Dykstra (St. Catharines, CPC): Thank you, Mr. Chair.

I have a question, but first I'll make a bit of a comment, Peter. This is the second time we've come across each other. You did a really good job presenting at the finance committee as well on behalf of the organization, so I want to compliment you for that. I know we had a chance to talk afterwards, but based on the speed of the finance committee meetings, it was pretty much in and out pretty quickly.

One of the things that I think you and I talked about briefly afterwards was the investment this government made in the last budget, specifically dealing with education. The $450 million that we invested or have put in the budget for on-reserve funding is to deal with three specific areas: education, water, and housing. The education portion of it is the one I wouldn't mind asking you about.

We've really tried to ensure that the gains you talked about and the specifics of education play a significant role in the future outcome, but I don't think that's specific to anyone; I think it's specific to all Canadians. From an organizational perspective, have you had a chance to begin to see, over the last few months since the budget, how that funding from an education perspective could be focused in the area that we're dealing with today?

Mr. Peter Dinsdale: Respectfully, I might have to defer, because my groups aren't really eligible to access the funding in any way, because it's on-reserve. We deal solely in an off-reserve context, and there has been no investment in education and an off-reserve framework. It might be a better question for Mr. Neepin or some of the education people. But I'm not trying to duck the question.

Mr. Rick Dykstra: No, that's fine.

Mr. Lorne Keeper: What are you asking specifically?

Mr. Rick Dykstra: What I'm saying is that we have $450 million that was added for on-reserve housing, water, and education. On the education side of it, it seems to me that this is a perfect opportunity to see that part of the education funding is actually put to good use with respect to the issue we're talking about today. I wondered if you could comment on that and on determining a strategy as to how we might achieve that.

Mr. Lorne Keeper: In my presentation I talked about capacity-building at the local level and about the communities growing their own professionals. For example, at the Manitoba First Nations Education Resource Centre, we have some training initiative cohorts, and we now have three speech and language pathologists trained in Manitoba. Also, in the last couple of years, we have had 37 special education resource teachers certified in first nations communities. Prior to that, there was no such initiative.

If the government of the day wishes to address this issue, you can start with capacity-building, identifying things such as the one Bernadette talked about, the dieticians, nutritionists, and nutrition councillors. Health professionals have to be trained, and the best way to train people at the local level is through cohorts with partnerships with universities. It can be done.

● (1700)

Mr. Rick Dykstra: I agree with you. I think those are all excellent points. I guess the outcome I'm trying to arrive at is consistent with both of us, in that funds are allocated within the budget. That $450 million is in here. There's an opportunity to access those funds, and you've all presented the opportunity for programs that could be put to good use to address the issue.

I'm suggesting, as Chief Neepin did, that there are partnerships to be had, that there are funds to be accessed in this budget. It would seem to me that there's opportunity here.

Actually, following up on that a little bit with you, Chief, I know you commented with respect to the P3 partnerships. Could you acknowledge or perhaps identify a way in which we could form that type of partnership in dealing with the issue of child obesity, as to how we might frame it and how it might be undertaken?

I'm sure the chair will be a little less lenient with me on that.

The Chair: If he answers very quickly, that's fine.

Did you have a response, or do you want to pass on it?

Chief George Neepin: I'll just pass on it.

The Chair: That's fine.

Ms. Priddy, you have five minutes.

Ms. Penny Priddy (Surrey North, NDP): Thank you, Mr. Chair.

My thanks to everybody who has come today.

I want to use an example that Bernadette used, but I think it is not uncommon to other people who have spoken at the table. On a scale of one to ten, I'd like to know how big a problem it is, although I may be able to answer without doing it.

You talked about the fact that the funding for one of the programs was a six-month funding, and now you've received information that you can get more funding for six months. Very often, it's project funding and it's six months. Quite frankly, it's impossible to do a six-month program without knowing if you're going to have six months after that, because you'd design it differently. I'm interested in knowing—and not only from you, but from anybody who wants to answer—whether the six months and six months is based on goals that you have set. Is that based on benchmarks that have been set either by you or by the federal government? Is it based on the outcome of whether you've met those benchmarks or have moved toward those benchmarks? Or is it just kind of six months' funding, which is a huge problem in terms of implementing any kind of a coherent program at all for anybody?

Ms. Bernadette deGonzague: Thank you for your question. If I could speak to this, and I think to Ms. Gagnon's question on the timeline for when we would expect to see changes, when the ADI was first started we received three years of funding. At the end of those three years, in the month of March, we were told we would have another year for the next year, and it has been going on like that, the last time for six months.

How do we expect to do diabetes prevention and the kinds of lifestyle changes that we need to make with short-term projects and short-term funding? It's not based on our goals. It's not based on our expectations. These are the guidelines that come down from Health Canada.

Ms. Penny Priddy: Thank you.

To anybody else who would like to answer that question, in the programs that you are running that do not have long-term ongoing funding, are you involved in helping to set those benchmarks upon which your funding is going to be contingent?

Ms. Christine Lund: I'm in the same boat as Bernadette. My funding is from the same source of funding, and we, too, just received confirmation yesterday that we will be extended. But we were on pins and needles. How do you prepare a program if you don't know that you're going to be continuing? You can't even plan next month, never mind next year.

● (1705)

Ms. Penny Priddy: Or how to keep your staff—and Jim said the same thing.

I guess I'm really getting at the number of hoops, who sets the hoops, and so on.

Ms. Bernadette deGonzague: If I could add to that, this funding was not a renewal or an extension. It was a submission of completely new project proposals that were not evaluated on the basis of a past evaluation of existing programs. They were all considered brand new projects. The five years that we have experienced were not considered in giving us the new project funding.

Ms. Penny Priddy: I'm trying to look at the overall question of what we can do systematically.

Thank you.

The Chair: Very good question. Thank you very much.

Mr. Batters.

Mr. Dave Batters (Palliser, CPC): I'm going to let Mr. Dykstra go for twenty seconds.

Mr. Rick Dykstra: I just have one other question that I want to ask, and it's to Bernadette.

You commented about the program that you had just been approved for, I assume in this fiscal year. It sounded like it was focused on obesity, or was it not? I wonder if you could just very quickly expand, as I turn my time over to my good friend who gave me the time in the first place.

Ms. Bernadette deGonzague: It's the aboriginal diabetes initiative. The focus is diabetes prevention, but certainly obesity prevention is a large aspect of that.

Mr. Rick Dykstra: Very quickly, once the program is done, it would be great if you could report back. Or, as you work forward, I'd love to see the results in terms of how that program goes.

Ms. Bernadette deGonzague: A national evaluation was done on the program a couple of years ago, but we never heard back on any results as far as projects from across the country are concerned.

Mr. Rick Dykstra: That's a shame.

Mr. Dave Batters: It sounds like an exciting initiative.

First of all, I'd like to welcome everyone to committee and thank you for your excellent presentations. I've learned a lot today.

I know this is a crucial issue for first nations, Métis, and Inuit people, especially considering, as we covered earlier, the well-known genetic predisposition toward diabetes among your population and given the clear evidence of the link between how increased income equals a better diet and better health outcomes.

I'll address this one to Peter, just in the interest of time. Given that income is important, Canada's new government has introduced a universal child care benefit of $1,200 per year. Part of child care clearly is nutrition, nutritious snacks and food, for Canada's children. I wonder if you can comment on the benefit of that, and also on the fitness tax credit, which is $500 per year for children under the age of 16. There have been comments made today about the large percentage of first nations people who are very young individuals, and certainly I would think that a fitness tax credit must help in some way, shape, or form.

I'm going to ask a second question, and then we'll get back to Peter.

On the benefit of those two initiatives, will there be some help there for first nations, Métis, and Inuit people?

My second question will be short, Mr. Chair, with a minute here, so that both have a chance to respond.

Mr. Keeper, I couldn't believe the example you used about the price of milk and how much more expensive milk is in the north in Manitoba, as compared to, say, the community of Winnipeg, yet whiskey is the exact same amount of money because of regulation. I find that sickening, and I agree with your comment that something is wrong with this picture. I would like your comments or someone's comments on how we can change this, on how we can regulate the price of healthy food, so that it doesn't cost more in the north, because the status quo is clearly obscene.

Those are my two questions, Mr. Chair.

The Chair: We will start with Peter, and then I'll go to Lorne.

Mr. Peter Dinsdale: Certainly no one is going to turn away a $1,200 option to buy better food. I'll try not to get caught up in the politics, but I'm going to tightrope this as best I can. I wonder if that might have been the best use of the money for our community, given the kinds of day care challenges that exist across the country and given what was being thought of—I'm trying to be polite—in response to...it could have been otherwise. But I'm sure the $1,200 will go a long way toward buying better food for those who have access to it.

There's a challenge for us with the fitness tax credit. We had an opportunity to consult briefly with Finance on it. We're in the lowest income bracket as it is, and very few of us make enough to even get into paying the tax rates. The $500 tax credit results in close to $70 in your pocket, depending upon what tax code you're in.

Frankly, our people aren't really participating en masse in those kinds of hockey leagues and those kinds of other leagues that are going to generate the tax credit and make it valuable for us. We have kids who can't afford a change of clothes or shoes, and I think we're really at a different level. It has an impact for middle class Indians like me, and that's fabulous, but in the general communities, with the challenges we're facing with our clients, it's not necessarily going to have the biggest impact.

● (1710)

The Chair: Mr. Keeper.

Mr. Lorne Keeper: I really don't know how government does its business in terms of legislation, but there has to be some sort of subsidy maybe for the proprietors in these communities. They do it with alcohol. I made reference to Winnipeg and Churchill and the Manitoba Liquor Control Commission. But on milk, maybe Mr. Jim Deyell, with the North West Company, could respond. I don't know what the price of milk is up in Nunavut or in some of the isolated communities.

Mr. Dave Batters: How can we facilitate this, Mr. Deyell?

The Chair: Your time is gone, but I'll allow him time to answer.

Mr. Jim Deyell: I will give quick numbers then. Four litres of milk are indeed $11.99 in your community, and also in Pond Inlet, where Ernie comes from, but the actual freight on four litres of milk to Pond Inlet is $50, so thank God for INAC's subsidy program. The fact is that four litres of milk weigh ten pounds, sir, and even at 80¢ a kilo, which is the mail rate, that's $3.70 freight on it alone.

Mr. Dave Batters: But when you compare it to whisky, we can do it with whisky, but we can't do it with milk?

Mr. Jim Deyell: I agree. I don't like it myself. It's a typical program in Quebec that has been changed, but it was the same situation there.

The Chair: Okay, thank you.

Ms. Fry, you have five minutes.

Hon. Hedy Fry (Vancouver Centre, Lib.): Once again you hear that poverty has a huge impact on childhood obesity and the availability for children to have proper nutrition. We hear that again and again.

I thought it was an interesting question, and I did not really hear the answer. My colleague Mr. Batters asked it. You have $1,200 a year. It's meant to go to early childhood education and child care, but you have to make a choice between helping your children be educated in the earliest years of their lives so they can get out of poverty—which as we know is one of the answers—or giving it for food. What a choice to make. How do you choose between food or early childhood education and the long-term well-being of your children? That's the first question.

The second question I would like to ask is this. It's obvious that you're talking about life skills—lifetime of change, a new behaviour, and a new attitude—to move people out of poverty and into being able to take control of their lives. I think programs and projects don't do that; they don't give you that ability to change in the long term. Would you suggest a way you could make those long-term changes, in other words, to apply funding to the things you know will allow for behavioural change, as opposed to waiting every six months to see whether you're getting money for another project? I mean, it's been shown that projects don't matter. That's the second question.

The final one is whether anyone has done a cost-benefit analysis of the cost to educate, to feed, and to change the lives of aboriginal people so that they can get out of poverty—and the long-term results, and obviously that's what a cost-benefit analysis does, of the better health, better housing, better education, and the high employability rates of aboriginal people. Does anyone have that study?

The Chair: Who would like to start?

I see everyone is eager.

Peter, go ahead.

Mr. Peter Dinsdale: I don't always like to jump in first.

The Chair: Jim, go ahead then.

Mr. Jim Deyell: I simply don't think we can answer that question.

But one thing I would point out is that whatever program and whatever education about nutrition we want to put in place is really useless if the product is not affordable to start with. That's our point. If we can't get the product to the communities at a reasonable price, all the teaching you want to do is not going to be for naught, but it's going to be difficult to carry out when you get home.

The Chair: Peter.

Mr. Peter Dinsdale: There were three questions. I'll be quick.

People are incredibly resourceful with whatever they get. They're going to put that $1,200 toward whatever is going to make their family the most healthy. It's not likely to be child care, frankly, because they wouldn't be able to do that. It's going to be whatever it is they can do. I don't think there's any question.

With respect to projects, there was a question about six months, six months, six months. I think nationally we have been involved in a couple of programs. The biggest challenge for us, ever since grants and contributions, has been the amount of scrutiny we go through with Treasury Board and the finance department to get the programs out there. They have a five-year window. We go through those independent evaluations, and the programs stop while that occurs. We sometimes get a one-year extension as an administration year. The projects stop entirely while the rationalization occurs, and then they start up again. It's a five-year process. Really, because you have the administration year, you're into a four- or a three-and-a-half-year programming cycle, which is really problematic.

I think it's not an aboriginal diabetes initiative; I think it is across the board. With the heritage department, we have a problem with the urban multipurpose aboriginal youth centre initiative that has historically late funding. It's a year program, and we get six to nine months of programming because it takes that long to get the funding out the door. It's a huge challenge.

I think it's more systemic than it is any one program. I think we're talking about the financial framework in which we operate as program administrators, whether it's grant or contribution funding in terms of our terms and conditions.

The cost-benefit analysis has been done, interestingly enough, in some western ridings. There has been some research on an aboriginal man who graduates from university. He is going to have *x* amount more of income throughout his life than if he didn't graduate.

We have 13 alternative schools across the country, and friendship centres. Young aboriginal people who dropped out of school are going back and getting their high school through these education programs. We're in the process of trying to secure funds to do a study, not only to impact on what they're doing here but to expand that program nationally, to have the benefits everywhere.

I think those were all of your questions.

● (1715)

The Chair: Thank you.

Mr. Fletcher, five minutes.

Mr. Steven Fletcher (Charleswood—St. James—Assiniboia, CPC): Thank you, Mr. Chair.

I'd like to thank all the guests and witnesses for coming today. This is excellent. I wish we had more time to delve into the issues.

I'll keep my comments brief. First, I need to just say, on the day care issue, under the program that was offered by the previous government, there were no day care spaces created, and in rural areas there would be no impact at all in the vast majority of cases. If we accept the argument that the first nations people don't pay as much in taxes, or your comments along those lines, or are not in as high a taxable income range, it suggests then that the $1,200 benefit will be fully beneficial to the recipients because they won't be taxed on that. So certainly $1,200 is a lot better than nothing. I am pleased that $1,200 benefit will have an impact on first nations parents and children.

As a Manitoban, I was really struck by what my colleague Mr. Batters raised, and yourselves, in regard to the cost of whiskey being the same in Churchill as it is in Winnipeg. Since you have raised issues of the social challenges that exist in all communities in the north, I wonder if it would be helpful to have the cost of alcohol in remote areas reflect the actual market price, and inversely, have food somehow subsidized or transportation arrangements organized in such a way as to make the cost of food more affordable. It seems that we have a plan for alcohol in this regard, but we can't get it right for all the stuff we want people to have—nutritious food.

I wonder if the witnesses could comment on that two-pronged approach question: the alcohol floating price, and getting affordable, nutritious food to the people who need it.

The Chair: Would anybody like to take a stab at that?

Lorne.

Mr. Lorne Keeper: When I made reference to alcohol...I know that in most first nations there's no liquor store. There might be some side businesses in the community, but I don't go there.

In terms of nutritious foods, I don't know what the answer is. The government has to look deep down inside. I know, Mr. Deyell, that with North West stores it's the cost of freight. I don't know the answer.

● (1720)

The Chair: Just for the committee, to clear that up, are you suggesting then that the liquor companies subsidize the freight of whiskey?

Mr. Lorne Keeper: No.

The Chair: I thought you said it was the same price. Oh, the provincial government does? Of alcohol?

Mr. Steven Fletcher: Absolutely, it does. The provincial government does subsidize it through the liquor commission.

The Chair: That's fine. That's valuable for me to know. I didn't quite understand that.

Jim.

Mr. Jim Deyell: That is it indeed. There's one flat price for a product, common to all, in the province. So whether you're buying a quart of whiskey in Churchill or in Winnipeg, it's the same retail price.

The Chair: So then it's the province that pays for that freight.

Mr. Jim Deyell: Yes, they're obviously absorbing the freight. And Quebec did this for awhile, but it's now changed—somewhat, but it's still subsidized. They still subsidize bringing alcohol into northern Quebec today.

The Chair: I think that helps us with our report.

Is there anything further to the question?

Mr. Jim Deyell: As Mr. Keeper said, the cost of transportation is a major factor. You have to keep in perspective the other costs as well. Energy costs exceed anything we pay here in the south. It's all relative. Particularly in places like Nunavut, which is entirely fossil fuel...it's quite extraordinary, the cost of services and utilities.

The Chair: Madame Demers.

[*Translation*]

Ms. Nicole Demers (Laval, BQ): Thank you, Mr. Chair. I only want to make one comment, after which I will give the floor back to my colleague.

If you don't mind, I will start off by asking the people at Health Canada to either take our deliberations seriously or to not come at all. I witnessed an unfortunate incident this afternoon: someone was on his BlackBerry and was laughing with someone else while the witnesses were making their presentations. I didn't find it funny at all, and neither do some other people who are here. These people are paid to do a job. If they don't want to do it, let them stay home.

Let me make a second comment. It seems to me that we have been talking about the First Nations and Aboriginal issue for years. As far as I am concerned, the main problem seems to be that we do not want to recognize their right to autonomy and to grant them the means to exercise it. We are not giving them the resources they need to break free from the shackles that bind them. All we're doing is maintaining their dependence by providing them with little programs year after year. These programs only prolong their dependence on the government and prevent them from developing fully. This is how I feel.

[*English*]

The Chair: Madame Gagnon, I imagine you're the one she's giving the time to.

[*Translation*]

Ms. Christiane Gagnon: Yes. I would like to ask a quick question.

Do you think that the program linked to the $500 tax credit will have an impact on your communities? You have certainly heard about it during the election campaign, as we had promised. This program appeals to people; we say that we will do more sports. This intends to encourage people to do more exercise. Do you think that this will have a positive impact on your communities?

[*English*]

Ms. Christine Lund: I don't think it will have an impact because you have to have it to spend it before you can get the credit for it. A lot of our people don't even have it to begin with.

The Chair: Okay. Is that all?

[*Translation*]

Ms. Christiane Gagnon: This is pretty much what several witnesses who appeared before the committee have told us, especially when it comes to obesity. This population is not as well-off, has less money and has trouble making both ends meet. People often try to save money by cutting back on the quality of food. At first sight, these people don't have $500 to spend, and it would only put $73 back into their pockets. I'm asking the question because it involves one of my observations and criticisms. I have often heard this in testimonies during various debates.

Thank you.

[*English*]

The Chair: Thank you.

Ms. Davidson.

[*Translation*]

Ms. Christiane Gagnon: Do you have any questions, Ms. Davidson?

[*English*]

The Chair: Then we have Ms. Dhalla.

Ms. Ruby Dhalla (Brampton—Springdale, Lib.): Thank you very much to all of the presenters.

I thought the presentations were extremely insightful, especially that of the aboriginal diabetes association, which talked about some of the work you do on a daily basis and some of the challenges you face.

I had a couple of questions. As you know, after we finish with a study of this particular issue, we are going to be putting forward a report of recommendations based on what we've heard from the witnesses.

So I have two questions. First of all, could you perhaps provide us with one or two recommendations that you think are going to benefit all committee members for us to include it within the report? I know there has been some talk from Connie and your colleagues, and I think Peter mentioned it as well, in terms of other challenges you face I think on a daily basis—not having stable funding, not being able to plan, and all of the funding being left until the last minute, which puts you in an awkward position when you're providing the resources. So if you could just perhaps touch upon that issue, some of the recommendations—

Secondly, we had in the last Parliament I think all of the stakeholders come together from across the country and sign on to the Kelowna Accord. When we talk about the issue of obesity, we know we had over $5 billion invested over a period of five years. With that $5 billion, I believe there was almost $1.3 billion that was allocated for the purpose of creating healthy communities within the aboriginal and first nations.

Now with the Kelowna Accord not being signed with this new government, what type of impact does that have on your particular communities to address the issue of obesity and to address the issue of young aboriginal children getting the food they need and the healthy resources they need?

● (1725)

The Chair: Anybody who wants to respond can. Yes, Peter.

Mr. Peter Dinsdale: My one major recommendation would be that this committee recommend significant programming for the six-to-twelve age group in recreation. I think that will have a tremendous impact on child obesity in the long term. It's a well-heeded investment that will have maximum impact, we believe.

Frankly, we believe the Kelowna Accord should be respected, because it would begin to have significant impact in first nations, Inuit, and Métis communities. We thought that went halfway to meeting the urban action plan and that work was to be completed.

Chief George Neepin: In terms of transportation from any of our isolated communities, we are totally reliant on airlines, and even that has been downsized in many of our communities. We're down to just one airline in most of our communities. A lot of our people get stranded in the local hub. The local hub starts complaining about the people who are stranded there. All our communities rely on the local hub for our policing, our justice system, our health, and when we have to go grocery shopping.

In the area of northern Manitoba where we live, Thompson is the hub. It's like the downtown. Somebody from Brochet, Lac Brochet, or Oxford House...you'll meet somebody downtown, somewhere, at some point throughout the month, depending on when they're coming in for food or fuel, or whatever they do. I think that's one critical area that we're all looking at and that we're faced with in our communities: accessibility. By providing accessibility, we'd be able to afford much of the goods and services we require.

The Chair: Thank you very much.

I want to thank the witnesses for coming in.

Oh, did you have an answer? I don't want to cut you off. Go ahead.

Ms. Connie Seidule: I did have two, one just to ensure that there is some allocation for urban Inuit initiatives in any recommendations, and, second, that in the development of any action plans, communication is kept open with the communities to develop priorities and parameters for any future plans. That would be great.

The Chair: Thank you very much. Your contribution to the committee in looking at a final report is very valuable, and I want to thank you for coming in.

Our time is gone, but Ms. Keeper had a question.

Ms. Tina Keeper: Yes, thank you, Mr. Chair.

Connie, you mentioned that there was a study that had been done. You referenced a study that you've been presenting over the last three years. Could we have a copy of that study?

Ms. Connie Seidule: Sure. It just came out this spring in the *Canadian Journal of Public Health*. It's published there.

Ms. Tina Keeper: Great. Could we have a copy, please?

Ms. Connie Seidule: Yes, I can get you one.

The Chair: If you can get that to our clerk, that would be great. I appreciate that very much.

Thank you very much for coming in and presenting.

I would just remind the committee of the notice of motion that we had from Madame Demers' vote. I mentioned that she'll put it off a couple of meetings. We have a steering committee report, which we've distributed, and we'll discuss that at the next meeting, if that's all right.

Ms. Christiane Gagnon: That will be on Thursday, right?

The Chair: Yes.

Thank you very much.

The meeting is adjourned.

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