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Chair

Mr. Rob Merrifield

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● (1535)

[*English*]

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

I want to thank everybody for coming. We have a fairly aggressive meeting as far as number of witnesses and I hope we hope numbers of good questions and answers.

We want to start fairly quickly. We're coming close to the end of our study on childhood obesity, but we want to ask some of the witnesses some further questions before we issue our final report, which we hope to have completed by the end of the month. Then we'll be issuing a report when we come back into session in March. That's the game plan right now. If there are no delays, that should be our schedule.

We want to thank the witnesses for coming. We have an interesting session with a panel on healthy schools. I will introduce you as I give you the floor. Maybe that will be the easiest, and if there are others with you, then we can introduce them.

I see Madame Gagnon has a question.

[*Translation*]

Ms. Christiane Gagnon (Québec, BQ): Mr. Chair, I want to introduce a motion in committee concerning the study of the Common Drug Review. I sent it to the committee this morning. May I introduce it before the briefs are presented and before question period?

You haven't received it?

Can't we just table it?

[*English*]

The Chair: You just want to give notice of motion? That's fine. You can give the notice of motion today, and we'll pick it up in 48 hours.

[*Translation*]

Ms. Christiane Gagnon: Does it have to be read? No?

So I'm giving notice of motion and we'll see whether it can be seconded at the next meeting.

Thank you.

[*English*]

The Chair: That's right.

Let's move on to our witnesses.

We will start with the Public Health Agency of Canada, Kelly Stone. The floor is yours, and if you would introduce the people with you, it would be appreciated.

Ms. Kelly Stone (Director, Childhood and Adolescence, Centre for Health Promotion, Public Health Agency of Canada): Thank you.

I have brought Marie-France Lamarche, director of chronic disease prevention and community programs directorate at the first nations, Inuit, and health branch in Health Canada; Ann Ellis, who is with the office of nutrition policy and promotion, health products and food branch, Health Canada; and Joan Katz, director of education planning and policy in the education branch at INAC. Those are my government colleagues.

Our Nova Scotia partner is unfortunately not here yet, I see. I hope she will be able to join us, because I'd like to hear from her, as I'm sure you would.

Thank you, Mr. Chair and members of the committee. I'm pleased to be here to discuss the involvement of the federal government around school health, with particular regard to obesity. It has been well established that the problem of overweight Canadians and obesity is escalating, particularly in children, as the overweight and obesity rates have tripled over the past 15 years.

Addressing this complex phenomenon requires a coordinated effort linking the main actors across settings and across sectors, not only at the national but also at the international level. Eating habits and physical activity patterns are clearly important determinants of healthy body weight. Further, interactions between a range of behavioural, social, and physical determinants are largely associated with the rise in obesity.

The federal, provincial, and territorial ministers of health endorsed the pan-Canadian healthy living strategy in 2005 to promote healthy weights through a focus on physical activity and healthy eating. It has a particular emphasis on childhood obesity in the school setting. Under the auspices of this strategy, the recently established Joint Consortium for School Health is an example of collaboration and coordinated action involving the health and education sectors.

Such collaboration on the part of the joint consortium is supportive of the World Health Organization's comprehensive school health approach, which calls for the integration of health perspectives into all aspects of school activities and engages communities as a whole. The four main elements of the WHO approach are teaching and learning, health and other support services, supportive social environments, and a healthy physical environment.

The joint consortium is an intergovernmental consortium developed to act as a catalyst in strengthening cooperation among and within governments and those they partner with in this field. The joint consortium can provide leadership and facilitate a comprehensive coordinated approach to school health, as well as enhance the capacity of the health and education systems to work more effectively in the promotion of health through the school setting.

Membership to the consortium exists on a voluntary basis. It remains open and inclusive. Member jurisdictions of the joint consortium currently include the Public Health Agency of Canada and all provinces and territories except for Quebec and Alberta. It is supported by a small secretariat responsible for the organization of national activities, and a network of school health coordinators designated and directed by each jurisdiction. The secretariat is housed within the lead province. That function will rotate between members; the current lead is the province of British Columbia, as represented by its Ministry of Education.

Governance is provided through a deputy minister committee and a management committee. These committees help ensure systemic integration by having, again, health and education sector representation from each member jurisdiction. The Government of Canada is represented on the deputy minister committee by the chief public health officer of Canada, Dr. David Butler-Jones.

The consortium model fits well with an intersectoral approach. The joint consortium is premised on the understanding that schools play a critical role in the positive relationship between health and learning, and that effective health promotion can only take place within the school setting through an integration of both health and education sector resources and ongoing cooperation and coordination at the local, provincial, and national levels.

In pursuing its mandate to strengthen the health and education sectors' capacity to work together, the joint consortium is initiating efforts towards knowledge transfer, surveillance and monitoring of data, and the sharing of best practices. This typically involves building partnerships within and across governments, as well as with NGOs and community organizations. As the joint consortium evolves, the number of partners is also likely to grow towards achieving, again, a more comprehensive school health approach.

The joint consortium also dedicates time for creating tools to assist its members in developing programs and policies related to priority issues and risk factors in their schools. During the consortium's initial development phase, there are four working groups: nutrition, physical activity, sexual health, and social behaviours. These working groups are just now getting up and running.

● (1540)

As the only federal representative on the consortium, PHAC created the Federal Coordinating Committee for School Health. This federal committee acts as a single window to access relevant federal research initiatives and specific programs around school health issues. In support of this function, so far the committee has completed its draft inventory of federal activities that might be or are directly related to school health.

A particular challenge currently faced by the consortium is the issue of aboriginal school health. Aboriginal student health is certainly a priority for the consortium. However, at this time its role and focus specific to this population is not yet defined.

The current structure of the consortium is likely suited to addressing the unique needs and considerations of aboriginal students living off reserve and, in particular, aboriginal students living in the territories, but because health services and education are delivered differently on reserve, a separate approach may be required to advance school health specific to first nations.

In this regard there was early discussion among federal partners, namely the Public Health Agency, Health Canada, and INAC. INAC and Health Canada have had the opportunity to follow the consortium's progress, particularly any work that has been directed toward the needs of aboriginal students. In the future, opportunities might evolve for some collaborative work on some of our projects.

It is also clear that national aboriginal organizations and communities will need to be engaged in addressing the needs of aboriginal students. In the interim, Health Canada continues to support the health of aboriginal students through its existing community-based programs. For example, healthy eating and physical activity are promoted through the aboriginal diabetes initiative.

The joint consortium is also increasing its international focus. It is delivering a presentation this coming June at the International Union for Health Promotion and Education conference, as well as hosting a World Health Organization technical meeting on school health in Vancouver just prior to the IUHPE conference. The joint consortium is also contributing to Canada's efforts in the development of a WHO policy framework for the prevention of chronic diseases in schools.

An effective school health strategy needs to go beyond the classroom into the halls, the lunchrooms, the schoolyards, meetings, and certainly connect with local communities. The consortium, with its public health focus, can provide a stewardship role by harnessing action from the myriad of actors and potential players both within and outside of government.

The responsibility for school health lies solidly with provincial and territorial governments and their school boards. However, national and provincial and territorial agencies and non-governmental groups are also key contributors to the comprehensive approach to school health. The challenge is going to be to draw together the knowledge and the capacity of all these actors.

The federal government, particularly through PHAC and Health Canada, is committed to maintaining and improving the health of Canadians and recognizes the important role that this comprehensive school health approach plays in the health of children and youth, particularly related to childhood obesity.

The joint consortium is still a new entity, but it holds a lot of promise as a positive way we can work together toward improving the health of school-age children.

Thank you.

● (1545)

The Chair: Thank you very much.

We'll now move on to Joan Katz, from the Department of Indian Affairs and Northern Development.

Ms. Joan Katz (Director, Education Planning and Policy, Education Branch, Department of Indian Affairs and Northern Development): Thank you.

Good afternoon, I would like to thank the chair and committee members for the opportunity to speak on the subject of healthy schools.

At Indian and Northern Affairs Canada, the department's primary role is to support first nations and Inuit in developing healthy, sustainable communities and in achieving their economic and social aspirations.

We are responsible for delivering provincial-like services such as education, community infrastructure, and social services to status Indians on reserve. The vast majority of these programs and services are delivered in partnership with first nations, who directly administer 85% of the department's program funds with the goal of ensuring that programs and services on reserve are comparable to those available to other Canadians. For education, the Government of Canada has the financial responsibility for first nations elementary and secondary students living on reserve who attend first nation, provincial, federal, or private schools.

The elementary and secondary education of Inuit learners falls under the direct jurisdiction of the province or territory they live in. Over the last ten years, the number of schools managed directly by first nations has increased from 372 to over 500, with only seven federally operated schools remaining. This means 99% of the schools are controlled by communities themselves. Approximately 60% of first nation students attend first nation schools, with the remaining 40% attending provincial, federal, or private schools.

INAC plays a support role through its education and capital programs to Health Canada's First Nations and Inuit Health Branch for the development of healthy schools. INAC's main role in education is as a funder. While the department itself is not involved in the development of curriculum, it does stipulate that the schools being funded must provide education that is comparable to what is required in provincial schools by the statutes, regulations, or policies of the province in which the reserve is located.

INAC's special education program provides first nations with funding for student assessments, the development and monitoring of individual education plans, and professional services such as education psychologists and speech and language therapists. The department also has supplementary proposal-based sources of funding that schools can draw from in order to promote a healthy school environment. “New Paths for Education” is a proposal-based initiative used in a variety of ways to improve the school environment and classroom instruction and to strengthen overall school governance. In past years, some participating schools have used this initiative for breakfast and lunch programs.

Parental and community engagement strategy is another proposal-based program that contributes to healthy school environments through funding for activities such as highlighting the importance of screening for detection of any special education needs of a child, and reinforcing the importance of regular check-ups, such as hearing, vision, dental, nutrition, immunizations, and hospitalizations.

INAC has a capital facilities and maintenance program, which supports infrastructure investments in schools and recreational facilities. For school facilities, communities may build gymnasiums, sports fields, and playgrounds, as specified in the departmental level of service standards for schools and school site development. Specifically, INAC's school space accommodation standards allow for the construction of a gymnasium where a first nations school has a projected enrolment of more than 87 students.

As of 2006, there were 250 schools that had at least one gym, and 173 schools that had a multi-purpose room that could serve as a gym. This program also allows for the provision of funding for educational furniture, equipment, and furnishings, including playgrounds and other similar equipment for schools. In addition, the capital facilities and maintenance program can contribute towards the construction of community buildings, including recreational facilities and community halls like arenas, community recreational centres, and indoor pools.

In 2006, 504 first nation communities had at least one type of recreational facility. This includes 142 arenas, 57 gymnasiums, and one indoor pool. The department is also committed to working with other departments that have a similarly vested interest in healthy youth and in particular healthy school environments. For instance, the department is not a member of the Joint Consortium for School Health, but supports the Public Health Agency of Canada as the federal representative.

● (1550)

Thank you, Mr. Chair and committee members, for giving me the opportunity to speak on this important subject.

The Chair: Thank you for being here.

We'll now move to the top of our agenda. We'll hear from Dr. Heather McKay, principal investigator, Action Schools! BC, professor at the University of British Columbia, and interim director of CHH, Vancouver Coastal Health Research Institute. That's quite a handle.

Welcome. The floor is yours.

Dr. Heather McKay (Principal Investigator, Action Schools! BC; Professor, University of British Columbia; Director, Vancouver Coastal Health Research Institute): Thank you very much.

I would like to extend my thanks to the members for allowing me to share with you what I think might be one strategy or one model that we have introduced in British Columbia. We hope it may be considered as a solution to the problem that I think we've all agreed has to be addressed, which is obviously why we're all here today.

I'm going to spend the next ten minutes talking to you about Action Schools! BC.

To begin, there's no need to go into the problem, except to say that I think we accept that the culture we live in has never been more conducive to supporting obesity. It is very positive in that regard. Again, I think it's time for solutions, and I'm absolutely thrilled that's what you're all here for.

On the Action Schools! BC model, I brought some handouts, but being naive, they're in English only. I've left them to be translated for you.

The vision of Action Schools! BC is not a program. It's a framework and a model within which there's great diversity. The idea is to integrate physical activity and healthy eating into the fabric of our elementary schools. It's about introducing physical activity and healthy eating into every part of schools, not into only one component of schools.

We define Action Schools! BC as a model on best practices in physical activity and healthy eating, which is designed to assist elementary schools to create individualized action plans. The words I want you to key into are “best practices”. We scoured the world literature, and we brought together resources and a variety of diverse best practices for educators to offer in classrooms and schools. For example, within this framework, a school in the north might have different programs from a school in the downtown east side of Vancouver. It might be very different from other parts of the province or the country. It's a framework of an option of best practices.

The idea is to facilitate what schools are already doing and assist them to customize this model to suit the individual needs of the school or the district. Again, as long as the main components are honoured, which I'll tell you about in a minute, there can be great diversity in what is offered. Again, in northern climates this would look very different from what is in Vancouver.

There are six action zones, and I only have ten minutes. I will rattle them off for you and then focus on one.

Physical education is one zone, and it's a very important zone. Andrea will talk about that in a minute.

The school environment, extracurricular activity, school spirit, family and community, and our type of cornerstone are called “classroom action”. This is quite novel because teachers are provided with the training and resources to offer 15 minutes of physical activity in the classroom, every day of the week, in addition to their physical education. We call this “snacking on physical activity”, as you've heard in the past about snacking on healthy foods. Again, the idea is to offer students 150 minutes of physical activity in each of these action zones, across a variety of choices. This is a very choice-based model.

Teachers are our entry point. We invest in teachers. The Action Schools! BC model in part is to offer every teacher a training workshop. We empower teachers in the best way we can to deliver this model. They are usually generalist teachers, and I believe the generalist teachers probably hated physical education as kids. The idea is to provide them with something they will actually engage in. They're given resources to keep in the classroom, a classroom action bin, and they're again offered training workshops. Support is at the end of a telephone in this model.

You've probably heard about many other models across the country. Programs have been introduced over time, and many of them have been shelved. Often it's due to a lack of resources and, in some cases, it's due to a lack of evidence to support that they work. What's different about this model?

The unique aspect of Action Schools! BC, as I've already mentioned, is that it's a model, not a program. It's non-prescriptive, it's choice-based, and it benefits every child regardless of skill level.

Our thinking is that we don't really need to engage those children already involved in sport. We're more keen on getting those children who would not otherwise be active. We feel the only way to find these kids is through the schools, as we don't often see them at other places.

● (1555)

Delivered by the generalist teacher, there is a huge evaluation component. I will give you just a snapshot of what we found when we evaluated this model.

In British Columbia I felt very fortunate to be in on the ground level, but this represented a unique partnership between the ministries of education, health, tourism, sport, and the arts in collaboration with 2010 Legacies Now, and all of these players came to the table. Again, I am not a politician, but I was absolutely thrilled to see the level of dialogue among these three ministries to make this program a reality in British Columbia. Funding for the model came from the Ministry of Health and the Ministry of Education in partnership with 2010 Legacies Now.

We evaluated this program with the highest level of evidence. We undertook a randomized control trial, and we tried to look at whether the model worked on three levels. In the first instance, we wanted to see whether teachers were providing more opportunities for children to be more active in the classroom. Second, we wanted to see, given those opportunities, whether children did in fact become more active. Third, we wanted to see whether, if they became more active, they became healthier people.

We looked at their levels of physical activity in the action schools versus the non-action schools, and then we looked at whether their bone health was improved, healthy eating was changed, whether their cardiovascular health was improved. We looked at their psycho-social health, and we measured their academic performance because of the interest from the Ministry of Education in that.

Here is what we found. Teachers in the Action Schools! BC schools delivered significantly more physical activity during the school week. It was between 53 and 65 minutes additional physical activity, compared to the non-action schools. That was a significant difference. There were more opportunities being provided. This translated into boys being especially more active every day if they were in an Action Schools! BC school than if they were in a control school. We measured this with pedometers. We saw this in girls as well, to a lesser extent, and that was measured with a questionnaire. So children became more physically active.

Surprising to us, the big winner here was cardiovascular health. You recall that obesity is a risk factor for cardiovascular health, so if we can overstep obesity and get right to where the money is, we have actually achieved a lot. Children in the Action Schools! BC schools increased their cardiovascular fitness by 25%—this is significant, it has clinical significance—compared to the children who were not in Action Schools! BC schools. We were thrilled by this. It was a bit surprising.

Academic performance: We really wanted these children to become much more brilliant children, but they didn't. They performed at least as well as the children in the non-action schools. What this means is they were spending less time in curricular activities, more time being physically active and becoming more healthy, and they performed just as well. That is an important finding as well.

To wrap up, in October of 2004, when we began Action Schools! BC, we had 275 registered schools. I think the response is unprecedented, in that we now have over 1,100 schools that have self-identified and registered for this model in the province of B.C. This is over 10,000 teachers. Workshops have been delivered to over 1,000 teachers, and 266,000 children are currently benefiting by this model that is being delivered in their school. We have schools in 100% of school districts around the province that have registered for this model.

I am going to leave you with a few recommendations, if I may.

Our obligation and our responsibility is to invest in evidence-based models. It is good to have a good idea, but it is important to have the evidence that supports that idea. There is accountability in that. We have to know that something works in order to invest. That is my feeling: invest in evaluation.

I tell my research group that there is no shame in not showing an effect, because that allows you to go back in, tweak the model, adjust course, and actually introduce something that is in fact effective. So it's ongoing evaluation, course adjustment, and on we go. Obesity did not happen overnight. We need to make a long-term investment in this. It is going to take a long time to turn this around, and it is going to take absolutely everybody at the table.

As we heard from Kelly, this is a partnership model where not just the schools are involved, but all aspects of our community. The model should cross pre-elementary, middle, and high schools, so students have the opportunity throughout their school careers to engage in these opportunities.

● (1600)

Linked with community-based programs, the evidence suggests that it's larger than the schools. We need to reach out to communities as well. Integration across provinces, and within provinces across initiatives, doesn't happen by itself; there has to be a targeted effort to achieve integration. I encourage that investment.

It's my optimistic but firm belief that Canada really can be a leader in evidence-based programs, practices, and policies. I've spoken around the world, and Action Schools! BC has been acknowledged and is currently being introduced in Australia. I've spoken with groups in South Africa, Scotland, and Ireland. There's a lot of interest internationally. So I think we do have a home-grown model that can be at least entertained and discussed, which might provide some benefit to children in schools.

Thank you very much.

The Chair: Thank you for sharing that with us. I'm sure we'll have some more questions later.

We now have Ms. Gabbani with us from the Nova Scotia Department of Health. The floor is yours.

Ms. Farida Gabbani (Senior Director, Office of Health Promotion, Sport and Recreation Division, Nova Scotia Department of Health): Thank you very much.

I just came from Toronto. I was doing a presentation to the Public Health Agency of Canada. I co-chair one of their committees on the pan-Canadian healthy living strategy.

I'd like to make an opening comment around the term obesity. In Nova Scotia we really feel that the problem of obesity is very complex, and effective approaches require action at many levels. An integrated strategy targeting the common risk factors for current disease and socio-economic determinants of health will in the long term achieve improvements in health, including reducing obesity. A narrow focus on obesity does not necessarily recognize the multiple health and social environmental benefits of physical activity and healthy eating, regardless of weight management.

Obesity strategies, compared to approaches looking at healthy weight, do not address the health impacts of inactivity or being underweight. This is in line with the pan-Canadian healthy living strategy, which focuses on physical activity, healthy eating, and healthy weights. We prefer to use the terminology of healthy weights rather than obesity.

I did pass a handout to you. I'm going to speak to quite a few of the things here.

In Nova Scotia we have the Department of Health Promotion and Protection. It includes all the risk factors of healthy eating, injury prevention, addictions, chronic disease prevention, and physical activity, sport, and recreation. We work together with public health and the medical officers of health. So we are all in one department. We really feel that this integrated approach gives us a good view of where to go.

We're involved with childhood obesity prevention initiatives, but through healthy public policy and supportive environments related to healthy eating, physical activity, and sports and recreation in schools and other settings. I will speak to schools because you're looking at schools particularly.

On the next slide there is a whole plethora of things in which we're involved. We're doing a comprehensive program.

● (1605)

The Chair: You're referring to slides and we don't have them. But that's okay.

Ms. Farida Gabbani: I passed them out.

The Chair: Yes, but they're in English only.

Ms. Farida Gabbani: They're only in English. I apologize.

I'm going to talk about quite a few of the things we're doing. We have what we call an active kids and healthy kids strategy, and that strategy was based on evidence collected in 2002 and repeated in 2006 in a study we did with our children and youth in grades 3, 7, and 11. When we did it in 2002, we collected physical activity data, but not just through pedometers. We used accelerometers, and that gave us data not only of number of steps, but it talked about the intensity of the activity and how often that activity took place. When we repeated again in 2006, we added questions on healthy eating so we could see the correlation between the physical activity and the healthy eating.

What we found was that the children and youth in grade 3 met the standard of 60 minutes of physical activity a day in 2002, and they increased that after a lot of the programs we did between 2002 and 2006. Unfortunately, the children and youth in grade 7 were less active in 2006 than they were in 2002, and those in grade 11, the same, they're less active, particularly the females.

Based on the research, we put programs and initiatives into place through the active kids/healthy kids strategy and we tried to do a lot of capacity building. We have a program developed by our fitness leaders' association in Nova Scotia, a youth fitness module. We brought in grade 11 students from all across the province and we trained them to become fitness leaders so they could then go back to their communities and be fitness leaders in their schools and in their communities—so, again, trying to build capacity rather than just one-off programs.

We also have instituted a health promoting schools program. Every school board in Nova Scotia is receiving funding from the Department of Health Promotion and Protection to develop a health-promoting school, based upon their particular needs in that area and using a community development model. The initial focus is on physical activity, healthy eating, and healthy weights, and we encourage school boards to choose where they want to go next, as time goes on. In their particular area, if they've got a real problem with teen pregnancies or tobacco or drugs or addictions or whatever it might be, they'll pick up, but we ask them to focus on physical activity and healthy eating.

Initially, we gave half a million dollars to school boards based on the proposals they put forward to us, and those proposals were based on their needs. We also are involved in the joint consortium for school health and so we have a school health coordinator who is jointly hired by the Department of Education and the Department of Health Promotion and Protection. So, again, we're working very closely with the Department of Education. Schools are an important setting for us because all children go there. It is inclusive, it's equitable, it's not like an after-school program where there are issues with transportation, access, and cost, and so on.

We're also very pleased with the bilateral agreements with Sport Canada, and we have three currently. One of them is a program called a sport animator program. We placed a person in each school board so they could then work with the community, with the municipality, to be able to bridge that gap. As we say, it takes a whole community to raise a child, so that person's job is to work with the school, with the district health authority, with the municipality, to make sure that resources, both human and physical, are available for our students to be active. That has resulted in a lot of different programs in different regions. We have a lot of after-school programs taking place. We've got schools running late buses for students to attend after-school programs. Our sport animator in the Mi'kmaq community has negotiated with all the Mi'kmaq schools in Nova Scotia, and they now have 20 minutes of daily physical activity.

● (1610)

We just recently got a second bilateral from Sport Canada specifically for the Mi'kmaq community, for the aboriginal community, and we have pilot projects taking place in all 13 communities.

Also, we have a piece of research from Saint Mary's University in Halifax, which was doing consultations with communities to find out what their needs are, so that they can identify what they need to be able to increase physical activity opportunities and offer healthy choices.

As far as healthy eating is concerned, we have a huge amount going on. We were the first province in Canada to have a healthy eating strategy. We have four areas we focus on. Breastfeeding is a very, very important one. The research around breastfeeding shows that the risk of developing obesity is directly related to the length of exclusive breastfeeding—this is World Health Organization data.

Also, we work with children and youth. We have a school program, Healthy Eating Nova Scotia. We set it up consultatively, again working with the communities we're trying to affect.

So we met with all of the schools, and all of the parents and the children. We drafted a policy, and they thought it was rather harsh. So we worked with them, and we phased things in over a five-year period. What we found now is that many of the schools are way ahead of where they should be because they've really engaged and embraced this school food policy. No fat fries in schools any more: making the healthy choice the easy choice is the thing we're looking at doing, and it's really working well.

A lot of our local producers are working with us. The apple producers in the Annapolis Valley are bagging up apples. All of the pizza producers in the area are now moving to whole-wheat flour for their pizza crusts. It's just amazing, once you engage the whole community, the private sector as well as everyone involved.

Many, many interviews have been done over the past few months with our children and youth, and they love the salads, and they love the yoghurt, and they are really doing well with that particular piece.

We're also involved, as everyone else is, with increasing fruit and vegetable consumption. There's a whole food security issue around fruit and vegetables. Again, we're working with the local producers in Nova Scotia to try to solve that problem.

Other things that we do.... We have a tripartite forum in Nova Scotia. We work with the aboriginal community. We have committees set up. One of the committees is a health committee, and one is a sport and recreation committee. There's a cultural committee, a social committee, an economic development committee.

There are three co-chairs for every committee. There's a federal co-chair from INAC, a provincial co-chair from our provincial government, and then a co-chair from the council of chiefs. We meet on a regular basis, and we work together to identify what needs to be done for the health of the communities. We're really working hard in the area of physical activity and healthy eating.

We're trying to collect as much data as possible on numbers of people. Again, we need to know where we need to go. We want to use evidence and informed decision-making in order to be effective, because we are investing a large amount of money in Nova Scotia.

We also have regional offices for physical activities, for sport and recreation across Nova Scotia. Those regional offices work in the area of community development, and they work with communities to try to enable them to increase opportunities for physical activity and to work with the local groups, particularly the district health authorities and the schools. So we're trying to bring people together.

We have great interdepartmental cooperation. We're also working with volunteers, because we're finding that.... Our minister of health promotion and protection was just made the minister of volunteerism. We now have a ministry of volunteerism, so it's part of our department. Physical activity, sport and recreation, is built on the backs of volunteers, so we're finding that this is going to be a really helpful piece for us.

We help communities with building recreation facilities, and we do it in a collaborative way with municipalities and communities. If your school came to us and said “We need a playground”, then we offer planning assistance to them. Then we will pay one-third, work with the municipality to pay one-third, and then the school and the community would raise the other one-third. So there are all kinds of opportunities to increase, improve, refresh, and build physical activity infrastructure.

● (1615)

I'll stop there and see if there are any questions. I could go on for probably another two hours, but I realize I only have ten minutes.

The Chair: That's right. Thank you very much.

We have one more presenter. We'll hear from the Canadian Association of Health, Physical Education, Recreation and Dance.

Ms. Grantham, executive director, thanks to you for being here. The floor is yours.

Ms. Andrea Grantham (Executive Director, Canadian Association for Health, Physical Education, Recreation and Dance): Thank you, Mr. Chairman and esteemed members of Parliament.

On behalf of the Canadian Association for Health, Physical Education, Recreation and Dance, I am pleased to be here to address the issue relating to the mounting childhood obesity rates and the critical role of quality physical and health education programs in assisting to curb the obesity epidemic.

A main theme of my presentation will be the recommendation to the federal government of the need to endorse and support the provision of quality physical and health education programs to ensure that all children have the opportunity to develop fundamental skills, knowledge, and attitudes that they require to make healthy lifestyle choices and to be physically active now and throughout their lives.

CAPHERD is a national charitable voluntary sector organization whose primary concern is to influence the healthy development of children and youth through quality school-based health and physical education programs. We were formed in 1933, and CAPHERD's programs and initiatives have been branded in schools across Canada and have been used as models internationally.

CAPHERD has a comprehensive delivery system that includes provincial affiliates in each province, as well as a database to every school, school board, university, and ministry of education in Canada. In addition, CAPHERD has a very strong partnership base, with many provincial and national organizations mandated to improve the health and well-being of Canadians through healthy living and physical activity.

Mr. Chairman and esteemed members of Parliament, I am well aware that many other individuals have come before you to discuss the very critical issue of childhood obesity. With that, I'm very certain that you have heard many statistics and reports that indicate that we are living in the midst of a very grave epidemic that, if left unaddressed, will worsen beyond our expectations. For example: in the past 15 years the occurrence of overweight boys has increased by 92% and the occurrence of overweight girls has increased by 57%; only 43% of children and youth age 5 to 17 years of age are not active enough to meet optimal growth and development; and most alarmingly, our children stand to live a shorter lifespan than we do.

Clearly, action must be taken now to impede this obesity and physical inactivity epidemic before it erodes further and has an even more devastating impact on the Canadian health care system. We already know that Canadians spent $5.3 billion in 2001 on health care costs due to illnesses, injuries, and diseases associated with physical inactivity. As this epidemic grows, so too will the cost to our health care system.

CAPHERD strongly believes that physical and health education are critical health interventions that need to be addressed. Although education is a provincial jurisdiction, health is a federal priority. There is no denying the critical role of school physical education and health education in ensuring that every single child in Canada has the opportunity to develop the knowledge and skills that they need to be physically active now and for life. This includes physical literacy, healthy eating, and the knowledge that they need to make healthy lifestyle choices.

There is strong international support for the importance of physical education. The World Health Organization and the United Nations have both recognized the integral role of physical education to achieving health. Recently the United Nations declared 2005 as the international year of sport and physical education, to raise awareness of the critical role it plays in the healthy development of children. The UN's *Report on the International Year of Sport and Physical Education 2005: Sport for a Better World* indicates that:

> Education is a fundamental human right provided for in almost all international human rights treaties. Furthermore, in accordance with the declarations of various international human rights treaties, sport and Physical Education are also fundamental rights for all.

It is important to say that children are not born physically literate. They must develop skills sequentially. Physical literacy is cultivated through states that build on a foundation of motor skills and knowledge. These skills continue to develop and form the basis for specific physical activities and sports. When this fundamental learning is not provided, children lack basic movement skills as well as the understanding of the importance and practice of being physically active each and every day.

The need for the development of fundamental movement skills learned sequentially has been clearly identified in the long-term athlete development model that has been developed by Sport Canada. The LTAD identifies seven key stages a person must go through in order to nurture athlete development, as well as to lead physically active lifestyles. The first three phases of that model—active start, fundamentals, and learn to train—specifically emphasize the critical role of quality physical education in ensuring that this foundation is established. Without such learning, all future stages of the LTAD will be negatively affected.

● (1620)

The reality in Canadian schools today is that quality health and physical education programs are extremely lacking. Currently, provincial and territorial ministries of education have outlined and recommended times for physical and health education, with general outcome statements by each grade. These suggested times are not mandatory; thus, school boards and individual schools are not bound to meet these targets. In reality, schools in many provinces do not come close to providing Canadian children with the recommended times for physical education.

Often viewed as frilly subject areas, physical and health education programs have fallen victim to budget restraints and competing priorities within the school curriculum. Over the last two decades, Canadian schools have seen reduced time allotted to physical education and a move from specialist physical educators to generalist teachers who lack the skills and training required to deliver quality programs.

It is important to recognize that assigning time for physical and health education does not have a detrimental impact on students' grades. Quite to the contrary—participation in quality physical education has been linked to enhanced student academic performance and has been shown to improve social cohesion at school and to enhance concentration and to improve student self-esteem and self-confidence. Moreover, children benefit from physical education classes by developing personal physical fitness, which promotes healthy lifestyles—a foundation of skills that ensures their ability to participate in a wide variety of physical activities, and which reinforces life-long healthy living.

ln this era of childhood obesity stemming from unhealthy eating and physical inactivity, the poor quality of school health and physical education programs is of extreme concern. Statistics are cropping up on a daily basis reminding us of the grave health epidemic we are facing, yet funding and federal support for health interventions seem to diminish.

More federal action is going to be needed in order to improve the overall health of Canadian children. To assist schools in setting priorities and implementing opportunities for change, CAHPERD has set national standards that define quality physical education. These standards include 150 minutes per week of quality physical education, taught by a teacher who is qualified to teach the subject, a variety of learning opportunities, and are supplemented by a range of interscholastic and intramural program opportunities.

There is an obvious and undeniable correlation between obesity and inactivity. Quality physical and health education programs work to enable and encourage participation in physical activities and equip students with the ability and knowledge to make healthy choices.

Ensuring the overall wellness of Canadian children is a serious matter. As can be seen through the committee's attention to childhood obesity, the health of Canadian children is of fundamental importance to the Government of Canada and to the distinguished members of the committee. There have been a number of instances in the past when the federal government took positions on provincial education matters, including implementation of the metric system and on the French language. We implore you to recognize that ensuring the health of our children merits federal attention. More than ever, it is vital that the federal government and this committee endorse the need for quality physical and health education in schools, and that they go further to take a leadership role in ensuring that all schools across Canada are able to meet or exceed recommended provincial and territorial times.

During the 2005-2006 federal election campaign, the Conservative Party's platform, “Stand Up for Canada”, indicated that “The most important part of health care is prevention, including ensuring that Canadians, especially children, have proper diet and exercise”, and stated that a Conservative government would promote a wellness and physical fitness agenda to help Canadians and their children stay fit and healthy and committed to spending at least one percent of total federal health funding annually on physical activity. That translates into $435 million invested annually in sport and physical activity initiatives.

CAHPERD encourages the honourable members of this committee to work towards achieving this momentous victory for the future health and well-being of Canadians, and so ensure that Canadian schools are equipped to provide the best possible opportunity for all children to become both physically and health literate. Schools are the only public institution with the ability to reach every child in Canada, regardless of culture, socio-economic background, ability, or gender. Schools are clearly the most important institution to offer equal access to health and physical activity programs.

Honourable members, physical and health education needs to be valued and implemented as a core school subject area in order to offer its full potential and to play a role in combating childhood obesity.

I have left you with two important documents, *Time to Move*, and *What is the Relationship Between Physical Education and Physical Activity*?

I would like to say thank you once again for allowing us to speak.

● (1625)

The Chair: Thank you very much for your presentation.

I take note of your insistence on physical activity in school. I remember that in my days at school that was the class I enjoyed the most and did the best in.

We'll go now to questioning and start with Ms. Brown, followed by Ms. Bennett.

Ms. Bonnie Brown (Oakville, Lib.): Thank you, Mr. Chair.

I knew we had something in common: we're people who went to school because there was a phys. ed. class that day or some practice for a sporting team of some sort.

Mr. Chairman, I'm going to pass this on to Dr. Bennett, who, as a former minister responsible for the public health agency, has watched some of this activity evolve. She will lead for the Liberals.

Thank you.

Hon. Carolyn Bennett (St. Paul's, Lib.): Thank you.

Thank you all for the presentations.

As we know, from what Nova Scotia and British Columbia are doing.... Health ministers and indeed the first ministers all agreed in their communiqué at the first ministers meeting in September 2004 that healthy schools would be an initiative they would work on together, in terms of sharing best practices.

I'd like to know how far we've come since this country's first ministers' commitment to share best practices, taking the lead from the WHO. Can we define by the consortium or in any other way across this country what a healthy school is? Also, are there indicators that all of the provinces and territories have agreed upon, in terms of how you would define a healthy school, in terms of either the six criteria in British Columbia or...?

Also, how would you in an ISO 9000 kind of way get your banner on your school about whether it's healthy or not? How can we move forward to measure this? Can we do that without biometrics, as to whether we're winning or losing with the kids, in terms of healthy weights and a physical literacy standard that we all know we need—as if it were reading, writing, or arithmetic, can they throw a ball, run, or swim?

Mainly I would like to know, how often is this collaboration happening? Do you feel comfortable that you're sharing best practices?

I think the parents of this country would want to know why what's happening in Nova Scotia or B.C. isn't happening in their neighbourhood. Is there a website where there's one-stop shopping for parents? Is there a 1-800 number for the teachers to be able to find out what's happening somewhere else? Is there a resource that, as the federal government, we are helping with?

Also, how would you see us going forward? I happen to believe that the health of Canadians is a federal issue. How much money do you think we are spending on physical activity, compared to the 1% that was promised by the Conservatives?

The Chair: That's four or five questions. Let's try to answer one or two.

Does anyone want to start?

● (1630)

Ms. Andrea Grantham: In response to the question of how much is being spent on physical activity, in the 1990s there was an investment by the federal government of about $10 million a year towards physical activity. Just a few years ago it was $3.2 million, and this year there was a call for physical activity and healthy eating proposals with an envelope of $2 million. It's actually been declining.

Ms. Farida Gabbani: I would suggest that the integrated pan-Canadian healthy living strategy would be a vehicle that is supposed to set up a network across the country, and a network of networks: all of the NGOs and all of the provincial and territorial governments. But we've been struggling because of lack of funding to do the work that needs to be done. We have the document and the strategy, but there's been no action on it. Some funding was given to heart, some was given to diabetes, some was given to cancer—

Hon. Carolyn Bennett: We know that doesn't work.

Ms. Farida Gabbani: There are two strategies, and this is really confusing. I was trying to explain this to people today. There is a federal strategy, and then there's the integrated pan-Canadian healthy living strategy. They are two separate pieces, but $300 million went to the diseases and the healthy living strategy, which is all the work that we all do collectively. We're trying to develop a network there; we don't have any funding.

The Chair: Is there anything further?

Dr. Heather McKay: You had lots of points and interesting questions. The one that sort of rose above many of your comments was around integration. I think this is absolutely key. The role the federal government can play is in coming up with the federal solution as to connecting these initiatives across the provinces.

If there is an inclusive model, it can be adapted and customized for every province. It's not exclusive to Nova Scotia or British Columbia. These overarching models capture what is going on in every province. It's about having the vehicle and the resources to begin to communicate and formalize what that looks like.

Ms. Farida Gabbani: CAHPERD can play this role also, and it has been doing so since 1933, as our national organization for school-based physical education, physical activity, sport and recreation, and dance. Year upon year, they struggle for funding. You never know whether you're going to get it.

I'm a past president of that association, and we didn't even know if we could keep our staff. All of the programs that CAHPERD produces are for all of the country to use, and they're based on best practices. They really struggle.

Hon. Carolyn Bennett: But should there be a way for a parent to know whether their school would qualify as a healthy school designation?

Ms. Farida Gabbani: Absolutely.

Hon. Carolyn Bennett: How close are we to that?

Ms. Farida Gabbani: For our health-promoting schools, we use the CAHPERD criteria.

Ms. Andrea Grantham: We have a recognition award program. It's basically an assessment for schools. They can strive toward achieving ISO standards for physical education. It's a little bit more complex than this, but essentially it's the time, it's the quality of the teaching, it's what's being offered within the school.

We also have a quality school health initiative, which embraces the comprehensive school health approach. It addresses eight key criteria and areas that schools need to address.

Quite often there are varying issues within different school environments—

Hon. Carolyn Bennett: But does it go to the things Heather was talking about? Whether it's a walking school bus, whether it's a bullying program, or whether it's kids being included in the planning, there must be some pretty strict criteria that also include whether or not the vending machines have good stuff in them, etc.

Can you show me a document that includes all of that, and that tomorrow we could give to parents to show what a healthy school should look like?

Ms. Andrea Grantham: As mentioned, we do have a checklist of overarching themes in areas that need to be addressed—

Hon. Carolyn Bennett: On just physical activity or on everything?

Ms. Andrea Grantham: On healthy school environments.

The Chair: Go ahead, Heather.

Dr. Heather McKay: I do think these groups should come together and revisit that. As you say, there's an understanding now of what CAHPERD is, and maybe we need to reintroduce all of those things with packaging that represents some of these other initiatives as well.

I think it is pretty comprehensive, but I—

Hon. Carolyn Bennett: Could you have a flag on the top of the school, like the Elmer safety flag, that says this is a CAHPERD school?

● (1635)

Ms. Andrea Grantham: For the recognition award program, we do have a banner. And that is basically ISO recognition for a school. But that's part of the physical education.

Dr. Heather McKay: I would encourage renewal—

Hon. Carolyn Bennett: And money.

Dr. Heather McKay: —and fresh resources, yes, with fresh integration and maybe fresh packaging.

The Chair: Thank you.

Madame Gagnon.

[*Translation*]

Ms. Christiane Gagnon: What you're telling us is interesting. In a way, you've gone to the heart of the matter as regards assistance for the provinces as well as the organizations working with youths to make them aware of better living habits and physical fitness. But you provide a little more than a mere summary of the situation. This issue is clearly the responsibility of the provinces, not the federal government.

You want to be networked with the provinces to discuss objectives that you want to achieve, and I can understand that. However, Quebec has $400 million over 10 years to combat obesity. In each province, a number of departments are involved. It's already difficult and complicated, in agriculture and education, to ensure that the measures are applicable and applied.

I'm quite pleased to have heard you today, but I don't think the solution is to create a national program aimed at integrating all the measures of the provinces. Instead I think that there could be exchanges of information among the provinces, and nothing more.

Quebec has implemented a child care program, but was subsequently told that they wanted to create a national child care program. However, with 200,000 child care spaces, Quebec is definitely one step ahead. Standards and ways of doing things can't be imposed on it.

We know very well that, in cases where the federal government comes to us with a national standard or structure, it may be difficult for organizations to get subsidies if their programs don't meet the new objective. You know what I'm talking about.

I'm always a bit afraid of this kind of situation because it involves bureaucracy. There is a niche for providing the provinces with better assistance. Here I'm talking about the Canada Social Transfer. Cuts have been made to education for a number of years, but if the schools have more money, they'll do more in that field. From what I've heard, the provinces have moved into action against the obesity problem. Quebec has invested $200 million, and the Chagnon Foundation another $200 million over 10 years.

Very specific measures have already been taken in Quebec, for example, to eliminate poor food in the schools, to improve living habits and to change certain approaches to food and physical education in the schools. Groups are involved.

Don't you think it's good to discuss those matters, but that adopting a comprehensive structure or national plan for acquiring better living habits isn't what will resolve the matter?

[*English*]

The Chair: Ms. Stone.

Ms. Kelly Stone: I'd like to offer a few comments on that. Certainly, going back to my opening remarks on the joint consortium, it's unfortunate that Quebec is not yet a participant. We would certainly hope that one day they would choose to participate. This is not a formal FPT mechanism. It is a voluntary group of provinces, territories, and, perhaps at some later date, others, who will come together to share best practices. The federal government doesn't in any way take a lead in that. Rather than being the single window, we have behind us sort of an army, in various departments, of all kinds of research data things that are going on that might be helpful. They might not be, but they very well might be helpful.

We can help the provinces and the territories, where they would like our participation, where they would like our assistance related to some of the data collection being done by Stats Canada or some of the programs or some of the campaigns, or maybe we could tweak those in order to better align with where the provinces and the territories would like to go. But beyond that, it is just an excellent forum for sharing, which is really what we want to do.

Certainly, as with many things, not all provinces and territories are in the same position as a result of their geographic context or their priorities. This is a great opportunity for provinces like Nova Scotia and British Columbia, who are doing marvellous things—and I realize Quebec is also—to be able to come together and share with one another what some of those practices are and to see how they might fit the different circumstances across the country or how we might adjust them to fit.

This consortium is new, but we're past the bureaucratic bump of getting up and running. We're actually starting to move now. We're getting some knowledge summaries and some scans out and getting a pretty good website up, through which we can share information with school boards, with parents, with NGOs, as well as with each other. There's some really good, very practical, down-on-the-ground kind of work that is starting to go on, now that we're past how we were going to govern ourselves, and all that sort of thing, and it's a huge opportunity. And because it doesn't have official FPT status—it is a voluntary organization—it perhaps presents ways to work together that in some ways transcend the dilemmas we sometimes have doing that.

● (1640)

The Chair: Thank you very much.

Mr. Fletcher.

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

I'd like to just clarify some points for the witnesses that just spoke. The issue of the Canadian cancer strategy was brought up. I'm pleased to report that it's $260 million over five years, in addition to the $300 million for chronic disease. Certainly, in regard to the investment the federal government is making in the area of child health, there was a suggestion that it's going down, but actually it's going up. If you take the child tax credit for active living, including dance and other cardiovascular activities, that's in the hundreds of millions of dollars, and if you include the universal child care benefit, we're talking billions of dollars.

Over and above that, of course, we have the 6% escalator in the transfers to the provinces year over year, which is $1.1 billion this year, $1.2 billion next year, and so on. That is just for your information.

I was very interested in the presentations. Unfortunately, I find these meetings are too short, because we don't have enough time to get into this in depth. A lot of the areas you've spoken about would fall within provincial responsibility. And as I was listening to the presentations, I was really interested in hearing what the witnesses had to say about the role of parents in the schools. I think it was only Madam McKay who came close, when you mentioned families in your presentation, but the role of a parent or guardian I think would be very important.

The other startling statistic that I heard, I think, was the 57% increase in female obesity. That is startling for all sorts of reasons, not the least of which is the stereotype this committee has been presented with, of the young male playing video games in front of the TV, and that is one of the reasons why obesity rates have increased. Obviously that stereotype, like all other stereotypes, is just a stereotype. I wonder if you could explain why females are becoming less active.

There were three questions there.

Dr. Heather McKay: I'd like to first of all address the comment earlier, and I just want to be really clear that this is in no way suggesting a national program, because we're not talking about programs. We're talking about capitalizing on existing initiatives and coming together, as Kelly pointed out, to share what we already know. So it's not duplicating effort.

I don't think anyone here is in any way suggesting that one model will fit this whole country, because it will not.

Parental responsibility.... I think there have to also be initiatives directed towards parents. They're living in the same toxic environment, so parents aren't really given half a chance. Children spend much of their awake time away from their parents within the school environment. So it's again not just the responsibility of parents or the responsibility of schools or the responsibility of community, but a collective responsibility that has to be acknowledged. And parents have very little to say. I think you'll be surprised that they know very little about what their children are eating at school so they don't eat the lunches that are sent with them. They often don't eat meals together. It is in some ways out of their hands.

So I believe there is a role for schools, and I'll address those two and let someone else take the others, if they so wish.

● (1645)

The Chair: Thank you.

Ms. Lamarche, go ahead.

[*Translation*]

Ms. Marie-France Lamarche (Director, Chronic Disease Prevention, Community Programs Directorate, First Nations and Inuit Health Branch, Department of Health): I'm going to speak to Ms. Gagnon more particularly.

In the case of the First Nations reserves, we're talking about a federal responsibility. So I think a multisectoral approach is necessary with regard to the measures that must be taken in the schools to fight obesity. We're not just talking about education or health; we're also talking about Transport Canada, among other things.

On the reserves, police officers become the best coaches in training teams of all kinds. There's really a range of workers on the spot. We're talking about obesity, and that's curiously very much related to food insecurity. Many economic factors come into play. Here I'm talking specifically about Aboriginal people. It's important to have a place where people can talk, do research, evaluate and monitor. The figures that Statistics Canada provides us are invaluable in developing our programs.

When we talk about an integrated strategy, in my view, that means the provinces, the federal government, universities and non-governmental organizations, rather than federal and provincial jurisdictions.

[*English*]

The Chair: I appreciate that.

I'll add a little time for Mr. Fletcher if anyone would like to address his questions.

Ms. Farida Gabbani: I'd like to address the question around families.

I know in Nova Scotia for sure we have looked at who we should be targeting as far as social marketing is concerned. We had research done and we came to the conclusion that we should be targeting the parents of children from zero to twelve because the parents make the decisions as to what they participate in and what they eat and how they eat, the kinds of lives they lead. We have a website up called momsanddads.ca, and it's specifically for parents to go to to ask questions, to pose questions, to get information on the areas of physical activity, healthy eating, and obesity.

Mr. Steven Fletcher: Can someone answer the question about the female activity level?

Dr. Heather McKay: I think we've known for a really long time that all children become less active as they get older. We also saw a plummet in positive psychosocial health indicators as children approach adolescence. So there's no difference, really, and we have known that for a long time. Those figures are just being exaggerated now in terms of physical inactivity.

I don't think that girls are any less active. The problem is no less of a problem in girls than it is in boys, in our data anyway, in terms of why children are generally becoming less active.

Mr. Steven Fletcher: Well, I heard something like 57%—

Dr. Heather McKay: Yes, that came from Andrea.

The Chair: Just quickly on that and then we'll move on.

Ms. Andrea Grantham: The trends show within school environments that when physical education becomes optional, fewer girls choose to continue to be engaged in physical education, and that's part of the trend of the drop-off rates.

We have developed resources around gender equity in trying to increase more positive environments to encourage more participation. Unfortunately, that's just the....

● (1650)

The Chair: Okay, thank you.

Ms. Priddy, you're next. I'd like to give you five minutes on the floor. You presented this to the committee, so if you want to give a quick explanation as to where that came from....

Ms. Penny Priddy (Surrey North, NDP): No.

The Chair: You wouldn't like to?

Ms. Penny Priddy: I don't want to use my question time to do that.

The Chair: I'll give you a little extra time if you want to explain very quickly what this is, so the committee is aware of what you're trying to do.

Ms. Penny Priddy: All right, if somebody would give me a copy, I'd be thrilled to, because I haven't seen it.

The Chair: So carry on, and at the end of your five minutes I'll....

Ms. Penny Priddy: I have a comment and a couple of questions I'd like to ask.

We looked at a motion we passed on establishing a national database for all the different ways health facilities are reducing wait times within the public system. There are all kinds of different ways, but it was to be a national database that people can look at.

In a way, this sounds to me, perhaps in a more coordinated way, not to be so much a plan, but a place I can go if I teach in Hall's Prairie Elementary School and want to find out what I can do in my school. I can call up one of the 17 assistant superintendents Surrey school district has, but I want to go on the website. I want to know what's happening across the country in schools to make kids healthier and more active—so a database of information. That seems to be an ideal way for the federal government to take leadership, because it's a perfect place to gather that and then to make sure it goes back out to people.

I would hope it would be a database that would meet the same criteria Dr. Bennett asked about that you could put on the same thing that as a mum.... I wrote down my grandson's school's name because it reminds me that I'm going to go now and find out. So I want to go somewhere where it says to me as a grandmother or to my daughter as his mum, who obviously would be more responsible to do that—I try not to take over—what his school should look like to be healthy, right? It may even be around the physical environment as well, but what's the healthy school? It's a place where I can go as a mum or a dad or a caregiver to look at what that is.

A lot of initiatives that happen in schools in this country have been started by parents or it's the parent who's going to lobby for money to help continue to do these things. I couldn't do that as a mum unless I had evidence and information to do it with, other than just thinking and believing, which doesn't work. So it's a place where both professionals—whatever that means—and parents could go. I don't even think it necessarily has to be a separate.... Maybe it's a link site or something that gathers information.

I wanted to ask a question. I read somewhere in one of the handouts—and Heather referred to this as well—that what you've recognized is that it goes beyond the school. So I'm wondering if you could speak to, other than philosophically, where does this go? What does that mean, goes beyond the school—to where, other than esoterically?

Dr. Heather McKay: Sure. What I'm referring to there is what in the parlance is called the socio-ecological model. It means there has to be horizontal and vertical integration. Vertical integration means it's bottom up and top down. It's the ministry...it's our larger environment, it's the built community, and you heard about that.

It's about that doorstep decision-making so when children are stepping out the door to get to school, the easiest choice is the walking school bus, for example. Communities have to be safe to allow them to do that. So that's the larger environment, and you can change the built environment in a number of ways. It includes the family and home environment. It includes the recreation and parks association. It includes the schools and down it goes.

So it is about messaging that is consistent and opportunities that are consistent across this vertical integration and then horizontally as well.

Ms. Penny Priddy: Because for three months of the year, kids aren't in school. Actually, I think they should be, but that's a whole different story. That's why I'm concerned about the community component of that piece. So I thank you for the answer to that.

Ms. Andrea Grantham: If I could, I'll answer the question on information on what's happening across the country.

The CAHPERD website has an actual map of Canada on which you can click on any province to find out what is happening in terms of physical education and physical activity within that province. They also have an interactive report card that parents can use to actually grade what is happening within a school's physical education program.

A program we are looking to do now, actually, which we included in our funding support for physical activity, was an online interactive assessment of both physical education and comprehensive school health environments. You can actually go through the assessment and it will direct the user to programs that are taking place and the resources that are available to support improvements within those areas.

● (1655)

Ms. Penny Priddy: Thank you very much.

Did you want me to do this now or later?

The Chair: I don't think there's anything more to add, other than that it comes from you and you're sending it around.

Ms. Penny Priddy: That's right. I've withdrawn the motion that is on the table.

This is a children's health and nutrition initiative that I wanted to make the committee aware of. I will bring back a motion, but you can have a look at this. Some of you have talked to these people this week.

The Chair: That's just for the committee's information as to where it came from. Okay, fair enough.

Ms. Davidson.

Mrs. Patricia Davidson (Sarnia—Lambton, CPC): Thank you, Mr. Chairman. And thanks to all our presenters today. Certainly the more we hear on this subject, it doesn't become any less complex. I think it becomes more so each time.

I have maybe some random questions to ask to see if we can try to pull some of this together.

First I'll go to CAHPERD. You were founded in 1933. Is it correct that you are a charitable voluntary organization? Where do you get your funding?

Ms. Andrea Grantham: Yes. We receive our funding from the Public Health Agency of Canada. From time to time, we receive funding from Sport Canada. We also have a membership base, and we have a bookstore of school resources where we generate revenue for our innovations.

Mrs. Patricia Davidson: So most of your funding is national or federal funding.

Ms. Andrea Grantham: Yes.

Mrs. Patricia Davidson: I think you said that you set national standards.

Ms. Andrea Grantham: We've established a quality daily physical education program that defines what an ideal physical education program would look like. So it sets the key criteria that a school would strive for.

Mrs. Patricia Davidson: And who uses that? Who uses those standards, or who recognizes them, or how official are they? Does every school get a copy of them and strive to meet those standards?

Ms. Andrea Grantham: Well, we advocate for the program across the country. CAHPERD is governed by a voluntary board of directors who are physical educators and health educators, at all levels, from across the country. They've established these programs.

The programs are promoted to schools. They also often serve as stepping stones or motivational programs to help them improve the quality of their programs. When they do so, we have the recognition award program, which recognizes quality programs that are in place.

Mrs. Patricia Davidson: So they're basically just there for somebody to use if they want to.

Ms. Andrea Grantham: Absolutely. Yes, that's right.

Mrs. Patricia Davidson: So they're tools, if somebody wishes to take advantage of them. If they don't, they don't have to.

Ms. Andrea Grantham: No, absolutely. It's completely voluntary.

Mrs. Patricia Davidson: Now I'll go to the Joint Consortium for School Health. It is federally funded.

Ms. Kelly Stone: It's jointly funded. But we contribute, yes.

Mrs. Patricia Davidson: All right. Do you make use of the standards that CAHPERD develops?

Ms. Kelly Stone: We're certainly aware of CAHPERD's work and standards. It's a bit early to say we are making use of them, but certainly we're well aware of them, and they'll be built into the work we're doing as much as they possibly can be.

Mrs. Patricia Davidson: Just to help me understand, would you say that your basic role is to coordinate among the FPT and pick out best practices?

Ms. Kelly Stone: Correct. At this stage, it's between member provincial and territorial partners, and it's an exchanging of information. One of the early tasks is to take data from the federal side, which we're responsible for, and from all the provinces and territories, and do a big inventory of all the surveillance monitoring data that's available on students and schools across the country at the myriad of different levels, and try to put the pieces together and see what data is missing that would actually be helpful for improving schools. It is not for accountability but for what would actually make a difference to improve schools.

After we have finished our own inventory, we'll reach out to see who else is keeping good data that we can add, and we'll try to make sense of it all. We'll take everything, from what's collected at a national level for things like the health behaviours in school-age children, which is a WHO survey, down to some really good local surveys being done at the school board level. Then we'll see where the open ground is and where it is appropriate to connect some of the indicators and stats that are coming out so we get a better national picture of what's going on.

● (1700)

Mrs. Patricia Davidson: So on one hand we have a group that is trying to work collectively with the federal government, the provinces and the territories, all on a voluntary basis, and we have another group that works nationally, to set up best practices. That is also on a voluntary basis.

So I'd ask each one of you how you see the best way to move this issue forward.

Ms. Kelly Stone: Related to...?

Mrs. Patricia Davidson: Related to obesity in children in schools.

Ms. Kelly Stone: From a joint consortium's perspective, it's predominantly having both sides represented, however they're organized in their respective provinces and territories, and bringing the health and education sector together in these first years.

They haven't always been working together in different provinces. This is a really significant step, to all agree that's where we want to go. I think that's first and foremost.

Mrs. Patricia Davidson: But you don't have everybody on board, so is voluntary the way to go?

Ms. Kelly Stone: We're missing Alberta and Quebec. There certainly have been discussions with Alberta, and we're hoping Alberta will choose to join. We'd certainly love to have Quebec as well, because they're doing some very interesting things.

Mrs. Patricia Davidson: I think Quebec has done some great things as far as that goes.

Ms. Kelly Stone: Indeed, and I'm sure other provinces and territories would benefit from what they're doing.

We have to have a good inventory of who's doing what and what one province or territory is doing that is applicable to another, and then begin to draw in the other actors—the non-governmental organizations, universities, and experts—who can inform the provinces and territories through the working group level.

Mrs. Patricia Davidson: Heather, is your group—

The Chair: You're out of time. I've allowed you the liberty of an extra minute or so.

Ms. Kadis, your turn.

Mrs. Susan Kadis (Thornhill, Lib.): Thank you, Mr. Chair.

I do feel we have an obligation here, as a federal government, to play a leadership role in conjunction with the provinces and territories—without question.

This was touched on by the last speaker. Would it not be appropriate and necessary to encourage through these mechanisms a mandatory amount of time that students would participate in physical eduction?

I know when I was young, if not every day, it was almost every day. Sometimes it wasn't greeted so warmly, but it was very important, just as other activities, such as spelling, etc., were integral parts of the curriculum.

Ms. Andrea Grantham: Yes. That would definitely be a direction we'd recommend to the federal government. We've seen support from international organizations for physical education. I think it would be important for the Government of Canada to make the same recognition and to support legislation towards mandatory physical education time taught by qualified instructors.

The Chair: Further to that, I think the question is whether we have the jurisdictional ability to do that. Is that what you're looking at?

A voice: Yes. To encourage, endorse, and support that.

The Chair: Go ahead and answer.

Ms. Farida Gabbani: There's not one strategy or one initiative or one group of people that is going to make the difference. The change is generational. It's something that is going to take a long time. When you ask people to change behaviours and lifestyles, it doesn't happen overnight.

We need a comprehensive group of people—all of us—federal government, provincial-territorial governments, communities, municipal government, families. We need everyone.

The Healthy Living Issue Group, which is a group of the Public Health Agency of Canada, is just getting going. We talked about our work plan today. We're trying to develop a network so a lot of the sharing can take place.

There is a best practices portal. Canadian chronic disease prevention has a portal for best practices. So there are things in place. It's a matter of integration: knowing who's doing what, where, when, and a place we can access it. That's part of the work plan of the Healthy Living Issue Group.

● (1705)

Mrs. Susan Kadis: Could I ask if there are any Quebec examples on the portal?

Ms. Farida Gabbani: Any best practices? Well, Action Schools! BC is a best practice. There is Active Kids, Healthy Kids from Nova Scotia.

Mrs. Susan Kadis: From Quebec.

Ms. Farida Gabbani: Oh, from Quebec? Yes. What's it called? Kino-Québec is a really wonderful best practice.

Mrs. Susan Kadis: And are there any examples from Alberta?

Ms. Farida Gabbani: Alberta has Ever Active Schools. There are things going on. Saskatchewan has In Motion.

The Chair: Heather McKay.

Dr. Heather McKay: I would like to address this also, because I do think that physical education is an important part of the solution, but it is no longer the whole solution. It is about changing the culture of schools. It's about healthy eating. It's about making the places where these children spend their time healthy places to be, and providing opportunities wherever possible. It's not a small problem. The solution is complex because the problem is complex, but I don't think that it should be in the too-hard basket. We do have models that can be entertained.

Mrs. Susan Kadis: If I may, you don't think there is a relationship between the childhood obesity increase and a lessening of physical education hours in the schools per se.

Dr. Heather McKay: Yes, it's a lessening of physical activity generally by children. The other part is that you may be surprised that there are no really good data in this country. So when I look back over the last decade, I'm looking at self-reported heights and weights. That's someone calling you up and asking “How tall are you? How much do you weigh?” In trying to address this problem, we also need to take a really hard look at how the federal government can look at resourcing a really comprehensive evaluation as we go forward, to see if any of these things are working. That might be a role.

This isn't just about a website where you can go and talk about what everyone is doing. There has to be a significant investment. These are expensive models, no matter where they're being introduced.

Mrs. Susan Kadis: What would be a recommendation? Could Statistics Canada participate in that avenue?

Dr. Heather McKay: I think CCHS is actually doing direct measures of health and weight, I believe for the first time. Before it was just a small sampling of Canadians, very small numbers in each age bracket. We just do not have good national data. And I think physical activity could also be added to that, a standard tool whereby we can capture that well across this country as we move forward.

The Chair: Okay.

Mrs. Susan Kadis: Do I have a little bit more time, Mr. Chair?

The Chair: It is gone, but I'll allow you one quick question.

Mrs. Susan Kadis: Thank you.

Very briefly, I understand that with the Kelowna accord there was to be one school board for the first nations that could have helped set standards and best practices for healthy living for our children. Is there anything happening now to make that happen?

Ms. Marie-France Lamarche: From that announcement, no. What is happening now in the schools, without setting standards, is happening through the initiative for diabetes, where diabetes workers in the communities will try to get into the schools to implement nutrition policies or promote physical activity. But there is no work on standards.

The Chair: Is there anything further?

Ms. Katz.

Ms. Joan Katz: With respect to first nations education, the department right now is in the process of renewing its authorities for April 2008. As part of that comprehensive renewal of its authorities, certainly we're looking at having an approach and a funding formula that enables first nations to make decisions that are best for their communities. I would assume that will include physical education and health.

The Chair: Thank you.

Mr. Batters.

Mr. Dave Batters (Palliser, CPC): Thank you very much, Mr. Chair.

Thank you to all of the witnesses for your excellent presentations to this committee. We have spent an awful lot of time studying childhood obesity. It's an important topic and we look forward to rendering our report.

I will make a couple of quick comments and then I have a brief question. It will probably leave about three or three and a half minutes for responses from whoever chooses to respond.

This issue, for me, starts in the home, with parents urging their children to eat properly, to get the proper amount of exercise.

Mr. Dykstra and I were just talking about when we were kids. Our parents were pretty adamant about what time you turned off the television and computers were just starting at that point, and video games. There was time to get outside and run around. I think it starts with that.

It also starts with public education, education from general practitioners, education through Canada's food guide, education in schools, through what I think were called the Canada fitness awards, which everyone remembers, where you got gold, silver, or bronze awards of excellence.

There are two main pillars that have been stressed over and over again to this committee, and that is, activity in schools, mandatory physical education, and also the availability of healthy snacks and meals in schools.

The problem we have as the federal Parliament is of course the provincial and territorial responsibility of education. I guess I shouldn't call it the problem. Our challenge is that this is outside of our jurisdiction. It falls within the jurisdiction of the provinces. Of course, they are responsible for education. So what can we do as federal parliamentarians to take action regarding childhood obesity other than simply say in our report that we strongly recommend that the provinces do something? The creatures of the provinces, of course, are the school boards. We're really drilling down to school board politics, where we're urging that this be part of the curriculum, etc.

Given the level of government that we're at, what can we do as parliamentarians to address this childhood obesity crisis specifically? Maybe there are points that weren't raised here today. I did appreciate the comments about better statistics through StatsCanada. There's one example. Specifically in our schools, regarding mandatory physical education and healthy snacks, what can we really do, other than simply make a recommendation to the provinces?

● (1710)

Dr. Heather McKay: First of all, we addressed the parental responsibility earlier. I think that's only part of the solution. Again, I think physical education is only a part of the solution. So again, that belongs to the provinces, but resourcing around these larger models that involve the community, first nations and others, is not just a provincial responsibility.

Education alone does not change behaviour. The data are in on that. My telling you what you should be doing is not going to change what you do. There have to be opportunities for you to change at every turning point. So, again, it's about leaving the door and having an opportunity to make these kinds of choices—that's about a larger community—as well as having the opportunity to engage in physical activity or physical education within the schools.

It would be nice, but otherwise I think we would have seen some success. Well, maybe not, because we haven't had physical education, but again it's beyond physical education, I think.

Ms. Farida Gabbani: I was in education for many years, and the federal government helped in education with technology and with French language in schools. So there are models where the federal government has put funding into education, in partnership with provinces and territories. Why would this be any different? I think it's a matter of our all talking to each other and all realizing that we have a common problem, and it's the health of our nation. Let's get over ourselves and find a way to make it work.

The Chair: Thank you.

Ms. Stone.

Ms. Kelly Stone: I think there are a couple of opportunities on the federal side that I can see, certainly from the Public Health Agency. Certainly, in the middle, we're working with provinces and territories, but on the other side we play—and I would like to think we do play, maybe not enough, but certainly we do play—a role as a catalyst funder, awareness raiser, kind of a clearing house. We have a number of physical activity, healthy eating, healthy weight campaigns that are going under the healthy living and chronic disease strategy throughout the year to try to provide some sort of federal leadership, some kind of encouragement. And it's an activity that we, again, would do with our partners, provinces and territories, but the leadership would come from us. Some of those things seem to be bearing quite good fruit, and certainly they will be evaluated.

At the other end of the spectrum—and I've been in front of this committee before—we've talked about our national children's programs, which is an area where we do have federal responsibility and we do have money out in communities. In that case, with our prenatal nutrition program, our aboriginal head start program, both ours and also that of the first nations and Inuit health branch, and the community action program for children, we offer, in varying degrees, depending on the program, nutritional support, food security, support for parents in planning and preparation of food, teaching moms how to make healthy meals for their children, and dads as well for that matter, and physical activity, so that these children, when they're in their formative years, before they get turned over to the provinces and the territories and the schools, have the best chance that they can to succeed, in terms of their schooling, and that they're in a good, healthy state when they move forward.

We do feel federally we have some responsibility to get these particularly vulnerable children on the right road, and we use our programs to do that. And we employ all of these themes that we're talking about here to that population group—the vulnerable population group, at-risk children—particularly where we have a pretty far reach from the federal perspective, along with our partners out in communities and the provinces and territories that participate with us. We can reach a lot of families before these children get into school.

● (1715)

The Chair: Thank you.

Ms. Beaumier.

Ms. Colleen Beaumier (Brampton West, Lib.): Thank you.

Perhaps what I'm about to say is going to sound a little simplistic, but we've spent all this money on obesity, childhood obesity, and what makes teenagers fat and what makes older people fat, and I think we all know what that is. It's when your caloric intake and the energy that you spend on using this up is greater than your exercise.

I'm wondering if one of the issues when I think why are kids.... I ate quite well when I was a kid. I ate a lot of food that I probably shouldn't have, as well as good food. However, the level of exercise was greater. We didn't have school buses. We would maybe walk a mile and a half to school. There was compulsory physical education. There were after-school programs, which I don't think are as prevalent today, with volunteers from teachers needing to head up the basketball teams and the other sporting activities.

We're talking about healthy snacks at school. Now, perhaps if we're talking about preschool children or children in day care, where you're teaching them habits, that may be effective. I eat my salads and I eat my fruit, as well as a whole bunch of other stuff afterwards. I think the key is physical activity, even more than healthy snacks.

Now, the other thing that caught my attention was when Ms. Lamarche said we're trying to get into the schools. These are federally funded schools. What's the problem in getting into them?

Ms. Marie-France Lamarche: I don't know if my colleague would want to answer that too.

The responsibility for the schools is transferred to the communities, so it's the aboriginal communities that lead their own schools. In the aboriginal diabetes initiative, for example, I'll give money to a community, while the federal government gives money to a community to deliver diabetes prevention programs and—

● (1720)

Ms. Colleen Beaumier: There are no strings attached?

Ms. Marie-France Lamarche: What I can do is encourage that they go into the schools. We actually provide training programs to the diabetes workers to give them tricks, and to give them policies that they can adapt for schools on nutrition, on physical activity, and stuff like this.

You're talking about preschool also. The head start programs on reserve, which reach 19% of first nations kids before they get to school, provide them with a lot of physical activity, they get nutritious snacks, and for aboriginal people it's quite important, because it's sometimes the only good food they get during the day. Also, as part of head start, what is very neat and more comprehensive in terms of an approach is it also reaches the parents. Their parents receive the education. They get cooking classes. They get some education to tell them to perhaps not provide as much TV for their kids. It's a setting where you can do a lot. Unfortunately, it only reaches 19% of these kids.

That's probably a place where—

The Chair: Thank you very much. That was a very interesting question with regard to why we can't get into our own schools that we fund. Nonetheless, we'll take that up another day.

Mr. Malo.

[*Translation*]

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

Mesdames, thank you for coming to meet with us this afternoon.

I understand from your remarks this afternoon that, apart from new structures, you need funding to enable each of the provinces to put in place programs and projects that meet the needs of the communities in the various locations. What Nova Scotia and British Columbia are doing is headed precisely in that direction.

Ms. Gabbani asked how new funding could be obtained. I recommend that the amounts related to the Canada Health and Social Transfer be restored to a level that would enable the provinces to meet their obligations, particularly with regard to health.

It's not necessary to set up new structures and new strategies to share information, since, next Monday, we'll be teleconferencing with people from the United Kingdom to share information on ways of combating juvenile obesity.

I have two brief questions to ask. The first is for Professor McKay. I imagine you have had to work to put Action Schools! BC in place. You're currently conducting a longitudinal study to determine whether that program meets the various criteria for success and how to improve it. Am I mistaken? No.

Do you share your research findings with your colleagues from other universities in Canada, North America and around the world?

[*English*]

Dr. Heather McKay: Thanks for your question.

Yes, the results that I presented to you today were the results of our pilot study, so that was really just to give us the evidence we wanted to explore as to whether to go forward. We're now spreading out across the province of B.C. and measuring 1,500 children. We don't have those data yet. The idea is that once you have a model that you know works in a contained environment and it's thrown out there, it's going to be interpreted in a hundred different ways by thousands of different teachers and schools. We are in the process of doing that with the Canadian Institutes of Health Research funding. I'd be happy to come back and share those results with you.

I've left summary sheets with you. We have 17 publications and scientific journals containing the results of the pilot study, so you can Google them, or me if you like. This is published in the scientific literature. I present around the world a lot, and I represent some of the things we're doing in Canada, especially in British Columbia. I've presented on all continents. I've been to the U.K. So yes, I am sharing the results, and there is great interest in what we're doing here.

The Chair: Mr. Malo.

[*Translation*]

Mr. Luc Malo: Mr. Chair, my second question is very brief and is for Ms. Stone.

I'd like to know where the consortium's operating funding comes from.

[*English*]

Ms. Kelly Stone: The Public Health Agency contributes $250,000 a year for a period of five years, and I believe the rest of the provinces and territories together contribute $220,000 or thereabouts.

Is that correct?

Ms. Farida Gabbani: They also pay the salary of the health coordinator who is hired in each province. It's jointly paid for by the departments of education and health promotion.

● (1725)

Mr. Luc Malo: Merci.

The Chair: Thank you very much.

Madam Brown.

Ms. Bonnie Brown: I have a couple of questions that would probably take a yes or a no answer.

Ms. Gabbani, you mentioned that healthy weight is a better term than obesity because healthy weight includes underweight, which could be from lack of food or it could be teenage girls with anorexia and that sort of thing.

Ms. Farida Gabbani: Exactly.

Ms. Bonnie Brown: Do you think we should be commenting in our report on underweight, as opposed to limiting it to obesity? Just answer yes or no.

Ms. Farida Gabbani: Yes.

Ms. Bonnie Brown: Do you have any information that you've been collecting on underweight that you could send to us?

Ms. Farida Gabbani: I'd have to check with my colleagues. If I do, I will send it to you.

Ms. Bonnie Brown: Thank you very much.

On CAHPERD, Andrea Grantham, what is your budget this year, and how much do you really need to accomplish your goals?

Ms. Andrea Grantham: That's a big question. Our budget this year to date is $1.6 million. Three-quarters of that has been generated by us through corporate sponsorship and through our own revenue generation.

Ms. Bonnie Brown: You've raised 75%.

Ms. Andrea Grantham: Yes.

Ms. Bonnie Brown: Excellent. Do you have a figure for what you'd really want to drive the thing forward to get to ISO 9000?

Ms. Andrea Grantham: We could definitely put together a complete wish list of what we'd like to achieve in our budget. We've never really had the option to be able to do that.

Ms. Bonnie Brown: It would be interesting for us to know, if you could do that bit of work for us.

We've heard a lot about the connection between poverty and obesity. My colleague across the way has been touting the importance of the tax deduction for enrolment in sport and dance. Do you really think it's very effective for people who are poor and don't have the initial money to enrol their kids in sport or dance?

Would anybody like to wander into that political area?

Ms. Farida Gabbani: I would. Nova Scotia has had a tax incentive in place. This is now our second year. The uptake was phenomenal, and 30% of the children under the age of 19 in Nova Scotia claimed that money.

Ms. Bonnie Brown: How many of those families would be considered poor? Is it not pretty well directed at the middle class?

Ms. Farida Gabbani: No. I want to say that there are so many other programs in place that no one program is going to make the difference.

Kidsport is a program in which low-income children can get funding to participate in sport.

In Nova Scotia, we made an agreement with community services that children in care didn't have to do income statements. If they were in care, they could automatically be funded for sport.

There are also many community organizations. In Nova Scotia, we've created chapters. There's Kidsport, JumpStart, which is the Canadian Tire program, and local programs in Wolfville, for instance, such as Axe Reach. The university has one too.

Ms. Bonnie Brown: Excuse me. I didn't ask you about other kinds of programs. I asked you this. Do you think the tax deduction, where parents have to put money upfront to get a tax deduction when they file in the spring, is going to have much of an impact on low-income families?

I didn't ask about the wonderful programs you're doing in Nova Scotia.

You had a doctor as your premier, and now you have a minister.

Ms. Farida Gabbani: No, they're national programs.

The Chair: Actually, Ms. Brown, you ask the questions, and they do the answering.

Ms. Bonnie Brown: Yes, but she didn't answer my question.

The Chair: It doesn't matter. She answered it in the best way she knew.

I will allow you a quick answer, and then I'm going to give Mr. Dykstra a minute.

Ms. Andrea Grantham: Our feeling on the federal tax credit is that it's great to see the government has recognized that physical activities are important. However, as has been stated a few times, it is a small step in a big picture of many activities that need to take place.

The Chair: Thank you very much.

Mr. Dykstra.

Mr. Rick Dykstra (St. Catharines, CPC): I think you're right. I think all of you would agree it's a first step in the right direction.

You don't agree, Heather?

Dr. Heather McKay: I think it's part of a solution. There is limited access to these kinds of programs based not only on income, but on geographic location. So it is benefiting a certain population.

● (1730)

Mr. Rick Dykstra: Ms. Brown seemed to suggest that only those who are of low income are obese.

Ms. Bonnie Brown: I never said anything like that.

Mr. Rick Dykstra: I would think that obesity transcends all income levels. I would like to get some clarification.

Ms. Bonnie Brown: I know that.

Mr. Rick Dykstra: Okay, thank you.

One other quick question I have is on funding from an aboriginal perspective. I wonder if you have looked at what was included in this 2006-07 budget with respect to women, children, families, and education—the additional $450 million that was put into this year's budget to deal specifically with those issues.

I have to think that some of the issues you've brought forward today would fall under those funding categories. I would suggest that additional funds were put into this year's budget for that specific area.

Thanks.

The Chair: Thank you very much.

I want to thank the witnesses for coming forward.

There's one thing I noticed there were no questions on. I saw a quick documentary on childhood obesity in the United States, and one of the schools in one of the states had done something rather unique. They actually graded each child on the BMI index and included that on their report card. I thought that was rather extreme at the time, but as the documentary went on it seemed to say they were serious and it was a problem.

We know we have a serious problem in Canada. We hope that our report will be one step in moving this along. I don't think we'll get that extreme here, but they seemed to be taking this very seriously. I know we have to also as a country.

I want to thank you for coming forward and contributing to the committee.

Mr. Fletcher.

Mr. Steven Fletcher: I have a quick question for the committee on Bonnie Brown's suggestion of including underweight people as well in the report. If we're going to do something like that we need a more in-depth discussion.

The Chair: That's fine, but you're getting into the report stage.

Thank you very much for your testimony. Our time is gone.

The meeting is adjourned.

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