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## **Standing Committee on Health**

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**EVIDENCE**

**Thursday, February 10, 2011**

—  
**Chair**

**Mrs. Joy Smith**



## Standing Committee on Health

Thursday, February 10, 2011

• (1530)

[*English*]

**The Acting Chair (Mr. Tim Uppal (Edmonton—Sherwood Park, CPC)):** Let's begin.

Welcome, everybody, to meeting number 49 of the Standing Committee on Health and, pursuant to Standing Order 108(2), our study on healthy living.

We would like to welcome students from the Carleton School of Journalism who are with us here today as guests.

Of course, we have with us our witnesses. From Action Santé 50 ans et plus, we have Josette Gravier-Grauby.

[*Translation*]

**Ms. Josette Gravier-Grauby (Director General, Action Santé 50 ans et plus):** Hello, that's me.

[*English*]

**The Acting Chair (Mr. Tim Uppal):** We have, from the Canadian Society for Exercise Physiology, Audrey Hicks and Mary Duggan; from the Chronic Disease Prevention Alliance of Canada, Manuel Arango and Jim Chauvin; from the Heart and Stroke Foundation of Canada, Linda Piazza; and from ParticipACTION, Kelly Murumets.

**Ms. Kelly Murumets (President and Chief Executive Officer, ParticipACTION):** Hello and good afternoon.

**The Acting Chair (Mr. Tim Uppal):** Hello.

We also have with us, from Physical and Health Education Canada, Andrea Grantham.

Welcome.

We will start with opening statements from our witnesses—a five-minute statement, please—and we'll start with Action Santé 50 ans et plus.

You may begin.

[*Translation*]

**Ms. Josette Gravier-Grauby:** Good afternoon, ladies and gentlemen.

My name is Josette Gravier-Grauby. I am from Boucherville. I have two grown daughters and six grandchildren.

Should I sit or stand?

[*English*]

**The Acting Chair (Mr. Tim Uppal):** We have.... One moment, please.

**Ms. Kelly Murumets:** I love the enthusiasm. Go, girl.

**Voices:** Oh, oh!

**Ms. Kelly Murumets:** It's fantastic.

[*Translation*]

**Ms. Josette Gravier-Grauby:** Please forgive me. This is my first time before the committee and, hopefully, not my last.

My name is Josette Gravier-Grauby. I am from Boucherville, on Montreal's south shore. I have spent 23 years working there in gerontology.

Before I tell you a bit about myself and why I am here today, I would like to thank Luc Malo, the member for Verchères—Les-Patriotes. He invited me today. I have been waiting 15 years to be here. So I was almost under the impression I would be speaking to Mr. Harper, himself. While Mr. Harper may not be here, I am nonetheless addressing the VIPs.

**Some hon. members:** Ha, ha!

**Ms. Josette Gravier-Grauby:** I want to give you an idea of the people I work with. From September to November 2010, a total of 600 people took my classes 4 days a week, from Monday to Thursday. Right now, in February 2011, I have 545 people taking my exercise classes. So I would say that I am qualified to speak to you about health and the importance of making it a priority.

What I am going to tell you does not apply only to me or to those who take my classes in Boucherville, but to all of you, as well. As human beings, our health should be our first concern, even at a young age such as yours, madam. Our health is critical.

Both in Canada and around the world, we do not focus enough on prevention. We often hear that, of course, the population is getting older. And we should be taking that seriously, because, according to the statistics I am about to give you, the breaking point is just 10 years away. Anyone who needs their health today would do well to be really healthy down the road. Trying to get in to a hospital today is no easy feat. I am not sure about Ontario, but in Quebec, people wait 10 to 15 hours in emergency rooms. So addressing the issue is key.

What I would like all of you on this committee to do is to offer an incentive to those 50 years of age and older who are making an effort to stay healthy. First and foremost, they benefit, but so does society as a whole. Our population is getting older. Things are going great in Boucherville, but I want more than that. I want things to be going great around the country, as well. But no measures have been put in place. Every now and then, we are encouraged to “get active”, but that is not enough. And the proof is in our crowded hospitals.

So I am here to ask the government to lighten the tax burden on all those individuals who are striving to be healthy. I am not sure whether any of you saw Monday's *La Presse*. One person wrote that he was being penalized for trying to get in shape. He was physically active on a daily basis and made use of parks. You know as well as I do that the government is always trying to make cuts wherever it can. But the government should not make health cuts affecting those who want to get fit. The gentleman I read about in *La Presse* said he had to pay a fee in order to do his walking exercise. I find that appalling.

Today, we humans want to be healthy. Wouldn't it be great if we could take a pill that instantly made us healthy. No, no, no.

What does each and every one of us have to do? We all need to get in shape, because not only do we benefit individually, but we also benefit collectively, as an aging society.

So when Mr. Malo asked me to appear today, I thought to myself how much we all needed to get moving. I, myself, am no spring chicken, but I see many young faces here today. You need to realize when you are young that you will not always be able to count on your health. The day you get sick, even if you just get the flu, you stop contributing to society. The key is to start taking care of yourself as early as possible.

• (1535)

Let me give you an example. I am no superhero, but I am almost 72 and I have always exercised. Here's a little statistic, even though you may not all be keen on statistics. On November 18, 2010, I came across this figure, the amount that Quebec—because that is where I live—spends on health. It spends 27 billion, dollars not cents. That was the total for 2009-2011. This is 2011. But wait, that is nothing compared with what lies ahead: that figure will hit \$90.2 billion by 2030-2031. Attention all young people, that is for you. Spending will increase by \$63 billion. Think about it: how will you pay for all that? As we often hear, the old folks won't be around, so the young people will have to pick up the tab. And that is why I am in favour of prevention; that is what will keep us healthy, not dollars.

[English]

**The Acting Chair (Mr. Tim Uppal):** Thank you. You will have more time during the questions.

We are going to move on to—

[Translation]

**Ms. Josette Gravier-Grauby:** Already!

[English]

**The Acting Chair (Mr. Tim Uppal):** —the Canadian Society for Exercise Physiology.

Sorry, but I did give you extra time.

[Translation]

**Ms. Josette Gravier-Grauby:** I want to come back. When do I come back? Really, it's over already?

**An hon. member:** We will have questions and answers later.

**Ms. Josette Gravier-Grauby:** But look at my folder! And that is a summary. Look at it!

[English]

**The Acting Chair (Mr. Tim Uppal):** We will ask you questions. We will get to you.

[Translation]

**Ms. Josette Gravier-Grauby:** Will I get to speak again?

[English]

**The Acting Chair (Mr. Tim Uppal):** You will get time through the questions.

The Canadian Society for Exercise Physiology, please, for five minutes.

[Translation]

**Ms. Josette Gravier-Grauby:** I did not get to say everything I wanted. There is too much to cover.

Thank you anyways for listening.

• (1540)

[English]

**Dr. Audrey Hicks (President, Canadian Society for Exercise Physiology):** Good afternoon, Mr. Chair and members of the committee.

I'm Dr. Audrey Hicks. I'm the president of the Canadian Society for Exercise Physiology. I'm accompanied by Mary Duggan, the manager of CSEP. We would like to thank you for inviting us to make a presentation to this committee.

Our society, which has existed since 1967, represents 4,500 members throughout the country. Our organization is committed to promoting healthy lifestyles, and regular physical activity has been clearly shown to be related to improved health. We are the principal body for physical activity, health and fitness research, and personal training in Canada—the gold standard of health and fitness professionals—and we are dedicated to getting Canadians safely active.

Together with the Public Health Agency of Canada, we developed the first Canadian physical activity guidelines for adults in 1998. Guidelines for older adults, and then children and youth, followed in 1999 and 2002.

Guidelines don't last forever, though. Advances in exercise science over the past 10 to 15 years convinced us that it was time for revision. After a four-year process involving systematic reviews, rigorous consultations, and input from over 1,000 industry stakeholders, experts, and international bodies, in January we released the first ever evidence-based physical activity guidelines for three different age group categories.

The physical activity guidelines for children and youth, adults, and older adults detail the recommended amount of physical activity to achieve health benefits. We hope you will take the time to view the guidelines that were provided to you this afternoon. They are accompanied by a written brief that outlines our recommendations to this committee.

The guidelines are important, but we would be naive to think that this is the end of the line. Stable—if not growing—funding for the promotion of healthy living is essential. This funding is an investment for our future.

Our first recommendation is that the Government of Canada support the development of sedentary behaviour guidelines for all age groups, the completion of physical activity guidelines for preschool children and gap groups, and the completion of physical activity clinical practice guidelines for persons with chronic disease.

We further recommend that funding from organizations such as PHAC be stable and reliable. The agency must be open and transparent in its relations with stakeholders. We were pleased to see that at the February 1 meeting of this committee, PHAC mentioned that it would hold consultations with stakeholders as part of the pan-Canadian healthy living strategy. We are confident that those will be meaningful and transparent consultations with an intent to find real solutions to real problems.

CSEP also oversees two industry-leading health and fitness certifications: the CSEP-certified personal trainer and the CSEP-certified exercise physiologist. These certifications are no walk in the park. Applicants must complete post-secondary studies in human kinetics or health sciences. They must pass a national board examination. They must demonstrate a lifelong commitment to safe physical activity and healthy lifestyle choices.

We strongly believe that if the federal government supported the official recognition of these qualifications, then even more Canadians would be able to benefit from receiving accurate physical activity advice and services from qualified professionals.

We view this committee's role as crucial to setting direction and reviewing what is done. We welcome your initiative in starting this study and we hope you will regularly review the work done and consider developing a report on healthy living in our country.

While we think the government is on the right track in encouraging Canadians to get healthier and lead more active lifestyles, we know there's more work to be done. Our best chance for success is to work together with partners like ParticipACTION and PHAC to ensure that all Canadians have access to the best physical activity messages and opportunities. We truly believe that together we can help Canadians make positive changes to live healthier.

Thank you for your time.

**The Acting Chair (Mr. Tim Uppal):** We'll now go to the Chronic Disease Prevention Alliance of Canada.

Five minutes, please.

**Mr. Manuel Arango (Member, Advocacy Committee, Chronic Disease Prevention Alliance of Canada):** Good afternoon, Mr. Chair and committee members.

On behalf of the Chronic Disease Prevention Alliance of Canada, also known as CDPAC, we'd like to thank you for the opportunity to share our perspective on what needs to be done to prevent chronic diseases, reduce obesity, and facilitate healthy living in Canada.

I am accompanied today by Mr. James Chauvin. We are both volunteer members of CDPAC's advocacy committee.

CDPAC is a network of 10 national organizations that share a common vision for maintaining health and preventing chronic disease in Canada. Chronic diseases are a significant burden in Canada, costing the Canadian economy around \$93 billion annually.

Obesity has been linked to the development of chronic diseases. Obesity levels among adults and children in Canada are at historically high levels. No doubt this committee has heard in the past from other witnesses that unless effective interventions are in place to reduce obesity, the youth of today may live shorter lives than their parents do.

We know that to tackle obesity and prevent chronic disease we need a comprehensive, multifactorial, and multi-sectoral approach. In September 2010, the federal, provincial, and territorial ministers of health proposed a framework to promote healthy weights. This framework addresses the need to increase the availability and accessibility of nutritious foods and beverages and to decrease the marketing to children of foods and beverages high in fat, sugar, and/or sodium, which, for the sake of convenience, I will refer to as unhealthy foods.

With respect to marketing to children, the scientific literature is quite clear. The marketing of food and beverages to children impacts on their food and beverage choices. We know that over 80% of the foods and beverages marketed to kids are unhealthy. We also know that unhealthy food and beverage choices do contribute to childhood obesity. There is a definite link between the marketing and the childhood obesity.

The current self-regulatory approach to marketing to children that is predominant in Canada is insufficient to deal with the high rates of childhood overweight and obesity. An exception is the law in Quebec that prohibits commercial marketing directed to children. Interestingly enough, in that province they have one of the lowest soft drink consumption rates in Canada, among the highest fruit and vegetable consumption rates in Canada, and the lowest obesity rate among six- to 11-year-old children.

We recommend that as an initial step the federal government and NGOs work with the food and beverage industry to strengthen the industry's current voluntary initiative that aims to limit the marketing of unhealthy foods and beverages to children. As well, we call on the food and beverage industry, in collaboration with civil society and government, to augment the marketing of healthy foods and beverages to children.

If the above measures do not prove sufficient in the near term, the federal government should immediately introduce regulatory regimes to prohibit the marketing of unhealthy foods and beverages to children.

Now I will turn my attention to the issue of beverages that are high in sugar.

Consider some of these facts. In Canada, consumption rates of sugar-sweetened beverages increase from 10% among children aged one to three to over 40% among youth 14 to 18 years of age. The average Canadian consumes a whopping 73 litres of soft drinks annually. We know that each additional serving of a sugar-sweetened beverage increases the risk of obesity in middle-school students by 60%. Evidence supports the link between the over-consumption of sugar-sweetened beverages and the development of obesity among children and also among the general population.

We strongly commend Health Canada for drawing attention to the link between sugar-sweetened beverages and childhood obesity in its current public awareness campaign on children's health. You have no doubt seen the ads. They've been running from December and they go until March 31 on TV, I believe.

What can we do to deal with sugar-sweetened beverages? Raising public awareness is very important, as Health Canada is currently doing. However, one of the measures that we should also consider—within the context of a multi-pronged approach—is taxation.

We know that tax increases for sugar-sweetened beverages have been associated with reduced consumption. For example, as the price of one particular brand of soft drink increased by 12%, sales were seen to drop by 14.6%. Price does have an impact. An added benefit of such a tax is that it would generate substantial revenues for governments, revenue that could be used to support healthy-living initiatives.

• (1545)

A recent public opinion poll found that the majority of Canadians agree that governments should add a tax on sugary drinks if the revenue from the tax is invested in the prevention of obesity and the promotion of healthy lifestyles. Similar results have been found in other polls, including in British Columbia, where 70% support was found.

We recommend that the federal, provincial, and territorial governments explore the possibility of introducing a tax on sugar-sweetened beverages in their respective jurisdictions. We also recommend that the revenues regenerated from these taxes be used to fund healthy-living initiatives.

Finally, although tobacco has not been considered in these hearings, we wish to express support for the extension or renewal of the federal tobacco control strategy. Tobacco control is crucial to

chronic disease prevention and healthy living. The existing 10-year strategy expires very soon, on March 31, 2011. Either extending the existing strategy beyond March 31 or announcing a new strategy effective April 1 will ensure that Health Canada's cessation and prevention programs, not to mention the new social media campaign linked to tobacco package warnings, will continue on course.

My very last comment pertains to food security. Food security exists when people have equal access to a safe, nutritious diet. Income-related food security is widely acknowledged as a key social determinant of health. We know that people who live in poverty suffer from a higher incidence of a number of chronic diseases. The effects of food insecurity also have devastating effects on every aspect of a child's development. Therefore, we recommend that the federal government work with other levels of government to develop effective long-term strategies to achieve food security.

Thank you very much.

• (1550)

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

Now we will hear from the Heart and Stroke Foundation of Canada.

**Ms. Linda Piazza (Director, Research and Health Policy, Heart and Stroke Foundation of Canada):** Thank you, Mr. Chair and committee members.

I'm Linda Piazza, the director of research and health policy at the Heart and Stroke Foundation of Canada. On behalf of the foundation, I would like to thank you for the opportunity to share our perspective on what we need to do as a society to make healthy living the easy choice for Canadians.

The Heart and Stroke Foundation is a national, volunteer-based health charity. We've worked for over 50 years to prevent heart disease and stroke by funding cardiovascular research, promoting healthy living to Canadians, and working with all levels of government to influence heart-healthy policies for Canadians.

Our cause is urgent. Heart disease and stroke cost Canada \$20.9 billion annually in health care costs and lost productivity. They represent the number one cause of death among women, of drug prescriptions, and of hospital admissions in Canada.

Heart disease and stroke share many of the same risk factors as other chronic diseases, including unhealthy diets, physical inactivity, and smoking. The following are some of the measures that we need to address now, within a comprehensive approach.

The consumption of sodium is far too high in this country. Adult Canadians consume about 3,500 milligrams a day, far above the recommended adequate level for most adults of about 1,500 milligrams a day. Excess sodium consumption leads to high blood pressure, which is the most significant risk factor for heart disease and stroke.

We urge the government to implement the recommendations of the federally appointed sodium working group. In particular, it is critical that the federal government implement, in a transparent way, a process to monitor sodium levels in our food supply as soon as possible.

Secondly, on nutrition tax policies, with respect to sugar-sweetened beverages, Health Canada, in its current children's health and safety campaign, as you've just heard, has correctly highlighted the link between the over-consumption of sugar-sweetened beverages and childhood obesity. Like trans fats, sugar-sweetened beverages have no nutritional value whatsoever—only health risks.

The Heart and Stroke Foundation commissioned a scoping review that we presented at the Canadian Cardiovascular Congress in October. It looked at the effectiveness of economic policies to address health and obesity. The report recommended that it was time to move on the taxation of sugar-sweetened beverages. We call on the federal government to seriously explore this initiative.

We need to develop communities that make it easy to be physically active. The federal government can play a role by ensuring that a percentage of transportation infrastructure funding is set aside for active transportation initiatives and also by renewing the successful recreational infrastructure Canada fund.

Trans fats are responsible for thousands of cardiac deaths every year in Canada. Like sugar-sweetened beverages, trans fats have no health benefits—only risks. Health Canada reports that 25% of the food supply is still laced with heart-clogging trans. Moreover, foods that are often consumed by children, such as cookies, cakes, doughnuts, and brownies, remain alarmingly high in trans fats. We need federal regulations in this area—no two ways about it.

It is critical that the federal government make nutrition labelling easier to understand for Canadians. The recent nutrition facts educational initiative is a start; however, much more needs to be done. For example, it is imperative that we standardize serving sizes for like products on the nutrition facts panel.

Over 80% of the food and beverages marketed to children in Canada are unhealthy. Again, it is critical that we work together to implement initiatives to eliminate this type of marketing.

Funding is also critically important for healthy living. The Heart and Stroke Foundation has proposed a heart health action plan for Canada, comprised of four initiatives. One of these initiatives calls for federal support for a national campaign to raise public awareness about women and heart disease. You've just heard me say that it's the number one cause of death among Canadian women. Only 23% of women in Canada understand how serious a health concern heart disease and stroke are for them.

●(1555)

On tobacco, I would like to underscore that as a key action on healthy living, we must continue our work on tobacco control. We applaud the new package warnings, as well as the flavours ban, in Bill C-32. We at the Heart and Stroke Foundation urge continuation of the federal tobacco control strategy to ensure that prevention and cessation programs are not halted. The strategy expires imminently on March 31, 2011.

Finally, aside from action on the domestic front, the federal government has a unique opportunity to champion several of the issues we have raised today at the upcoming United Nations noncommunicable diseases summit in New York City this coming fall. We urge the government to do so.

Thank you very much.

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

We will now hear from ParticipACTION.

**Ms. Kelly Murumets:** Good afternoon. Thank you very much for inviting us to present today. We're honoured.

My name is Kelly Murumets. I'm the president and CEO of ParticipACTION. We are the national voice of physical activity and sport participation in the country. Our vision is that Canadians will be the most physically active people on earth, and I will tell you that I jump out of bed every morning, I love my job, and I'm jazzed to be the leader of an organization with that kind of mandate.

Some of you will remember ParticipACTION from when you were kids. This is how I know how old you are. If you remember the 60-year-old Swede, you're a wee bit older than I am. If you remember the flexed arm hang, you're my age. If you remember Hal and Joanne, you're a wee bit younger. It's an iconic brand. It has been around for more than 30 years. More than 88% of Canadians between 35 and 55 years of age know our brand, and 80% of all Canadians know our brand.

That we're back is a fantastic thing. The reason we're back? Not so fantastic.

This afternoon I'd like to take you through stats that will knock your socks off, the consequences of physical inactivity in the country, what we believe to be the solution—and it's multi-faceted and complex—what other countries are doing, and tell you that ultimately leadership is our legacy, so all hope is not lost.

For stats that will knock your socks off, more than 50% of Canadians are deemed physically inactive. Only 7% of the kids in our country meet the daily physical activity guidelines. According to a recent CHMS survey, our kids are fatter, rounder, weaker, and less flexible than their parents were at their age. We know that childhood obesity rates have tripled in the last three decades. We also know that our kids spend on average six hours a day on screens. Multiplied by seven, that's as much time on screens as their parents spend in their jobs.

The consequences are dire. Twenty-five chronic diseases are directly linked to physical inactivity. We know that kids who are more active are smarter, happier, and healthier. We know they have better self-esteem and better mental health and are better team players. They're less prone to bullying and other negative behaviours. They eat in a healthier way and they're less likely to smoke or to engage in early sexual activity.

But forget the social and health benefits: let me just talk about the economics. I know that these are old data, but in 2001, \$5.3 billion was directly attributable to physical inactivity. We know from the Conference Board of Canada that Canada could save \$76 billion over the next 10 years by tackling the five main risks of heart disease, physical inactivity being one of them.

We know that the stats just from Ontario—from TD Bank—show that in 12 years' time, if we continue on the same trajectory, health care costs will account for 70% of the Ontario budget alone, leaving 30% for education, infrastructure, and other great services.

As for the solution, it is a complex issue, so it requires a very complex solution. It needs to be multifaceted, as some of my colleagues here mentioned. We need a vision. We need support. We need a champion at the federal government level. This must be owned by someone in the federal government.

We need a fully integrated strategy. ParticipACTION is facilitating a cross-functional, sector-wide process to create a fully integrated strategy for Canada. It's called Active Canada 20/20. FPT governments must be involved. NGOs must be involved. The private sector and academics must be involved. We need the consensus of all of those folks.

The solution must include schools and child care, so we need trained professionals teaching physical education. We need physical activity at schools. We need after-school options that are accessible by all people of all SES levels.

Hospitals and health care facilities must start prescribing prevention and physical activity.

NGOs need programs and facilities at the community level that all folks in Canada can access.

In the built environment, we need sidewalks—it's as simple as sidewalks—bike lanes, parks, and good lighting.

We need research. CSEP is doing phenomenal work in research. We need to fund research so we understand what's going on.

We must fund evaluation. Too often in the not-for-profit sector, we ask if a program is good, and people say yes, it is, because a lot of

people come out to it. That doesn't work. We need evaluation with organizations like CFLRI and other academics.

We need social marketing. At ParticipACTION, we have three pillars, one of which is social marketing. Indisputably, social marketing is effective, but it must be sustained.

As well, we need resources. Resources must be deployed to the sector, and they need to be deployed in a strategic fashion, not with a one-year project horizon.

The sector does work collaboratively now. We work unbelievably collaboratively. CSEP and ParticipACTION put out those physical activity guidelines you heard about earlier. Active Canada 20/20 is the consensus of many members of our advisory groups—so again, facilitated by ParticipACTION. But they need money; we can't just operate collaboratively.

• (1600)

You asked in your notes, "What are other countries doing?" In the U.S., Michelle Obama is heading up the "Let's Move" campaign. The U.S. has deployed a billion dollars a year, times 10 years. I know.... Divide us by 10—I know we're not the U.S.—and that's \$100 million a year times 10 years. I would tell you that the Public Health Agency of Canada this year told us that we have \$800,000 to deploy between 12 organizations. That is a far cry from \$100 million a year.

The WHO, the U.S., the U.K., and Australia have created physical activity guidelines. They came out before ours did and all of their research was done by our Canadian researchers. It's ridiculous: we're falling behind and we have an opportunity to be leaders in the world.

That's where I'd like to leave this. Leadership is our legacy. We have an opportunity to vault Canada into a global leadership position. We need to declare healthy active living as part of our country's economic policy. That's what I mentioned to Minister Flaherty most recently. A country that moves is one that thrives.

Healthy active living is the linchpin of a robust economy and a guarantor of a healthier future for the country. If we invest in physical activity now, Canada can lead the world in economic prosperity.

The last note I would like to leave you with is a little bit hokey, but I'll tell you that our kids and our youth, they are our future. I know that sounds hokey, but it's true. We need to invest in the best future possible for them. They are the best and the most important legacy that we can leave.

Thank you.

**The Acting Chair (Mr. Tim Uppal):** We will now hear from Physical and Health Education Canada.

**Ms. Andrea Grantham (Executive Director, Physical and Health Education Canada):** Thank you very much for the opportunity to speak with you today.

I had the opportunity to speak to this committee four years ago and also to participate in the Kellie Leitch “Reaching for the Top” report. I also spoke last year to the Standing Committee on Finance. A lot of the messages that I will speak of today are very consistent, because we still have a huge challenge in front of us.

For almost 18 years, I've spent my days working on promoting this and enabling of every child in this country to benefit from quality physical and health education programs within schools, within supportive healthy school environments. In these times, it's hard to imagine something more important. It's also hard not to lose patience with the fact that despite all we know, we still have a huge health challenge in front of us.

I'm here to build on Kelly's message and CSEP's and Josette's on the importance of and the critical need for federal leadership around a Canadian strategy and funding commitment to address the issue of childhood obesity, physical inactivity, and chronic disease prevention in this country.

In September 2010, many of us were thrilled that the FPT ministers responsible for health made a public commitment to curb childhood obesity. It has been a long time that we've been waiting for this kind of commitment and now we're waiting for action on that commitment.

I know that many speakers have come before me and you've heard a wealth of statistics. We've doubled and tripled our obesity rates. In fact, Canada is one of the worst among OECD countries with regard to childhood obesity. It's staggering.

Ninety-three per cent of Canadian children are not living up to the Canadian physical activity guidelines. There is no movement on achieving any of the goals that we've set around increasing physical activity levels. Just today, while driving into work, I heard on the news that the costs related to stroke and hospital care since 1995 are up by 50%—directly related to obesity.

Today I am here before this committee to urge you to include in your recommendations the importance of having the Government of Canada stand behind a national strategy and a commitment to fulfill its financial role to support and enable a healthy and physically active Canada.

We have extensive research. We hear the news in the media. We have targets that are being set and not being met. We see leadership and action all around the world. I attended a conference on physical activity in Europe in December and I was amazed at the amount of commitment and work happening in Europe. I am really concerned about how much we are falling behind here in Canada.

I am also concerned by the fact that this is not going to change any time soon. In the recent Public Health Agency of Canada health promotion and chronic disease strategic plan for 2010 to 2015, developed just this past year and designed to articulate the key areas of emphasis and key initiatives for which progress will be measured, there is only one indirect line that addresses physical activity in this 13-page document.

If this is not corrected by 2015, Canada will have no federal strategy or investment to decrease physical inactivity. Without this, the battle against obesity will be lost. We ask today that Canada get serious about this issue.

I've had the opportunity to speak with many ministers, senators, and government officials. There seems to be agreement across the board that it's a no-brainer, it makes sense, and we should be doing this. This is what we continually hear.

We also know that the investment will pay off. Studies show that increasing physical activity in Canada by just 10% will result in significant health care savings. Leading researchers tell us, as we've heard already, that the best way to counteract chronic diseases like cancer and heart disease and stroke is to increase physical activity.

We also know, as Kelly mentioned, that children and youth who are physically active do better in school. They also are more productive and are much better contributors to society.

From where I sit at Physical and Health Education Canada, our goal is to see that every child receives their fundamental right to quality physical education and health education, all taught within health-promoting school environments. This is a place where we have the potential of reaching every child, regardless of their age, gender, socio-economic status, or culture. It's the place where children spend half of their waking hours.

With a quarter of our childhood population being overweight and obese and only 7% meeting physical activity guidelines, we can't argue that this issue rests in education. This is a health issue, and the highest level of leadership is required to support an environment that allows every school in this country to fulfill this important role.

We must take a stand similar to those of the World Health Organization and the United Nations to fulfill this fundamental right to every child. We must take seriously the “Toronto Charter for Physical Activity”, which is a global charter for all countries to help make physical activity a priority for all.

●(1605)

Recently, eight national organizations came together through funding from the Public Health Agency of Canada to work collaboratively on a pan-Canadian physical activity strategy to address access for every child to after-school programs. This is an example of organizations' willingness and ability to work together.

But to truly make an impact on this issue, we need much more. This needs to be a component of a much larger strategy and a greater commitment that will allow policy-makers, stakeholders, corporations, employers, community organizations, and educational institutions to all play a role towards a common vision and strategy.

In closing, I ask this: how much more evidence do we really need?

Given the magnitude of this problem, we require the highest level of leadership in this country, working alongside all levels of government and across many departments. The physical activity sector is at the table. We're ready to work collaboratively.

We're taking leadership on the development of a plan. This plan cannot be activated without a federal government commitment, plan, and action. Without this investment, we will not begin to turn around these shocking results.

Thank you.

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

We will now go into our first round of questions by our members.

Mr. Dosanjh and Ms. Duncan will be sharing their time.

**Hon. Ujjal Dosanjh (Vancouver South, Lib.):** Thank you very much. All of you have made eloquent presentations.

I just have one question on the much revered ParticipACTION—legitimately revered. Don't misunderstand the thrust of my question. It's asked in good faith.

The other day we heard, as part of the testimony in this committee, that you have partnered with Coke or Coca-Cola to do a project across the country. Immediately, a sort of question mark arose in my mind. We've heard from Mr. Arango about how obesity is a huge problem. So can you tell us what went into that decision, how that decision was made, and how you will protect children who would listen to you from the attraction to things like Coca-Cola and soft drinks?

• (1610)

**Ms. Kelly Murumets:** Sure. I get asked that question quite often. ParticipACTION believes strongly that—

By the way, I come from the private sector. I left the private sector because I'd like to go and change the world. I believe the only way to do that is for the not-for-profit sector to be arm in arm with the private sector, the public sector, and their partners in the not-for-profit sector. That's just a fundamental philosophy that I personally have and that ParticipACTION adopts.

We have several partners in the private sector—again, because if we want to translate the issue into a solution, we need to have all of those partners arm in arm.

In the very specific example of Coca-Cola, I believe that demonizing any one private sector organization is wrong and that in fact if you want to talk about private sector organizations, there are almost none that would be okay private sector partners for the not-for-profit sector. If you think about water organizations, there are environmental issues. If you think about Nike, there are labour practice issues. I've taken lots and lots of private sector organization sponsorship prospects to my not-for-profit tables, and they all have issues.

So Coca-Cola, I understand, has been demonized and is one that is most spoken of in terms of private sector organizations. My belief is that if you are on the same side of the table having conversations with Coca-Cola, you have an opportunity to influence them. They are arguably one of the most successful and effective global corporations and they have an opportunity to influence a great deal

in our country and around the world. If we can pull them outside... and I would tell you that our partnership with them has been over the last two years. In the last two years—and I won't suggest that ParticipACTION's influence is responsible for all of these changes—policies around marketing have changed and policies around packaging have changed. Marketing practices have changed as a result of this. So I will just kind of give you that as the philosophy.

In terms of our relationship with them, we wanted to tackle youth. You heard earlier from Andrea and from me that only 7% of Canadian kids meet the daily physical activity guidelines. As kids get older, their physical activity levels decline, so teenagers are the most vulnerable population in our country, and we didn't know how to get at youth. If you partner with an insurance company, for example, youth aren't going to be drawn to that particular brand.

So now we have an opportunity to use a brand that kids will find relevant, and if we can use it to do good and not evil, we can make a difference. In the last two and a half years, we have gone from zero teenagers in our program to almost 20,000 kids—youth, teenagers—in our program, who are more physically active today than they were two years ago. The whole idea is about youth leading youth. Youth inspire youth. They've now been able to build and create a momentum or a movement—a funny little word in my world—around physical activity. There were 1,300 of our kids who carried the torch in the 2010 Winter Olympics, so obviously Coke came with the magic of the Olympics.

The contract between Coca-Cola and ParticipACTION took longer to negotiate than any.... I've bought and sold eight companies in my career. It took longer to negotiate that contract because it's a wildly responsible contract in terms of how they can use our brand, where they can use our brand, and the expectations of them in that relationship.

Coca-Cola creates lots and lots of products, not just the soft drinks that my colleague was talking about earlier, so we're helping them to promote those healthy choices as opposed to the unhealthy choices. That's the rationale behind that decision from a ParticipACTION perspective.

I'd also offer you this. If you want to go out and change the world, we need to be there with the private sector. I'd also say that there isn't enough money in our sector to make change without private sector dollars, so I wouldn't tell you that we did the deal just for dollars, but they did deploy \$5 million to youth over the five-year period of the program. That's a substantial amount of money.

My belief is that they're authentic partners. They want Canadians to move more. We use their resources and their marketing expertise to do good and we continue to do good.

• (1615)

**Hon. Ujjal Dosanjh:** Thank you. I would have asked the question about any other drink. It didn't matter whether it was Coke.

**Ms. Kelly Murumets:** Right.

**Hon. Ujjal Dosanjh:** Thank you.

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

I guess for me the fundamental issue is that most Canadians, research would say, know what a healthy lifestyle looks like, but they don't necessarily live it. That's the fundamental issue. If you look at surveys, people will rate themselves as healthy, but in reality probably nine out of ten of us have at least one risk factor; I think the place where you have to start is making healthier choices and controlling risks and you've got to do it with our children.

So the question I have for you is this: is there a role for the federal government? I'm thinking about two places: healthy food at school and food security, and physical activity in school. I'm wondering if you can make specific recommendations to this committee regarding these, please.

**The Acting Chair (Mr. Tim Uppal):** In less than a minute—

**Voices:** Oh, oh!

**Ms. Kelly Murumets:** That was good. I got in before. My answer could have gone more quickly.

Who are you asking it of, Kirsty?

**Ms. Kirsty Duncan:** I will put it out to anyone.

**Ms. Kelly Murumets:** Do you want to go first, Andrea?

**Ms. Andrea Grantham:** Well, we understand that education is a provincial jurisdiction, but as I mentioned in my speech, this is a health issue. You have these statistics on the health of our kids and we know that every child goes to school.

So definitely, we need the federal government, like the World Health Organization and UNESCO, to take a strong stance and say that physical education is a fundamental right for every child and they should be accessing a quality physical education program, which equates to about 150 minutes a week, and also a qualified teacher and adequate resources in a supportive environment.

When I say “a supportive environment”, it's not just what happens in the gymnasium or the health education class. It's what the policies are within the school environment around healthy food choices and access, around services for all children—not just interscholastic sports, but intramurals for all—and opportunities where every child has a means of getting the health they need. We certainly advocate for a quality physical education program and for the federal government to make a similar statement and to support the provinces in making that happen.

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

Monsieur Malo.

[*Translation*]

**Mr. Luc Malo (Verchères—Les Patriotes, BQ):** Ms. Gravier-Grauby started us off talking about prevention. Then the rest of the witnesses, who, by the way, I would like to welcome, stressed the importance of doing everything in our power to promote prevention.

Ms. Murumets, you said the statistics on physical activity and youth were dreadful, as compared with their elders, that kids were in much worse shape than their parents were at their age.

In 2006, the federal government created a children's fitness tax credit. I tried to find information on how effective that measure has been, but to no avail.

This question is also for our analysts, who can look into this later. I want to know whether any of you have seen any significant behavioural changes in children since 2006, as a result of this tax credit.

[*English*]

**Mr. Manuel Arango:** I think I would answer the question this way. Intuitively and theoretically, a tax credit should work. You're going to have a very difficult time showing that tax credits on their own have a specific contribution, perhaps, to physical activity, but we do know that if you combine a tax credit with a number of other factors, you can improve health and you can reduce obesity levels, etc.

The key is that when you have a comprehensive approach, each variable that you work on, each intervention, has an impact and a synergistic effect on other variables and factors and interventions.

I would say theoretically that a children's fitness tax credit should work. We welcomed the children's fitness tax credit. In fact, in the past we have advocated for a credit to be extended to adults. I know that the federal government, a few years ago in one of its election platforms, committed to making that tax credit refundable. We think that will help low income people. We're hoping the government will act on that in the future.

• (1620)

[*Translation*]

**Mr. Luc Malo:** Do you want to comment? Go ahead.

**Ms. Josette Gravier-Grauby:** That is precisely why I wanted to appear before the committee.

Of course, children may become more physically active because of this tax credit. And that is wonderful. But why does that same tax credit not extend to people 50 plus? That is something I really want to know.

Who could really use an incentive? People 50 plus who are getting older. They need a push to continue being physically active. Obviously, it is just an incentive, but if we give it to parents for their children, why not give it to all these older people who are also getting fit?

It is not easy for an older person to be physically active. But, if we encourage them and let them know they are eligible for a small tax credit, that is a pretty good incentive. So I do not see why the government gives the tax credit in the case of children—which, I repeat, is great—but not in the case of those 50 plus. That is very significant. There might be fewer people in hospitals if older folks could also access this measure.

Who is taking up space in our hospitals? It's not children. It will be their turn later. But right now, who is crowding our hospitals? It's adults with obesity-related problems, precisely because they are not in shape. And that is why I have spent 23 years focusing on prevention for people 50 plus. Ms. Murumets and Ms. Grantham, it's wonderful that you are concerned about children. I, however, am concerned about people 50 plus.

All of you are going to grow old, and you need to remember that. Now is the time to start being active. Children are important, yes, but the population we really need to focus on now is the aging population so we do not reach the breaking point 10 years down the line.

That is what I wanted to say. Thank you.

**Mr. Luc Malo:** Ms. Gravier-Grauby, in all your years of working with older people, has anyone ever said to you they would be more inclined to be physically active if they had a financial incentive to do so, but, because they did not, they preferred to sit on the couch and watch TV?

**Ms. Josette Gravier-Grauby:** No.

When the government decided to give parents a \$500 tax credit for registering their children in a physical activity program, everyone around the country heard about it. In Quebec, people would ask me why parents were being allowed to claim that amount for their children, when they, as long-time taxpayers, were not eligible for it, even though they were being physically active and costing society much less.

That is why I said I have been wanting to talk about this for years. I have sent letters to every minister. And in return, I get these lovely replies acknowledging my letters, but nothing more. We must take action. I always said to myself that whenever I finally got the opportunity to use my voice instead of my pen, I would say loud and clear let's get moving! We are all getting older. At my age, much of my life is behind me. All of you here today get a little older each and every day. In 10 years, you will be the ones costing society a pretty penny. Do something about it.

Mr. Malo, people tell me that once they start living an active lifestyle—and I am no doctor, but this is what people tell me—they take fewer drugs. I am around people 50 plus. They are proud of themselves, and that is huge. The fact that I can bring together 600 people for 4 days shows just how much people 50 plus need to be physically active.

I have been listening to everyone. And there is a lot of focus on children, which is fine. But when are we going to focus on adults and those 50 plus? That is the generation putting a heavy financial burden on society, a burden that will only continue to grow because, each and every day, we all get a little older.

So this is what I want to say to the government: do something. That is my message today.

[English]

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

**Ms. Kelly Murumets:** We have a lot of passion in our sector.

**Voices:** Oh, oh!

[Translation]

**Ms. Josette Gravier-Grauby:** Indeed, there is.

[English]

**The Acting Chair (Mr. Tim Uppal):** Ms. Leslie.

• (1625)

**Ms. Megan Leslie (Halifax, NDP):** Mr. Chauvin, go ahead; you had wanted to add something.

[Translation]

**Mr. Jim Chauvin (Member, Advocacy Committee, Chronic Disease Prevention Alliance of Canada):** Thank you very much.

My name is Jim Chauvin. I am the director of policy development at the Canadian Public Health Association, and, as my colleague mentioned, I am a volunteer member of CDPAC's advocacy committee.

I would like to respond to Mr. Malo's question.

I do not think there are any studies showing what the impact of the children's fitness tax credit has been. I am a grandfather. As far as I know, you need to spend money to take advantage of the tax credit. You do not get it automatically. So it would be worthwhile to see who this credit has really benefited, based on income, and how it has affected children's health.

My daughter teaches at a school in Hull, in a poor part of the city. There is nowhere for kids to play, nothing. So you cannot say that the credit has done its job and benefited children from poor families or that it has improved these kids' fitness levels, when there is nowhere for them to even play. No sports facility, nothing.

What can the federal government do? It can work with cities to create safe environments for these kids, a place where they can play and be active, a place that could also be used by people in our generation.

Thank you.

**Ms. Josette Gravier-Grauby:** That is key.

**Ms. Megan Leslie:** Thank you.

As others have said, there are no studies, no statistics, nothing of that nature.

[English]

to prove anything.

Mr. Arango, you've done a great job approaching MPs with this information from the Alliance. You and I have met, and some of the information you gave me was completely mind-blowing. We've talked a bit about it at committee before your appearance, so I'm glad you're here today.

I want to turn it over to you to explain a little more about regulatory regimes restricting marketing to kids. I think this is brilliant. I've brought up the example of Quebec many times.

Is there anything else you want to add about that?

**Mr. Manuel Arango:** You may have noticed from our recommendations that we are keen to work with industry, and I'll tell you why. I'll speak to regulations as well.

With the trans fat experience, we know that regulations ideally would have been the best thing. But by having a volunteer-structured approach, as the government used with the food industry on trans fats, we did see some improvements. In the interim, it was successful at moving the yardstick.

Similarly with marketing to kids, we would like to work with the food industry to improve things in the short term. At the end of the day we do acknowledge that regulations are the most effective way to prohibit marketing to children. And if you look at the Quebec example, they've been pretty successful. They are world-renowned in that respect.

It's ideal to have regulations, but in the interim we would support all measures that can be effective.

**Ms. Megan Leslie:** Thanks.

Ms. Grantham and Ms. Murumets, you both gave quite impassioned pleas about the fact that this is a federal issue and requires federal leadership. Time and time again, I hear our government say, "Well, it's about choice and everybody should have the choice. With my kids, if you give them an apple or a chocolate bar, they're going to eat the chocolate bar." I'm so frustrated with that answer all the time because I do believe there is a role for government here.

I'd like to turn it over to both of you to talk about why you think this is a federal issue that demands federal leadership.

**Ms. Kelly Murumets:** It requires multi-sectoral participation. But I believe that every initiative requires leadership, and this one is so impactful in terms of the prosperity and the future of our country that it needs to start at the federal level. The leadership needs to start with the federal government, but it has to include provincial, territorial, and ultimately municipal governments—as I said, all sectors.

It needs to start at the federal level, and just talking about choice isn't good enough. We need policies, infrastructure, schools, after school programs, and dollars deployed to community-based programs that make the healthy choice the easy choice—I think you might have used that term when you started. That's ultimately what I believe ParticipACTION at least is looking for.

If you think about the different facets that are required for an ultimate solution, they all require some intervention to make the easy choice the healthy choice. For me, it needs to start at the federal government.

Just to say that individuals make choices is not good enough anymore because the current situation is no longer sustainable. We are bankrupting the future of our country. It's not some hyperbole or melodrama; it's actuarially based statistical fact.

• (1630)

**Ms. Megan Leslie:** Like making the choice to walk to work or school but there are no sidewalks, for example.

**Ms. Andrea Grantham:** Absolutely.

I don't have much to add to that. I completely agree with Kelly. We need to show this is a serious issue. And the commitment and intensity of how we're going to address this needs to start at the federal level. We see it in other countries as well.

As Kelly pointed out, it is all intersected in terms of policies, infrastructure, education, health, and workplace justice. You need to take that leadership at the national level to be able to turn these statistics around. It's hard to take it seriously when it doesn't seem it is taken seriously at the federal level.

**Ms. Megan Leslie:** Thanks.

Ms. Piazza, talking about walking to work, I was hoping to ask you a bit more about the recreational infrastructure fund and bringing it back.

**Ms. Linda Piazza:** Has it gone yet? I think it's about to expire; I think it has a month or so left.

From our understanding, this fund has had a high uptake. There have been a lot of initiatives. I think \$500 million was dedicated to the fund for two years. Often in such cases there's not such a high uptake.

I think it's encouraging that this fund is successful, and hopefully it will be continued. I think it runs out at the end of March, or it's coming up soon.

**Ms. Megan Leslie:** And built environment seems to be a big piece of what—

**Ms. Linda Piazza:** The Heart and Stroke Foundation has done a lot of work on the built environment and in terms of the federal government's role—again, as I said before, dedicating money to sidewalks, to making walking an easy choice; public transportation. Just walking to and from public transportation is activity.

What the Heart and Stroke Foundation believes is that physical activity should be incorporated into your everyday activities. You shouldn't really have to jump into spandex and run—

**Ms. Megan Leslie:** Unless you're from Ottawa.

**Ms. Linda Piazza:** —though it's great if you do.

The physical activity guidelines are very doable: 150 minutes a week. At Heart and Stroke we would say you can do that in 10-minute segments if you have to, but get up and move. Leave at lunch and walk in one direction for 10 minutes and then walk back. But you have to be able to walk.

**Ms. Megan Leslie:** Thanks very much.

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

I'm going to have to move to Mr. Carrie.

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

I do want to thank all the witnesses for being here.

I do want to commend...there have been, as you said, a lot of initiatives, a lot of partnerships. I know we've been looking at it seriously, everything from Canada's food guide to, as you mentioned, the rink infrastructure, to the record amount of money that we did partner with municipalities over the last couple of years for infrastructure. I was very proud of the minister in Newfoundland when she did come up with that commitment with the provinces and territories for the first time to start looking at the obesity issue. And there is partnering, of course, with NGOs such as ParticipACTION. It is something that is ongoing.

I'm very interested in exploring a little bit more some of the things that were said today. Ms. Murumets and Mr. Arango, you mentioned industry and the importance of industry and the influence on consumer behaviour, things along those lines. But I was wondering, what role can industry play in making healthy choices attractive, especially to children? At the end of the day, as I believe Madame Gravier-Graubay mentioned, it's all about individuals and the choices they make throughout their lives. All of us can do better in helping to direct especially the kids on these important choices that can affect them as they go through their lives.

I was wondering what role industry can play in making healthy choices attractive, especially to kids.

Ms. Murumets, can you start?

**Ms. Kelly Murumets:** More and more, given the economy, businesses aren't donating moneys as much as they used to. They are always thinking about the return on their investment. So when businesses think about getting involved in physical activity and making Canada a healthier country, they're doing it with an economic perspective. So having an opportunity to partner with the federal government is always important. No matter which organization I go to speak with, they ask if they get funding from the federal government and from which ministry and how they might be able to parlay that into a relationship for themselves.

The second area is if they can sponsor an initiative that makes Canada healthier but helps them drive revenue, drive margin, drive their image as a good corporate citizen, drive bottom-line profitability, and at the same time, for me, get Canadians to move more, they're open to those conversations. We really go in through a marketing door, and we help them to market their business. At the same time, our overarching objective is to get Canadians to move more.

One, they deploy resources and expertise, but two, they're actually reaching out then to their employees in the workplace, to their distribution, and to their ultimate customer. So we have an opportunity to hit 30 million Canadians if we partner with the private sector, and I think through sponsorship. But then the workplace is a huge piece of that sponsorship, so just within their own employees around their making changes, and helping to change the world, actually.

• (1635)

**Mr. Colin Carrie:** Mr. Arango.

**Mr. Manuel Arango:** Currently, on the food industry's voluntary initiative to reduce the marketing of unhealthy food products to kids, they have committed not to use third-party cartoon characters—for example, Mickey Mouse, Donald Duck, etc. However, they still use

their own company-generated cartoon characters, such as Tony the Tiger, Toucan Sam, etc.

One way they could make healthy choices more attractive is to not use them on unhealthy food products but to use them on healthy food products. That's one recommendation I would make.

**Mr. Colin Carrie:** Thank you very much.

Because healthy living and obesity are very complex and they require action across various sectors, I was wondering how you engage with both government and non-governmental organizations. Maybe we can ask the Heart and Stroke Foundation that one.

It's not an easy thing. I've been trying to get my head around it here. I think I saw some recent statistics where the only country in the world, in this article, that was doing well as far as getting obesity levels down was North Korea. We all know the government controls the amount of food. They control every single thing that happens in that type of society, whereas we live in open societies and we have to all work together to get to that goal.

How do you find working with the government and these NGOs? How do you find pulling that all together?

**Ms. Linda Piazza:** Well, here we are today. There's a high degree of collaboration, as Kelly pointed out earlier. We work closely with CDPAC. When Manuel is not volunteering with CDPAC, he's working for the Heart and Stroke Foundation.

There are a lot of global initiatives to try to combat obesity—research in particular. Canada is in the forefront of research on the risk factors. The big INTERHEART study identified nine risk factors for cardiovascular disease, with obesity being high among them.

Everybody is collaborating. There are different roles, and the multi-pronged approach is key, as we learned in the tobacco experience. I guess we know from tobacco that it takes a while. We're trying to change behaviour. We know that 80% of cardiovascular disease can be prevented by known behavioural and pharmaceutical interventions, but it's not easy to get people to change behaviours.

**Mr. Colin Carrie:** Do you have any other examples of successful policies and practices you've seen implemented, even around the world?

**Ms. Linda Piazza:** There's consistent evidence that taxation of sugary beverages, combined with subsidies for fruits and vegetables, can be effective as one part of a comprehensive approach. In the U.S. they've had some success in that area. It's definitely worth exploring. That's what we're bringing today.

**Mr. Colin Carrie:** Do I have time for another question, Mr. Chair?

**The Acting Chair (Mr. Tim Uppal):** You don't, actually. I was waiting to cut you off.

We will now go into our second five-minute round.

Dr. Dhalla.

**Ms. Ruby Dhalla (Brampton—Springdale, Lib.):** Such a good chair we have.

I want to first of all take the opportunity to thank all of you for coming, and for some of the great work you are doing within your community groups and organizations. I think it's absolutely tremendous, and you're making a difference in the lives of people...two organizations I've had a chance to work with that have done a tremendous amount of work on the ground.

To the Heart and Stroke Foundation, you are to be commended for your work in reaching out to the ethnic diaspora, in particular the South Asian community, to educate them about cardiovascular diseases and prevention. There's a gala held by a number of young professionals every year in conjunction with the Heart and Stroke Foundation, and it has made a real difference in reaching out to people. So thank you.

To Kelly from ParticipACTION, I know you left a private sector job to come in, and you're doing great work. Just hearing your passion is really inspiring.

I want to touch on something with ParticipACTION in regard to healthy living. My colleague Ujjal mentioned your collaboration and partnership with Coca-Cola. I was at the event, because it was in our riding of Brampton—Springdale. You spoke really passionately about reaching out to young people. I think it would be of benefit to the committee, not so much to hear the rationale and reasoning behind your partnership, but to hear a little bit about the program, how you are engaging young people, and what the money Coca-Cola provided you with has done to help promote healthy living in terms of both exercise and diet.

The second thing I want to touch on is that when I was growing up, ParticipACTION was deeply respected and promoted within our schools. We don't see it in the schools anymore. What resources does your organization need from the government to assist you in reaching out and getting young kids active and healthy across the country?

• (1640)

**Ms. Kelly Murumets:** The program on which we partnered with Coca-Cola is called Sogo Active. "Sogo" means nothing. Kids made it up. We did it all with a focus group of teenagers, and they made up the name, and they designed the protocols for Sogo Active. It is, as I mentioned, peer-led, youth inspiring youth to become more physically active.

Going back to Colin's question, we worked with one provincial-territorial coordinator in each of the 13 provinces and territories. At the same time, by the way, we were creating an English program as well as a French program. So we didn't translate the program. We created one with French Canadians, and we created one with English-speaking Canadians, and then we used our provincial-territorial coordinators and their networks in their provinces and

territories to deploy the program like that. So within two and a half months, we had 10,000 youth involved in the program.

We get youth to define what physical activity is, and youth defines how to motivate kids to be more physically active, and they define how to communicate it. They told us that if it's not online they won't participate, so everything is online. It's a very cool program. You can go to sogoactive.com and have a look at it. We used our network of not-for-profit organizations to make that wildly successful.

ParticipACTION is tiny. There are 12 of us, so the way we deploy programs is through collaborative work with several of the organizations that are at this table today and those that are right across the country, in all 13 provinces and territories.

The second question you asked was about getting to all children and youth in the country. PHE Canada and ParticipACTION have actually been working for a couple of years with scientists from CSEP to design a school-based program. This, I think, is world-changing. It is bringing back the Canada Fitness Awards and the flexed-arm hang, but it's not having kids compete against kids, which can be the worst day of their lives for some children—I know. It actually involves a child starting at the beginning of the year and measuring their progress. So we can have a couch potato getting the award of excellence and we can have an elite athlete getting the award of excellence.

That's a program we would like to deploy right through all of the schools. We know how to do it. We've been working with scientists. We know how to evaluate it. It is ready to go, but it needs funding. And it needs at least \$1.5 million a year, with a three- to five-year commitment to it. We're ready with the not-for-profit partners around the table and the researchers to deploy this thing. We know how to do it. We just need some funding. It's difficult to get private sector funding for this—I think Colin asked about that—because it is very difficult to have a private sector organization in schools. Schools are obviously very discerning. There are almost no private sector brands allowed in schools, so this does need the support of the federal government so that we can then work with provincial-territorial governments and have it in all 13 provinces and territories.

That is of my heart and soul, and I am determined that we will get that implemented at some point.

**The Acting Chair (Mr. Tim Uppal):** Ms. Davidson.

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

And thanks to each of you for being here today.

I don't know if you have been following the presentations as they've been given, but earlier this week we had quite an array of witnesses here as well. It seemed that everybody was more or less on the same wavelength. As Dr. Duncan said, probably most people know what they need to be doing, but they're not doing it. We sort of know what creates a healthy lifestyle, but getting there is something else.

One of the presenters on Tuesday had indicated that the fun seems to have gone out of physical activity. Do kids have fun anymore, or do they have to belong to organized sports? Of course not everybody can do that. Is there still just fun in being active?

I want to go to Dr. Hicks and talk about your physical activity guidelines. In relation to that, I see where you indicate different guidelines for the different age groups, and you explain the intensity and so on. You also indicate how parents and caregivers can help on the children's one, and I guess on the one for teens, too. And you describe different ordinary, everyday things they can do.

How do you get that message out? Where are these distributed, and how do kids and caregivers and families and seniors and everybody find out about these?

• (1645)

**Dr. Audrey Hicks:** They're new. They just came out on January 24. Anybody can go to our website, ParticipACTION's website, or the website of the Public Health Agency of Canada and get the same materials.

There was a media release associated with the guidelines. We'd fully appreciate any campaigning on the part of the government to direct people to the appropriate places when they get inquiries regarding how to get information on the new guidelines. That's something we really want to emphasize: to follow Canada's physical activity guidelines, you don't have to join a team or join a gym, because doing that isn't feasible for all Canadians. We want people to know that the guidelines are perfectly attainable just by doing things in your own neighbourhood, in your own backyard.

**Mrs. Patricia Davidson:** Are they distributed through public health agencies? We all have a local public health unit, or whatever they're called.

**Dr. Audrey Hicks:** We've certainly done the outreach to all the public health agencies ahead of time, just in the weeks leading up to the guidelines release. Again, they don't have the materials yet. It's been a major problem, resources, in order to be able to provide the appropriate tool kits and guidebooks and everything that Canadians like to have distributed by their schools or their doctors or the local health units.

They don't have those materials unless they go to our website and download them themselves.

**Mrs. Patricia Davidson:** So they're available electronically—

**Dr. Audrey Hicks:** They're available electronically, but our goal is.... Our initial plan, had the funding been sustained, was to move right on to disseminating the appropriate tools.

**Mrs. Patricia Davidson:** Are there any plans for the future to do any of this?

**Dr. Audrey Hicks:** There are definitely plans for the future if we get support from the government to help us—

**Mrs. Patricia Davidson:** So right now you're waiting for the budget, are you?

**Dr. Audrey Hicks:** Yes, we're waiting for resources, that's correct. And we're working with partners, too. We're looking to a number of partners to come up with ideas and strategies to develop the appropriate tool kits and guidebooks and everything that makes it

easier for the average Canadian to see what the guidelines mean to them.

**Mrs. Patricia Davidson:** So there's no pocket at Health Canada, no envelope, that's funding this on an ongoing basis?

**Dr. Audrey Hicks:** No, and that would be wonderful. That is one thing we would strongly recommend to this committee, that there be an ongoing, stable amount of money. We had some funding to do the research, to examine the evidence, to find out how much physical activity was necessary for health benefits, but then the funding ended. So we've developed the guidelines, but now there needs to be funding to make those guidelines attainable to Canadians in terms of seeing what they have to do.

**Mrs. Patricia Davidson:** The original funding got them as far as development, but not distribution.

**Dr. Audrey Hicks:** Absolutely.

**Mr. Jim Chauvin:** I'll just follow up on that.

We've contacted the Canadian Public Health Association and we've been in contact with our members across the country, including the 115 public health units across the country. We are disseminating it to them. But it's exactly what you said; I will support you in that totally. The guidelines are one thing, but where are the tools and resources that go with them?

Our members are going to be asking for those tools and resources, and CPHA would be very.... We're going to be ready to help you in this, but again, the guidelines are one thing, but we need the tools and resources for the front-line practitioners, for the teachers, to make this happen.

• (1650)

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

[*Translation*]

Ms. Beaudin, you have the floor.

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

Welcome everyone.

I find this pretty discouraging. What I am hearing is that our children are in worse shape than we are. I would have thought the opposite. I want to find ways the federal government can fix this. There is talk of taxing sugar-filled drinks. To my mind, that would be a deterrent, and I hope it is.

Mr. Arango, you talked about a refundable tax credit, ideally. So it would only be for families who pay taxes. What about those families who are the least well-off, who are probably one of the major target groups for encouraging physical fitness. I am also on another committee that has studied child poverty, and I know that we have not eradicated child poverty in the past 10 or 20 years. These parents are certainly an important target group. I am trying to figure this out.

We also have advertising aimed at children. Our kids don't move anymore, and the Internet and computer games are partially to blame. So I think we need to get out there and work as closely with these people as possible. You talked about creating environments for physical activity in the neighbourhoods where these people live, and I see what you are saying.

In Quebec, we have Kino-Québec and many other initiatives that help to create these kinds of environments. Municipalities and provincial governments have a much bigger hand in this. Do you not think it would be easier to speak with people at those levels first, to press them for action, rather than the federal government? I am not at all opposed to hearing what you have to say. There are clearly things we can do, but I think that a society should also appeal to its more immediate representatives for family policies that integrate free physical activity and sports programs, and so forth. I would like to hear your thoughts on that.

We are hearing about creating environments for physical activity, but that involves more than just developing and implementing programs. The first thing we did in Quebec was ask the people concerned what programs they wanted, what their needs were. That approach proved successful for us. Then we sat down with our partners and each of them figured out what their role in the program could be. They also incorporated that contribution into their individual action plans. That approach is one of the keys to success. It got schools involved in programs. It seems to me that some of the solutions are already available. I would like to hear what you have to say about that.

[*English*]

**Mr. Manuel Arango:** I'll just very quickly comment.

I'm going to take my Chronic Disease Prevention Alliance of Canada hat off and put my Heart and Stroke Foundation hat on.

The foundation works with all levels of government, and you're absolutely correct that you have to work at the municipal level as well. So whenever we make recommendations on any particular issue, it's always to the federal, provincial, and municipal governments.

We are a federated organization. We have a presence in communities across the country, and our local organizations and provincial heart and stroke foundations work with municipalities and provincial governments as well.

So, yes, you're absolutely correct that municipalities have an important role to play. For example, with respect to active transportation infrastructure, that's really the jurisdiction of municipalities. They receive transfer payments from the federal government, but at the end of the day it's their decision whether they should put the money into sidewalks, walking paths, recreational infrastructure, etc. So they do have an important role to play there.

As well, they have a jurisdiction with schools. I know, for example, in Quebec, a lot of school boards—and this may be province-wide legislation, I'm not sure—have taken sugary, sweetened beverages out of schools.

So, definitely, municipal governments have an important role to play.

[*Translation*]

**Mrs. Josée Beaudin:** Thank you.

**Ms. Josette Gravier-Grauby:** May I say something?

**Mrs. Josée Beaudin:** Please.

**Ms. Josette Gravier-Grauby:** The city of Boucherville formed partnerships to carry out a project aimed at 18 to 80 year olds. Under this initiative, the first of its kind in the entire Montérégie region, participants can take part in a free exercise program in a park designed for all ages. The park just opened. I am not sure whether Mr. Malo was there with Mr. Martel, who has a new team in Boucherville and who is making every effort to promote prevention. And the program is not just for those 50 plus. Participants even have access to free exercise activities and descriptive display panels. People exercise outdoors. The park is not used in the winter, but it is used in the spring, summer and fall.

Why don't other municipalities offer the same thing? It does not cost anything to get in shape. This partnership does not cost much and offers every resident an opportunity to get active. I encourage you to visit and see how active we all are, up in Boucherville.

That is what we are doing in Boucherville, in Quebec. Take a look at what we are doing, so we can bring other municipalities on board. Let's get moving!

• (1655)

[*English*]

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

Mrs. O'Neill-Gordon.

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

I want to thank all the witnesses for joining us today.

I've only been on this committee for about two weeks now, and all of the topics have been very enjoyable and very educational.

I also have to say that over the last two years, in the witnesses who we did see, we did focus an awful lot on the youth. Coming from a classroom, I can see the need of doing that, but I like Josée's idea of looking now at people who are 50 and over—maybe because I'm there, I guess. In 10 years' time we're going to be the ones who are going to be costing the government a lot of money. Plus, the other reason is that we are the ones the youth are going to be looking to right now as an example. So you're almost killing two birds with one stone.

Kelly, you spoke about travelling to Europe, but now Josée just told us about Quebec, so we don't have to go all the way to Europe. But when we look at Europe, we all know from history that the people of Europe are very active. They're healthy and they're fit. I'm wondering if, along your way, you came across any incentives that were focused just for those 50 and over?

**Ms. Kelly Murumets:** That was Andrea, so I'll let Andrea answer.

**Mrs. Tilly O'Neill-Gordon:** Was it? Sorry.

**Ms. Andrea Grantham:** I don't recall exactly anything specific. They talked a lot about school-based programs and active transportation. That was a big part of their focus. I don't recall maybe because my focus is on children and youth. That's what I was listening for.

**Ms. Kelly Murumets:** I can answer that, but I can't relate it to Europe.

ParticipACTION ultimately needs to speak to all Canadians. We have limited resources, so we try to be laser-sharp focused.

While our most recent campaign actually supports 100% physical activity guidelines, we're the second way to communicate those guidelines. We speak to families. So our thinking is that mothers of school-aged children, because they're the principal decision-makers in a family, will influence, yes, their partner and their kids, but they'll also influence their parents because of the sandwich generation.

We know, indisputably, that more active parents have more active children. And at ParticipACTION we've really been thinking about Canadians as families and trying to attack the issue from that perspective, because that's, in our minds, the greatest return on our investment in terms of dollars.

So that's how we've been speaking with that 35- to 50-year-old crowd.

**Mrs. Tilly O'Neill-Gordon:** That's a good point. Does anyone else have a comment?

**Ms. Linda Piazza:** One thing you see in Europe is infrastructure that encourages physical activity. I was in Munich not long ago and I was blown away by the number of bicycles, the ring roads to keep the traffic out, the big wide sidewalks, and the bicycle paths integrated with the sidewalk instead of along the side of the road.

I think all age groups benefit. You see people my age zooming around everywhere on their bicycles. It's a way of life. I think there is a role for all levels of government. Heart and Stroke Foundation works with all levels of government, and there is a role for the federal government in supporting this kind of infrastructure in Canada.

**Mrs. Tilly O'Neill-Gordon:** I believe that all levels of government are becoming more involved in this. I assure you that our government wants to help in any way we can. As elected MPs, we will be voicing the opinion we heard here today. I'm glad to have you here as our witnesses.

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

We will now go to Dr. Duncan.

**Ms. Kirsty Duncan:** I'm going to come back to healthy schools. I understand the jurisdictional issues. Are there data on physical activities in schools across this country?

• (1700)

**Ms. Andrea Grantham:** It's very piecemeal. It's a hard thing to measure, especially in physical education. In many provinces, it's a recommended time period, not a mandated one. Schools are not accountable for reporting what is being delivered in physical education.

**Ms. Kirsty Duncan:** Could you table with the committee whatever that piecemeal information is? Could you table what information we have?

**Ms. Andrea Grantham:** There's some information on daily physical activity initiatives. In Alberta, they mandated daily physical activity for 30 minutes in early 2000. Ontario did something similar, so that we do have, and I can certainly share it with you later.

**Ms. Kirsty Duncan:** Could you put that together and submit it back to the committee?

**Ms. Andrea Grantham:** Sure, absolutely.

**Ms. Kirsty Duncan:** That would be terrific. Thank you.

Do we still have the healthy schools program? Does that still exist?

**Ms. Andrea Grantham:** Is it the joint consortium or is it...?

**Ms. Kirsty Duncan:** It was a federal initiative, the healthy schools program.

**Ms. Andrea Grantham:** I don't recall, no.

**Ms. Kirsty Duncan:** Do we have examples from provinces that we can replicate?

**Ms. Andrea Grantham:** Yes, I can definitely share some information with you.

In Alberta they have an organization called Ever Active Schools. They have done a lot of great work with health in schools, and we're working closely with them. One of the things we would like to do that we think would motivate and inspire schools to do more is to have a recognition program. It would recognize schools that are doing excellent work in the field. Daily physical education, quality school health, daily physical activity initiatives, services, programs, partnerships with communities, a holistic approach—the ethos within the healthy schools is all-encompassing. As soon as you walk into the school, you see the policies that are in place, the services that are offered, the wellness programs even for the teachers and the educators.

**Ms. Kirsty Duncan:** This is very helpful. Is there a role for the federal government in supporting healthy schools?

**Ms. Andrea Grantham:** Absolutely, and it is especially in evidence in the health-promoting schools initiative. We can set up tools and resources that support schools in assessing where they are and the types of things they need to be doing to become a health-promoting school.

A national recognition program, or a move toward a certification program, would be a great goal for schools to aspire to. Our vision of healthy schools is that the health of the school becomes an asset within the community. When parents have to make choices about the school their child is going to go to, which is a lot more complicated than when I was a child, because we have a lot more variety, we want them to make choices based on the health-promoting schools approach.

**Ms. Kirsty Duncan:** Is any of this costed out?

**Ms. Andrea Grantham:** No, but I can give you some background information on our vision and our direction.

**Ms. Kirsty Duncan:** Could you submit that to the committee?

**Ms. Andrea Grantham:** Yes.

**Ms. Kelly Murumets:** With respect to the ParticipACTION awards, we need common metrics. We need them right across the country, because it's very difficult to do research if we're comparing apples and oranges. That's part of the ParticipACTION awards. We've been working with Dr. Mark Tremblay at the Children's Hospital of Eastern Ontario to create a common metrics process that would be used right across the country.

Schools want to be doing fabulous things and they want healthier children. So it's not as if they're not trying to do this. It's that they have many initiatives on their plate. If we could create a program that is turnkey, like the ParticipACTION awards, I believe schools would take it up right away. We have an opportunity to create something that would go right across the country, would have the buy-in and support of all provinces and territories and every school board in the country.

**The Acting Chair (Mr. Tim Uppal):** Ms. Duncan, you have 30 seconds.

**Ms. Kirsty Duncan:** Okay.

Jim, can you talk about what chronic health conditions currently exist in children? For example, we have a real increase in child diabetes. What is that going to mean a decade or two from now?

**Mr. Jim Chauvin:** I think we all appreciate the severity of particularly the diabetes situation. It's going to mean increased hospitalization and medical care costs. Do we want to keep seeing increases in the need for medical care at hospitals and at front-line clinics, increased drug costs, etc., when we know that we should be putting the money into prevention in order to not have these situations arising in the future?

I think we're seeing the tip of the iceberg at the moment.

• (1705)

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

Dr. Carrie.

**Mr. Colin Carrie:** Thank you very much, Mr. Chair.

Ms. Hicks, you mentioned something in your opening statement that I'm curious about. You mentioned, I believe, federal recognition of credentials, or something along those lines. I'm wondering if you could expand on that.

My background is that I'm a chiropractor. I'm also a kinesiologist. I was, believe it or not, an exercise fitness trainer when I was younger as well....

**A voice:** Whoo!

**Mr. Colin Carrie:** It's hard to believe now, eh?

**Voices:** Oh, oh!

**Mr. Colin Carrie:** All of these were at a provincial level, and I'm curious to know how that would work and what benefits you'd see if you did a national recognition.

We've had other different professions in front of us, so perhaps you could elaborate on that a bit.

**Dr. Audrey Hicks:** Certainly. It's a great question.

We fully appreciate that certification is a provincial thing, but there are so many gyms out there, and so many personal trainers in these gyms...and not all of them are really, we feel, qualified to deliver the kind of exercise and fitness and lifestyle change advice that they could be.

At CSEP we are really proud of the certifications we have in our program for the CSEP certified personal trainer and the CSEP certified exercise physiologist. We have very rigorous standards. Our professionals I think have the lowest insurance rates out of any fitness professionals out there, probably because they aren't ever getting sued because they are so well trained.

Our message is really that we want to make sure, since we are trying to promote people to get active, and a lot of people do join gyms...not everyone, albeit, but a lot of people do join gyms. We think it would be a great idea if the federal government would at least support the value in professional certification and certification of qualified professionals. In our organization, we're very proud of our certification.

So that's where that was coming from.

**Mr. Colin Carrie:** Thank you very much, because that kind of leads into my next question.

First, I want to commend you on these guidelines. I think they're fantastic. I remember that when you put them out, though, there was a little bit of criticism of them. You mentioned earlier...and we've heard a lot of people say that the government should subsidize different physical fitness things.

But I remember that when I was a kid, we used to go out and play pick-up hockey. We would cycle, we would swim, we would do all kinds of things. My colleague mentioned earlier that, you know, it's not fun anymore...?

I'm wondering if you could elaborate on that a bit, on the guidelines and on how families can maybe get the fun back into it. It doesn't necessarily have to cost a lot.

As well, if we have time, I'm wondering if you could comment on the science behind these recommendations. I see them as being excellent and valid, but there was some criticism, and I just wanted to give you the opportunity to address that while you're here.

**Dr. Audrey Hicks:** Thank you. I'd love to.

When the guidelines were leaked in early January by some media, there was kind of a big headline that the recommendations, in terms of the amounts of physical activity, were less than the old guidelines. That's not really the case. That was a misinterpretation of some...not really leaked, but gathered information that was not correct.

The main point we want to make about these new guidelines is...as president of our society, I am so proud of these guidelines, because it was a four-year effort, a systematic review of the evidence. Thousands and thousands of research articles were reviewed to come up with these recommendations.

As Kelly alluded to, the research that went into the guidelines has been used by the World Health Organization for their global recommendations on physical activity, by the U.K. and Australia. We should be proud of our Canadian scientists for the work they did in developing the science behind the guidelines.

What happened was, yes, we had a four-year process of evaluating the scientific evidence. That evidence was then synthesized and evaluated by an expert consensus panel and thousands of stakeholders to come up with the recommendations for the so-called minimum amounts of physical activity needed for health benefits.

We did it for three age categories: children and youth, adults, and older adults, recognizing that it's not just children and youth who are important.

We have these new guidelines. We should be tremendously proud. We got a little bit frustrated toward the end of the process, I'm going to be honest with you, because of the dried-up funding. We kind of got the wind taken out of our sails in terms of being able to push the project to completion. We were so proud that we were able to do it and that we got partners like ParticipACTION behind us. We're really excited about the product.

In terms of your question about putting the fun back into physical activity, that was always our goal as well. We didn't want these guidelines to be so prescriptive that people would read them and say, "I can't follow these guidelines because I don't live close to a gym", or "We don't have the money for our kids to do this, this or this."

That's what was so important when we went through the messaging of our physical activity recommendations. The research told us what the minimum amounts needed were. We then went on and gathered together some behavioural scientists to see how we could message this appropriately, so that it could be taken up by Canadians in a way that they could say, "Yes, we can do this. This isn't going to be hard. Anybody can do it."

• (1710)

**The Acting Chair (Mr. Tim Uppal):** We'll go to Ms. Leslie now.

**Ms. Megan Leslie:** Thank you, Mr. Chair, and Ms. Murumets.

I am a proud grade 6 winner of the silver award of excellence. It was the most terrifying day of my entire life. I still have the badge. It's a badge of fear.

[*Translation*]

I have no other questions, Mr. Chair. So I would like to give my time to Ms. Beaudin or Mr. Malo, if I may.

**Mr. Luc Malo:** Thank you.

I have just one question, for clarification purposes. And I am mostly interested in hearing Ms. Piazza's opinion on this.

In your opening remarks, you said that the excessive consumption of salt was the biggest risk factor for heart disease and stroke. You also said that adults should not consume more than 1,500 mg of salt per day. As you know, a committee was formed to advise the government on its sodium reduction strategy. I just want to know whether you think the strategy, as it is defined, and the follow-up approach being taken are conducive to reaching the interim goal set for 2016 and the ultimate goal set for 2020.

[*English*]

**Ms. Linda Piazza:** I couldn't hear very well. Were you asking about an overall strategy?

**Mr. Manuel Arango:** I believe the question was about the approach that's being proposed in the Sodium Working Group, a voluntary structure approach. Will it be effective in achieving the objectives of 2016 and 2020?

**Ms. Linda Piazza:** We hope it will. The Heart and Stroke Foundation does like to work closely with industry. We've had some success with our health check food information program, working with industry in order to change the food supply.

The Sodium Working Group was unique in that it was multisectoral participation; industry was at the table.

We're hoping that the voluntary approach will work. What we would like to see now is a transparent, effective process put into place to monitor sodium levels and for the government to start implementing those regulations.

It worked to a certain extent with trans fats. Again, at the federal-provincial round table the provincial ministers of health made it clear that if the voluntary approach does not work, they will look at different approaches, including regulation.

That's where we are. We're hopeful, and we'll see what happens next.

•(1715)

**Mr. Luc Malo:** What do you mean by “transparent”?

**Ms. Linda Piazza:** For example, we've heard that sales-weighted average has been put forward as a way of measuring the progress being made. We don't see that as ideal on its own. I think we have to come up with something that's clear to Canadians, something that Canadians can understand.

**Mr. Luc Malo:** Do you have something specific in mind when you say “something else”?

**Ms. Linda Piazza:** Well, the methodology would be beyond me, but there are recommendations in the report, and I think they have to be looked at carefully and implemented soon.

It's not easy. I was at the World Health Organization's salt surveillance meeting in September, and we did come up with a template, which I could table later for you if you like. I'm not a scientist, but it's a challenging thing, and that's why we have to get going soon on it. I don't think there is an exact known methodology at the moment to do this. It's not easy.

**The Acting Chair (Mr. Tim Uppal):** Thank you. If you would submit that to the clerk, she'll distribute it.

You have half a minute or a minute, Monsieur Malo.

[*Translation*]

**Mr. Luc Malo:** Go ahead, then.

**Ms. Josette Gravier-Grauby:** I would like to tell everyone on this fine committee that I learned a few things, which is great. But I would have liked to focus a bit more on those who are fifty plus.

We are all human beings. What is our most prized possession on this earth, the most valuable thing every one of us living in this great land we call Canada has? Is it money, power or simply health? The only reason we are all able to be here today is that we are healthy. All it takes is the flu and we're done for, stuck in bed and out of commission. Every human being should remember that. Our most prized possession, individually and collectively, is our health. Without that, we have nothing and we can no longer contribute to this great country of ours, which I have proudly called home for 43 years.

So there you have it.

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

Dr. Carrie, you have the floor.

[*English*]

**Mr. Colin Carrie:** As you said earlier, we're all getting older, but I think some of us are getting better as we get older.

[*Translation*]

**Ms. Josette Gravier-Grauby:** I hope so.

[*English*]

**Mr. Colin Carrie:** *Merci.*

I want to ask Ms. Grantham a question. We've heard from the different testimonies how complicated this issue is, and jurisdictionally how complicated it is. We've heard different opinions. Sometimes it's more money or leadership, or this or that. I know our government has made a strong commitment to be a leader in

different things I talked about earlier. But as my colleague said, a lot of the stuff is at the municipal and provincial levels.

I look at my own kids—and I think we've had this conversation before. They're up at six, on the bus at seven, and back at three. When I was a kid there was a lot of promotion at school about after-school activities. With my kids, the biggest chunk of their lives is at school.

Whatever decisions we're making at the federal government...I look at just the last several years since we've been in government. We gave the provinces a record amount of money in transfers when we went to correct the fiscal imbalance. The biggest expenditure in the federal government is to the provinces. We get a lot of criticism when we try to tell provinces what to do with the transfer payments. Much of this is at that very local level.

I wonder if you or anybody else can update this committee. I know you talk to the provinces. How is that going at the provincial level, especially in the schools? I see the key to this. As a dad, I try to take my kids skating, skiing, swimming, and to the gym. It takes individual commitment to set an example as a parent. But many parents may not have the opportunity to do that.

So how can we get it in the schools? How are those conversations and ideas going?

•(1720)

**Ms. Andrea Grantham:** That's a multifaceted question. On how we work with our provinces, we have a very strong council of provinces and territories. They are the deliverers into schools in all of the provinces. They look to us to develop national resources, programs, and supports that will help them within their provinces. So that's one.

There's also setting standards on what they should be looking to achieve in a quality physical education program and a health-promoting school. How do they assess that? How do they work toward it? What's out there that can help them out?

**Mr. Colin Carrie:** But you say you've given them those standards. Has only Alberta actually taken a look at this?

**Ms. Andrea Grantham:** No province is doing an exceptional job. On what the provinces have done really well, we have fantastic curricula in this country. I've heard a lot about how do you keep the fun in. The provinces have done very well in developing quality curricula that support children in developing a variety of skills. However, the problem is that because it's not mandated time, in terms of mandated delivery of physical education, it's quite often not being delivered at all. So that's an unfortunate thing right there.

We are working together with eight other organizations to develop a strategy around after school programs, to ensure that every child has access to after school programs so we don't have barriers like socio-economic issues, transportation, and just access within their own facilities. So that's one thing we're very excited to be working on.

As I mentioned in my speech, it's a small component of what should be a national strategy. That's the big thing I see missing here. We see a lot of great things happening, with some duplication and a lot of gaps. But if we had a strategy that federal, provincial, and municipal governments, and national governing organizations, corporations, and policy-makers all saw themselves part of and worked toward a common vision, it would eliminate a lot of the duplication and gaps that exist. It would establish better collaborative relationships, so we would be building on the work we're doing, rather than duplicating it.

**Mr. Colin Carrie:** Does anybody else want to comment on that?

Kelly.

**Ms. Kelly Murumets:** I would love to.

Transfer payments probably aren't the only way to go. There is a lot of small "p" politics when it comes to transfer payments, in my humble experience.

If you used very neutral brands, like PHE Canada, or ParticipACTION, and deployed \$1.5 million a year, with at least a three- to five-year commitment, you could be in every school in the country—at least grades 4, 5, and 6. That's where we would start this program. Schools wouldn't balk. It wouldn't be mandated from the federal government or pushed down their throats. It would support what they are trying to do anyway—their mandates and missions.

It wouldn't get caught up in the politics of transfer payments, and it would be national in scope. It would be designed by each province and territory, for the most part, so that it was relevant in each province and territory but had a national feel to it. It would go in with very neutral brands, like PHE Canada and ParticipACTION.

I actually believe that is a way to resolve the barriers you were just talking about.

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

That brings us to the end of our round of questions.

Thank you, witnesses, for your contribution to our study on healthy living.

The meeting is adjourned.

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