



House of Commons
CANADA

Standing Committee on Health

HESA • NUMBER 027 • 1st SESSION • 39th PARLIAMENT

EVIDENCE

Thursday, November 9, 2006

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Chair

Mr. Rob Merrifield

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• (1535)

[English]

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

This is our twelfth meeting on childhood obesity. We're looking forward to it. Actually, I think this will likely be our last one, but not definitively. It certainly appears to be, when you look at our schedule.

We have a great line of witnesses this afternoon and we're looking forward to their presentations before the committee. With us today we have the Honourable Jim Watson, Minister of Health Promotion, Government of Ontario. He is with us for a little over an hour. I believe that at a quarter to or so, he will have to leave us. We also have Mr. Ostry from Infrastructure Canada. He is not with us now, but will be shortly.

We'll start with the four presenters who are here. We'll open it up to one round of questioning, and then we'll go to Mr. Ostry when he comes in around 4:30.

We want to welcome again all of you who are witnesses.

We will start with Mr. Watson; I will introduce the others as we give you the floor.

Mr. Watson, you have ten minutes.

Hon. Jim Watson (Minister of Health Promotion, Government of Ontario): Thank you very much, Mr. Chair.

[Translation]

Good afternoon, ladies and gentlemen. I am very pleased to be here today.

[English]

I'm certain that at this stage in your committee hearings, you don't need to be convinced of the major challenge that childhood obesity has become for health policy-makers throughout Canada.

In late 2004 Dr. Sheela Basrur, who some of you know is our Chief Medical Officer of Health in Ontario, released a report on childhood obesity entitled *Healthy Weights, Healthy Lives*. It first rang the alarm bell for Ontario's policy-makers.

Specific to the main inquiry of the committee on childhood obesity, the statistics really are quite staggering. The Canadian Medical Association released a report this summer that stated that 28% of children between the ages of two and seventeen are now overweight or obese. That's one in every four children. Additionally,

only half of Ontarians aged 12 and under maintain an active or moderate physical activity level. This landmark report challenged all relevant stakeholders and sectors in the province, including government, to step forward and take action.

[Translation]

The creation of the Ministry of Health Promotion was part of Premier McGuinty's response to this call to action. The Ministry was established to act as a catalyst in meeting Ontario's objectives with respect to wellness. Less than two years after its creation, we have already accomplished a great deal. This Ministry has an extraordinary opportunity to help us make fundamental changes that will ensure the future good health of the people of Ontario.

[English]

We have assumed programs and responsibilities for injury and chronic disease prevention, as well as sports participation, from other Ontario ministries. These functions now have one central home in government, which I feel provides a natural link between the study and the application of health promotion.

[Translation]

We have discovered ways of encouraging Ontarians to adopt healthier lifestyles, thereby preventing or slowing the onset of chronic diseases.

[English]

By doing so, we may be able to create an atmosphere of awareness that will prevent injuries and illness, limiting the toll, both human and financial, that chronic disease exacts on our population. To this end, it's been estimated that obesity costs the province's economy \$1.6 billion annually.

To ensure that strategic goals brought forward by the Ministry of Health Promotion are not developed or executed in isolation, Premier McGuinty created an interministerial committee on healthy living chaired by myself and comprising Ontario's Ministers of Health and Long-Term Care; Public Infrastructure Renewal; Education; Agriculture, Food, and Rural Affairs; Children and Youth Services; Community and Social Services; Municipal Affairs and Housing; Labour; and Environment.

The committee structure recognizes that the value of health promotion runs across ministry lines. For example, through the Ministry of Education, the government has removed junk food vending machines from schools and mandated a minimum of 20 minutes of daily physical activity at the elementary level. We're determined to improve the coordination and communication on health promotion issues, policies, and programs through horizontal discussions.

The Government of Ontario's first focus in the area of health promotion is on tomorrow's generation, our province's youth. We know that instilling the values of healthy eating and active living at a young age is important for many reasons. Studies show that increased physical activity and good nutrition before, during, and after school results in improved student performance. Physical activity and good nutrition reduces the risk of illness. It's also been shown that improving overall health has the potential of significantly reducing health care costs.

As baby boomers become senior citizens and as our younger population deals with the onset of chronic diseases that are being brought on by factors like low levels of physical activity and poor eating habits, our government has acted in a very proactive way. The Ministry of Health Promotion has taken a three-pronged approach to address the important issue of childhood obesity. Our program can be broken down to three broad areas—programming, promotion and prevention, and capital investment—which I will address in turn.

First, on programs that get youth eating and moving, I'm referring specifically to our government's Active 2010 program on sport and physical activity, and our healthy eating and active living plan. A copy of that plan has been distributed to members of the committee.

Active 2010 is the McGuinty government's strategy to increase Ontario's rate of participation in sport and physical activity with the goal of getting 55% of the population active by 2010 when Canada welcomes the Olympics. The key component of this strategy has been the creation of the communities in action fund. This is a \$5 million fund that aims to increase the level of physical activity and sport participation rates in Ontario by assisting local provincial non-profit organizations in the area of community sport and recreation.

As elected officials, you all know first-hand it often takes just a small amount of seed funding to take a great idea, a dream, and turn it into a reality. Over the last three years, more than \$15.8 million has been awarded to over 500 organizations. That amount is not a lot in the scope of things, but a \$20,000 or \$30,000 grant is important to the group that wants to start a basketball league or buy equipment for a field hockey team. In many instances the organizations have leveraged the funding they have received and have partnered with various actors to deliver programs to approximately 500,000 Ontarians in the first two years alone.

The program doesn't just subsidize the cost of soccer balls or teach people to play basketball. A great success story is the Big Sisters of North Bay and District, who used an \$8,900 grant to implement their Go Girls! programs into the core services to offer 80 girls from 12 to 14 the opportunity to participate in a mentoring program designed to encourage participation in physical activity, learn about choices for

healthy eating, and encourage the development of positive self-image.

We recognize that only through a comprehensive approach can we lay the foundations for children and youth to grow up to recognize the importance of leading healthy lives, and our ministry is proud to support programs that accomplish this goal.

I'd also like to acknowledge the importance of the Sport for More program. It's a four-year \$6.1 million bilateral agreement that we signed with the previous government in 2005. This program is providing weight training equipment, for instance, to an aboriginal high school in Thunder Bay, leadership clinics for aboriginal coaches, and is supporting the 2006 and 2008 Ontario Paralympic Winter Championships.

This agreement is an excellent example of federal-provincial partnership that increases sport participation and physical activity among under-represented groups such as youth from low-income families, ethnic minorities, women, people with disabilities, older adults, and aboriginal communities.

● (1540)

Our next strategy is our healthy eating and active living plan. This is in response to Dr. Basur's report. It's a \$10 million action plan designed to provide the tools for all Ontarians, with special emphasis on children and youth, to encourage healthy, active living. The cornerstone of this strategy includes EatRight Ontario, our province's dietary advisory service. It improves access to timely and reliable nutrition and healthy eating information for families and health professionals through a website, currently available at www.healthyontario.com, if you'd like to try it out, and a phone platform, a 1-800 number that is coming.

I must say, I tried the program. You can write to a registered dietitian and within three business days get an answer to your question. It's very user-friendly, and we thank B.C., because they were the instigators of that concept.

Our healthy schools recognition program, which is a partnership with our Ministry of Education, is almost considered an ISO 9001 for schools, a designation. If you have so many bike racks, a milk machine, so many kids involved in physical activity, you will be awarded the flag or the banner to say you are a healthy school.

Finally, the northern fruit and vegetable pilot program is a program designed to help 25 schools in northern Ontario in the Porcupine school board district on a pilot basis. It's going to provide fresh fruit and vegetable snacks three times a week. We're very excited about this program. It's going to get up and running in the next few weeks. It's very much modelled on the U.K. example. Prime Minister Blair brought in a program whereby in almost every elementary school in the U.K., a child receives a fresh fruit or vegetable.

Finally, we're hosting a major conference November 29 and 30 on healthy eating and active living. Roy Romanow and Dr. Andrew Pipe of the Ottawa Heart Institute are among the many distinguished speakers who are going to talk to us.

I'll just go ahead a little bit, because I don't want to run out of time.

The second pillar of the ministry has been the promotion of healthy living habits through public education campaigns. Many of you may be familiar with our anti-smoking youth campaign, which was called stupid.ca. It was designed by young people for young people. I encourage you to go to that website.

• (1545)

This youth anti-smoking campaign has been highly successful. In the first year, over a million people visited the site, which is quite remarkable for a government website aimed at young people.

In keeping with this approach to youth engagement, this past week the Ministry of Health Promotion launched a new public education campaign, aimed at the critical 'tween population, teenagers and pre-teens. It's my ministry's notgonnakillyou.ca campaign.

How many of us remember our parents saying "Eat your vegetables, it's not gonna kill you", or "Go out and play, it's not gonna kill you"? If you go on to www.notgonnakillyou.ca, you will be quite impressed with the interactivity of the website, including a message that pops up—I believe after 15 minutes—that says "Stop using the computer and go out and play". So it's really quite exciting, and the television commercials have gone over very well. They can be seen on stations like YTV, MTV, and Much Music.

We're focusing on using online tools, as well as unique television advertising to expand the message to get through to young people in campaigns designed by young people.

The final aspect, Mr. Chair, that I'd like to talk about for the last few minutes is the fact that we have a serious sport and recreation infrastructure deficit, not only in Ontario, but throughout the country.

The vast majority of Ontario sport and recreation facilities are more than 25 years old. Not since the 1967 centennial infrastructure program has there been a comprehensive program supporting the design and construction of sport and recreation facilities in Ontario. As we all know, next year is the 40th anniversary of the centennial.

A study conducted by Parks and Recreation Ontario and commissioned by the Ministry of Health Promotion revealed that between 30% and 50% of Ontario's community centres, pools, and arenas are close to the end of their useful life. The study also identified the capital cost to renew or replace just these existing facilities—not new ones—to be at approximately \$5 billion.

At the August 2005 and June 2006 meetings of ministers responsible for sport, physical activity, and recreation, my provincial and territorial colleagues identified sport and recreation infrastructure as our number one priority, and came to a consensus on the importance of convening a special federal, provincial, and territorial meeting to address this single issue.

My colleague from Quebec, the minister who is also responsible for education, and I were instrumental in taking the issue from the bottom of the list and bringing it to the top, because we recognize the importance. There's no sense in encouraging kids and others to get involved in physical activity if they don't have any infrastructure.

To put it in perspective, Sydney, Australia, has 16 Olympic-size swimming pools. The city of Toronto has two, and one of them leaks.

During our provincial and territorial meeting, the ministers agreed unanimously to the creation of a national sport and recreation program, with an investment separate from existing infrastructure programs to ensure that this priority is addressed without competing with other infrastructure needs. The group also estimated that the national sport and recreation infrastructure deficit was in the range of \$15 billion.

The federal government was invited to this meeting, but chose not to attend. I believe there is much work to be done. But if the federal government takes a leadership role and begins to work in partnership with provinces and territories on a multifaceted approach to address the issues I've raised today, I believe we can halt, if not reverse, the trends of childhood obesity.

To conclude, Mr. Chair, the creation of Ontario's Ministry of Health Promotion and our current investments to increase physical activity rates and encourage healthy living take a very proactive and comprehensive approach.

• (1550)

[*Translation*]

We are working to mobilize and engage other ministries, other levels of government, the educational sector, community organizations and the private sector, while at the same time building on the public's active participation.

I firmly believe that a coordinated and cooperative approach will lead to better outcomes in young people and that our work as a provincial ministry will be complemented through a future partnership with the federal government.

We are promoting ongoing commitment to healthy lifestyles, which includes healthy eating, physical activity, accident prevention, as well as preventing direct and indirect exposure to smoking, at all ages and at every stage of life.

[English]

We're targeting the youngest Ontarians in order to get the message out and make the biggest difference and the biggest direct impact for the sustainability of our health care system. It is in this way that investment in prevention and promotion should not be viewed as a feel-good social policy but as necessary and critical expenditure to ensure that younger Canadians adopt and maintain a lifelong healthy and active lifestyle.

Mr. Chair, I'd like to thank the committee very much for the opportunity to speak to you. I commend you for taking on this issue, and I look forward to working with you at the provincial level.

Merci.

The Chair: Thank you very much.

I want to commend you for actually going to some of the students and getting the names of your websites, like stupid.ca and notgonnakillyou.ca. They say the House of Commons can be like kids in a sandbox. This is very parliamentary language. We hear it all the time, so I think Canadians will relate.

Thank you very much for your presentation. I know there will be some very good questions as we move into the question and answer period.

We'll now move to Northern Health. Joanne Bays, the floor is yours for ten minutes, please.

Ms. Joanne Bays (Regional Manager, Northern Health): I spent a great deal of time preparing a lovely PowerPoint presentation, but I'm going to look at it myself and just use it as a speaking tool, and hopefully I'll send it to you so that it can be transcribed. In the north, we would be transcribing it into 64 aboriginal languages, so we'll see what we can do.

Today I'm going to talk about community food security. That's different from food security, and I'm going to talk about it in terms of childhood obesity.

When we talk about community food security, fundamentally we're talking about redesigning the systems that feed us, in order to prevent childhood obesity.

Most people are familiar with the FAO definition of food security. It states that when all people at all times have physical and economic access to sufficient, safe, and nutritious foods to meet their dietary needs and food preferences for an active life, they are food secure. As they say, if you have the food you need for health and if you can access it, then you're food secure.

But in B.C., we think of it differently. We think of food security not only as access to food, but as being about food supply. You can't really be accessing the food if you don't have the supply of food, so we see those as very much intertwined concepts and we do not differentiate. But we then have to zero in and look at our systems that feed us and the policy that underpins those systems.

We talk about a healthy sustainable food system and community food security in the same breath. A healthy sustainable food system is one that does not compromise the land, air, and water for future generations. It does ensure that all people have access to the foods required for their health. It is a system that is economically viable over the long term. It's one that recognizes food as a part of culture and community. You can't separate these things. They're all together. We say food security is dependent upon that.

We talk about food policy even at the grassroots level. We talk about food policy as being a framework within which decisions are made, and it provides the context for those food systems that impact our access to and supply of food.

Even at the grassroots level, even in the little villages in Haida Gwaii, we're very aware that Canada does not have a coherent food policy. We have all kinds of bits of policy, regulations, and guidelines around food, nutrition, and agriculture, but we don't have what we would call a coherent food policy at the federal level. We also don't have that at the provincial level and we lack it at the municipal level, so we're thinking big when we're thinking about making changes. But we recognize that it's very complex.

When we talk about a coherent food policy, we're talking about one that has the optimal nourishment of the population as its highest purpose, one that makes agricultural production and distribution a servant of that purpose, and one that ensures that the food system is environmentally, socially, and financially sustainable. It's a policy that is putting health first.

There are other things we look at when we think about food security—and I wish I could show you some of these beautiful little PowerPoint slides here. We think about the consolidation of power in the food system and the fact that the top four producers of packaged food in the U.S. are Nestlé, Unilever, Philip Morris, and PepsiCo. They are the proud makers of foods such as Butterfinger, Lean Cuisine, Carnation Foods, Lipton Tea, salad dressings, JELL-O, Pepsi, and chips. In 2000 alone, we were looking at almost \$100 billion in the U.S. That's how much money went into those kinds of products.

We look at that wealth in the food system, and then we compare it to the fact that a lot of people living here in British Columbia or living here in Canada can't afford to eat. I don't know if you've seen the cost-of-eating reports put out by the Dietitians of Canada. Basically, once the rent and the other things are paid, for people who are living on social assistance, there isn't enough money left over for food.

We talk about the proliferation of fast foods. If you think about trends, McDonald's was at \$19 billion worldwide in 2002. The top ones are McDonald's, Burger King, Pizza Hut, Domino's, and Kentucky Fried Chicken.

And by the way, I moved to Prince George ten years ago. They had three Tim Hortons restaurants, and now they have twelve. The population hasn't changed, but we sure have a lot of fast food.

• (1555)

Around the world, the top two food products are McDonald's and Coca-Cola. If you go to Australia or China, it's McDonald's and Coca-Cola. In Hong Kong, McDonald's and Coca-Cola. Indonesia, McDonald's and Coca-Cola. Thailand went way out there on a limb; they eat KFC and drink Pepsi.

You have a proliferation of fast foods and you have a proliferation of food banks. There is a lot of information in here that it would be difficult to speak to without you actually seeing the slide, but we've had an exponential growth in the rate of food banks in this country. We have fast food fare and we have food bank fare. Interestingly enough, when you go to the food banks, they're getting the leftovers of what we have to offer in this food system. The leftovers from the KFC? That kind of stuff goes to the food bank. In Prince George, it's donuts, donuts, and more donuts. If you have a child who is at risk for diabetes, what are they going to get when they're at the food bank? Donuts.

We're disconnecting from our food, and in a phenomenal way. Less than one percent of the foods in our grocery stores in the north are actually produced locally, so we're completely reliant upon foods being shipped in—and we're in the hub of the north in Prince George, so I'm not talking about our more rural and remote communities. If there was actually an emergency, like a snowstorm or something that closes down the highway, we would run out of food in one to two days. Our major grocery stores only keep stock on the shelf that long.

We did have a major snowstorm a few years ago in Boston Bar, and they actually sent CBC in there to film the grocery shelves that were empty of food. The little old senior citizens with their pantries of pickled preserves and things were the ones who had food. The average food product travels 3,000 kilometres to get to where we live.

We're disconnecting with our food and we're connecting with our couch, right? I have an estimate here that we spend 9.55 years on the couch by the age of 70.

And then there's the proliferation of fast food marketing and all of that stuff that we're getting on television. I know other people have spoken to advertising targeting children. What are kids eating? Slurpees before veggies. More pop and candy than ever recorded in history: 30% of their total energy intake and 30% of their total fat intake comes from the "other" food group. I don't even know if the food guide has the "other" food group on it any more. How do we keep track of that?

When I was looking at the types of foods that make up Canadian children's nutrient intake, I was shocked to see that not only is all that energy over there for fat and that type of thing, but there's quite a bit of fat in those fruits and vegetables. I was looking at those fruits

and vegetables and I thought, how do we get fat in fruits and vegetables? When I was looking at this data, I found out that they actually put french fries in there. When you're looking at food groups and how much food the children are consuming from different food groups, french fries get put into the fruit and vegetable group. Something is wrong with this data. Also, condiments like ketchup and relish are actually considered something that would go into the fruit and vegetable group. If you've had enough of them, you're considered to have had a fruit and a vegetable. So when we say our children aren't eating enough fruits and vegetables, remember that what they are eating is probably mostly french fries.

What do we have? We have a huge issue of malnutrition. And when I say "malnutrition", I'm talking about over-nutrition. I'm talking about overweight, about obesity. But we have the paradox of hunger at the same time in this country.

In B.C. we have what we call a community food security movement. The grass roots are really active about making some changes and are aware of these problems with their food systems.

Am I running out of time?

They want to see a system that pushes against the one we have, so they're looking for localized food systems. Instead of urban-rural divisions, they're looking for urban-rural partnerships. Instead of a long trade route, they're looking for a short trade route. Instead of fast food, we want slow food. Instead of packaged and processed, we want fresh and whole. Instead of burgerization, we want local food specialities. Instead of biotechnology, we'd like to see indigenous knowledge, wisdom, and those types of things respected. Instead of food just for profit, what about food for health? Instead of just being consumers, what about being citizens?

We do a whole continuum of things with our communities. If the status quo is that you go to the food bank if you have a problem, or we give you a pill and we'll take care of it that way... We're engaging communities in reshaping and redefining their food systems. They're doing things like community kitchens, community gardens, food co-ops, and farmers' markets, and they're trying to rebuild those localized food systems.

•(1600)

We're not saying to do without the industrialized food system, because we want our coffee, but we also want to have a localized food system beside it.

Communities are even working at creating food policy councils. Like the interministerial committees, that's bringing municipalities and the health sector and a variety of people together at a local level to create policy that will support this environmental change that they're wanting.

There are lots of beautiful pictures here of the things that are happening in the north.

I'm really excited, because the B.C. provincial government has gotten on board with ActNowBC. We have the Olympics coming; the premier has said this is going to be the healthiest province in Canada, but our Minister of Health has said something like, "Let me tell you something about the health of our people here in B.C. They're not very healthy." And he came up with what I call this doomsday slide.

Basically, by 2017, if we keep continuing to spend the way we are on health care—and a lot of it is on preventable diseases—and we keep the flat 3% growth rate in education and an 8% growth rate in expenditures on health, all the other ministries' money—all of it—will be going to health. There'll be no money left.

This slide was shown to every minister, and all of a sudden this interministerial committee has been created; it's to act now. They have five goals they're working on. Food is one of them; there is active living, tobacco, obesity reduction, and—I don't know, I forget the other one. Anyway, there are five, but it means we have an interministerial committee, and they're working on food policy.

I'm hoping the federal government can build on some of the lessons we've learned in B.C. If we want change, substantial change, we've got to look at things from an environmental and a policy perspective, not just, "Eat your fruits and veggies." We've got to support the grassroots in what they're doing. Health Canada has done a wonderful job with supporting a number of beautiful initiatives that are sustained because community has taken them on. We've got to create a national coherent food policy. We need a national coherent food policy.

•(1605)

The Chair: Thank you very much.

I appreciate your presentation. Your time is gone; we're a little bit over.

Ms. Joanne Bays: Sorry.

The Chair: The reason I'm squeezing it so much is that I know the minister has some timelines, as I mentioned earlier, but thank you very much for your presentation.

We'll now move on to the Institut national de santé publique du Québec. Ms. Lyne Mongeau, the floor is yours.

[*Translation*]

Ms. Lyne Mongeau (Professional Coordinator, Institut national de santé publique du Québec): Good afternoon, Mr. Chairman, ladies and gentlemen. I want to thank you for your

invitation to appear before the Committee to talk about new developments in Quebec with respect to the prevention of obesity.

I work at the Institut national de santé publique du Québec, a paragonovernmental organization. I do not represent the Government of Quebec. I am someone with expertise. I will try to answer your questions with respect to our government action plan, but I also have a number of concerns that I would like to share with you as part of the Committee's study.

Almost 60% of the adult population in Quebec and 25% of young people are overweight. We are among the provinces with the lowest prevalence, but at the same time, we recognize that it is much too high. This is clearly a serious public health issue, particularly since we anticipate lower productivity and significant health costs for our society with the onset of chronic diseases caused by obesity.

I want to draw your attention to the fact that, after centuries of relative stability as regards people's weight, the phenomenal increase we are seeing has occurred over a very short span of time. That is why we are calling it an "epidemic". That suggests that this issue is more of a societal issue than it is a health-related issue. So, there is a need to look very seriously at the reasons for that increase and avoid simple, or simplistic answers.

If it is viewed only in terms of the number of calories ingested and expended by the body through the action of eating and moving, such an approach precludes a more in-depth and multidimensional analysis, which is absolutely essential if we are to make the right decisions.

Higher body weights are the result of profound transformations that have occurred in our way of life. Nothing is the same anymore. We're talking about such phenomena as urbanization, automatization, and massive sedentation as regards work, travel and recreation. We're talking about the industrialization of our food system, and our colleague's presentation earlier was very good in that regard. We're seeing large portions, increased food energy density, such as fat and sugar, profound changes in the way we communicate, omnipresent electronics, recreation that revolves around monitor time — in other words, technology, or modernity is everywhere.

And yet some of the behaviours that are a result of this social transformation — such as the fact that children no longer play outdoors, for example — can be explained by a number of significant factors that warrant consideration. Profound social changes are taking place. Let's take the example of two parents who work — which is the case for most families — and who are not really available to meet their child's needs. There are other examples as well: broken families; the fact that families have fewer children, which doesn't really allow children to prepare themselves for group play, which is what we were exposed to; the fact that children attend schools with a particular vocation in faraway neighbourhoods, meaning that they no longer attend neighbourhood schools. All of that is transforming the social fabric and people's lifestyles, and thus influencing behaviours that affect health.

So, there is a very clear consensus among experts, who are supported by the World Health Organization. I imagine that you have looked at the WHO's strategy on nutrition, physical activity and health, which points to the simplistic nature of an approach that relies on counting the calories that are ingested and expended. The weight problem is possibly the greatest challenge facing humanity. It certainly is of the same scope as global warming and other major issues.

The WHO is currently the lead organization guiding global action on obesity and lifestyles, through its strategy. I would just like to mention a number of the WHO's major policies, although I will let you read about them yourselves. Quebec has drawn extensively on those strategies in developing its own plan. So, I will be referring to them indirectly.

Many countries have developed plans with a view to preventing obesity and promoting healthy lifestyles. Two weeks ago, a symposium was held in Quebec that brought together twelve or more countries.

I will leave you a copy of the brochure that we have produced, which includes a table laying out f the various plans.

• (1610)

Now I would like to talk about what is being done in Quebec. Unfortunately, from World War II until the year 2000, Quebec, like many provinces and countries, was not particularly active in promoting healthy lifestyles. So, we are all aware that we have a lot of catching up to do, because we have probably missed an entire generation.

Since 2000, various initiatives in Quebec have turned out to be the precursors of the government plan launched three weeks ago by Minister Couillard. However, I would remind you that this is a government plan. I would like to list those different initiatives and leave some documentation with you, because they have been an essential source of inspiration for a vision that is broadly shared by stakeholders in Quebec and that is along the lines of what I talked about a couple of minutes ago.

First of all, there is the work carried out by the provincial task force looking at the problem of overweight, this being an expert group that has been sitting for the last five years, probably very much like this Committee, as well as a task group on healthy lifestyles which was put in place by Jean Charest following the Generations Forum. You will find a report prepared by that task group in the documents I have provided.

The Perrault Task Group was supported by interministerial working groups. This is an important point that was raised in the WHO policy. The fact is that this issue involves a number of different areas — indeed, probably all areas of civil society. Therefore, governments also need to work on an interministerial basis. Six ministries, six deputy ministers, as well as six content professionals worked closely with the Perrault Task Force as it carried out its work. The interministerial thrust was provided through the work of the Perrault Task Group. A government plan was quickly developed that relied on seven different ministries and three government organizations.

I will leave you a copy of the government action plan entitled “Investing in the Future”. We are now in the process of printing it, but I would like to talk about the main features of the plan.

First of all, it is a government plan. Although it is extremely difficult to implement a strategy that is meaningful for the ministries and sectors involved, it is absolutely essential. We have to get as many sectors involved as possible; we cannot simply implement a couple of programs, because the problem is too important and becoming too entrenched in a great many sectors.

The good news is that resources have been set aside for this. We all know what happens to government plans for which there are no resources. So, new resources are to be made available, even though some ministries have already made commitments along those lines. The Fondation Lucie et André Chagnon, which is the primary philanthropic organization in Quebec, has also taken a deep interest in this issue and is assisting the government with its public-private partnership approach.

Although it aims to reduce the very targeted phenomenon of obesity, the plan also includes a much broader vision of the causes, consequences and solutions, as I was saying earlier, by providing a broader definition of such issues as obesity and overweight, as well as all the problems associated with thinness.

At the present time, Minister Couillard is very interested in the issues raised by very thin models — not only anorexia, bulimia and eating disorders, but also people's concern with thinness. People who experience that concern find themselves in a rather paradoxical situation, in the sense that they are exposed simultaneously to both abundance and ultra thin models.

An important feature of the plan relates to the locus of responsibility. The plan places a great deal of emphasis on such concepts as the environment, as opposed to individual behaviours. I think that is extremely important. It is also fully in keeping with the WHO strategy.

The plan does identify children, but it does not focus only on them. They are not really responsible. Rather, families and other social actors who care for them are the ones to be mobilized.

There is also another very important factors the rules underlying implementation of the plan; a central authority responsible for general coordination — namely the Public Health Branch; the identification of outcomes based on shared responsibilities within Cabinet.

In Quebec, there is also some reliance on section 54 of the Public Health Act, which gives the Minister of Health some very significant levers for mobilizing other ministers within Cabinet.

• (1615)

In closing, I would just like to identify the five main thrusts of our intervention. I was asked very specific questions, but I can't really answer them because of the very limited time available.

The first thrust is to promote and support the development of environments that encourage health eating habits.

The second thrust is to promote and support the creation of environments that foster a physically act of lifestyle.

The third thrust is to carry out societal campaigns and encourage changes in social norms so that they support healthy lifestyles, healthy eating, a physically active life, and a variety of body images.

The fourth thrust is to intensify and improve services available to people with weight problems and to help intervenors adapt their practice to this particular issue; also, to place restrictions on the sale and use of diet products, services and other means that are increasingly available; the more we talk about obesity, the more there are of these kinds of products and services.

Finally, the fifth thrust is to foster research and knowledge transfer with respect to healthy lifestyles, based on the complexities of weight related issues.

I could perhaps provide you with more detailed information about certain programs and certain activities associated with these policy thrusts that could be of interest to you.

Thank you very much.

[English]

The Chair: Thank you very much for your presentation.

We'll now move on to the Childhood Obesity Foundation of British Columbia, Christina Panagiotopoulos.

Ms. Christina Panagiotopoulos (Executive Director, Childhood Obesity Foundation of British Columbia): First of all, I'd like to thank the health committee for inviting me here to speak.

The Childhood Obesity Foundation of B.C. is a new charitable organization with a mission to identify, evaluate, and promote the best practices in the prevention and treatment of childhood obesity. We aim to be the leading provincial authority on issues related to childhood obesity in B.C. We promote a best practices approach to reduce the prevalence of childhood obesity in Canada. We promote and collaborate on valuable research that will help, halt, or reverse the current trends of overweight and obesity at the local, provincial, and national levels.

What are the key actions that will help, halt, or reverse the trends about overweight? First, let's decrease the intake of sugar-sweetened beverages. We know that one of the major contributors to the childhood obesity epidemic is the over-consumption of sugar-sweetened beverages. One can of soda per day increases a child's risk of obesity by 60%, and studies show that between 30% and 50% of Canadian teenagers drink at least one can of soda per day. It is difficult to exercise off the excess calories consumed in pop and juices. A 13-year-old boy needs to jog 50 minutes to burn off the 260 calories contained in each 591 millilitre bottle of pop.

Parents and children need to become educated on this important issue. This is a critical piece of social marketing that needs to be pervasive and sustained in order to counter the powerful marketing campaigns funded by the soft drink manufacturers. Here is a vital component of obesity prevention for which the federal government is ideally suited.

Second, decrease monitor time. The latest Canadian community health survey data indicates that children who spend more than two hours per day in front of a monitor—that's TV, computer screens, Game Boy—have double the incidence of overweight and obesity

when compared to children who watch less than one hour per day. Monitor time displaces essential physical activity, and we know that more than half of five-year-olds to 17-year-olds are not reaching activity levels sufficient for optimal growth and development. In addition, children eat while watching TV and they eat what they see advertised. Therefore, the missed opportunity for exercise is compounded by overeating and the promotion of junk food and junk drinks.

It is recommended that children get no more than one hour to two hours of monitor time per day, that children do not have regular monitor time until two years of age, and that no child has a TV in their bedroom. Once more, this important message to parents is ideally suited for a social marketing campaign funded by a robust, sustainable source such as the federal government.

Third, institute comprehensive school health programs and policies that support them. School programs reach across all socioeconomic status sectors and therefore are efficient at targeting vulnerable populations. Research evidence suggests that school-based interventions that adopt a comprehensive approach have the highest likelihood of achieving changes in health behaviours in childhood.

In Canada, the Annapolis Valley school program and Action Schools B.C. are examples of comprehensive school health programs that promote healthy weights. These programs address both physical activity and healthy eating, and address behaviours through policies and programs before and after school, in the classroom, in recess, and in partnerships with family and community. It's not just curriculum-based. The school community is involved in planning and implementing activities that are appropriate for their school.

Fourth, provide treatment for childhood obesity. The recent CIHR report entitled *Addressing Childhood Obesity: The Evidence for Action*, has stated:

Any treatment intervention is associated with significantly increased chance of improvement or resolution of obesity, and is favoured over no treatment.

Despite this endorsement, there are few obesity treatment centres in Canada. We know that a child who is obese when they enter into adulthood will likely die seven years earlier than their normal-weight peers. However, the younger intervention begins, the better chance of BMI dropping. For example, a boy of eleven who maintains his weight while growing will have effectively lowered his BMI. Family-based treatment for childhood obesity is effective and will likely have beneficial effects on the BMIs of caregivers and siblings, so there's a collateral effect to this.

The latest Canadian community health survey indicates that over 7% of our nation's children could benefit from obesity treatment, yet there are only a handful of treatment centres across the country. The federal government can play a key role in helping to correct this dismal situation.

• (1620)

What are some of the provincial government's actions? In British Columbia we have a lot to celebrate at the moment. The provincial government has taken great strides to change the landscape of the incidence of childhood obesity in B.C. by investing in a number of programs through the B.C. government's award-winning ActNowBC initiative and its partners. These include Action Schools BC, the healthy eating plan, the B.C. fruit and vegetable snack program, voluntary guidelines for food and beverage sales in B.C. schools, the active communities initiative, the municipal recreation food environment audit, and Centre for Healthy Weights treatment centre.

What is the role of the federal government here? We commend the provincial and federal governments for their support of initiatives that will work to halt or reverse the trends of childhood overweight and obesity through their focus on prevention. These initiatives include the Chronic Disease Prevention Alliance of Canada, the Canadian strategy for cancer control, the Canadian diabetes strategy, and the newly announced cardiovascular disease strategy. However, we feel that the federal government can enhance the battle against childhood obesity through four key actions.

The first is increased support for research and evaluation for childhood obesity prevention and treatment initiatives. Provincial programs such as Action Schools! BC have benefited from CIHR funding, but as the program expands, there is an urgent need for ongoing evaluation to demonstrate implementation effectiveness. Our ability to take advantage of the natural experiments that are under way in many provinces is limited. For example, as more obesity treatment centres are created, there will be a need for a well-funded research and evaluation arm. The CIHR and its new RFA are very appropriate conduits for such funds, but the CIHR needs more federal support in order to expand its role.

In addition, the federal government can ensure that the current chronic disease strategies incorporate adequate funding for evaluation and that there is adequate support for surveillance initiatives such as the physical health measures survey.

The second key action is to provide the crucial social marketing campaign to enhance the public's interest in changing their own intake of sugar-sweetened beverages and reducing excess time in front of electronic media. This social marketing campaign would provide the essential complement to the planned ParticipAction campaign. In addition, the federal government could explore policy options to control food advertising targeting children, similar to those now in place in Quebec, where advertising of some products to children under 13 is prohibited.

Third, promote the expansion of childhood obesity treatment centres and of research as to their efficacy and cost-effectiveness. The Government of Canada can facilitate a meeting of representatives from each of the various provincial programs in order to enhance knowledge transfer. The government can also help by funding a comprehensive research package to identify the most

effective and cost-effective intervention. The government could fund pilot clinics in the provinces to act as best-practice resources and to stimulate the provincial governments to fund additional programs.

Fourth, continue to support organizations that facilitate cross-province knowledge exchange and capacity-building efforts, such as the Chronic Disease Prevention Alliance of Canada.

In conclusion, we believe the federal government has a role to play in the prevention of childhood obesity. In the need to support and enhance provincial approaches, we need you to enhance evaluation and surveillance efforts to underpin provincial and local activities with a vibrant and well-planned social marketing campaign, and to support collaboration and knowledge exchange within and across provinces.

Thank you.

• (1625)

The Chair: Thank you very much.

We appreciate all of the testimony and presentations. They are all very good and have stimulated, I'm sure, some very good questioning.

We'll move into the question period, noting that the minister has given us an extra five minutes. Hopefully we'll get our first round of questioning in.

Madam Fry, the floor is yours.

Hon. Hedy Fry (Vancouver Centre, Lib.): Thank you very much.

I would like to address this question to the Minister of Health Promotion. As we've listened to people come and talk about promoting health and preventing obesity, we have heard over and over that it has to do with all the pieces of health promotion, starting with education in the schools, with public education and awareness, and with education about nutrition.

More importantly, given we've heard from a lot of people that poverty is the greatest determinant of ill health, it's really important to facilitate access for all people. I note that a large part of your presentation had to do with the need to develop that kind of infrastructure in order to facilitate healthy and active living among young people. That obviously has to start from the very beginning.

You talked a lot about an infrastructure program. I agree very much with your concept of a jurisdiction shared among the federal, provincial, and other levels of government and NGOs. I think it would be very important if you could tell us how you see us working together to achieve that. What are some of the ways you think we could work together to create the kind of access you talk about for all people, regardless of their socio-economic position in life and whether or not they have access? As we know, if you're poor, you do not have access to playing sports, so the infrastructure piece is very important.

How do you see the provincial government—which has jurisdiction over education—looking at quality daily physical education in schools? Is there some way we could start to talk about this kind of joint partnership that we should be developing?

Hon. Jim Watson: Thank you, Dr. Fry, for the question.

This is an issue that's near and dear to my heart, because, as a former mayor of Ottawa, I understand one of the challenges that face municipal governments, particularly when it comes to the upkeep of recreation facilities and arenas and pools. As I pointed out, nationally there's an approximately \$15-billion infrastructure deficit for sport and recreation. The kinds of facilities that many of us grew up using are reaching the end of their lifespan, and we have to do something about that, because we're competing with a lot of different interests that kids have today. If we don't provide modern, clean, proper athletic facilities, they're going to go do something else that's probably not as good for them in terms of physical activity.

There are a couple of things I think the federal government can do. I sit in these committees at the provincial level and meet with stakeholders, and sometimes I feel like an automatic teller machine after I've met with groups. There are always people coming and looking for money. There's no question there's a need for federal participation with respect to a sport and recreation infrastructure. We met with former Minister Stephen Owen in Regina in August of two years ago at the Summer Games, and he undertook that he would go back and come forward with a joint federal-provincial infrastructure program. In the interim, the election occurred.

We've had meetings with Minister Chong, but we haven't received a clear signal as to where the federal government is going with respect to sport infrastructure. I do commend the government on the sport and fitness tax credit. I think it's a good start to try to break down some of those barriers, because for those of you who have children in amateur sports, it's very expensive. You're sending kids out and a lot of time and financial resources are required to make sure that this child gets to swim meets or hockey practice and so on.

There's a need. The statistics are pretty staggering in terms of the number of facilities that are reaching their lifespan. I think in Ontario 13% of hockey arenas are 50 years old and older. There are lots of centennial projects around the country—centennial pools and centennial halls and so on. I'd like to challenge the federal government. Let's start planning now for some sesquicentennial projects eleven years from now. Next year is the 40th anniversary of 1967, and in ten years hence it will be the 150th anniversary. What a great legacy it would be for provinces, municipalities, and the federal government to be able to start planning now to open some of these facilities in 2017.

If I could just mention one other thing that we recognize in Ontario, there are financial obstacles for groups to get involved in extracurricular activities because of rental fees. We recognized that early on in our mandate and we created the community use of schools program. It's \$20 million and it's money that helps to subsidize the use of schools after hours and on weekends. What was happening was because the school boards were tight for cash, they would try to make up for it by jacking up the rent of gymnasiums and so on in schools. This has now brought down on average the rental fees in Ontario schools by 70%, and in 26 of our 72 school boards they've eliminated the fees altogether. These buildings were paid for by taxpayers, yet they were closing up after school and weren't open on weekends, and they have wonderful gymnasium facilities.

• (1630)

The Chair: Do you have a further question? You have time for one more.

Hon. Hedy Fry: I want to ask a question about schools, because you have a jurisdiction for education. How do you see the schools playing a role? You've talked about them extracurricularly, but how do you see the schools developing K to 12, integrated, sequential, and comprehensive programs in terms of teaching nutrition and changing behaviour, as well as bringing about daily quality physical education? Do you see that as a possibility for provincial governments to push, with help from the federal government if necessary?

Hon. Jim Watson: I do. Actually, I am a fan.

Just to go back, there are two aspects to your question.

At the elementary school level, we instituted 20 minutes of mandatory daily physical activity, in addition to physical education class, which on average is three times a week in Ontario.

We have to work with our education ministry to see what we can do in the high schools, because it stops at high school, and you're only required to take one physical education credit.

But we also have to make sure that gym, or physical education class, is fun. I was the kid who was always chosen last in class to join a team. And I could never make it up the rope—you know, that terrible rope you climb. Then when I did try to make it up, I burned on the way down. It wasn't a pleasant experience. A lot of kids get turned off physical education, because it's not a fun experience. We've got to change that.

The other thing is that with respect to nutrition, there are very few school boards in the country, of which I'm aware, offering what used to be called Home Ec, where you were taught nutrition, and so on. In many respects, we have to go back and look at those kinds of programs, because parents are busy, as my colleague from Quebec pointed out. Two members of the family are working. There aren't as many home-cooked meals. It's a lot easier to call a pizza company and get a pizza delivered than it is to have a healthy meal.

The schools play a vital role. That's why we took junk-food vending machines out of elementary schools. That's why we also took out the pop machines. A lot of those machines were revenue generators for school programs. But they were replaced with water, 100% juices, and so on, and there hasn't been a discernible difference in revenue.

The other thing I do want to say is that I've had discussions with Tony Clement and Michael Chong with respect to ParticipAction and the old Canada fitness award program, in which we used to get the bronze, gold, and silver patches. I think it should be competitive, but based on how you've improved over the year, as opposed to how many sit-ups you do next to someone who's more talented, and so on.

I think ParticipAction is a good idea, but it should be coordinated with the provinces, so that we're not out spending money on one series of commercials and you're spending money on another.

We've left you our commercial. I think we have disks of the notgoingtokillyou.ca commercial, which I hope you get a chance to look at.

•(1635)

The Chair: Thank you very much.

Madam Gagnon.

[Translation]

Ms. Christiane Gagnon (Québec, BQ): Thank you very much for enlightening us and for the data you have provided to help us gain a better understanding of the obesity issue. As you said, you see this holistically and believe we should not be minimizing the connection between obesity and health lifestyles.

We know that Quebec has moved ahead in this area. I believe his plan has been relatively well received, but it has also been criticized — for example, with respect to monitoring certain programs. People have said that the government moved a little too quickly, without knowing exactly how to target interventions.

What is your view in that regard, Ms. Mongeau? Perhaps you are in a better position to defend the plan. There has been some criticism in the newspapers. I have read those criticisms because as a member of this Committee dealing with obesity, I and my colleagues are very pleased that Quebec has taken some action. At the same time, if

we're asking the federal government to take action as well, we can't forget that Quebec has decided to go ahead. How can the federal government get involved in a program that is already underway? I believe that the program *per se* is a good thing, but could you tell us a little more about the criticisms that have been made, so that we have a more enlightened view of things?

Ms. Lyne Mongeau: To begin with, I can tell you that I feel relatively comfortable talking about this, because the plan was not developed by my institution. Indeed, I myself made certain criticisms on a number of newscasts and, unfortunately for me, all that was reported were my negative comments. On the other hand, the Minister did not take my comments the wrong way.

One of the criticisms that I did make was the abundance of verbs such as “raise awareness”, “encourage” and “foster”, which I declared to be “soft” verbs, given that it is difficult to associate indicators with them. It is difficult to know how to develop any concrete actions to implement these kinds of things, and that is definitely a weakness, even though the most serious weakness would be to have no plan whatsoever.

I also saw criticisms in the newspaper to the effect that the government had perhaps acted hastily. Some said the plan is disjointed, but the fact remains that seven ministries and three government organizations took part in developing it. That was not easy to accomplish, because certain departments really wondered what they were doing at the table preparing a plan that deals with healthy lifestyles and the prevention of weight-related problems. At first glance, they were being asked to express an opinion on issues that are not really of an economic nature. They are not used to that, and that is not part of the established tradition and culture. So, this is a first step towards changing that.

Change is occurring, and I think we are starting to acknowledge the importance of working in this area; so, we must take advantage of that. This plan will allow us to take the initial steps and then go much further.

Of the actions being proposed, there is a whole series of projects that are already underway, as well as new projects. Furthermore, a great many community groups in Quebec will work in parallel and concurrently with the government plan, thereby ensuring that people will be watching the government carefully to see that it takes specific measures to get things moving and achieve results.

It is important not to underestimate the commitment of other sectors of civil society. The government must show leadership, and the other sectors have to get involved in order to complement what the government is doing. So, although some actions are not laid out in the plan, because I am aware of what is going on, I know that other organizations will take responsibility for them.

Did I answer your question?

Ms. Christiane Gagnon: Yes, partly, but I would like some clarification.

For example, you say that a number of ministries were called upon to contribute to the plan, and some really wondered what they were doing there. Could you tell me which ministries were supposed to be there and perhaps explain why? That way we would be better able to understand what the overall thinking was behind this plan.

• (1640)

Ms. Lyne Mongeau: A first example I could mention would be the Ministry of Agriculture, Fisheries and Food. Even though its title includes the word “food”, that ministry's primary concern, until very recently, was food safety. This is a ministry with a primarily economic focus, that works very hard in such areas as the biofood chain and the continuum of production all the way to distribution. But health-related issues are not really part and parcel of that ministry's activities. So, it began to do its own analysis about two years ago, and when the time came to draft a plan, it became more heavily involved; it had a better sense of what its role was.

As I've just said, this is a step in the right direction and we have to not only keep up the pressure, but sustain intersectoral work and collaboration. The other example is the Ministry of Transport. Generally speaking, when you're talking about physical activity, you have a tendency to see it in terms of—

[English]

The Chair: Very quickly answer it, and then we'll move on. Our time is gone. Go ahead.

[Translation]

Ms. Lyne Mongeau: —individual behaviours. But it's important to understand that certain behaviours will be adopted by individuals insofar as the appropriate infrastructure is in place. In terms of public transit, biking, bike paths, and the way streets and neighbourhoods are laid out, the Ministry of Transport and the Ministry of Municipal Affairs and Regions have a slightly better understanding of their role and are now getting involved.

Ms. Christiane Gagnon: Thank you.

[English]

The Chair: Thank you very much.

Mr. Dykstra, for five minutes.

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

I have one really serious question to ask the minister.

My two daughters were very concerned about the issue regarding the Province of Ontario potentially outlawing Hallowe'en. I just want to make sure that I could take home to them tonight that this in fact wouldn't be the case.

Hon. Jim Watson: No, we had no such intention, Mr. Dykstra, to do that. Although I was teased because when I gave out my Hallowe'en bags, I included toothbrushes and pedometers. My house was egged afterwards.

Mr. Rick Dykstra: Probably for another reason, but we won't get into that.

One of the points you made I thought was a good one. I appreciate the support with respect to the physical education tax credit, and I thought I would at least extend the opportunity to you as the Minister of Health Promotion in Ontario to see if in fact you might consider or

you might recommend to partner with us on that. You commented at the end of your submission on partnership, and I think certainly from a federal perspective 6.1 million children in the country would definitely benefit, a large portion of those being here in the province. Is there some consideration by other provinces on taking on that same credit in a very pragmatic way?

Hon. Jim Watson: Speaking of credit, I'd like to take credit for inspiring your Prime Minister to bring forward that idea, because a couple of months before he announced it, I floated the idea and the *Toronto Star* ran a story about it.

I don't think our finance minister was as enthusiastic as I was about the program. I certainly would like to see all of the provinces go down the route, so that it could be matched up and double the impact that the federal tax credit will have. We're not in a financial position to do that at this stage, but those are the kinds of things we should look at when we are in a surplus position in the province of Ontario.

Someone asked whether we use the carrot or the stick approach in our ministry, and I said we use the carrot stick approach. You need a little bit of both. You need some positive reinforcement. I think the tax credit is a positive reinforcement. Some have criticized it by saying it's not enough. I think it's only going to work out to \$75. That's \$75 more than perhaps parents had in the past, and if we can build on that at the provincial level and double that, that may be another \$75. I obviously can't speak for the finance minister, and it's a financial decision that would have to be taken by our cabinet, but it certainly is philosophically something I'm supportive of.

Mr. Rick Dykstra: Well, I'm impressed that you can have that kind of influence over the Prime Minister and haven't been able to do that with the provincial finance minister. But keep at it. I'm sure you'll get through.

The other question I had related to the importance of the provincial health levy that was applied through your first budget. I don't want to get into the partisanship of whether it was a bad or good idea or what have you, but the fact is it was in the budget and it obviously extended an additional tax to Ontarians. I wonder from a health promotion perspective if any of that funding actually is within the realm of your ministry, so that you can actually use it from a promotional perspective rather than just from a prevention perspective.

•(1645)

Hon. Jim Watson: It is, in fact. Mine was one of the few ministries that got an increase in our base funding, particularly with our smoke-free Ontario campaign. We brought in a very comprehensive anti-smoking package. It's not just legislation that bans smoking in public work places, but it also provides cessation counselling, advocacy, and so on. We went from about \$10 million two years ago or so to \$60 million on the smoke-free Ontario package. The \$10 million in the healthy eating and active living strategy is new money for a new strategy, and that money has been going out the door as of March 31, April 1, the new fiscal year, as well.

The Chair: I'm sorry, Mr. Dykstra, your time has gone.

Ms. Priddy, you have five minutes.

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

Mr. Minister, I'd like to ask you a couple of questions, and then if I have time, I'd move on.

And I'd really like a copy of people's presentations, because folks had really good stuff to say, so I'd be really glad to have it. I'm from British Columbia, so I'm pleased to see two people here from B.C.

You talk about the infrastructure for leisure activities—pools, rinks, whatever—and you're looking at how infrastructure could be built in Ontario. I talked last week to FCM about DCCs, or development cost charges, and whether the municipalities in their charging—I think they charge DCCs in Ontario; it's a little bit from each development, or if you're growing fast it's a lot from each development—targeted any of those DCCs towards some of the infrastructure you were particularly looking at. I know that there is a real deficit and has been since our last big building bout. I must admit, I'm the kid who grew up swimming in the first covered swimming pool in Toronto with Marilyn Bell as a swimming instructor. That was the bout before that of building infrastructure. Did they help target some of that towards the infrastructure you were looking at?

Hon. Jim Watson: Just to give you some perspective, after what was supposed to have been a federal-provincial-territorial ministers meeting a couple of months ago in Toronto, which ended up being a provincial-territorial meeting instead, FCM put out a communiqué in support of what we were doing in our call for the federal government and the provincial governments to work together to create a sport and recreation infrastructure fund.

Development charges in the province of Ontario are levied by the municipality. They go into the general consolidated revenue, and they are actually available for sport and recreation infrastructure. In new developments in particular, recreation centres and so on are built with that money and other moneys.

What we're calling for, and the provincial ministers have been very insistent on this, in ensuring that we let people know this is our number one priority.... There was such a backlog of existing facilities, which tend to be in older neighbourhoods and not in growth areas where development is taking place. Thus you don't have those development charges.

To put this in some perspective, I mentioned the statistics earlier: 80% of Ontario's single-pad arenas are over 25 years of age, and 13% are over 50 years of age. Arenas and pools, because of the equipment and the plant that goes with them, are very expensive to build and operate.

That is one of the reasons you see very few private sector arenas. The private sector cannot make money on arenas, so you have to have either a partnership or the government involved in the construction of these facilities.

Ms. Penny Priddy: Thank you.

The Chair: I want to honour our time commitment. We want to thank you for giving us the extra five minutes. We appreciate your presentation to the committee. It was very interesting.

We'll make sure that your presentation is translated appropriately and passed out to all of the committee.

Thank you.

•(1650)

Hon. Jim Watson: I regret, Mr. Chair, I forgot to introduce my colleagues, Colleen Kiel and Jeffery Pearce, from the Ministry of Health Promotion. I apologize to them.

I thank you very much, Mr. Chair and members of the committee, for the opportunity to talk about some of the exciting things we're doing in health promotion.

If I may, I'll conclude with one brief comment. Ultimately, the work that you're doing, and what we're trying to do at the provincial level, is going to help save the publicly funded health care system, because if we put more emphasis and resources on the front end—preventing illness and promoting wellness—we're not going to have what I've called the perfect storm with an aging population, with baby boomers becoming senior citizens.

Unless you've found the fountain of youth, and maybe it is in Jasper, we're not going to curb the aging issue, but we can help curb the wellness and physical inactivity portion of the equation.

I look forward to working with the federal government for the betterment and the better health of all Canadians.

Merci.

The Chair: Thank you very much. We look forward to that as well.

Now we have Mr. Adam Ostry. We don't want to leave you there, without introducing you and without giving you the opportunity to give a presentation to the committee. We want to thank you for coming.

I understood your time was a bit late from Infrastructure Canada, so the floor is yours for a quick presentation, and then we'll continue with questioning.

Mr. Adam Ostry (Director General, Policy Directorate, Cities and Communities Branch, Infrastructure Canada): Thank you very much, Mr. Chairman.

[Translation]

Ladies and gentlemen, I am very pleased to be here, at the invitation of the Standing Committee on Health, to contribute to its study on childhood obesity and factors affecting the health of Canadians.

I represent the branch within Infrastructure Canada that is responsible for policy development as it relates to cities and communities, which is a key component of the new Transportation, Infrastructure, and Communities portfolio now under the responsibility of the Honourable Lawrence Cannon.

Although Infrastructure Canada has not commissioned any research in this area, we are following with some interest the research being carried out in other departments and the academic community, when it relates to our specific interest in built infrastructure, and the sustainability and competitiveness of our communities.

[English]

My comments will cover a few of the programs and initiatives of the transport, infrastructure, and communities portfolio. First I will highlight some statistics that emerged from a series of reports prepared by Statistics Canada, in collaboration with Infrastructure Canada, part of which relates to the link between health and investment in infrastructure. Second, I will discuss the Government of Canada's investment in infrastructure, including sports and recreational infrastructure, that provides opportunities for physical activity in communities throughout the country. Third, I will follow with investments in urban and active transportation. Finally, I will talk about the role of some crown corporations in the development and rehabilitation of healthy urban centres.

First I will detail a few statistics. In 2005 Infrastructure Canada and Statistics Canada jointly prepared a series of reports on trends and conditions in census metropolitan areas, CMAs, which are cities with 100,000 or more people, in order to better understand spatial differences in our urban communities. One of these reports, which analyzes health in CMAs, reveals that geographic differences are indeed important to consider when discussing the well-being of Canadians.

[Translation]

For example, according to data for 2000-2001, the highest proportion of people between the ages of 20 and 64 who are obese is in Thunder Bay, Ontario, where they represent 20% of the population, the lowest proportion being in Victoria, where they represent only 9.8% of the population. The cities of Vancouver and

Victoria have the lowest rates of physical inactivity of the census metropolitan areas in terms of periods of recreation, with 40% of respondents over the age of 12 saying they are inactive, compared to 50% elsewhere in Canada. On average, 15% of Canadians aged from 20 to 64 were considered obese, whereas rates in Vancouver and Victoria were as low as 10%. However, gaps in the data available for communities remain a significant challenge.

Through its research and statistical capability, the Government of Canada can provide cities and communities with a better basis for long-term planning.

[English]

This is also the philosophy behind the integrated community sustainability plan, a key component of the government's gas tax agreements with the provinces and territories, some of which, as you know, include municipalities or municipal associations as signatories for the sharing of revenues from the federal excise tax on gasoline for the purpose of investing in environmentally sustainable municipal infrastructure.

The agreements stipulate that a municipality must develop an integrated community sustainability plan, an ICSP, that sets out the guidelines for allowing it to achieve environmental, cultural, social, and economic sustainability outcomes. Ideally, a community's health objectives are best achieved when they are linked and embedded within urban development and land use planning that relates to urban densification, transportation, green space, and community services.

• (1655)

[Translation]

Very few people are unaware of the direct relationship between physical inactivity, participation in sports and healthy communities. The responsibility for providing these services falls to our cities and communities, whose institutions are a provincial responsibility, as you know. The Government of Canada is working in partnership with these two levels of government to support Canadians' quality of life, while respecting each level of government's jurisdiction.

The physical design of our cities and communities, delivery of sports and recreational services, either through educational systems or municipal recreational infrastructure, as well as the provision of active transportation structures, are provincial and municipal responsibilities. Access to community infrastructure, such as arenas, pools, parks or pedestrian paths, can play an important role in Canadians' desire to become more active, particularly when we see that every year, more than two thirds of deaths in Canada are caused by chronic illnesses in four different groups — mainly cardiovascular diseases, cancer, type 2 diabetes and respiratory illnesses.

[English]

Some sport and recreational infrastructure has received funding through the Canada Strategic Infrastructure Fund, CSIF—in particular, large-scale facilities for major amateur sport and athletic events—and through the Municipal Rural Infrastructure Fund, the MRIF, which is primarily designed to meet the needs of smaller Canadian communities.

For example, funding through CSIF will enable the Summerside Wellness Centre in P.E.I. to build a sports centre for large-scale amateur sporting events that will support the 2009 Canada Summer Games to be held there. With funding from MRIF, the Buhler Recreation Park project, in Transcona, in east Winnipeg, will provide a new recreational and exhibition space for citizens and users. The park's year-round accessibility will improve access to the community's other existing facilities, which are currently overcrowded and represent safety risks for users and spectators alike.

[*Translation*]

Quality of life, beyond the obvious benefits of physical activity in terms of improving Canadians' health status, is also measured by the air that we breathe, particularly in large urban centres where smog too often obscures the sky.

[*English*]

In its gas tax agreements with the provinces and territories, the Government of Canada has included the funding of active transportation infrastructure as an eligible funding category. These green community projects include bike and pedestrian paths and their related infrastructure. They are often tied in with existing public transit, and we want them to be as widespread as possible for Canadians, so they can use them to get to work and elsewhere.

A couple of examples of the way municipalities have used the federal gas tax funds are the pedestrian and the bike paths in Halifax and the bike paths in Markham.

Personally, I've had the opportunity to participate in this process as lead negotiator on the agreements with the three territorial governments. I can tell you that I found the experience extremely enriching, in terms of the green initiatives put forward. The snowshoe trail in the Yukon and the cross-country skiing trails in downtown Yellowknife are good examples that illustrate what I've been saying.

Investments in public transit are also linked to active transportation. Indeed, the levels of walking, cycling, and transit use in Canadian communities tend to rise or fall together. Transit and walking have a strong relationship, and maximum desirable distances are used to help define transit service patterns in many cities. Research shows that the willingness of passengers to walk to transit increases with higher-quality transit service and better pedestrian environments.

In addition, programs that make it easier for cyclists to go to transit services and then store or bring along their bicycles—as is the case on several OC Transpo routes here in Ottawa—can boost transit ridership, reduce the cost of parking provisions at stations, and reduce congestion and pollution.

• (1700)

[*Translation*]

Indeed, Transport Canada has implemented the Urban Transit Demonstration Program with a view to supporting the development and integration of strategies, planning tools and best practices in the area of transportation, such as those intended to reduce greenhouse gas emissions. This initiative will allow Canadian cities to

implement demonstration projects aimed at promoting innovative approaches in this area.

For example, the City of Whitehorse is investing in its transit infrastructure, including active transport. By redesigning the layout of Main Street to reduce bus waiting times, the City of Vancouver is improving pedestrian safety and revitalizing this major artery — another example of good practices that result in healthier living.

In terms of Crown corporations, the Canada Lands Company, or CLC, is responsible for managing, redeveloping and selling the Government of Canada's strategic real property. It does this using innovative approaches that obviously provide a financial return to the government, while at the same time revitalizing Canadian communities. The site development plan for Benny Farm in Montreal is an excellent example of what CLC is doing to improve the community's quality of life, with its recreational centre comprising both sports facilities and community halls.

[*English*]

The Garrison Woods urban revitalization project in Calgary, likewise under the CLC auspices, is working to find better ways of dealing with public health issues, such as street lighting on sidewalks and safer street lay-outs.

The Downsview Park corporation on a former military base in Toronto has been busy since 1996 transforming the site into a unique urban green space with a recreational focus, highlighting children's sports and offering them summer camps and environmental learning programs year round. It is a fine example of how urban land can be rehabilitated.

[*Translation*]

I could share many more success stories with you, but I know that time is short. So I will conclude my opening comments.

Mr. Chairman, the Transport, Infrastructure and Communities portfolio aims to implement the necessary measures to improve the quality of life of Canadians living in cities and communities across the country, one of the effects of which will be to combat obesity.

Thank you very much for giving me this opportunity to share with you some of the practical examples of the way in which the portfolio I represent is helping to improve the health of Canadians. Thank you.

[*English*]

The Chair: Thank you very much.

Now we'll continue with our questioning. We have Ms. Davidson for five minutes.

Mrs. Patricia Davidson (Sarnia—Lambton, CPC): I'd like to thank all the presenters.

Certainly we've heard a lot of information again here today. It's been very interesting.

My first question is going to be Ms. Mongeau, please. I was certainly interested in what you had to say when you described childhood obesity and the whole issue as not only a public health problem, but also as a societal problem. I think that's so very true. We've got a whole society where kids hardly walk to school any more. They get bussed from a very young age. Parents are afraid to let their children outside to play; there are safety issues. There are a lot of issues in communities, whether they're large or small, that make it difficult for children to be out on their own.

We've got parents working, both parents or single-parent families, and the parent comes home from work tired. Something quick and easy is often what happens. As the minister has said, Home Ec is not taught in schools any more, at least in Ontario. I don't know if it is in the other provinces. So we lead very harried lifestyles.

How do we effect societal changes that can address some of these issues?

[*Translation*]

Ms. Lyne Mongeau: I am going to answer in French.

Some authors say that this obesity crisis requires the development of a whole new social movement. We are clearly seeing that this affects every sector of society. I think the first step is for there to be a broadly shared understanding within society of the issues that you and I have identified.

If we adopt a vision that focuses on nutrition and physical activity, we will achieve meaningful results, but that won't be enough. Indeed, some aspects of the issue really require us to get to the root of the problem. We obviously can't change the universe or return to the kind of lifestyle that existed long ago. Nor is that what we want. However, it is important to be conscious of the fact that social transformation is occurring, and that we did not foresee any of the consequences of that transformation. One example might be that even though parents work, many primary schools don't have the necessary infrastructure for children to be able to have lunch on site. Provision could have been made for that sort of thing. It is difficult to find solutions when there is a lack of infrastructure. Furthermore, it becomes very costly.

So, we are going to have to be very creative and focus instead on a social movement. We will also have to think very deeply about issues related to commercialization, including the role of advertising, particularly when it's directed at children. They have not developed enough of a critical mind to be able to deal with advertising.

Furthermore, social norms are a new concept that is a subject of research and one that is increasing being explored. They allow people to have a different concept of life. That is very powerful from a social standpoint. Implementing such an approach would have a more meaningful impact than current measures, which attempt only to change individual behaviours. The fact is that individuals are part and parcel of those social norms.

If it is deemed to be normal for children to walk over to their friends' house, that is what they will do. Public awareness campaigns can help to transform social norms, but as regards certain behaviours,

they have to be shown to be abnormal. If drinking soda pop is considered to be normal behaviour, for example, children will drink soda pop and advertising will continue to reinforce that lifestyle choice. Everyone will find that normal.

But creating a social movement and changing certain aspects of our society is a major challenge. We all feel rather overwhelmed; there is no doubt about that.

• (1705)

[*English*]

The Chair: Thank you very much.

We will move on to Ms. Keeper. You have five minutes.

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

I would like to thank everybody for their presentations.

I would like to ask two questions. One is to Ms. Panagiotopoulos.

One of the recommendations you made was about the Canadian Institute for Health Research. It was to include additional funding on an evaluation component for the treatment program. Could you just elaborate on that a bit, please? Are you saying there are currently treatment programs in existence?

Ms. Christina Panagiotopoulos: There's only one at the moment, in Vancouver.

Ms. Tina Keeper: Okay.

Ms. Christina Panagiotopoulos: Within that, we need an evaluation component to see if it's the right program to begin with.

Ms. Tina Keeper: Right.

Ms. Christina Panagiotopoulos: It's the Shapedown program. It's taken from a California model. It is effective. We know it's effective, but is it the best? I'm not sure.

Also, we need to find the best practices overall. A Canadian initiative would help bring all the best practices from each of the centres across Canada, if there are similar ones.

Ms. Tina Keeper: You said this is the only one you're aware of. Would that be in B.C. or in Canada?

Ms. Christina Panagiotopoulos: In B.C.

Ms. Tina Keeper: So there are a number of practices throughout the country that you are aware of?

Ms. Christina Panagiotopoulos: Similar programs being either run or started. I'm not quite sure. One is in Alberta that I know of.

Ms. Tina Keeper: Do you know if the Centers for Disease Control and Prevention have done any evaluations of programs in the U.S.?

Ms. Christina Panagiotopoulos: I'm sorry, I do not know that, but I can find that information for you.

Ms. Tina Keeper: If we could get some information on that particular program, it would be really interesting.

Ms. Christina Panagiotopoulos: Yes, of course.

Ms. Tina Keeper: Thank you.

I also have a question for Ms. Mongeau. I think you had said that the report in your hand was the result of a private and public partnership. Is that right, and could you just tell us a bit more about it?

[Translation]

Ms. Lyne Mongeau: The funding has both a private and public component. The private funding is from the Fondation Lucie et André Chagnon. The funding is private but charitable. The foundation doubles the amount allocated by Quebec. It is a ten-year funding commitment. This allows for long-term action, which is absolutely critical where prevention of childhood obesity is concerned.

Could I complete my answer to the previous question? There are a couple of points I would like to add.

• (1710)

[English]

Ms. Tina Keeper: Yes, sure.

[Translation]

Ms. Lyne Mongeau: The Canadian Institutes of Health Research and, in this case, the Nutrition, Metabolism and Diabetes Institute, have made a considerable effort. In terms of funding, they have made obesity a priority. Furthermore, they have made significant changes to the way they determine what is a research priority. That includes placing a greater focus in research on all the information needed to develop public policy. Research generally focusses mostly on basic science and genetics, but that is not enough to meet the challenge of obesity. So, they have worked very hard to change the program's direction, even though I believe current funding is woefully inadequate. In my opinion, that concerns the federal government.

In terms of programs to treat obesity, there are very few that are considered to be effective. I don't believe the CDCs have done any kind of evaluation. There are some programs being delivered in the United States. However, to my knowledge, the most promising ones have been developed by a researcher in Israel. She has demonstrated that programs were more effective when parents participated on their own, as opposed to when children were involved on their own, or when parents and children were involved. These are very useful indications in terms of the kinds of best practices we should be looking at for treating child obesity.

[English]

The Chair: Thank you very much.

Mr. Fletcher.

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

Thank you to everyone for their presentations. And although he is not here, I would also like to thank Minister Watson for coming this afternoon.

Ms. Bays, I appreciated the rhythm of your presentation. I thought it was almost poetic in parts.

My question goes to Infrastructure Canada. I'm from Manitoba, and we have a strong bond with our friends in northwestern Ontario. In fact I understand some of them would rather that northwestern

Ontario become part of Manitoba. However, I have a question dealing with your comment about geography and how it plays a role in obesity.

You compared Victoria to Thunder Bay. Thunder Bay has a lot of the qualities that Victoria has: a large water body, lots of fresh-water lakes around it, and a lot of outdoor recreational opportunities. The climate is different. However, there are things that are fun and active and which can be done in the winter.

So there must be something more than just geography as a role here. Could you please clarify your assertion that it was the geography that was playing a role, and not obesity?

Mr. Adam Ostry: Thank you very much for the question.

It is not my assertion. It is the Statistics Canada study's assertion.

I would refer you to the study, which we sent to the clerk and it is available. The only thing I can surmise is by taking cues from the other intervenors. There must be specific sociological phenomena at play that determine obesity outcomes in Thunder Bay that are different from those in Victoria. Your capacity to read a crystal ball is probably much better than mine, but presumably those factors would have been identified in the study.

I would suspect that there are climatic differences as well. Thunder Bay and Victoria certainly don't have the same climate.

Mr. Steven Fletcher: I think it would be helpful for the committee if we do take a close look at that report, because there are certainly many recreational opportunities in Thunder Bay. If I had to choose somewhere to live and it wasn't Winnipeg, Thunder Bay might be one of those places. There's a lot of opportunity for activity there.

Ms. Bays, when you made your presentation you talked about healthy food versus fast food, or something to that effect. Can you comment on how we can make fast food healthy, to deal with the market demands? Have you given any consideration or can you direct us to any resources that could help us with that?

Also, for all the panellists, are you aware of any jurisdictions that share Canada's diversity, both in geography and population, from which we can learn lessons?

• (1715)

Ms. Joanne Bays: Sorry, what was the last bit?

Mr. Steven Fletcher: I'm just wondering if there are other countries or jurisdictions that would help us in coming up with some recommendations in our report and that you have been impressed with.

The Chair: I think he's asking if there are any other countries that have McDonald's healthy.

Mr. Steven Fletcher: In a fast, healthy kind of way.

Ms. Joanne Bays: Healthy countries don't have McDonald's.

Voices: Oh, oh!

Ms. Joanne Bays: There are very few of those.

There are groups that work with the fast food industry to identify. Dietitians of Canada is one group that would look at the restaurant offerings and try to develop tools for the general public so that they can make healthier choices in fast food restaurants.

But rather than looking at other countries, other places, or other jurisdictions, we're looking at the system and seeing how we can adapt to it better. I think we need to look at countries that have actually said seriously that they need to redesign things and have actually had some success. Scandinavian countries are good ones to look at. Norway created a food policy. It took them fifty years, but they were able to demonstrate a 15% reduction in cardiovascular disease. It's a comprehensive food policy that really looks like our tobacco policy, if you look at it. We should be looking at those kinds of substantial changes.

As well, how do we cope? What can we do with what we have? How can we move toward something a little bit different? It's going to be complex. What is the thing that's going to move? As you're saying, it's about social change and environmental change. What's going to change that? If I look at the tobacco again, I don't think I could pull out the one thing that made us aware that when you're smoking in one part of the room, I'm inhaling it, so therefore it's against my rights. In a sense, I think food is the same way, and active living.

What is the one thing? There isn't one thing. It's a multiplicity of multiple things, and sooner or later you just push that next step. People accepted a ban on smoking. In northern B.C., we are accepting bans on smoking now. Ten years ago? Twenty years ago? Forget that.

The Chair: Thank you very much.

Madame Demers.

[Translation]

Ms. Nicole Demers (Laval, BQ): I want to thank all of you for your input on this very important subject.

Ms. Mongeau, I do intend to take the time to read your paper. For now, I prefer to ask questions of the people we have less of an opportunity to talk to, given that they are not from Quebec.

Ms. Panagiotopoulos, you talked about a ban on advertising aimed at children. You are right that some kinds of advertising aimed at children are prohibited in Quebec, but in peak viewing hours, when there are ads for Kentucky Fried Chicken, chocolate, pizza and cholesterol-free French fries, children also watch those ads and fall prey to them. We may have to conduct an in-depth review of how advertising is developed and the type of advertising that we consider acceptable.

Ms. Bays, I noted your concerns with respect to *Canada's Food Guide* and I have to say that I think they are warranted. However, we have been told that *Canada's Food Guide* will not mention the 25% of other foods that we eat in the course of a day. Also, Health Canada has recommended that people employed or closely associated with some of the large corporations you named not play a role in developing *Canada's Food Guide*.

Are you concerned about the fact that this tool will be used to promote healthy and balanced eating all across Canada? Also, do

you believe that children using food banks will really benefit from the 500 \$ tax credit allocated to families for sports? If not, do you think that money would be put to better use if it were available to people like you to develop programs and bring in healthy foods to areas where people need them?

• (1720)

[English]

Ms. Joanne Bays: I'm going to answer the last piece, which was about the transport of food and the foods in food banks. I'm absolutely agreeing with that. We need to look more upstream. The answer isn't to see how we can distribute food in food banks. The answer to the question is social policy change, which is much bigger than that, right?

You talk about transportation issues, but really the question about whether or not a poor child can get enough to eat has a whole lot to do with the fact that we no longer have the Canada assistance plan. We changed that. We threw that out and asked each province to come up with their own standard for how much is enough in order to purchase nutritious food.

Those families cannot purchase food. Maybe they can learn to grow food or maybe they can help with this alternative system that I'm talking about, but a lot of them are running all over the place for their everyday day-to-day needs, like child care and what not. They don't have time to be growing carrots.

So in answer to that question, yes, we need substantial policy change. Kids shouldn't be going to food banks. We should have social policy that actually gives them enough money to buy food and housing and clothing and health care and those things.

What was the first part? I missed another part.

[Translation]

Ms. Nicole Demers: It was about *Canada's Food Guide*.

[English]

Ms. Joanne Bays: Ah, Canada's food guide. I was a registered dietician-nutritionist for a long time, and I'm still an RD. I call myself a radical dietician, though.

There is a lot of literature about the relationship between dieticians and the food industry. It's not just dieticians, though. We're all bought and sold by the food industry. The food guide has been developed with a lot of lobbying and pressure from the food industry. You can look and see that in fact a lot of those recommendations are questionable if you look at the longer, larger body of research on the different areas. Dairy in particular is one around which there's a lot of controversy.

So, yes, we've developed a new tool and we're telling Canadians to be using this tool in order to make healthy food choices. I guess we need to start somewhere: here are the different food groups that you can be choosing from.

In B.C., we actually have B.C.'s food guide. The B.C. food guide will tell you which foods grow in your area, which foods you should select in season, where you can get foods that are less processed and packaged. We've taken Canada's food guide as a beginning and we've developed our own that fits with what we're wanting for our food system.

[*Translation*]

Ms. Nicole Demers: Could you send us a copy?

[*English*]

Ms. Joanne Bays: Yes.

The Chair: Thank you very much.

I want to thank the witnesses for coming forward. All of your presentations were very interesting, and the questions equally so.

I want to draw this part of the meeting to a conclusion. Thank you again on behalf of the committee. We look forward to some of the presentations that you've committed to give to the committee as we get into our final draft.

With that, I want to make just a couple of remarks to the committee with regard to the subcommittee's agenda. We presented it at the last meeting. I would like to do that at the next meeting, when we have a little more time and all of our normal committee members are here instead of the substitutes.

• (1725)

Hon. Hedy Fry: Are you suggesting Ms. Brown—

The Chair: Is not normal? Yes, I know. I've called her worse than that before. It's all right.

The other thing is that we have a summary document and draft instructions that we have passed out for the drafting of the report. I would like to remind the committee members that this will be confidential information. Please read it and we will discuss it at the next meeting and give some direction with regard to the drafting of the report on obesity.

With that, I want to thank everybody. Have a great week off, and don't work too hard. Have a great Remembrance Day. We'll see you next time.

The meeting is adjourned.

Published under the authority of the Speaker of the House of Commons

Publié en conformité de l'autorité du Président de la Chambre des communes

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