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## Standing Committee on Health

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EVIDENCE

**Tuesday, December 4, 2007**

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**Chair**

**Mrs. Joy Smith**

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•(0910)

[English]

**The Vice-Chair (Mr. Lui Temelkovski (Oak Ridges—Markham, Lib.)):** I call the meeting to order.

I'd like to welcome everyone. Just so everyone knows, I will be chairing today's meeting as well as Thursday's meeting. The chair is away for a family situation this week.

We were scheduled to table our report this week, and Joy has asked if we would table it next week when she comes back. Does anybody have any objections to that, to delay tabling the report to next week?

Yes, Carolyn.

**Hon. Carolyn Bennett (St. Paul's, Lib.):** I think we need to make sure it's tabled before the break. I don't know what's going on, but I think we would.... No one knows what's happening, so I would say that if we do this, then it should be on Tuesday, right after committee.

**The Vice-Chair (Mr. Lui Temelkovski):** The clerk says Tuesday doesn't work because we're sitting in committee at the time that tabling of reports occurs in the House.

**Hon. Carolyn Bennett:** Well, that's fine. Wednesday, then?

**The Vice-Chair (Mr. Lui Temelkovski):** So either Monday or Wednesday. But are we in agreement to delaying it until Joy comes back?

**Hon. Carolyn Bennett:** Okay, let's do it Wednesday, then.

**The Vice-Chair (Mr. Lui Temelkovski):** All in favour?

**Some hon. members:** Agreed.

**The Vice-Chair (Mr. Lui Temelkovski):** Thank you.

**Hon. Carolyn Bennett:** Can it be Wednesday? I'm not here Monday or Tuesday.

**The Vice-Chair (Mr. Lui Temelkovski):** As early as possible next week.

Thank you very much.

Now we'll move to our regularly scheduled agenda. The committee is studying the government response to the report entitled "Healthy Weights for Healthy Kids". The report was presented in the House on March 22, 2007, in the previous session. The Minister of Health tabled the government response to the report on August 22.

I'd like to welcome officials from the Public Health Agency of Canada, Health Canada, and the Canadian Institutes of Health Research, who are here with us today.

Could we begin with an opening statement from you and your officials, Mr. Ball, if you'd like to introduce them to us. We will give you 10 minutes, the regular time, and then we'll go into questions.

Please.

**Mr. Jim Ball (Director General, Strategic Initiatives and Innovations Directorate, Public Health Agency of Canada):** Thank you very much, Vice-Chair and members of the committee.

I'm very pleased to be here today along with colleagues from the health portfolio. With me is Kathy Langlois from the first nations and Inuit health branch; Diane Finegood from CIHR, the Canadian Institutes of Health Research; Claude Rocan, director general of the Centre for Health Promotion; and Janet Pronk from the health products and food branch, director in the office of nutrition policy and promotion. I am director general in the health promotion and chronic disease prevention branch in the Public Health Agency of Canada.

As I mentioned, I am very pleased to be here to discuss the government's response to the parliamentary standing committee's report on childhood obesity, "Healthy Weights for Healthy Kids".

Your report provides an important assessment of the issue in Canada. It identifies many of the key determinants that contribute to excessive weight gain in children and youth, and highlights the implications of obesity for the health and well-being of young Canadians and, indeed, for the long-term welfare of Canada.

Through its analysis, the committee makes it clear that childhood obesity is a serious public health issue with links to a range of chronic diseases as well as premature death. Moreover, it effectively illustrates that halting further increases to Canada's overweight and obesity rates is a shared responsibility. It rests not only with the health system, including public health and health care actors, but jointly with players from across many sectors. As such, you call upon the Government of Canada, specifically the health portfolio, to provide leadership in raising awareness about the complexity of the issue of childhood obesity and in coordinating the efforts of diverse sectors, particularly those under federal jurisdiction.

In its response, the government highlights a range of key initiatives and actions already in place to address the problem of childhood obesity. These were organized under the six recognized core federal responsibilities in public health, including leadership, coordination, and strategic policy, among others that you are familiar with.

While I will not go through the entire range of initiatives detailed in the response, I would like to draw your attention this morning to the following policy measures and initiatives that have been introduced by the government in recent months to help children and families live active healthy lives, namely: the children's fitness tax credit; the funding of the new ParticipACTION campaign; the revised Canada's Food Guide, including a tailored version for first nations, Inuit, and Métis; Canada's physical activity guides for children and youth; as well as funding for the initiatives of nine non-governmental organizations through the Public Health Agency's physical activity and healthy eating contribution program that specifically target children and their environments. These initiatives will help to reduce barriers and increase access to convenient, safe, and affordable opportunities to integrate physical activity and healthy eating into daily living.

The government's response recognizes the importance of information and evidence in helping to monitor the health of the population and evaluate policy objectives and interventions. To this end, investments have been made to support activities that enhance the health portfolio surveillance and research capacity, including the Canadian Community Health Survey, the Canadian Health Measures Survey, the Health Behaviours in School-aged Children Survey, and the Non-Communicable Disease Surveillance Infobase, as well as funding strategic university-based research across the country through the Canadian Institutes of Health Research.

● (0915)

As pointed out in the committee's report, the sharing of information on specific initiatives, including established best practices as well as promising practices, helps accelerate effective program uptake across the country. To this end, the government has established initiatives and mechanisms to share information with key stakeholders, including the Canadian Best Practices Portal for Health Promotion and Chronic Disease Prevention, the Canadian Task Force on Preventive Health Care, and the National Collaborating Centre for Aboriginal Health.

In addition, the federal-provincial-territorial public health network provides an effective infrastructure that allows the two levels of government to share information and best practices and collaborate on public health issues such as childhood obesity. For example, in September of this year, the deputy ministers of health from all jurisdictions held a retreat that dealt with this issue in order to share successful approaches and identify ways of tackling the problem of unhealthy weights.

We understand that children living in lower socio-economic conditions are more likely to be obese than those living in families with higher education and income levels, and those living in rural or remote communities are also more likely to lack access to quality services for health promotion and related health interventions. The government response therefore notes key investments in several

community-based programs, such as the community action program for children and the Canada prenatal nutrition program. These programs mitigate and improve the life circumstances of these children, as well as provide families, communities, and health professionals with access to the information and support they need to make healthier choices in the areas of physical activity and food selection.

The committee also draws attention to the issue of obesity and the overall poor health of aboriginal populations, which results from a complex array of historical, economic, and societal factors. The government response highlights the programs, services, and initiatives that respond to the unique circumstances of first nations, Inuit, and Métis peoples. These include, for example, continued investments in the maternal and child health program, aboriginal head start, the Canada prenatal nutrition program, the aboriginal diabetes initiative, as well as other key initiatives such as the food mail program.

Further, new data is being gathered through the first nations regional health survey. The next cycle of this survey will go into the field early in 2008 and it will collect important information on food security, physical activity, height, and weight. Collectively, the policies, programs, and initiatives, as outlined in the government response, provide an important foundation upon which to continue to build and inform our current and future actions, not only with respect to children but in all segments of the Canadian population.

In moving forward, we are taking an approach to overweight and obesity with an increased emphasis on the complex interplay of underlying factors and environmental conditions that influence the choices and behaviours of Canadians. We also recognize, similar to the approach taken to achieve the success demonstrated on tobacco control and smoking cessation, that counteracting obesity will require long-term, multi-sectoral efforts involving many of the key partners and stakeholders highlighted in your report.

The Government of Canada is just one player among many that must be engaged on childhood obesity. We are, however, in a position to provide a key leadership and coordination role, based on the foundation of work to date and our public health and related expertise. In this regard, we appreciate the need to work collaboratively within the health portfolio and, in turn, to engage all federal departments and agencies that can support efforts to enhance existing and potentially new policies, programs, and services.

● (0920)

I would like to highlight to the committee that we have created a new directorate within the Public Health Agency of Canada. This new capacity will advance action on the social determinants of health—those determinants that are fundamental to addressing overweight and obesity—and coordinate efforts to address this area as a core priority.

I am also pleased to report that since the tabling of the government response in August, we have continued to advance and build on the initiatives outlined in the response.

As you know, in June of this year, the Minister of Health announced that Health Canada adopted the recommendations of the Trans Fat Task Force and called upon the food industry to reduce the levels of trans fats in foods within two years. The minister also announced that if significant progress is not made in the next two years, Health Canada will develop regulations to ensure that the recommended levels are met. Health Canada is closely monitoring industry actions in this area via a trans fat monitoring program and will inform Canadian consumers of industry progress approximately every six months through the Health Canada website.

We recognize the importance of providing nutrition and healthy eating information to help support healthy food choices in an environment saturated by food industry marketing messages and confusing information. To help address this, the government is a partner in organizing a national policy consensus conference on the impact of marketing on the unhealthy weights of Canadian children and youth, scheduled to take place in Ottawa in March 2008. The results of the conference will be used by the government to address concerns about marketing to children.

In its report, the committee provided recommendations on front-of-package labelling. This issue is now being considered as part of Health Canada's public consultation on a modernized framework for health claims for foods, given that front-of-package labelling can be seen as a form of implied health claim. A discussion document on health claims has been developed, and face-to-face consultations will take place in six cities across Canada early next year.

Feedback from stakeholders as well as consumer research on this topic will guide the final proposed framework. This information will also be used as the basis for future targeted consultations on the issue of front-of-package labelling alone. Moreover, a healthy eating campaign, to be launched in the winter of 2008, will promote healthy eating concepts and encourage the effective use of nutrition information on food labels to enhance the ability of Canadians to make healthy food choices. This campaign builds on the TV ad campaign launched last winter, which promoted the revised Canada's Food Guide.

In addition, we have taken further actions consistent with the overall direction of the committee's report and recommendations. For example, to help foster the conditions that facilitate lifelong active living, we will be supporting implementation of the World Health Organization's age-friendly cities initiative in several communities across Canada.

One important focus of the project is changing the physical environment in communities, including the built environment, as a key factor that influences opportunities and/or creates barriers to physical activity participation. In addition, there is growing awareness of the impact of trade, particularly in regard to agricultural commodities and the increased availability of packaged foods as a possible factor in the escalating prevalence of obesity.

To further our understanding of these global trade dynamics and their impacts on children and families, the health portfolio partnered

with the World Health Organization to host an expert forum in Montreal this past November. Specifically, the purpose of the forum was to synthesize current knowledge and identify opportunities to promote and develop sustainable and healthy policies and actions on the part of industries, governments, and other stakeholders.

• (0925)

In a similar vein, the Canadian Institutes of Health Research Institute of Nutrition, Metabolism, and Diabetes will in the new year bring together representatives from the food industry, health sector, ethics, marketing, and agriculture policy to build trust and work collaboratively to reduce obesity and identify potential solutions. As the committee and the government have clearly recognized, obesity, including childhood obesity, is a complex issue. Therefore, it is important to develop innovative approaches and a stronger base of Canadian evidence to address the drivers of this issue and ensure that we systematically learn from these.

To support this need, the Public Health Agency of Canada has created an innovations and learning strategy. This strategy will provide funding support to design and test inter-sectoral initiatives applicable to the underlying causes of overweight and obesity. For its part, the CIHR Institute of Nutrition, Metabolism and Diabetes has undertaken significant new work to improve the knowledge base in the area of childhood obesity. For example, in partnership with the Heart and Stroke Foundation, CIHR recently funded initiatives in the area of the built environment and obesity, including studies focused on the features of the built environment in residential neighbourhoods that influence excess weight in a group of children at risk for obesity, and a longitudinal study of environmental determinants of overweight among children.

In addition, the Canadian Institutes of Health Research have created a new type of funding opportunity that supports intervention research, including the study of programs, events, or policies initiated by others. For example, CIHR has funded two studies to assess the impact of the relaunching of ParticipACTION. This new approach demonstrates how the government is efficiently linking research investments to help evaluate the effectiveness of new policies and programs. The range of initiatives currently under way by the health portfolio and in collaboration with other stakeholders illustrates how we are continuing to take action and build the partnerships that are needed to address the causes of childhood overweight and obesity in Canada.

To conclude, the standing committee has been instrumental in helping to underscore the serious nature of the issue of childhood obesity in Canada, as well as the need to act. The government concurs with the committee that childhood obesity, and indeed obesity in general, requires continued attention by governments and other stakeholders. The foundation that has been created through existing and new initiatives and partnerships, as described in the government response and further clarified today in my remarks, positions the government to effectively move forward to address this very serious societal issue.

Thank you for the opportunity to highlight our continued and expanded work in this area.

● (0930)

**The Vice-Chair (Mr. Lui Temelkovski):** Thank you very much, Mr. Ball.

As a reminder to all members, we'll be starting with the seven-minute rounds. Every party will have seven minutes. Then we'll move into the second round of five minutes.

We'll start with Dr. Bennett.

**Hon. Carolyn Bennett:** Thank you very much.

I thank all of you for coming.

First, thank you for updating us on the deputy ministers retreat, which I think is a positive step. I think the fact that there will be a national consensus conference on the marketing pieces is progress.

However, I don't think I speak just for myself in saying that the government response was pretty thin gruel in terms of saying anything we didn't already know from the hearings themselves. I think the government's response is supposed to say what you're going to do about the committee's concerns, not what you've already done. I think we have to get out of the habit of the government response to a committee report being just a reiteration of what we already heard at the hearings and a laundry list of things you're dabbling in at the moment. We know about ParticipACTION. We know about the tax credit. We know about these things. We want to know what you are you going to do, based on the concerns raised by the committee, that is different from what we have already heard at the hearings.

In the ongoing quest by this government.... I have to say that when I arrived here 10 years ago, the women's health strategy was a laundry list of what we were dabbling in at the time. It was not a real strategy in terms of what would be done, by when, and how, with targets and methodologies for doing things, whether it was Caesarean section rates or whatever. So here, I have to say, I was pretty disappointed that the response was very much a regurgitation of what we'd already heard.

Things like, we "will have to partner with", and in terms of setting measurable targets, "Beginning in 2007, progress towards these targets" set for adults "will be reported through".... Well, it's already the end of 2007, and I don't actually see that happening.

On the social marketing campaign, it's December, and we've not seen anything. On trans fats, we don't have a clue what's holding people up in terms of what it was very clear had to be done, and we're back to the government response being that industry will be "encouraged to voluntarily reduce".

That's not what we wanted. We wanted to know, because of the real importance in our country of canola oil, whether the fooling around should make it 2% or 3%, because of what is naturally occurring. We wanted to know when we are going to actually have trans fats banned at a realistic rate for our country.

I'm a bit dismayed that there's not anything in here, other than a couple of the things I just talked about, that actually says yes, we'll do the trans fats; yes, we will set some targets; yes, we will respect

the direction of this committee in terms of doing new things. What we as a committee may find we have to do is re-table this report and ask for a better response. This is just the same old, same old, and it's disappointing.

I would like to know the things you think you have done since you saw this report that actually show that you've heard the committee and that you're taking this issue seriously. It's not that you weren't taking the issues seriously before, but what have the wishes of Parliament done to catalyze funding, catalyze commitments, or catalyze anything?

Even in terms of research, I guess I'm still very upset about the lack of funding to CIHR and the fact of the difference between investigator-driven research and what it says in our recommendation about ensuring a research focus on quality physical activity. How do we sort out what we really know needs to be done now in this country?

● (0935)

I was pleased to see that the CIHR is doing some research on which interventions work and which don't. I myself would love to see a research project on the frigging food guide as to whether it's ever changed anybody's behaviour in this country. In terms of just redoing the same old, same old, it looks like the same thing that was hanging on my bulletin board when I was in grade 7.

I would like to know what's new, that you're proud of, since this committee tabled this report.

**Mr. Jim Ball:** Perhaps to clarify the nature of a government response to a report from a parliamentary committee such as yours, our understanding was that the report would express what the government is currently doing within existing authorities and resources. That is in fact the approach that was taken to the report, our understanding being that it was the appropriate manner in which to respond.

Vice-Chair, perhaps you could correct me if I'm wrong.

**Hon. Carolyn Bennett:** Within your existing capacity, I think you have to do something about trans fats. I mean, there are some things we want to know: when?

We're very clear that we're not happy. We asked for regulations by 2008. They should have been done a year and half ago. Your expert panel tabled the report a year ago June. We don't really know what's been waiting.

In the government response it says "industry be encouraged to voluntarily...reduce". That's just insulting to the committee. Did we waste our time? Why do we even come if all you will do is bring us back to what you told us during the hearings? There's no real point. This place has to be more than a place to hang Christmas lights on. I don't get it.

● (0940)

**The Vice-Chair (Mr. Lui Temelkovski):** A short response, please.

**Mr. Jim Ball:** As mentioned in my opening remarks, and further to my remarks, industry has already demonstrated a commitment to reducing trans fats in the food supply. A voluntary approach at this point would allow the food industry time to reformulate products while at the same time maintaining goodwill by acknowledging that significant progress is being made by industry in this area.

**Hon. Carolyn Bennett:** So you're going to ignore the results of the task force and ignore the results of this committee in not establishing regulations.

**Mr. Jim Ball:** No. To further explain the approach, to ensure that industry is making progress in meeting its commitments, Health Canada, as I mentioned, will closely monitor the actions by industry over the next two years. As the Minister of Health has pointed out, if that progress has not been made, then he would proceed to regulate levels of trans fats in food products.

**The Vice-Chair (Mr. Lui Temelkovski):** Thank you very much.

Monsieur Malo.

[Translation]

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

I simply want to conclude on trans fats. The industry has in fact known for a long time that these fats must be banned. It is therefore time to take concrete action in that direction. Unless I'm mistaken, Mr. Ball, initiatives have been taken since the government's response was filed.

Based on this morning's statement, I'm going to ask you some more concrete and direct questions on what you said so that we can in fact know what to expect in the coming months because it is really time to take action against childhood obesity.

So you told us that children who live in more difficult socio-economic conditions are more inclined to be obese. Unfortunately, it isn't with the tax credit that these children, whose parents' incomes are reduced, can do more activities.

I simply wonder—and I haven't found any information on this subject—what the government intends to do to solve part of the problem of activity among children whose family incomes are more limited.

[English]

**Mr. Jim Ball:** As I said in my opening remarks, the government does have a number of programs in place for first nations, Inuit, and Métis peoples, who are living, most often, in lower socio-economic conditions, to mitigate the effects of lower income and lower education and related conditions. These are programs we can mount and address through the health system and with other stakeholders that support children living in families that experience those difficult conditions.

We also have a number of other programs that are aimed at the broader population that lives in conditions such as you're mentioning. As I mentioned in my opening remarks, they try to mitigate these effects, which is the role we can play within the health portfolio.

To address that issue, I'll call on my colleague from the first nations and Inuit health branch and Claude Rocan, who is responsible for some of these programs.

**Ms. Kathy Langlois (Director General, Community Programs Directorate, Department of Health):** Thank you. I'd be very happy and actually proud to also respond in terms of the work we have been doing within the base of our programming in first nations and Inuit health branch.

I've done a quick calculation. We spend about \$150 million annually in four programs alone that are aimed, in large part, at the issue of childhood obesity. Those programs have already been named by my colleague, Mr. Ball: the aboriginal diabetes initiative, the aboriginal head start program, the Canada prenatal nutrition program, and our new maternal child health program.

Some things are new since the report was drafted. We continue to invest within that base of funding. We have put in place 63 new maternal child health community projects, and we are expecting an additional eight by the end of this fiscal year. That program is meant to connect mothers on reserve with the supports needed to improve parenting skills and to also address the needs of their children.

As well, our aboriginal diabetes initiative is now rolling out in terms of putting into place community-based diabetes prevention workers. We've been working in three regions of the country. We trained 46 community workers last year, and we have recruited an additional 86 to train this fiscal year. Our goal is to have 300 to 400 trained community workers on reserve who basically will be community mobilizers. They will be out there mobilizing the community around healthy eating, physical activity, and bringing activities to the community.

Also, in our aboriginal diabetes program we have just awarded 16 new diabetes prevention projects that are for the off-reserve population. And that's on top of an existing 32. We're spending about \$1.9 million on those 16 projects this year.

I'll give you a few examples of what they are. In the Ooqnakane Friendship Centre in B.C., there'll be a breakfast for learning program. Again, it's for off-reserve aboriginal kids. The Dauphin Friendship Centre will see school youth engagement in healthy food choices and physical activity. In the Ki-Low-Na Friendship Society we'll see food programs directed to youth and elders, making that linkage that is so important for cultural continuity.

Those are some of the main things we're doing. I have some other items, but it gives you a sense of it, I think.

I'll defer to my colleague.

• (0945)

[Translation]

**Mr. Claude Rocan (Director General, Centre for Health Promotion, Public Health Agency of Canada):** I want to add to what my colleagues mentioned. There are two national programs in particular for children living in high-risk conditions: the Community Action Program for Children and the Canada Prenatal Nutrition Program. As I just mentioned, these programs target children living in high-risk conditions. We consider these measures important in improving those conditions.

As a participant in the Canadian public health network, I can add that an expert panel, which is particularly concerned with health promotion, is examining and studying the question of health inequalities in Canada. They are discussing it as well. These are long-term problems that represent very significant challenges. It is definitely a major concern for this federal-provincial/territorial group.

**Mr. Luc Malo:** Unless I'm mistaken, next March you will be organizing a conference on the impact of marketing on the weights of children and youth. Before that conference is held, I imagine you have a number of working hypotheses concerning marketing and its influence on the weights of children.

Is it possible for you to state a few for us?

[English]

**Mr. Jim Ball:** As I mentioned in my remarks, we have commissioned a report on advertising marketing to children. This report deals with a number of aspects of the issue of marketing in general to children, and specifically with advertising food products, etc., that may have a relationship to being overweight or obese.

[Translation]

**Mr. Luc Malo:** Is there anything specific, any specific points?

• (0950)

[English]

**Mr. Jim Ball:** Further to the committee's recommendations, this report looks at the legislation that has been put in place in Quebec, which has put a ban on broadcast advertising to children, as well as the work that has been done and the legislation that has been put forward in Sweden. We're following up as per the committee's recommendations.

One of the issues we're particularly concerned about goes beyond broadcast advertising in looking at ways and means to deal with this issue that take into account the broader marketing strategies of industry. This is an important tenet in terms of the way we're looking at this, because there are ways around the regulations governing broadcast advertising—in-store product promotions, brand products appearing on the Internet in games, etc.—so this is a broader issue than just regulations around advertising. It's going to require bringing together industry with government and other stakeholders to develop coherent policies and industry practices that will address this issue.

**The Vice-Chair (Mr. Lui Temelkovski):** Thank you very much, Monsieur Ball and Monsieur Malo.

Madam Wasylycia-Leis is next, for seven minutes.

**Ms. Judy Wasylycia-Leis (Winnipeg North, NDP):** Thank you, Mr. Chairperson, and thanks to all of you for being here today.

I wasn't on the committee when this excellent report was done by the health committee and I'm trying to get up to speed quickly. I would probably share some of the concerns already expressed around the table. It seems that the response rate is rather slow and tedious, given what we know in this area around what really causes obesity and what to do about it.

I break this down into three areas. One is access to good food and to facilities and programs in which you can actually get decent physical activity. Your report is pretty skimpy on those areas, the first being access to good food in northern, remote, and reserve communities. It takes a definitive decision on the part of government to say that we're going to find a way to work with provincial governments and territorial governments to find a way to transport food affordably up to those communities and not just simply review the food mail program. I'll first ask if you have anything specific on that front.

Related to that is access to recreation and physical fitness centres. We can promote this tax credit all we want, but that's going to help only a small number of individuals on a very ad hoc basis, as opposed to creating places people can go and have fun and be physically fit.

Take a community like my own, north end Winnipeg. There's lot of obesity because the kids haven't got access to any recreation facilities. Do you support, and are you going to recommend, something that the Heart and Stroke Foundation has been suggesting, which is to demand that a certain percentage of any government infrastructure moneys goes into the creation of such recreation facilities and physical fitness centres?

**Mr. Jim Ball:** Certainly we recognize clearly that access to physical activity opportunities and, further, removing barriers to physical activity opportunities is an important area. It is an area that falls within the jurisdiction of provincial and municipal governments more so than it does with the federal government. Nevertheless, we have put forward a number of initiatives and funding supports that would provide for increased access to physical activity opportunities.

For example, as I mentioned, we are launching the age-friendly cities initiative, which is a supportive set of resources for communities to look at barriers to physical activity participation and to put in supportive opportunities for physical activity participation, such as—

• (0955)

**Ms. Judy Wasylycia-Leis:** Can I just stop you? We're not talking about barriers. We're talking about absence of physical fitness facilities, absence of recreation centres, absence of hockey arenas, absence of soccer fields, absence of clubhouses. And government does involve itself through meeting infrastructure needs across this country. It has dominated the federal agenda for a long time.

All I am asking for is whether or not, through the Public Health Agency, you're prepared to recommend to your minister, who can then recommend to cabinet, that in fact, whatever government does with respect to infrastructure dollars, a percentage is allocated to meet the needs of communities when it comes to physical fitness and recreation, which is key to dealing with obesity.

**Mr. Jim Ball:** We would agree that increased resources—particularly in those communities that can't afford to put these things in—need to be dedicated. Those resources could come from federal programs, but that may be insufficient alone. I would recommend that there be a collaborative approach to this, engaging federal resources along with provincial-territorial resources and what the community can do for themselves.

**Ms. Judy Wasylycia-Leis:** Okay, except that there is an area, of course, that's totally federal jurisdiction, and that is the area of reserves. Can you tell me now how many reserves actually have appropriate recreation centres and physical fitness opportunities? Do you have any sense of it on a percentage basis?

**Mr. Jim Ball:** This is an area that's clearly being worked on. For specific details in terms of percentages, I'll turn it to my colleague Kathy Langlois to respond.

**Ms. Kathy Langlois:** Thank you for the question.

I would hate to refer you to somebody else, but the Department of Indian and Northern Affairs is responsible for the infrastructure needs of communities. I'm only going from memory, but I think in terms of answering a specific percentage, it might be in the order of 50%, but I'm only going by memory from previous testimony. You would need to confirm that with them.

We know that we need to work more in this area, and we are indeed working with Indian and Northern Affairs on physical activity infrastructure and we are considering the issue. In the meantime, we want to maximize the existing school facilities that are there. Many of them have gymnasiums, so we're looking at, through our community-based programming, putting in place those community-based diabetes prevention workers I was talking about. They would work at the community level—bypassing all the federal infrastructure between INAC and Health Canada—to make those gymnasiums available.

So that's our strategy in the interim.

**Ms. Judy Wasylycia-Leis:** The other area I want to touch on, if I have time, is the question of junk food and trans fats. That's been a big focus of this committee. We have real concerns with the fact that you're still following the voluntary approach as opposed to something more mandatory and definitive. If there was arsenic in food, we would ban it because it's dangerous. We know that trans fats are dangerous, they're bad, but yet we're taking a voluntary approach. Why is that? Is the business so dominant, is the industry so influential in government, that we can't even stand up and, say, give them a timeline by which we say we ban them. The community is there, Canadians are there, the health organizations are there, and I guess we're looking for some leadership from the Public Health Agency.

It's the same with advertising. We know advertising to young kids is bad when it comes to junk foods. We're all interested in creating junk-food-free zones, whether it's in terms of advertising or schools

or stores. It's time. And I don't think we can wait. We keep waiting for more studies and more analysis to see how the industry is complying. Why not just set the standards and give them a time limit and say it's done?

• (1000)

**Mr. Jim Ball:** Given that I've already spoken somewhat to this issue, I'd like to refer further comments to my colleague Mary L'Abbé from Health Canada, who is responsible for this particular area.

**Dr. Mary L'Abbé (Director, Bureau of Nutritional Sciences, Department of Health):** Thank you very much.

With the trans fat initiative, we had some very good concrete recommendations from the Trans Fat Task Force, as you are aware. They set some very targeted limits that would help Canadians achieve recommended intakes of trans that the WHO had set forth. In looking at the progress, because there had been a lot of publicity around the risk with consuming trans fats and there had been an awful lot of innovation already occurring, we really did see a market that was under transition. They had changed, and there had been a lot of changes to reduce trans fat. So the decision of the department was to give industry a firm direction of the objectives they had to achieve and a firm timeline, which would be two years.

**Ms. Judy Wasylycia-Leis:** If the industry is that compliant, then it wouldn't hurt to actually say we're setting a deadline by which Canadian products must be trans fat free.

**Dr. Mary L'Abbé:** The department did set a timeline of two years for industry to demonstrate that they are removing trans fats from their food product.

**The Vice-Chair (Mr. Lui Temelkovski):** Thank you, Madam Wasylycia-Leis.

Mr. Tilson.

**Mr. David Tilson (Dufferin—Caledon, CPC):** Thank you, Mr. Chairman.

Like Ms. Wasylycia-Leis, I am new to the committee. Obviously this is a very important topic, and I congratulate the committee for the work it has done. Mr. Ball has given an excellent summary on the response. I think, Ms. Bennett, the government is doing an outstanding job.

I have a couple of questions, though many of the questions have already been asked in this area, and that has to do with your comments about the whole issue of obesity, or the topic that has been raised on "Healthy Weights For Healthy Kids". I think you used the words, "it's a shared responsibility".

I'd like you to elaborate a little more on that. I look, for example, at the province of Ontario—and I realize what I'm about to say is a provincial issue—where many of the school boards, for the food that's served in the schools, have changed their philosophy about what they're serving. In other words, it's better-quality food. They simply said they weren't going to serve certain foods, which I think is a good thing.

We've talked about advertising. I think all that's very good. We have regulations about advertising for liquor and cigarettes, and there's nothing wrong with putting restrictions on advertising for certain types of food. There's nothing wrong with that, because clearly we have a social problem. I appreciate what you are saying about where the government is going.

Canada's Food Guide is a good thing. I made sure that all the schools in my riding received copies of that document. The problem is, how do you get people to read the darned things? How do you get people to respond? How do you educate mom and dad? We seem to be getting into the schools, but how do you educate mom and dad?

I guess I'm returning to my initial comment about your response of a shared responsibility. I appreciate that you have conferences and consultations planned, and all those are excellent. We have to talk about it. You can't simply snap your fingers and solve this problem that has been building up for years, whether it's food packaging, advertising, or kids playing on computers and watching television, etc. As the papers indicate, it's a very complex issue.

I'd like you to elaborate, or perhaps your colleagues can elaborate, more specifically on the shared responsibility that we have as a federal government with provincial governments, municipal governments, school boards, moms and dads, etc.

• (1005)

**Mr. Jim Ball:** Thank you very much for the question. I think you've hit on a very important topic in terms of a shared responsibility.

First of all, the problem of excessive weight and obesity is based on certain societal drivers that are being brought about as a result of the policies and practices of a number of different stakeholders, such as the food industry, for example, the industry that's advancing technology.

In terms of a shared responsibility, the Government of Canada is working with a number of other stakeholders to advance and extend our work. We clearly cannot do this alone. It is a shared responsibility. We are working with the food industry, as I mentioned in my opening remarks, and we are working with other federal departments as well as non-governmental organizations. We have a funding program that is supporting the work of nine different non-governmental organizations to put the kinds of initiatives in place that will support physical activity and healthy eating and thereby address the issue of childhood obesity. As well, we are working through the Canadian Institutes of Health Research to bring representatives together with the food industry, agricultural policy, etc., to address this. Furthermore, we are working with provinces and territories through the public health network and have recently jointly funded a joint consortium on school health with the provinces and territories. Through this joint consortium, we are able to work

collaboratively with provinces and territories and influence the kinds of things being provided in schools for children and youth.

In addition to that, regarding your comment with respect to working with parents, families are a key stakeholder in addressing childhood obesity. We're working on a number of fronts to support parents. I'll ask my colleagues to comment on this in terms of the kind of information we're providing in the form of physical activity guides and food guides, as well as some social marketing work we are doing to put forward information to Canadian families and their children to address your question.

**Ms. Janet Pronk (Director, Policy and Standard Setting Division, Department of Health):** Thank you, Jim.

I think you're absolutely correct that it is very much a shared responsibility in terms of how we deal with the issue of childhood obesity. I'd like to talk about two areas.

One is with respect to the food guide, and I'd like to start by saying it is one tool in the arsenal we have against the issue of childhood obesity. While I know that distributing copies of the food guide is only one very small component, we have distributed over nine million copies right now to consumers and intermediaries—

**Mr. David Tilson:** Ms. Pronk, I wasn't being critical when I made that comment. The food guide is excellent, but the question is, how do we get people to read it? I don't know what you can do, quite frankly. If people won't read something, they won't read something.

**Ms. Janet Pronk:** We work with various partners, and our social marketing campaigns are, I think, a key component in this area. In the winter of 2007 we launched a social marketing campaign specifically targeting the food guide to try to help raise awareness.

I wanted to read a couple of stats, because I think it's important in terms of getting.... We have some recent public opinion research about the release of the food guide, and quite a number of people have seen it. I won't get into that, but the interesting part is that more than 52% of those who saw the food guide said they had made at least one change to their household grocery shopping habits as a result.

The people who were responding to this.... We were targeting younger households where the head of the household was less than 35 years of age, households with children less than six years of age, and larger households with more than five people in the house. In other words, we were trying to get some information from that level that would help us target children specifically. I'll just say that the top three changes they're making include buying more fruit—31.7%—more whole grains, as well as more dark green and orange vegetables. Those key messages were inherent in the food guide.

While I know it's difficult to get the message out to parents, I think it's obvious some of our initiatives are working.

•(1010)

**Mr. David Tilson:** As a guy who wanders around my constituency, I do notice that people are looking at packaging more. They're reading what they're buying. It's a slow process.

I'm interested in your discussions with the provincial governments. In Ontario, at least recently, perhaps even for the last decade, there has been less emphasis on physical education as a program in the schools. This is in response to Ms. Wasylycia-Leis' comment about our not having facilities and not doing this and not doing that. I concur with that, although my observation is—and I have no facts to rely on, just observations of having children go through the system—that there is less emphasis on physical education.

I don't know whether that's true or not, but that's my observation. In many cases, there are not even programs; there are not even courses. You can opt out of that if you wish; you don't have to take it, which I think is a shame. All of this is part of the package. Physical education is important. Even if you don't know how to play baseball, you can get out there and try to hit the ball.

I guess my question is whether—even though it's not under the federal jurisdiction—as part of your discussions with the provinces and the territories you can ask them in an amicable way to return to perhaps a little bit more emphasis on physical education.

**Mr. Jim Ball:** This is a very important area. Clearly you are right in that what goes on in schools is a factor, and that there has been some deterioration in terms of the amount of time spent in schools on at least mandatory physical and health education. It's an issue that we are concerned about. In fact we are trying to play—even though it's within provincial jurisdiction—a role to support some changes in this particular trend.

I will ask my colleague Claude Rocan to provide some further information on that.

**Mr. Claude Rocan:** I'll just mention two fora in particular that I think are important in this area. One, as Mr. Ball mentioned, is the Joint Consortium for School Health, which I think is particularly significant, because at the provincial level it brings together the education and the health sectors into the same forum. That's quite unusual. I think it has a lot of potential for us as a platform to work from. Of course we're at that table as well. The issue of healthy eating and physical activity is certainly something that's front and centre in those deliberations.

The other forum that I would mention is the Ministers Responsible for Sport, Physical Activity and Recreation, which reaches out, again, to another group of ministers outside of the health area. We participated in it as the Public Health Agency. It's very focused, of course, on the issue of physical activity and strategies that we can use together at the provincial, federal, and municipal levels in order to increase the level of physical activity.

I would certainly say, based on the discussions I've heard in both fora, that there is an increase in the level of interest and concern about physical activity. I'm hoping that perhaps we've hit bottom, and that we're working our way back up again.

•(1015)

**The Vice-Chair (Mr. Lui Temelkovski):** Thank you very much.

Mr. Regan.

**Hon. Geoff Regan (Halifax West, Lib.):** Thank you very much.

Mr. Chairman, as a visitor to this committee, I want to say it's very gratifying to see the tremendous interest you have in the audience here today. If they stay for the next meeting, they may find it almost as interesting as this one, so I hope they will stick around.

Mr. Tilson said he wasn't being critical. I think that was an understatement, if you'll forgive me. I want to urge my colleagues opposite to assist their ministers, not by throwing lob balls and easy questions, but by holding the departments to account.

Having been a minister, I appreciated the work of committees when they uncovered things I didn't know about, when they provided ideas that were useful, and when they held us to account. That's a very useful role for members on all sides of the committee.

What's disturbing about a response you gave earlier, Mr. Ball, was that you looked to the chairman to confirm it was true that the role of the agency in responding to a report from a committee is simply to say, here's what we're currently doing. It seem to me that the work of a committee ought to be as a catalyst. The work of parliamentarians in this regard—listening to witnesses, providing analysis, and providing arguments—ought to be as a catalyst for an agency or a department, to look into what it's doing to look for better ways of doing things.

In this regard, let me turn to recommendation 12, which called upon the agency to “work to facilitate, in collaboration with the Joint Consortium for School Health, appropriate healthy food and physical activity standards and programs in schools”.

This is a consortium that works with deputy ministers. I'd like to know what's happening with it. The answer simply refers to “working collaboratively with the World Health Organization to develop an international school policy framework”, etc. It doesn't really give any answer to suggest there's any effort going into this work across federal-provincial governments.

I'd like to know when the last meeting of this consortium was and what it's doing.

**Mr. Jim Ball:** Again, I'll turn to my colleague Mr. Rocan to provide details on the Joint Consortium for School Health and address your question.

**Mr. Claude Rocan:** I can't answer your question specifically about when the last meeting was, but I can say that we meet regularly. The consortium meets at different levels. There are working-level committee meetings. There are management-level committees. There are deputy-minister-level committees. So again, I can't give you a specific date.

There is a teleconference that is taking place in fact on Friday in Toronto. You've caught me at a bit of disadvantage; I can't give you the agenda of that meeting off the top. But what I can say is that the meetings very much have been focused on the information sharing side. We don't have programs, because these are different jurisdictions across the country, but we do identify particular issues of interest, look for the best research and evidence in those areas, and share that information with the different members of the consortium, who in turn pass that on to school health coordinators at every provincial or territorial level.

**Hon. Geoff Regan:** Let me ask whether this is at the deputy minister level. My understanding is that they are the consortium. I take it the conference on Friday is not at the deputy minister level. How often have there been meetings of the consortium, and how many have there been? I know you can't recall the last time, but maybe you can give me an idea of how frequently they're occurring and when deputy ministers have been involved.

**Mr. Claude Rocan:** Deputy ministers are involved at least annually, and beyond that, more frequently there are meetings that take place at the management committee level. Those are usually directors, directors general, and sometimes assistant deputy ministers. They will meet—and again, this is a rough guess—I would say on an average of once every two to three months.

• (1020)

**Hon. Geoff Regan:** Thank you.

Another part of recommendation 12 is to “provide appropriate healthy food and physical activity standards and programs in First Nations schools within federal jurisdiction”. Again, all we see as the response is basically working collaboratively with the World Health Organization. Isn't that a weak response, or a non-response, to that recommendation?

**Mr. Jim Ball:** We are working through the first nations and Inuit health branch. The response to earlier questions demonstrates the kinds of programs we are putting forward to support physical activity and healthy eating on reserve.

For further details on your question, I'll turn to Kathy Langlois, from the first nations and Inuit health branch.

**Ms. Kathy Langlois:** Thank you.

As I had indicated a few moments ago, we do realize that partnerships are required in this area. I did acknowledge that the Department of Indian and Northern Affairs is responsible for infrastructure. If you look at the actual government response to that specific recommendation, it does talk about Indian and Northern Affairs programming related to their education program and a program called New Paths for Education.

**Hon. Geoff Regan:** We'll be sitting on Thursday, I guess, so we'll have a chance to talk to them—the committee will, at least—then.

If you don't mind, let me ask you about recommendation 3, which says, “Implement a mandatory, standardized, simple, front-of-package labelling requirement on pre-packaged foods for easy identification of nutritional value”. The response indicates that public consultation on health claims for foods, including front-of-package labelling, was to have been launched this summer. Public

consultation was announced in November, just last month, but doesn't appear to include the labelling component. Why not?

**Mr. Jim Ball:** As I mentioned in my remarks, the public consultation will now include the issue of front-of-package labelling.

To give you further specifics on those consultations and how they will occur, I'll turn to my colleague Mary L'Abbé.

**Dr. Mary L'Abbé:** Thank you very much.

You are absolutely correct. We are into consultation right now on the whole question of front-of-package labelling. There are a number of products on the market with a variety of logos and symbols on food packaging that mean a variety of things, and that is actually part of the problem. Some of them are industry-led programs, and some of them are third-party programs. In the current situation in Canada, we have no standardized criteria to aid the consumer in evaluating those logos.

So that is actually part of the issue of why we're consulting on it, to develop some recommendations, potentially, for some standards to ensure that consumers have information that's not misleading, that it actually does give factual, truthful information about the foods they're consuming, highlighting presumably the healthy aspects of those foods.

**Hon. Geoff Regan:** As a related issue—

**The Vice-Chair (Mr. Lui Temelkovski):** Thank you very much, Mr. Regan.

Mrs. Davidson.

**Mrs. Patricia Davidson (Sarnia—Lambton, CPC):** Thank you, Mr. Chair.

I'd like to thank the presenters today. Certainly we thank you very much for coming out and going through the government response.

When we went through this study, it became very evident that it was a huge issue. It was more or less all-encompassing. It was a societal issue as well as a many-tiered issue as far as jurisdiction went. We've referred quite a bit to that partnership and working together to try to come to some consensus.

One of the other issues that I think came forward loud and clear was the fact that there was a lack of data, particularly when we were talking about first nations, Inuit, and Métis. Oftentimes people who were presenting to us knew that something was happening, but they didn't have the data to back it up.

One of the things we talked about at great length at the committee was the fact that we needed to get some processes put in place that were going to provide that data so we would know when we came forward with some responses and solutions that we could approach it in a scientific manner and know what we were talking about.

Ms. Langlois or Mr. Ball, would you like to comment on the data collection process as it refers to first nations, Inuit, and Métis, please?

• (1025)

**The Vice-Chair (Mr. Lui Temelkovski):** How about Madame Finegood? She was nodding her head. I think she might wish to comment—if you don't mind, Mr. Ball.

**Dr. Diane T. Finegood (Scientific Director, Institute of Nutrition, Metabolism and Diabetes, Canadian Institutes of Health Research):** I guess data's my business.

Yes, absolutely, and I think the members have articulated very clearly the data gap or the knowledge gap. Sometimes we have knowledge about what the problem is, but we don't actually have knowledge about what works and what the solutions are.

In reference to the previous comments about front-of-pack labelling, we have very little information about what kind of front-of-pack labelling would actually stimulate consumers to make the healthy choice. In fact, CIHR has funded a researcher here at Carleton who has done some very interesting work looking at packaging for children's foods and has also done focus groups with kids to find out what they think when they see front-of-pack labels that talk about goodness for this reason or that reason.

Most kids don't take those seriously. When they see fun foods, which is the way most food is marketed to kids, then they think it's fun and not good for you, but that's what they want. When it looks serious, then they don't want it. So we're beginning to uncover what those relationships are.

In terms of aboriginal health and aboriginal health issues, this is a really critical area where there's a data gap. And there are different kinds of data: there's data about how big the problem is, but more importantly there's data about what would work and what the solutions are.

I wanted to make the comment that community-based research, wherein you work with the community to understand the changes that they want to put in place, tends to lead to a more effective solution orientation. We are partnered with first nations and Inuit health branch on our new program, which allows us to try to understand what works, for whom, and under what circumstances.

The issue of ParticipACTION was brought up. The government funded ParticipACTION because brand recognition was high. Unfortunately, for the last time that ParticipACTION was funded, we don't really know whether it had an impact on health. CIHR put in place a program and funded two research groups to help us understand what the impacts are this time of ParticipACTION.

A critical component of it is that we're responsive in a very timely fashion to fund those projects. Our system wasn't set up that way. We've now changed it to create a program that is responsive, and the two research groups that are working on ParticipACTION were actually in the field before ParticipACTION was launched this fall.

**Mrs. Patricia Davidson:** Do you have any timeframes on these studies?

**Dr. Diane T. Finegood:** Those studies were both funded for a year, so by the middle of next year we should have the beginning knowledge of the impacts of the initial advertising campaigns or social marketing campaigns, for ParticipACTION and for several other programs that are what we would call natural experiments. They are policies, programs, interventions.

We've heard a lot of good ideas around the table, but not a lot about what works. We're trying to be responsive to that by funding

researchers in the community to actually understand the answers to those questions and fill the data gaps we have.

**Mr. Jim Ball:** I think another important part of responding to your question is the new first nations regional health survey that I mentioned in my opening remarks. This is specifically designed to collect the kind of data we were previously lacking, in order to address the issue of childhood obesity and other health issues among aboriginal populations.

Kathy, you could speak to that further. It would be appreciated.

**Ms. Kathy Langlois:** Sure, I'd be happy to.

The First Nations Regional Longitudinal Health Survey will be out in the field in early 2008. With regard to areas related to childhood obesity, it is going to do some height and weight measurement of first nations kids and is going to be asking specific questions about physical activity and nutrition as well. That will be adding to the data. This will be the third time, so we're hoping and attempting to build longitudinal data over time with it.

With regard to the Inuit as well—just in reference to my colleague Dr. Finegood, who talked about community-based research and the need to actually get to people in the communities—some work is going to go on with the Inuit as well, repeating a survey that was done in 2004, which saw the ship CCGS *Amundsen* travel to 14 communities along the coast of northern Quebec, from Hudson Bay to Ungava Bay. It will also be taking body measurements and asking general health questions in relation to physical activity and nutrition, among a whole suite of questions. That's supposed to begin in 2008. We expect a wide range of data that will be helpful to us from that as well.

**The Vice-Chair (Mr. Lui Temelkovski):** Thank you.

Thank you, Mrs. Davidson. Your time has expired.

Monsieur Malo.

• (1030)

[Translation]

**Mr. Luc Malo:** Earlier, in your answers to my questions, you named a number of existing programs on which you're relying to reduce the problem of childhood obesity. However, despite these programs which, unless I'm mistaken, were not extensively monitored at the time by means of specific data, we see that childhood obesity has increased in recent years in a quite substantial and dramatic manner.

I simply wonder why we have waited so long to develop new strategies that, according to your answer, will arrive somewhere in 2008 in an attempt to put a stop to the problem.

On this point, earlier we took another look at labelling. On the basis of your answer, I still wonder whether you consider a single box on the front of packages appropriate or not. Perhaps we should go a little further on this subject.

I would also like you to answer my previous question: why have we waited so long to learn about the entire scope of the program?

In addition, how are you going to group around a single table the stakeholders in the various sectors of health, marketing ethics, the food industry and agriculture, and ensure that each of those stakeholders sets aside its own interests and finds innovative and effective solutions to reducing obesity among youth?

[English]

**Mr. Jim Ball:** Thank you very much for your comments. There are a number of questions within those.

Clearly, I don't think it's a question of why have we waited so long; I think it's a question of dealing with a very complex issue where we need to understand the measures that will be most effective at addressing this complex set of underlying factors driving the dramatic gain in weight, not only among children but also among the Canadian population in general. We are attempting to do the right thing—not just things. We therefore need to do the appropriate research work that CIHR has put an increased focus on. We are doing the appropriate analyses.

With respect to your comment on front-of-package labelling, we need to make sure that what we do there, if anything, is in fact going to be effective and of assistance to Canadians. So it is a case of ensuring we are taking a thoughtful, analytical, and evidence-based approach to addressing this issue. So we are engaged in considerable work to look at those underlying factors and what we can do about them to result in successful change.

As I said in my opening remarks, we have a number of new initiatives we've put in place to in fact do this. We are going to be measuring those new initiatives in terms of their impact and, based on that, either modify them or encourage their implementation with our partners on a much broader scale.

If you'd like us to go into further detail on your point about front-of-package labelling, I'll refer your question to Mary L'Abbé.

[Translation]

**Mr. Luc Malo:** How are you going seat all stakeholders at a single table so that they set aside their own interests in order to establish a number of effective initiatives for fighting childhood obesity, Ms. Finegood?

[English]

**Dr. Diane T. Finegood:** One comment is that we haven't actually waited that long. The CIHR Institute of Nutrition, Metabolism and Diabetes, under a different government, actually started its primary focus on obesity and healthy body weights back in 2002.

One of the things that are critical here is that, as you suggest, we have to close the evidence gap. We have to make sure we understand that what we do works and that there aren't unintended consequences; then we feed that back to improve what we're doing in a cycle.

In order to do that, you have to have the researchers who are capable of helping the communities and policy-makers to understand and to learn from they do. We've been ramping up the research capacity in this country for the last four or five years. We've gone from spending less than \$1 million a year on research on obesity to

spending nearly \$25 million a year for research on obesity. Some of that is directed at children, some at broader areas.

To address very quickly the front-of-pack labeling issue, there are very few jurisdictions that have tried a traffic light system, which was, I think, of interest to this committee when the committee studied the issue. We have to learn from those jurisdictions whether that kind of approach makes any difference whatsoever. Remember, to request that of industry could require significant investment on industry's part.

We need to not only bring industry to the table. We need to bring researchers and consumers to the table to understand this. I would argue that research is a really good venue, because it's a kind of neutral zone, in a sense. We want to learn what the best way is to go about this, so we're doing everything we can within the CIHR to make this happen, including bringing the food industry together to talk about building trust.

We did this once before. We brought researchers and the food industry into the room together, and the biggest word spoken was “trust”, or the lack thereof, between the parties. Our next step is to bring them together in the spring in order to talk about trust and what we can do to actually build trust.

• (1035)

**The Vice-Chair (Mr. Lui Temelkovski):** Thank you very much. *Merci, monsieur.*

Mr. Fletcher.

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

I'd like you to address some of the issues that were raised earlier around trans fats. When I was health critic I had the pleasure of co-writing, with the member for Winnipeg Centre, the original motion on trans fats that was brought forward to Parliament. That of course resulted in the Trans Fat Task Force, which reported.

On page 23 of the obesity report there are a few interesting comments. I think it's important for the committee to remind itself that trans fats themselves are not a precursor to obesity; however, they do exacerbate cardiovascular issues with obese children. I think, given that this is an obesity report, we should make the distinction that trans fats are not really—

**Hon. Carolyn Bennett:** [Inaudible—Editor]

**Mr. Steven Fletcher:** Well, it says right here, and those are the witnesses we had—

**Hon. Carolyn Bennett:** You wrote the motion. When are we going to deal with it?

**Mr. Steven Fletcher:** I wish the member for St. Paul's would read the report.

Recommendation 4 says: “Establish regulations by 2008 that limit trans fat content in food as recommended by the Trans Fat Task Force, while not increasing saturated fat content.” In fact, this past spring the health minister announced that with the Heart and Stroke Foundation, who were co-chairing the Trans Fat Task Force, we would indeed be taking action, first voluntarily and then followed up with regulation, if necessary. So the government is taking action on that.

My question is—

**Hon. Carolyn Bennett:** [*Inaudible—Editor*]

**Mr. Steven Fletcher:** My question is, what was that?

**Some hon. members:** Oh, oh!

**Mr. Steven Fletcher:** I have another question, a serious question.

We need to organize and collect data on the incidence, prevalence, and trends on data. This goes to the data gap. Not only is improved data on obesity prevalence needed, but there is also a need for a longitudinal study on various measures of food intake and physical activity in order to help the government monitor and evaluate our policies and interventions and refine our approach. How does the government intend to track the process of its actions and develop a more complete and accurate data set in relation to this issue?

I would also add subsets of the population. You've touched on first nations and Métis populations, but there are others—new Canadians and so on, perhaps.

Maybe Diane Finegood could answer.

• (1040)

**Dr. Diane T. Finegood:** Certainly I can answer that question.

There are different kinds of data, first of all. There is the kind of data you would collect through surveillance processes, which is primarily under the province of Statistics Canada and the Public Health Agency in Health Canada. CIHR funds small surveillance-type projects, but not necessarily the larger surveillance projects, although we work with our partners. This evening I'll be at a meeting for the Canadian Health Measures Survey, where we're trying to collect physical measures on Canadians. Ultimately we would hope that it will be a longitudinal survey.

So there are those kinds of data, and then there are the data that help us understand what works, for whom, and under what conditions. CIHR has been working very hard to support researchers to answer those questions: what kinds of interventions work.

The Institute of Nutrition, Metabolism and Diabetes, although focused on obesity for the last five years, is now, in our strategic plan that's about to be launched, becoming even more strategic. We've funded a lot of research on what the problems are, but really what we need to do is understand what solutions work, what the most effective approaches are.

Going forward, we will only support, through our strategic funding, research on prevention and treatment of childhood obesity—and adult obesity as well, because they're certainly linked.

Those are critical areas, and we are becoming as focused as we can within our resources to ensure that the research community gets focused on what's important to Canadians around this problem.

**Mr. Steven Fletcher:** Just for the benefit of the member for St. Paul's, on page 23, the third paragraph says, “The committee understands that trans fats do not in themselves contribute to the obesity problem; however, they want to emphasize that these fats substantially aggravate the health implications of overweight.”

Those are my questions, Mr. Chair.

**The Vice-Chair (Mr. Lui Temelkovski):** Thank you.

Ms. Wasylycia-Leis.

**Ms. Judy Wasylycia-Leis:** Thank you, Mr. Chairperson.

Given the interest in this committee, I'm tempted to ask the question whether there's been any research done correlating junk food use and people watching the Schreiber–Mulroney coverage and the scandal that's unfolding. Maybe we could do a study among journalists: how much junk food they eat in normal times and how the amount goes up when these kinds of scandals unfold. It might be interesting.

Dr. Finegood, what do you think?

**Dr. Diane T. Finegood:** We certainly know that watching television supports, if you will, junk food consumption. It does it in two ways. One is through its sedentary nature; there's a habitual behaviour. But also, advertising does stimulate one to, I guess, move away from the TV and go into the kitchen.

**Ms. Judy Wasylycia-Leis:** So then the more these issues around the Schreiber–Mulroney scandal go on, the more people are stuck in front of their TVs and the more junk food they're eating. I guess the sooner we get to the bottom of this, the better.

**Dr. Diane T. Finegood:** I refuse to answer that question.

**Some hon. members:** Oh, oh!

**Ms. Judy Wasylycia-Leis:** Seriously, I want to go back to trans fats. What Steven Fletcher is suggesting concerning page 23 is nonsense: that there's no correlation between trans fat usage and obesity. First of all, there's enough research to suggest there's a correlation. Secondly, we know there's a direct link between trans fats and coronary heart disease. What more do we need in order to get this government to actually follow the advice of the task force, which was mandatory regulations?

Mary, you and others are suggesting you're following the task force. But you aren't. You've actually been quite deceptive here at this committee in suggesting that you're following the task force when it said there must be mandatory regulations in place by June 2008. What you did, on June 20 or June 21 of last spring, was come out suggesting that you were going to follow the task force, but then you put in place a voluntary approach to give the industry until 2009 to see whether they're going to meet a target. If they don't, then you will act by way of regulation. So we're going to lose a couple of years here, when we note we have the evidence and we know it works, and yet you're sitting here telling us that the voluntary approach is going to work.

Industry was involved in the committee. I don't know who's behind this. Industry wants the mandatory approach. So who got to you? What happened between the tabling of the task force report and June 21, when suddenly the minister was saying that only a voluntary approach will work. What was it? It wasn't industry. Was it the United States? Was it trade barriers?

Something prevented you from doing the right thing, and I think Canadians deserve an answer.

•(1045)

**Mr. Jim Ball:** Here is a comment before Mary responds in more detail.

I think it's important to consider the evidence of progress in the reduction of trans fats in food products produced by the industry. It's not to say that the problem is resolved, but certainly industry is moving in the right direction. There was some evidence that was considered in terms of the approach that was taken.

**Ms. Judy Wasylycia-Leis:** Are we by this spring going to have achieved the elimination of trans fats down to 2% in processed foods, which would be a significant development similar to what Denmark achieved and would in fact result in a direct impact of reduced coronary heart disease? Are we going to have achieved those targets on the voluntary approach by next spring?

**Mr. Jim Ball:** The trans fat monitoring program that has been instituted by Health Canada will allow us to closely track the progress of industry on this, and we will not be able to specifically answer that question until we receive the results.

**Ms. Judy Wasylycia-Leis:** That's my point. The task force said to put in place your regulations so that by June 2008 industry must be in compliance. You are now letting them off the hook until the spring of 2009; then you're going to assess, and then you're going to see if mandatory.... Look at how much time is wasted, when you have the facts, you have the correlation, and you know what works.

Who got to you? Why the delay? It's not industry. Who got to you, or the minister? What happened?

**Mr. Jim Ball:** I am unable to respond to the question of who got to us; however, in terms of the rationale for the policy approach, I would ask Mary to reiterate.

**The Vice-Chair (Mr. Lui Temelkovski):** I'm sorry, there isn't any time left. We'll have to move on to Mr. Brown. Maybe in Mr. Brown's time.... Or we'll see what we can do at the end.

Mr. Brown.

**Mr. Patrick Brown (Barrie, CPC):** Mr. Fletcher is going to take the questioning.

**Mr. Steven Fletcher:** Thank you, Mr. Chair.

I'm glad this committee is just as exciting as the next one.

I know the member for Winnipeg North was not on the committee when we were looking at the issue of obesity. I again encourage the member to go to page 23, where it says: "The committee understands that trans fats do not in themselves contribute to the obesity problem; however, they want to emphasize that these fats substantially aggravate the health implications of overweight."

Trans fats are a very important problem, and that's why, as health critic, I co-wrote that motion with the member for Winnipeg Centre.

The member is concerned about conspiracy theories and who got to whom, perhaps having spent too much time in front of *The X-Files* and looking for black helicopters flying all over the place.

What really happened is that the minister listened to all the stakeholders, including the Heart and Stroke Foundation and the co-chair of the task force on trans fat, and came up with a solution that will meet the goals of the Trans Fat Task Force and that has the endorsement of the Heart and Stroke Foundation.

I don't hear the other members—

•(1050)

**Ms. Judy Wasylycia-Leis:** On a point of order, Mr. Chairperson, I think it's very important for this committee that we don't put the words of the Heart and Stroke Foundation...and don't distort their commitment. In fact, we recognize that the Heart and Stroke Foundation was very critical when the government failed to implement the task force recommendations for mandatory regulations.

**The Vice-Chair (Mr. Lui Temelkovski):** Ms. Wasylycia-Leis, that's a point of debate.

**Mr. Steven Fletcher:** In fact, I was at the trans fat announcement with the minister and with Sally Brown, the CEO of the Heart and Stroke Foundation, and they were very happy that progress had been made on the trans fat file. I think Canadians appreciate the thoughtfulness of industry having been given time to get its act together. Products that could be used as a substitute for trans fats are being developed as we speak, and in two years or in a year, from now, if industry hasn't made appropriate progress, then there will be regulations, just as the Heart and Stroke Foundation wishes and as Canadians wish.

I think the government has done an outstanding job on that issue and has fulfilled its obligations in recommendation 4.

**The Vice-Chair (Mr. Lui Temelkovski):** Hopefully there is a question coming.

**Mr. Steven Fletcher:** My question is for Mr. Ball. Do you agree that the government has followed through on its commitments?

**Mr. Jim Ball:** What I can say is that the government has clearly not been silent on the issue of trans fats. It has taken this committee's recommendation into consideration as well as that of the task force, looked at the situation with respect to industry progress, and has acted to introduce a policy approach that would provide for mandatory regulation within a two-year period if in fact industry does not comply with the recommended trans fat levels in their food products.

**Ms. Judy Wasylcyia-Leis:** Is that by 2010 that we might see something? Instead of 2008, we're looking at having just delayed the whole—

**Mr. Steven Fletcher:** Does she have the floor?

**The Vice-Chair (Mr. Lui Temelkovski):** Ms. Wasylcyia-Leis.

**Ms. Judy Wasylcyia-Leis:** I'm sorry.

**The Vice-Chair (Mr. Lui Temelkovski):** Madam Bennett, you have one minute. In one minute we'll go around to each party. It can be a statement or question.

**Hon. Carolyn Bennett:** I just hope that the government side understands that the job of parliamentarians is to hold the government to account. This is a weak report. We want commitment.

We know this is a complex issue. We know that it will never be solved in one department, and our recommendation 8 said that we would identify a lead department or agency. The response calls it the "health portfolio". There is no mention of definitive plans or new initiatives.

I want to know if there is a deputy minister committee on childhood obesity. This is the first generation of kids that won't live as long as their parents. How are you coordinating between Health Canada, the Public Health Agency, CIHR, Finance, Indian and Northern Affairs, Sport Canada? Is there an interdepartmental committee, and has the Minister of Health ever met with the ministers of the other areas in order to deal with this or in formulating the response to this committee?

**Mr. Jim Ball:** It's a very important comment, and we are clearly taking action on this. As I mentioned in my remarks, the Public Health Agency of Canada has created a new directorate with the

capacity to address obesity as a core priority along with its work in addressing the socio-economic determinants of health and—

**Hon. Carolyn Bennett:** Is there an interdepartmental committee on this?

**Mr. Jim Ball:** There is not as yet, but we are setting the stage with capacity to do that. We have brought all the players together initially in the health portfolio. We have just established a DG-level committee that's actually meeting this Thursday in order to coordinate our efforts on this issue.

**Hon. Carolyn Bennett:** I have just one quick question. Will the issue of childhood obesity be on the agenda for the FPT meeting next week with Minister Clement, in that this is also interjurisdictional? Is childhood obesity on the agenda for that meeting?

**Mr. Jim Ball:** I'm not sure if it's specifically on the agenda for that meeting, but as I mentioned, it was on the agenda for a recent deputy ministers meeting from all different stakeholders to address the issue of unhealthy weights in general, including in children.

As well, I would like to say that we are moving toward the engagement of and have developed a plan for the engagement of other federal departments—

● (1055)

**Hon. Carolyn Bennett:** To be clear, Jim, it means the minister hasn't met with his cabinet colleagues and has not talked to the provincial colleagues about this issue.

**Mr. Jim Ball:** He has asked us to speak with senior officials—

**Hon. Carolyn Bennett:** But he has not done it himself.

**Mr. Jim Ball:** —and then he will do that.

**The Vice-Chair (Mr. Lui Temelkovski):** Thank you very much.

On that note we will conclude. I'd like to thank the witnesses, the department officials, for answering all our questions. Thank you.

We'll continue on Thursday with the same.

The meeting is adjourned.





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