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## **Standing Committee on Health**

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**EVIDENCE**

**Monday, December 12, 2011**

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**Chair**

**Mrs. Joy Smith**



## Standing Committee on Health

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• (1530)

[English]

**The Chair (Mrs. Joy Smith (Kildonan—St. Paul, CPC)):** We're going to begin.

We're doing a study on health promotion and disease prevention. I want to welcome our witnesses today.

We have with us Ms. Kelly Murumets, the president and chief executive officer of ParticipACTION. Welcome.

From YMCA Canada, we have with us Mr. Scott Haldane, president and chief executive officer. Welcome.

From l'Agence de la santé et des services sociaux de Montréal, we have Dr. Patrick Morency. Welcome.

From Physical and Health Education Canada, we have with us Mrs. Andrea Grantham, executive director and chief executive officer, and Mr. Chris Jones, representative and senior leader of the Sport Matters group. And sport does matter, so it's nice to see you.

We will begin with our presentations. We'll have ten-minute presentations, and after that we'll go into questioning.

We will begin with Ms. Kelly Murumets, please.

**Ms. Kelly Murumets (President and Chief Executive Officer, ParticipACTION):** Great, thank you.

Good afternoon. I am absolutely honoured to be here, so thank you very much for the invitation. On behalf of ParticipACTION, we thank you.

For the next ten minutes, I'll just tell you a little bit about ParticipACTION, and why we are back. We were relaunched in 2007, so we'll let you know why we're back, what we have done for the last four and a half years, and the results we have achieved.

ParticipACTION is a national, not-for-profit organization solely dedicated to inspiring and supporting active living and sport participation for Canadians. We were originally established in 1971, and we're a pioneer in social marketing; we have become internationally recognized for our compelling communications to promote physical activity. Throughout the 1971-2007 period, there are indisputable data that point to physical activity levels increasing as ParticipACTION was alive and well and promoting physical activity.

In the late 1990s, core funding for the sector funding began to wane. Without financial support to continue to its campaign, ParticipACTION closed its doors in 2001. With the generous

support of Sport Canada and the Public Health Agency of Canada, we were revitalized in 2007 as the national voice of physical activity and sport participation in the country. Our vision is that Canadians will be the most physically active on Earth. That's our vision, and I'm sticking to it.

We were a Canadian icon, and we remain a Canadian icon. Looking at people between the ages of 35 and 54, 88% know ParticipACTION's brand, while 80% of all Canadians know our brand. I come from the private sector, and I moved to the not-for-profit sector because I'd like to go and change the world; I would have died for those brand equity numbers years ago.

ParticipACTION is the galvanizing force that moves Canadians to move more. As a catalyst for action, we really create change through communications, through capacity-building, and through knowledge exchange. Under communications, ParticipACTION promotes active living through multimedia for the purpose of raising awareness, educating, and inspiring—a million-dollar word—behaviour change.

In addition, ParticipACTION works with its partners to coordinate communications and ensure consistent, unified messaging—which is very important in this country—across and within the sector. ParticipACTION's goal is to inspire Canadians to be more physically active and to inspire society to make it easier to do so.

Within capacity-building, it's important that there are programs to support people. To this end, ParticipACTION helps build capacity by generating investment and leveraging assets within the sector. Under that pillar called “knowledge exchange”, ParticipACTION ensures Canadians and its partners are informed by gathering, translating, and disseminating the most relevant information, data, and research on physical activity and sport participation.

We also believe strongly in measurement. We measure everything we do before, during, and after, and measurement is also part of that knowledge exchange pillar. Whatever you remember about ParticipACTION—whether you remember the 60-year-old Swede, the flexed arm hang, or Hal and Joanne—most of you will remember ParticipACTION fondly, so it's wonderful that we're back.

The reasons that we are back are not so wonderful. I'm going to give you some stats, because I strongly believe we have an inactivity crisis in this country. Left unattended, it will have a destructive impact on our health, our economy, and our society in general.

Fewer than half of all Canadians are as active as they need to be. Kids who are active are smarter, happier, and have better self-esteem and mental health. They are better team players. They are less prone to bullying and other negative behaviours. They eat in a better and healthier way, and are less likely to smoke and engage in early sexual activity. However, according to the recent Canadian health measures survey, only 7% of our kids meet the daily physical activity guidelines, which is only 60 minutes of physical activity per day. Only 9% of boys meet that number, and only 4% of girls meet that number—that's disastrous.

Fewer Canadian youth aged 15 to 18 are participating in sport. Sport participation levels have dropped 18 percentage points since 1992. At the same time, chronic disease has been on the rise. Some conditions previously thought to be restricted to older adults—like high blood pressure, heart disease, and type 2 diabetes—are showing up in our young.

The link between physical activity and physical health is certain: the less we move, the more likely we are to become sick and to shorten our life expectancies. In fact, physical inactivity is the fourth leading cause of chronic disease mortality, contributing to over three million preventable deaths annually worldwide.

• (1535)

If you think that's bad, let me tell you about the costs of inactivity. A recent report, *Obesity in Canada*, prepared by the Public Health Agency of Canada and the Canadian Institute for Health Information, confirms that physical inactivity is the greatest predictor of obesity. In the past 30 years, the percentage of obese adults in the population has doubled, while the prevalence of obesity in children has tripled. Obesity costs the Canadian economy between \$4.6 billion and \$7.1 billion a year in direct health care costs and in indirect costs such as lost productivity in the workforce.

**The Chair:** Excuse me. Could you slow down just a little bit? The interpreter is having trouble keeping up with you.

**Ms. Kelly Murumets:** Yes. I had this happen last year as well, and for me, I'm going slowly.

**Voices:** Oh, oh!

**Ms. Kelly Murumets:** Physical inactivity imposes substantial social costs in the form of increased hospital stays and the increased use of physician and nurse services.

Some of these statistics will knock your socks off.

Compared to an active person, an inactive person will spend 38% more days in hospital, use 5.5% more family physician visits, use 13% more specialist services, and use 12% more nurse visits. On an annual basis, the additional use of health care associated with physical inactivity results in approximately 2.37 million family physician visits, 1.33 million other physician visits, 470,000 nurse visits, and 1.42 million hospital stays.

Twenty-five chronic diseases are directly linked to physical inactivity. We know that physical inactivity can increase the risk of coronary heart disease, stroke, hypertension, breast cancer, colon cancer, type 2 diabetes, and osteoporosis.

According to a 2010 report from the Conference Board of Canada, we could save \$76 billion over the next 10 years by tackling the five main risk factors for heart disease: smoking, physical inactivity, obesity, high blood pressure, and a lack of fruit and vegetable consumption. Physical inactivity is tied to three of those five.

As has been widely reported, health care costs are consuming a greater proportion of provincial budgets, and we know that here in Ontario if we continue on the same trajectory, within the next 11 to 12 years health care will consume more than 70% of the provincial budget. It's clear that solving the inactivity crisis is a social and economic imperative.

As for solving the inactivity crisis, as a society we are currently failing our children and our youth. The tragedy—and I will use that word, but also the opportunity—is that we're crippling ourselves with diseases and negative outcomes that are truly preventable. But we do have the power to change. As I mentioned, I left the private sector to come to the not-for-profit sector because I would like to go out and change the world. It is possible. We can go out and change the world if we focus on this.

In 2011 the Toronto Charter For Physical Activity was developed, with extensive worldwide consultation, and in that Toronto charter, the Global Advocacy for Physical Activity Council stated its ten different best investments for physical activity. Three of them are those ParticipACTION focuses on.

Number one, through our communications and social marketing campaigns, ParticipACTION uses mass media to raise awareness and change social norms on physical activity. Studies indicate that mass media communication campaigns can influence awareness of the physical inactivity issue and bring about long-term behaviour change.

Our social marketing campaigns do measure everything before and after. We know that our most recent campaign influenced the behaviour of more than 50% of the population in regard to taking action as a result of seeing those ads.

Through its capacity-building initiatives and partnerships with other physical activity, sports, and recreation organizations, ParticipACTION supports community-wide programs that mobilize and integrate community engagement and resources.

Finally, ParticipACTION brings value to the sport and physical activity sectors by assisting organizations to further their mandates through the development and coordination of initiatives. I'll give you just three examples here.

One initiative is Sports Day in Canada. Last year we held our very first Sports Day in Canada. It was a national event. The whole idea is designed to celebrate amateur sport in this country and to increase sport participation. In 2010 we had 35 different sports profiled, a thousand organizations participated, and we were in every province and territory. There were 1.3 million Canadians who participated and we had over 60 million media impressions.

Survey results confirm that the initiative resulted in increased registration and participation in sport programs, 26.5%; increased awareness of sport organizations and programs, 46%; and increased local media attention for events, 23%.

A second initiative is Sogo Active. Sogo Active is for youth, by youth, and is designed to get our youth more physically active, as only 7% of our kids meet the daily physical activity guidelines, and in terms of teenagers meeting those guidelines, even fewer than that. Sogo Active was able to increase teens' physical activity levels by 30 minutes per day on average.

• (1540)

**The Chair:** Thank you, and we'll hear more about that through the questions and answers.

We'll now go to Mr. Scott Haldane, president and chief executive officer.

**Mr. Scott Haldane (President and Chief Executive Officer, YMCA Canada):** *Madame la présidente* and committee members, my name is Scott Haldane, and I am the president and CEO of YMCA Canada.

[Translation]

On behalf of the YMCA and its 53 member associations in Canada, thank you for giving us the opportunity to discuss priorities in the area of health promotion and disease prevention.

[English]

The YMCA has a history of over 160 years working on the front lines of health promotion and disease prevention with Canadians of all ages. Our membership now exceeds 2.13 million Canadians, and in 2012 our network of health, fitness, and recreation facilities across Canada will top 120 centres.

[Translation]

The YMCA is the largest non-profit organization in the country that offers services for children. It is a major provider of after-school programs, summer camps, youth exchanges and youth leadership programs. We offer a wide range of employability training programs for people of all ages. We also provide services to newcomers and many other social services in our communities.

[English]

As associations, we're committed to strengthening the foundations of communities; nurturing the potential of children, teens, and young adults; promoting healthy living; fostering a sense of social responsibility; and delivering lasting social and personal change.

[Translation]

The YMCA endeavours to find solutions to these issues nationally and internationally.

[English]

In March 2011 we hosted the launch of the federal government's healthy weights initiative, "Our Health Our Future: A National Dialogue on Healthy Weights". This year I've had the privilege of chairing the national panel on elementary and secondary-level first nations education for students on reserve. We've just finished our engagement process, and we are in the process of writing our final report for the Minister of Aboriginal Affairs and for the national chief, Shawn Atleo.

Ida Thomas, the vice-president for children, teens, and young adults at YMCA Canada, is serving as the chair of the Chronic Disease Prevention Alliance. This year she represented them at the UN summit on non-communicable diseases with the Minister of Health.

[Translation]

Recently, we organized a series of workshops for the Canadian Nurses Association on the future of health care in the country. We participated in the annual general meeting of the Canadian Medical Association. We were recently quoted in *The Globe and Mail* supplement on health determinants.

[English]

We know from research and practice that the major determinants of health we must work together as a country to address include education, employment, healthy child development, income levels, personal health practices, the social environment, and social support networks. These health determinants interact in complex ways, a fact that policy interventions often fail to address.

• (1545)

[Translation]

In light of studies on the economic and social determinants of health, we are increasingly concerned by recent trends affecting the health of Canadians, trends whose economic and social consequences have a high cost for Canada and its citizens. Chronic diseases constitute a heavy burden. They cost the Canadian economy nearly \$93 billion every year.

[English]

Childhood obesity rates have nearly quadrupled in the past three decades. One factor among others is the fact that children and teens are spending only 14 minutes in the after-school hours in active physical activity, according to recent Statistics Canada data.

The number of children with chronic disease is nearly four times the rate it was a generation ago. A flood of chronically ill young adults with weight-related illnesses, such as diabetes and heart disease, is foreseeable. Yet the World Health Organization argues that 90% of type 2 diabetes, 80% of coronary heart diseases, and one third of cancers can be avoided by healthy eating, regular exercise, and non-smoking.

Vulnerable populations—and this is where the determinants of health really come in—are at even greater risk. The Ontario Association of Food Banks pegged the poverty-induced costs related to health care at \$2.9 billion in that province alone.

The educational achievement gaps for first nations youth—something I've learned about as chair of the national panel—sets up an ongoing cycle of poverty, disease, and other social issues within those communities, with impacts that multiply at the family and societal level. It has been estimated that closing the education gap could add \$179 billion over 25 years to Canada's GDP.

On the economic and employment side, personal bankruptcies are on the rise, and unemployment, including youth unemployment, is increasing. We are increasingly at risk of a whole generation of young people suffering underemployment, with all the concomitant implications for long-term health outcomes.

Canadians are living longer but not better. While life expectancy has steadily increased, the number of years lived in good health peaked in 1996 and has declined every year since.

Some of these statistics might seem surprising, but when you look at it from the perspective of the social determinants of health, you see that they have a significant impact on health outcomes.

TD Economics warns that unless something drastic changes in our approach to health care, it will comprise 80% of total program spending at the provincial level by 2030.

[Translation]

Governments have a crucial role to play in health.

They must propose new solutions and make those that exist even more accessible and affordable. They must be leaders to ensure that health promotion and disease prevention policies take into account the main health determinants, determinants that are interconnected. They must also set targets and assess the results of their actions on health.

[English]

I want to make sure that I go to my recommendations, so I'm going to go ahead a couple of pages; it will be in the document.

Our first recommendation from the YMCA is related to the early years strategy. A substantial body of evidence already exists on the impact that early years investments have on later health determinants, particularly through improved learning outcomes and as a predictor for school attachment. For example, YMCA's associations across the country are collaborating with Dr. Paul Kershaw of the College for Interdisciplinary Studies at UBC's Human Early Learning Partnership, a part of the global knowledge hub for social determinants of early development.

As the provinces struggle in this area, there is a strong need for renewed federal leadership, so we recommend that the federal government should immediately re-engage with provincial and territorial counterparts in discussing an early years strategy for Canada in advance of the upcoming health accord renewal.

We also recommend that Health Canada should consider funding an expansion of the aboriginal head start program that currently

exists in only 20% of first nations communities, something that would make a significant difference in giving kids a chance to learn when they enter school and a very important investment in first nations health.

Second in our recommendations are opportunities for accelerated support for health prevention. In our 2011 pre-budget submission to the government, the Canadian YMCA asked the government to make the children's fitness tax credit a refundable tax credit and to embark upon a multi-sector strategy to raise awareness of the credit's existence and benefits. This policy was included within the Conservative platform "Here for Canada", as was doubling the credit's value to \$1,000 for eligible activities. Also included was the creation of an adult fitness tax credit covering \$500 of registration fees for adults, to be enacted once the budget is balanced around 2015, if all goes well.

But the payback on encouraging physical activities for all ages is clear. We know that extending the program to adults offers both personal health impacts for individuals and financial health impacts for Canada in health costs reduction. So the recommendation is that the federal government should accelerate the introduction of the announced federal adult tax credit to realize early gains from improved health outcomes.

The third area of recommendation is actions to improve health outcomes for vulnerable populations, which again is very strongly supported by the determinants of health. We know that certain groups of Canadian children are at even greater risk than others when it comes to the whole range of health determinants, among them children from low-income households, newcomer populations, and first nations and other aboriginal communities, as we've seen so visibly in the last little while in the press.

I guess I should jump to recommendations.

• (1550)

**The Chair:** Yes, please.

**Mr. Scott Haldane:** I'll do that.

**The Chair:** You have 15 seconds, Mr. Haldane.

**Mr. Scott Haldane:** Our recommendations in this area are that the federal government must also work across departments, with its partners in provincial and territorial governments, and with the broader Canadian society, to accelerate efforts to address those other health determinants that impede positive education and life outcomes for first nations children and youth, both on and off reserve.

Finally, while improvements to the children's fitness tax credit are applauded, policy changes by governments are also needed to ensure that the resources and training for physical activity promotion in the after-school period are available and sustained.

**The Chair:** Thank you, Mr. Haldane.

**Mr. Scott Haldane:** Thank you. I'll put the other recommendations forward.

**The Chair:** We'll now go to Dr. Morency.

[*Translation*]

**Dr. Patrick Morency (Public Health Physician, Urban Environment and Health, Direction de santé publique, Agence de la santé et des services sociaux de Montréal):** Thank you.

We are honoured by this invitation from your committee.

I represent the Montreal Public Health Department. I am here to talk about the transportation system and our efforts in the area of public health to improve public transportation, to facilitate walking, cycling, and physical activity, and to reduce the number of people injured on the road.

Our team is made up of some twenty professionals, including doctors, specialists, geographers and urban planners. We also work with civil engineers. We focus on problems with the built environment and health.

We conduct research with universities. We are also involved in intervention and community action. So we support all efforts to reduce health impacts related to the built environment, such as unhealthy housing conditions, poor outdoor air quality, lack of physical activity and road accidents.

Today we are here to deliver two messages. Our presentation will be brief. The two messages deal with the public transportation system in Canada and in Canadian cities more specifically.

Many health problems are linked to the transportation system and to mobility. Lack of exercise is one of them. Road accidents are another. If we want to facilitate walking, cycling, and physical activity, we must start by developing safer environments.

That sounds easy, but in all Canadian cities, pedestrians and cyclists are exposed to significant volumes of car and truck traffic. The number of injuries is staggering. It is the leading cause of death among young people aged 1 to 35 in Canada and the U.S.

You will be receiving a number of additional documents by email at a later date, but I have attached a map of Montreal Island to the short document. On Montreal Island alone, 1,000 pedestrians, including 300 children, are struck each year and require an ambulance. Safety is the main reason people mention for not walking in Canadian cities.

You will receive graphs, but safety clearly varies with traffic volumes. That is obvious. The more traffic there is at an intersection, the more injuries will occur. More injured pedestrians mean more injured drivers. More injured young people mean more injured older people.

These incidents occur primarily on large arteries. We have seen the problem in Edmonton, Vancouver, Toronto and Montreal. In short, we have seen the trend in all large-size and medium-size cities or smaller cities in Canada. Arteries or busy streets are built primarily for vehicle traffic, and often, not enough time or room is left for pedestrians to cross or for cyclists to ride through. Our first message, therefore, is that safer environments need to be built.

The second message is also simple but nevertheless somewhat radical. We need to see a paradigm shift in the planning of urban transportation. First, we must stop exacerbating the problem by increasing road capacity. We must stop developing the road network and prioritize public transportation. People who use public transportation often walk enough to meet Canada's recommended physical activity levels.

Urban and transportation planning must be integrated. In metropolitan regions, the transportation system needs to be reviewed, or at the very least, development of the road network must be stopped.

At the neighbourhood level, traffic calming plans must be developed and implemented. Curb extensions, medians and shelters must be built. People walking and living in neighbourhoods in Canadian cities must be protected.

The third measure specifically targets pedestrians and cyclists. We must build safer pedestrian crossings which encourage drivers to slow down and stop, which reduce pedestrians' exposure to vehicle traffic so that it is as short in duration as possible, and we must build a network of dedicated cycling lanes to enable cyclists to ride in our cities.

Canada, along with the U.S., is one of the places in the world where people walk the least. Increasing the number of people walking and cycling requires safer layouts and improved transportation systems.

The main obstacle to more walking and cycling in Canadian cities is public space and the fact that automobile traffic is a funding priority. When a highway or a major thoroughfare is built, there is unfortunately not often any space or money left over for bicycle lanes or safer pedestrian crossings.

● (1555)

Over the past 10 years, we have published many scientific articles, briefs and positions on this topic. I would be pleased to answer you, in English or in French, and to provide them to you afterward.

Thank you very much.

[*English*]

**The Chair:** Thank you very much, Doctor. We appreciate your presentation.

We'll now go to Ms. Andrea Grantham from Physical and Health Education Canada.

**Ms. Andrea Grantham (Executive Director and Chief Executive Officer, Physical and Health Education Canada):** Thank you, Madam Chair, for the opportunity to speak to you and your colleagues today.

For the last 18 years I've spent my days trying to ensure that every child in this country can benefit from quality health and physical education programs within health-promoting school environments. For those of you who have worked in health care or education, what I'm discussing won't be news to you and certainly reiterates what my colleagues Kelly, Scott, and Patrick have said today around the rising incidences of physical inactivity and obesity in this country.

Madam Chair, your past work on child trafficking demonstrates care for the well-being of children and youth. Like you, my passion is also the well-being of children and youth, but in terms of preventing obesity and physical inactivity in our kids.

Physical and Health Education Canada is a national voice for physical and health education. We work with educators on the ground and on-the-ground professionals to develop the resources, tools, and supports to ensure that every child in this country has the knowledge, the skills, and the habits that enable them to be physically active right now and in the future. Given that every child in this country goes to school regardless of their background or their circumstances, schools play a key role in ensuring that every child in this country has what they need to be physically active.

Our work at PHE Canada focuses on three key areas. One area is setting standards and advocating for the quality of daily physical education within schools. The second is raising awareness and supporting schools in becoming health-promoting schools, schools that ensure the entire school environment supports and nurtures health and physical activity through its programs, services, policies, and partnerships. The third area is leadership development: supporting leadership in elementary, secondary, and post-secondary education to ensure that our future teachers and community champions can certainly be supporting a physically active lifestyle for their communities.

The best medicine when it comes to improving the health of Canadians and cutting health care costs is prevention. Research shows us again and again the benefits of a physically active nation. Physically active people are less likely to be obese or to suffer from chronic conditions such as cardiovascular disease, cancer, diabetes, and osteoporosis. Their mental health is also improved. Active people have higher self-esteem, less stress, less depression, and strong, supporting networks of peers and friends.

For children who are physically active, we know that they are better learners. They develop good habits early on and lead productive lives—all the more reason why we need to be deeply concerned with the current statistics relating to physical inactivity, obesity, and unhealthy practices.

We know that the status quo in the Canadian health care system involves the federal and provincial levels of government throwing approximately \$200 billion annually at remedial or therapeutic forms of care. Much of this is well intentioned, and a good portion of it is critical investment in primary care, emergency care, and hospitals. Nobody would seriously dispute that.

But the costs of physical inactivity are staggering. The economic costs of obesity are estimated at \$4.6 billion in 2008—up about 19% from \$3.9 billion in 2000—based on costs associated with the eight chronic diseases most consistently linked to obesity. Estimates rise to close to \$7.1 billion when based on the costs associated with 18 chronic diseases linked to obesity.

In the packages I handed out today, there is a chart that indicates some of the costs. It basically says that analysis provided to you today shows that, in contrast, all levels of government combined spend the equivalent of 0.9% of this \$200 billion on health promotion, physical activity, and sport. The system is grossly

imbalanced toward treating the consequences of the obesity and sedentary behaviour crisis rather than preventing it in the first place. The inertia in the system and the incessant demands of the provinces for more dollars means that prevention gets short shrift.

But ultimately, I would contend, there is no other sustainable answer. Social, cultural, and economic realities vary widely across the country, but regardless of this, the needs of adults, youth, and children are the same. They require healthy food choices, access to physical activity, and possibilities for sporting and recreational pursuits. How they are delivered can vary, but the needs remain the same.

As the federal government embarks upon the negotiations leading to the new Canada health transfer agreement, I would strongly suggest that it look to attach conditions to the dollars it sends to provincial governments around the need to demonstrate significant and growing investments in prevention, health promotion, and physical activity.

• (1600)

If you could reroute just 5% of the existing health care expenditures envelope to prevention-based initiatives, my organization and others, like ParticipACTION and the YMCA, would develop the kind of innovative, on-the-ground programming that would arrest the crisis and bring real savings to the system in the medium term.

We all know that education falls under provincial jurisdiction, but the inactivity crisis facing Canada is a health issue and it afflicts every region of this country. Given the national scope of the problem, it seems to me that there is a national responsibility to address it. Leadership is needed to ensure that the policies, programs, services, and supports are in place to ensure that all children are equipped with the skills, values, and habits that they need to be physically active.

Let me take a few moments to illustrate a few of the initiatives PHE Canada is involved with that try to address this problem. Increasingly, the physical activity sector is working together to support efficiencies and to ensure greater impact. One specific example involves the leadership of PHE Canada, working with eight other national partners—the YMCA being one of them—to address the crucial after-school time period and ensure that we develop quality programs that promote physical activity, healthy eating, and leadership development.

The after-school time period, which is from 3 p.m. to 6 p.m., is a critical determinant of childhood physical activity. Approximately 50% of daily steps are taken by children during this time period. Many children and youth left alone during the after-school time period tend to watch television, be on the computer, or play video games, instead of playing outdoors.

Researchers also report poor eating habits and increased crime and anti-social behaviour during that time. Already, the Canadian Active Living After School partnership is showing signs of success. For example, as one part of this project, the Boys and Girls Clubs of Canada has been able to implement an active transportation program, which gets students walking from school to their clubs. The program leaders find that this walking time allows them to engage with the youth and augment the program to address their needs. Teaching kids how to become responsible for their own health early is key.

Secondly, PHE Canada is leading the development of a pilot initiative that supports the development and advancement of physical literacy among children and youth through the creation of resources and tools to assist teachers and other intermediaries in assessing levels of physical literacy, while working with those children to set individual goals to help them to make improvements.

We are seeking to impart skills that enable individuals to make healthy, active choices that both benefit and respect their whole selves, others, and their environment. The pilot is being run in Ontario, Alberta, and Saskatchewan in grades 4 and 5, beginning in January 2012. We are seeking very modest federal funding for this initiative of \$13 million over six years. It was contained in our pre-budget submission to the Standing Committee on Finance.

These and other similar initiatives, such as those developed by my colleagues at ParticipACTION and Jumpstart, help children and youth develop an appreciation for physical activity and a confidence to engage that stays with them throughout their lives.

In conclusion, I believe that the timing is right for the federal government to begin to reshape the terms of the health care debate, so that we place a greater emphasis on prevention and physical activity, and on programming that gets to the roots of conditions before they become problems.

As I conclude, I would like to reiterate that we need a greater investment in preventative activities by taking the bold and audacious step of rerouting just 5% of existing health care expenditures to prevention-based approaches, including after-school programs, greater leadership opportunities for youth at risk, and a national program that promotes physical literacy among children.

We can begin to turn this ship around.

Education, consciousness-raising, and dissemination in the school system, at the community level, and within immigrant settlement agencies—these are the ways to break our health care system out of its current spending spiral.

Thank you.

● (1605)

**The Chair:** We thank you, Ms. Grantham. That was a very good presentation.

All of you have given excellent presentations today and have contributed to our study on health promotion and disease prevention.

We'll go into the first round of seven-minute questions and answers, and we'll begin with Ms. Davies.

**Ms. Libby Davies (Vancouver East, NDP):** Thank you very much, Chairperson.

Thank you to the witnesses for coming today. You all made great presentations. The statistics you gave us are truly alarming, if not scary. I think we hear that loud and clear.

Mr. Morency, in one of your diagrams here, there's one area of Montreal that looks solid red in terms of injured pedestrians. I come from Vancouver, and I know the city of Vancouver has done a fantastic job of enhancing pedestrian and bicycle pathways and trying to enhance safety. I think our cities have actually done a really good job of trying to do that. Thank you very much for the information from Montreal.

A number of you mentioned the health accord that we have and the one that will come up. I guess that's really where I'd like to focus my comments, because so much of what you've told us we know to be the absolute truth. I don't think we can rely on tax credits to turn the ship around, although refundable tax credits obviously would be better. So even in terms of the existing accord, which is not yet over, I do think that this issue of healthy outcomes, which you've all spoken about, is critical.

I wonder what you might put forward specifically. We know that in January there will be a premiers conference on health care. If you were at that table, what would you be banging your first on the table about? If we want to make that shift of 5%, do we do it through incentives? Do we do it by focusing more on early childhood development and healthy children? Do we do it more by looking at the social determinants of health Mr. Haldane spoke about? If you were at that table, what would you say? Where would you say the money should go? Where should it be shifted to get that buy-in, both at the national and at the provincial and territorial levels?

**The Chair:** I guess you all want to make a comment on this.

Mr. Haldane, please begin, and then we'll hear from Dr. Morency.

**Mr. Scott Haldane:** I think it has to do with the frame that we use to think about health. I think the health accord as it existed previously had a frame of curing disease and responding to illness, which is important, but it is a vicious circle, in that the more we respond to disease and the more we're in a reactive kind of mode, the more difficult it is to get ahead of the game. So I think we need to change the frame to a more preventive approach, and, as my colleagues have mentioned, to balance the expenditures to a greater degree. It's a tough situation to get out of, because when you're sick, you want care, but somehow we need to push to the other side.

I also think the social determinants of health are a very important part of that frame, because health outcomes are dramatically skewed, partly by healthy lifestyle choices by all of us, but to a much greater degree by people who are in low-income situations, people who have low education who are facing other kinds of vulnerabilities. So it's the frame that I think needs to change.

•(1610)

**The Chair:** We want to make sure that others get a chance.

Dr. Morency and then Ms. Murumets.

**Dr. Patrick Morency:** Thank you.

The problem as we see it is that the health sector tried to cure and prevent, but other sectors, such as the transportation sector, spent billions to increase the problems: mobility problems, physical inactivity, air pollution, and pedestrian and cyclist injuries. So if you ask me what the first target should be, we feel it should be to stop spending money to increase the problem. It involves a sector other than the health sector. It's a transportation sector issue as well.

**The Chair:** Thank you.

Ms. Murumets.

**Ms. Kelly Murumets:** I have three thoughts. First, we need the federal Minister of Health to have a passionate burning in her heart and a vision for what health care should be in this country, and it does need to be focused on prevention and on deploying federal dollars for prevention and not just on treatment.

Second, we need to align provinces and territories, and I believe that does need to start at the federal level. So we need our federal Minister of Health to pull the provinces and territories together, share that burning passion, and be sure that it's shared by the provinces and territories so that we're all moving in the same direction.

Third, with Andrea and PHEC and about eight other organizations in this country, we've created Active Canada 20/20, which is a national strategy for physical activity. It's a change agenda for this country, which could form the basis of some of those conversations with the federal Minister of Health right through to provinces and territories. It includes not only policy but programs and social marketing as well.

**The Chair:** Ms. Grantham, did you want to comment?

**Ms. Andrea Grantham:** I would support what Scott, Kelly, and Patrick have said in terms of the need to better balance the investment towards prevention, so that we're not seeing less than 1% spent on an area that's going to prevent the diseases to begin with.

**Ms. Libby Davies:** Do I have a little more time?

**The Chair:** Yes.

**Ms. Libby Davies:** Just to pick up on what you said about this Active Canada 20/20, where eight organizations are involved, is the federal government at all involved in that?

**Ms. Kelly Murumets:** Yes.

**Ms. Libby Davies:** Can you spell it out a bit more?

**Ms. Kelly Murumets:** They are at the table, so we've been creating this draft, Active Canada 20/20, and it has gone out for consultation. We've had opinions and feedback on this document from more than 800 people. It has been drafted and redrafted. I'm actually in Ottawa tomorrow for another round of drafting.

We're moving to presenting it at the SPAR meeting in April of 2012, the meeting of the ministers of sport, physical activity, and health prevention and health promotion. We're trying to have not

only federal involvement and provincial and territorial government involvement, but also involvement of the not-for-profit sector in drafting this Active Canada 20/20 change agenda.

**The Chair:** Thank you, Ms. Murumets.

We'll now go to Mr. Gill.

**Mr. Parm Gill (Brampton—Springdale, CPC):** Thank you, Madam Chair.

I thank the witnesses for being here with us.

I'm going to start my questions with Physical and Health Education Canada.

Would you be able to discuss some of the most effective ways for schools to promote physical activity and health awareness?

**Ms. Andrea Grantham:** I missed the last part of that—sorry.

•(1615)

**Mr. Parm Gill:** Let me repeat the whole thing.

Can you discuss some of the most effective ways for schools to promote physical activity and health awareness?

**Ms. Andrea Grantham:** Yes, absolutely: primarily through the delivery of quality physical education delivered by qualified instructors. In every province in this country, we have excellent curricula from a physical education standpoint and from a health education standpoint.

The problem is that there are issues in the delivery. Schools are restrained by budgets and by competing demands. Quite often, the first things to go in schools are physical education and health education.

I think this needs to be a priority in the schools. It is a core subject. It is education. Every child goes to school. If every child had access to a daily physical education program in which they could develop a variety of skills in a variety of different settings, they would have the foundation, the habits, the attitudes, and the confidence to participate in physical activity beyond school. I think that's number one within the school environment.

**Mr. Parm Gill:** Do you feel that there's a link between physical activity and academic performance among students?

**Ms. Andrea Grantham:** Absolutely. Research shows that. In fact, in the Active Healthy Kids Canada report card two years ago, they focused on academic achievement, and many studies indicated that children who have access to daily physical education and physical activity learn better. Social cohesion was improved in school. It was a better environment overall.

So while some would say that physical education takes time away, it in fact contributes to better classroom management and to kids being better prepared to learn within a classroom environment. It's an investment of their time to perform better within a classroom.

**The Chair:** Mr. Haldane.

**Mr. Scott Haldane:** Speaking from my experience in recently visiting first nation communities as well, where there is very little in the way of physical activity and physical education going on in the schools, one of the things we have learned from an analysis of Statistics Canada data is that there is a direct link between sports and recreation activities and first nation school success. It is one of the factors that we think makes a significant difference.

School attachment is the other factor. Even if you think of yourself or your own children...certainly for me, if I think about my high school years, I might not have stuck with it if it hadn't been for the sports and recreation programming. So in addition to the physical activity benefits, you also have school attainment benefits, which, through a determinants of health lens, helps us to break through the cycles and make sure that populations can stay healthy into the future.

**Mr. Parm Gill:** Thank you.

My next question is for ParticipACTION.

What do you think accounts for the decline in sports participation from 77% in 1992 to 59% in 2005 among youth aged 15 to 17? Is it just a rise in Internet use? Clearly, television has been around for a while. Since the 1990s....

**Ms. Kelly Murumets:** As a society we're more sedentary, so there are many, many, factors at play. Certainly technology is one of them. Technology is not going to go away, by the way. As a society, you know, we even have a button to push for pepper; you don't even have to grind pepper any more. We're just that much more sedentary.

Because we don't have physical education being taught in schools as physical education and we don't have physical activity times in schools, a lot of our kids aren't learning physical literacy. That's a term Andrea used a little bit earlier. Kids actually don't know how to kick, run, jump, tumble, and throw. They're not learning those skills, and they're very basic skills.

Without that confidence as young children, they then don't carry that confidence through school, so they don't join sports and they don't play sports. That continues throughout their lives. As well, if you don't have that confidence, you actually don't take up sport as an adult. You see sport participation levels going down, but you see overall physical activity levels on a decline as well.

**Mr. Parm Gill:** Thank you.

How do you feel that workplaces contribute to a more active lifestyle for adults, especially businesses in which employees spend the majority of their time at a desk?

**Ms. Kelly Murumets:** Just as Andrea mentioned that kids who are more physically active score better academically in math and reading, we know that in the workplace, if employees are more physically active, they're healthier, and productivity increases dramatically. That's indisputably supported by data.

I believe strongly—this is my background—that the private sector has a role to play in this. Without the not-for-profit sector being arm in arm with the public sector and the private sector, we will never turn this trend around. We need to pull the private sector into this conversation. They need to be ensuring that their employees are physically active at work, that they support physical activity time at

work, that they support their employees being members of gyms, or even just being part of walking programs. As well, we need them at our table helping with the resources—money and expertise that we just don't have in the not-for-profit sector.

So there are a whole bunch of ways the private sector can help, not just in the workplace itself, but in this conversation in general.

**Dr. Patrick Morency:** I'd like to add that it's not only what people do at work or at school, but how they get to work and how they get to school. Forty years ago most children were walking to school. There are issues with urban planning. We need dense areas with a lot of destinations mixed in and safe roads. So there are a lot of issues with urban planning and road safety too, in order to go to school or to go to work either using public transit or walking or cycling.

Thanks.

• (1620)

**Mr. Parm Gill:** How much time do I have, Madam Chair?

**The Chair:** You have just about 30 seconds.

**Mr. Parm Gill:** I have one quick question for YMCA Canada.

Your organization is dedicated to the growth of all people in spirit, mind, and body. How does the spirit component affect health? What does the YMCA do to promote growth in spirit?

**Mr. Scott Haldane:** Thank you.

While our roots are connected to the Christian religion, today we are actually an organization involving people of all denominations. In fact, our incoming board chair is Muslim by faith. So we're an organization that celebrates all faiths today.

On the spiritual side, we look at it as the spirit of philanthropy, the spirit of generosity, and the spirit of community, so we look at it from a values point of view. I think the research is quite clear that when people have a sense of community—and this is a part of the determinants of health—they feel that they participate in the spirit of their community; they're engaged in helping others and in providing service to others, and those kinds of things, such as volunteerism. These are all very important aspects of health.

**The Chair:** Thank you, Mr. Haldane.

We're having a very interesting dialogue today.

Ms. Sgro.

**Hon. Judy Sgro (York West, Lib.):** Thank you very much, Madam Chair.

Welcome to all of you.

The work you do is probably never appreciated enough. Keeping Canadians healthy is probably the only way we're going to save some money for the future so we'll have enough money in our health care system. Continuing to focus on that is extremely important.

How are the needs for healthy programs and good nutrition—for instance, the breakfast programs we have in many of our communities—tying in with after-school activities, which are also needed to ensure our kids are getting that activity, rather than sitting in front of the computer, which tends to be what most of them are doing, even in the after-school programs? How closely are you working with those different organizations that are producing those programs? How much are you working with our school boards, which have the great opportunity to deliver them and to influence them?

Whoever would like to answer first can go ahead.

**Ms. Andrea Grantham:** I can say that the main focus of our active after-school partnership, on which we are working with eight other national partners, is to ensure that we can integrate physical activity and healthy living as core aspects of the program. We're looking to influence policy, programs, knowledge awareness, and capacity-building among leaders so they can deliver programs that are true to physical activity and healthy living, as well as to create access to the resources and tools that are available to them. One of the things we are developing is a hub, in which we can house all the information on things like breakfast programs and other excellent tools delivered through the YMCA, the Boys and Girls Clubs, and others, so that anybody who's delivering an after-school program, whether it's within a school, a community, even a home-care environment, can access information on how they can take that after-school program to a healthy level.

**Mr. Scott Haldane:** The YMCA is involved in probably 700 or 800 schools across the country every day, working with young people in after-school programs.

I would say that in recent years—and I think that this is an important opportunity—our after-school programs have moved from having more of a child care focus to including both care and lifestyle promotion. We, much more today than before, have integrated healthy eating, healthy active living, physical activity, and so on into our child care programs. There are many organizations working on this, and I think this is a real opportunity to make sure that all after-school programs—and they should be expanded—incorporate healthy living into them.

The other thing that we have seen again in the first nations communities is that having meal programs, like you mentioned, is.... In some cases in low-income communities, as first nations communities mostly are, the need for having nutritional programs to help kids not only be healthier but also be able to learn is extremely important.

**Hon. Judy Sgro:** Many of the after-school programs that operate in the city of Toronto, to my knowledge, don't have a physical component to them, other than if a few of the kids decide to play a bit of basketball, and if the opportunity is there.

For the most part, there doesn't seem to be that push to have your snack and then you do something other than maybe a bit of homework—which is always a good thing. But it's that physical

component, which would help them to achieve better grades, that really is lacking in many of those programs, based on your conversations today.

It's for whoever would like to address it. Kelly?

• (1625)

**Ms. Kelly Murumets:** Sure. I'll come back to your question directly.

I presented at my board the other day—and I have some really smart people on my board—and someone said, “Just do this.” I said, “Yes, we are doing that.” And he said that it would cost  $x$  millions of dollars, and I said that we don't have  $x$  millions of dollars.

I would say that in the not-for-profit sector, we are very good at partnering, working together, and figuring out how to really capitalize on respective sets of expertise. More and more, because we don't have resources, we come together. We bring nutrition together with physical activity, and we're getting smarter at how to do that, because one plus one can equal 26, as opposed to two.

As for the after-school issue, I think that's true. I think that there has been a gap in terms of the physical activity focus. The federal, provincial, and territorial ministers came out earlier this year—or late last year—talking about the importance of that after-school period. Scott gave some statistics around the levels of physical activity during that period. More and more, I believe that the nutrition organizations are working with the physical activity organizations to say that this is an important period, that this is actually critical to getting our kids healthier, and that this includes better nutrition but also physical activity.

I think people understand that physical activity is important. But I don't think they understand that without physical activity, kids won't learn as well, and all of the other benefits that several of us have mentioned this afternoon.

**Mr. Scott Haldane:** I think there has been a concerted effort in the after-school programs—I'm thinking particularly of the Toronto area, because I was CEO of the Toronto YMCA before my current role—to add physical activity into programming.

The dilemma we've had is that the support for that—back to the point around prevention investment—has come from the Ministry of Health Promotion in the province of Ontario, and the funding has been very short-term in nature. While we have been able to do some training to get our staff able to do more physical activity programming with children, it's been difficult to sustain that funding over time.

I do think that there is a greater recognition among providers of after-school programming to build in those healthy activities. It's just a question of getting that capacity up to the level necessary.

**Hon. Judy Sgro:** Mr. Morency, would you comment specifically on the cycling issue? I don't have much time left here.

We recently had the loss of a beautiful young cyclist in Toronto in an accident. All of us who are not cyclists say, "Fine, they can cycle, but they have to be somewhere where it's safe." It's very difficult for those of us who are driving cars to have cyclists next to us, and you have to worry about their health and about them getting into an accident.

I'm not sure how we're going to make it safer for all of our streets to be able to allow cyclists on them, especially when you have the kind of accident that happened with the young woman in Toronto.

**Dr. Patrick Morency:** Yes. The issue is to provide opportunities to make healthy choices easier. Around schools, it would involve providing access to healthy foods and access to parks. On the roads, it would involve access to safe infrastructure.

It's not a matter of behaviour, because everybody is stuck on a road. I'm sorry. *On est pris avec...*

So when it's not designed properly for pedestrians and cyclists, it's really hard for drivers as well. The issue concerns, first in priority, civil engineers. I work with civil engineers—

**The Chair:** Thank you, Dr. Morency.

**Dr. Patrick Morency:** All right.

**The Chair:** Now we'll go to Mr. Williamson.

**Mr. John Williamson (New Brunswick Southwest, CPC):** Thank you.

I'm a bit gobsmacked to hear these big numbers being thrown out about budget allocations. Five percent of a health budget would be about \$10 billion, which is five times what is currently being spent here, at a time when we're hearing that the health care system already doesn't have enough money and five million Canadians don't have a family physician. According to the Fraser Institute report today, wait times have never been longer in this country.

We're coming up on a health accord that is supposed to address some of this, and you're suggesting that we should pull money out of the front lines of the health care system. I have to ask you, what is \$10 billion going to buy that it's not buying now? How on earth can that be a greater priority than dealing with health care, whether it's seeing a family physician, or, heaven forbid, going to an emergency room and being told that you're going to have to wait longer, or trying to get a knee or hip replaced and being told that instead of three months it's going to take six months?

• (1630)

**The Chair:** Mr. Jones.

**Mr. Chris Jones (Representative, Senior Leader, Sport Matters, Physical and Health Education Canada):** Thanks for the question, Mr. Williamson.

Sport Matters marshalled some of that data on the spending on health prevention and promotion. I hear where you're coming from,

and this has been the problem traditionally: there's always an acute and immediate demand to provide further services to existing programs. There are, let's face it, vested interests around the provision of certain types of health care—very powerful, very vocal, and very articulate groups—but what I think we're trying to say is that if you spend more on prevention, you may not immediately see the results in a year or so, but you may see them within five or six years. We believe that you can significantly reduce the consumption of health services.

I think the important point here is that if we make Canadians more responsible individually for health choices, dietary choices, and physical activity choices, that will lessen the demand on the system, so for some of the points you're making about requirements for more emergency physicians or more oncology wards, that kind of stuff will be lessened. I see what you're saying, which is that the political imperative in the short term is to put more dollars into beds, but with respect, I think that in the long run that will just take us down a spiralling road where there's a never-ending demand for those things.

**The Chair:** Can we have Kelly Murumets answer?

**Ms. Kelly Murumets:** Sure. I come from the business world, so I think of everything in terms of return on investment. That's how my brain works. The current economic realities are completely unsustainable. The stat that the Honourable Judy Sgro mentioned earlier was that within 11 years' time in Ontario alone the health care budget will consume almost 80% of the total provincial budget. So that's not going to last. That's in 11 years. That's in our children's lifetime. So we need to be thinking about how to deploy those dollars most efficiently.

So it's not an additional \$10 million; it's a redeployment of dollars. And I would offer not "love ParticipACTION" but "love Kelly Murumets"; I could offer a couple of ideas that would help make our health care system on the treatment side a lot more efficient as well, and you could easily find, I believe, \$10 million to redeploy to prevention. Now we're thinking not only in the immediate term, but for five years, eleven years, and the next generation.

**Mr. Scott Haldane:** I have just a couple of comments.

I would agree with the responses here. It's not just organizations like ours that have been focused on the prevention side of the equation for a long time. Actually, the Canadian Medical Association is also calling for an investment in the prevention side of this situation.

Most of the people using the acute health care system are actually there as a result of lifestyle choices—or, in the case of lower-income people, an inability to even have a choice. Addressing issues of prevention, particularly those social determinants of health that we mentioned earlier, will begin to change the demand on the system. It is really the only way out of a spiralling demand on the acute system: to try to affect the demand side, as opposed to keeping on putting money into the supply side.

**Mr. John Williamson:** You said something about living longer but not better. I would suggest that living longer is better, particularly when you consider the alternative, which is not living at all. If people are healthier, it's not a question of never having that acute health care cost. It's going to come at some point. It might just come later on in life.

Where's the individual in this? Where is my responsibility, as a parent or an uncle or whatever, to take care of my health myself so that throughout my life I'm healthy? The government is there when I need help when I am ill, but it's up to me to take care of myself.

I have to say that I have a problem with calling obesity a "crisis" when the solution is to get off your butt and do something. There is a real crisis in the world today, and I just don't see this as being one.

Also, I find that the focus on what families have to do is not always enough. I'm curious to know.... Where do we help those families? Someone made a disparaging comment about the tax credits trying to incentivize people, but I'm not sure you can instill personal responsibility. It comes from the individual, from the family, from the community up, I guess.

• (1635)

**Dr. Patrick Morency:** Sometimes people just don't have a choice; it's too far to go other than by car. They just don't have a choice sometimes.

People travelling or commuting by public transit are walking enough to meet the recommendations, and their injury risk is 95% lower than people travelling by car, so it means a healthier lifestyle and fewer people at the emergency room. But for this you need to have a choice. If you live in a lower-density area, you have no choice but to use your car, and if you live in the poorer inner city, you walk, but you are exposed to the threat of traffic.

Thanks.

**The Chair:** Ms. Murumets.

**Ms. Kelly Murumets:** I agree with you 100%, actually, and I would say that on obesity it's not melodrama or hyperbole: it's an economic matter, so it is a crisis as it relates to the economy.

If you're thinking about individuals making the right choice, the best parallel situation would be smoking and smoking cessation. The way we got Canadians to smoke less, or to have fewer Canadians smoking—perhaps that says it better—was through a series of prevention kinds of initiatives, so that we helped guide the individual to make the right decisions. It was through policy. It was through programming. It was through social marketing. So I think it's a combo of those things—

**The Chair:** Thank you, Ms. Murumets. I'm sorry, but you're way over time.

We'll now go into our second round of five minutes. We'll begin with Madam Quach.

[*Translation*]

**Ms. Anne Minh-Thu Quach (Beauharnois—Salaberry, NDP):** Thank you, Madam Chair.

Thank you to each one of you for repeating again and again that what is important is prevention, and that it is something collective in which the federal government can participate.

I think there are attitudes... We live in a society where productivity and overconsumption are king. Everything has to be fast. That is a whole other issue, but it means that we are probably not necessarily tackling the right problems.

Each one of you has talked a bit about the social determinants of health. You said that they lead to 20% of health care spending in Canada. In fact, they are inequalities on which we can take action.

Is there a strategy we can focus on to reduce these inequalities that will ensure that people will finally have access to healthy food, food that will probably be more affordable, and to affordable and accessible public transit?

What do you propose to us? Are there plans? Are there industrialized countries or places whose examples we could follow? Are there models? How much does it cost? Are there strategies? What were the time frames involved?

Could we propose something concrete on which we could work to develop a model that reflects us better, but is collective?

[*English*]

**The Chair:** Who would like to take that question?

Mr. Haldane.

[*Translation*]

**Mr. Scott Haldane:** We included, in our report that I presented, really concrete recommendations that, we think, will change things. There is just one that I did not have the time to mention.

Sometimes, to come back to the idea of health determinants, it is necessary to invest in other sectors. For example, the unemployment rate for young people has repercussions... If the employment rate for a group of young people is not high, there will be health repercussions in the future. That is to say that youth unemployment policy also has an impact on health.

Regarding health determinants, we have to invest not only in health care, but also in other sectors that will improve things.

[*English*]

**The Chair:** Mr. Morency.

[*Translation*]

**Dr. Patrick Morency:** Thank you. That is a very interesting question.

We have known for 40 years that we must also invest in other areas, not just in the health care system, as you said. We draw a great deal of inspiration from Scandinavian countries like Sweden and Finland. As for the problems I mentioned today, I like to be inspired by other Canadian or U.S. cities. Unfortunately, we rarely see consistent integrated planning here. We rarely see here what we see in Scandinavian countries.

Here, we see interesting one-time initiatives. Some cities have removed a highway. Other cities, like Vancouver, implement traffic calming in some neighbourhoods. Montreal has developed a safer bicycle path network. North America tends to use more isolated initiatives, rather than consistent planning. We do know, however, that planning would be helpful.

• (1640)

**Ms. Anne Minh-Thu Quach:** You talked about health promotion. I think Ms. Grantham said that only 0.9% of investment by the three levels of government went to health promotion.

Are you proposing another percentage? Does that exist? We have talked about reallocating funding within the budgetary envelope. We have to start with the chicken or the egg. We do more prevention. So that will eventually have to extend to primary care.

Is there an ideal percentage? You mentioned an extra 5%. What shape would that take? Are you basing that on something? People always make things seem easy. We still need a model. What should be eliminated and where should the funding be reallocated to? Can the federal government show leadership with 5%, even if I am in favour of that? Where should it come from?

[English]

**The Chair:** We're going to run out of time. We have about 10 seconds. I'll give you a little more than that. Can someone answer that question?

Mr. Jones.

**Mr. Chris Jones:** The number was taken as a notional amount to try to illustrate that if we took a mere 5% and reallocated it, we could do some quite progressive things with it.

**The Chair:** We'll now go to Mrs. Block.

**Mrs. Kelly Block (Saskatoon—Rosetown—Biggar, CPC):** Thank you very much, Madam Chair.

I really do appreciate your being here and sharing your presentations with us. There is so much for us to think about. I've said this a few times at this committee.

My background is in health care. Certainly I was involved in a number of health boards, and I have had this issue in front of me for at least 15 or 16 years.

I'm a baby boomer. I think I share a birthday with medicare. I understand that there was a second phase to medicare that we actually never got to, which was health promotion and disease prevention.

Mr. Jones, I've heard you say that we need to make Canadians more responsible individually. I'm going to throw it out there. How do we do that?

**Mr. Chris Jones:** You are talking about a very complex situation, in which a lot of different forces are acting on individuals and their capacity to make rational choices.

Some of the points about the way our built environment is set up are true. You look at the way video games have addictive components built into them. There is some material out there now about how video game designers are deliberately making them addictive to kids. You look at the prevalence of fast-food advertising

to children on Saturday mornings and at how they use that to lobby their parents to purchase. You're talking about so many different dimensions of this that to tackle it in a systematic way would be quite complex.

We're talking about trying to deal with some of the issues in the school system. I think it's the one place that... Healthy eating would be another one. There is no silver bullet with which to tackle this immediately.

**Mr. Scott Haldane:** At the risk of taking a little too much time, I'm going to describe a study we were involved in, which concluded in 2000—and I can provide it to the committee.

We looked at what forms of intervention would work to get sole-support mothers on social assistance to go off social assistance, and what would be the economic benefit of doing that. What we discovered was that the most frequently chosen option—because this was an option that mothers could select—was to have their children placed in a subsidized recreation program.

What we discovered was that within one year, twice as many moms got off social assistance. On every measure of the mom's use of the health care system, her use of the health care system went down, so fewer emergency department visits and less use of social workers.

So basically by getting her kids into recreation programs, the child's behaviour improved significantly in a measurable way, mom's use of the health care system went down dramatically, and twice as many moms got off social assistance within one year. So even an indirect investment in prevention and promotion of health actually saved us millions and millions of dollars as a society—and that's just in the direct cost of getting the mom off social assistance, let alone the indirect costs from less use of the system.

I know the government has been thinking about things like social impact bonds as a way of funding these kinds of interventions. I think there's a lot of evidence that a return on investment, as Kelly said, in prevention, very specific prevention, not just... Health promotion is important, but I think it has to be specific interventions in addition to health promotion, and those specific interventions can actually have results in the very short term. Some people say prevention will take us forever. In fact, we have evidence that we can make it pay off within one year.

The reason we haven't done it is that the investment is made by one level of government, and the benefits accrue to other levels of government. So we just can't get our act together in Canada to make those kinds of choices.

• (1645)

**Mrs. Kelly Block:** Thank you very much.

I have to say, Mr. Haldane, I'm very impressed with the breadth and the engagement of your organization in a number of initiatives, nationally and internationally, in addressing the health of Canadians.

You mentioned a number of things you were involved in, such as chronic diseases. You mentioned your work as the chair of a national panel addressing the health of first nations, and you also briefly mentioned the healthy weights initiative. I'm wondering if you would talk a little about that initiative.

**Mr. Scott Haldane:** It's actually not a YMCA initiative. It was actually a federal government initiative in partnership with the ministers of health of all the provinces. What we did in that event was simply host the launch of the initiative at our downtown YMCA in Toronto. But we have been a partner in that effort for some time.

The federal minister, along with the Minister of Health for the Province of Nova Scotia, Dr. Butler-Jones from the Public Health Agency of Canada, and the head of the Canadian Cancer Society, went to the UN to present Canada's position to the UN committee on health promotion and disease prevention, so we've been involved in those ways.

Our greatest involvement, in partnership with many other organizations, is actually on the ground in local communities day after day, and that's where we base our work.

**The Chair:** Thank you, Mr. Haldane.

We'll now go to Dr. Morin.

**Mr. Dany Morin (Chicoutimi—Le Fjord, NDP):** My first question will be to Mrs. Grantham. I was so disappointed when I noticed that my own province, Quebec, seriously underfunds health promotion, compared to some other provinces, like Ontario, Saskatchewan, Alberta, and British Columbia. Do you have any idea why that is the case?

**Mr. Chris Jones:** I can take that, because we compiled this table.

Quebec does have a program of support for public health. We called the ministry, but they refused to disclose the amount they spend on that. So we're assuming that it's probably in the ballpark of what Ontario is spending, but they wouldn't divulge the figure.

**Mr. Dany Morin:** Okay, thank you very much. You're reassuring me.

My next question is for Mr. Haldane.

You mentioned that the head start program for aboriginal populations only covers about 20% of aboriginal communities. Why is that?

**Mr. Scott Haldane:** I don't know exactly. I would assume that it's based on funding limitations. There are 634 first nations communities in Canada, and only 20% of them receive aboriginal head start funding from Health Canada.

We didn't visit all of those communities, but we did see evidence that when there is an aboriginal head start program, children are more ready to learn when they arrive in kindergarten. So that kind of investment—one factor among many—could make a significant difference in educational outcomes for first nations children.

**Mr. Dany Morin:** Thank you.

Mrs. Murumets, I have a question for you. The new year is coming up, so of course a lot of Canadians will make good resolutions to be active in 2012, and of course the vast majority of those resolutions will fail.

**Voices:** Oh, oh!

**Mr. Dany Morin:** That is true, and I'm also guilty of it.

People know they have to exercise and they have to eat well, but even though people want to, they cannot. Your organization is doing a good job overall. Without tying it to your different programs, how can we help Canadians who want to be healthier to be active, to do what they want?

• (1650)

**Ms. Kelly Murumets:** The problem with new year's resolutions is that people think they need to don spandex and head to the gym. Fewer than one third of Canadians will ever even step into a gym. Once they do step in—I don't know what the number is—seldom do they return to the gym, because it's daunting, overwhelming, and in fact actually quite scary for many.

At ParticipACTION, we do three things. The first is the messaging. It is designed to say that physical activity needs to be very simple. It's to just build physical activity into your everyday world. You don't actually have to don spandex if that's not your thing, but just jump off the subway one stop earlier and walk the difference, or step off the bus one stop earlier and walk the difference, etc.

We also work with the YMCAs of the world, though, so that our messaging isn't just up here in this space, but it actually gets translated and then into working with community-based organizations, so that once people get the message, we send them to the community-based organizations. Then they can have that support right there on the ground to help them continue making physical activity part of their everyday world.

**Mr. Dany Morin:** Mr. Haldane.

**Mr. Scott Haldane:** As a charitable organization, one of the things the YMCA does is that we don't turn away anyone who can't afford the fees, so somewhere between 20% and 30% of members across the country, depending on the Y, receive financial assistance in order to participate. What we have found, in fact, is that low-income people, once provided with that access opportunity, actually have a much stronger adhesion to the program. I think it comes from having a sense of someone helping them out.

We also have the experience that many of them, at some point in their lives when their situation changes—if it does—will begin not only to pay the full fee but will be among our most generous contributors in helping other people have access. On access, one of the key determinants here is to make sure the programs that are available are affordable and are accessible by people, regardless of their circumstances.

**Ms. Kelly Murumets:** The other thing that ParticipACTION did this year was to deploy almost a million dollars of private sector funding—not federal moneys but private sector funding—back out to community-based organizations to help with that access issue.

We wanted to make sure that Canadians, rural and urban and from all socio-economic backgrounds, could actually access community-based programs.

**The Chair:** Thank you.

Mr. Strahl.

**Mr. Mark Strahl (Chilliwack—Fraser Canyon, CPC):** Thank you.

My question is for Ms. Murumets as well.

I understand that your organization recently signed a joint statement with my home province of B.C. to become partners in the promotion of physical activity. Can you explain that partnership? Are you hoping to expand that across the country?

**Ms. Kelly Murumets:** Yes, times 12, because I believe strongly that if we don't have an aligned vision and strategy in this country we will continue to go backwards and the return on investment will be very low.

ParticipACTION partners with the Public Health Agency of Canada and Sport Canada at the national level, and now, being able to work with B.C. specifically, we can deploy those policies, those programs, and the messaging right through the province of B.C. Minister de Jong has decided that this is a very high return on his investment, so in giving us a smaller amount of money, we can actually take already what we have going, deploy that, and exponentially receive returns on that money.

If we can do that 12 more times, we would have the same messages going at the national level as we would at the provincial and territorial level, and then we're working with community grassroots organizations in each of the provinces and territories, where the rubber meets the road.

**Mr. Mark Strahl:** I meant to start by saying that I do remember Hal and Joanne telling me to keep fit and have fun—

**Ms. Kelly Murumets:** Naturally.

**Mr. Mark Strahl:** —when I was younger, although I did prefer Hal when he was sporting his signature moustache.

**Voices:** Oh, oh!

**Mr. Mark Strahl:** I have another question. In B.C. we were proud to host the Olympic Games. Certainly in my family we would always watch every two years with great anticipation. We would watch those sporting events. Is there a specific effort to capitalize on the increased awareness of those Olympics? Not that everyone is going to become an Olympic athlete, but do we have programs that say we're thinking about those sorts of activities, and here is how we turn that into action?

**Ms. Kelly Murumets:** I believe strongly that the Olympic and Paralympic Games of 2010 touched the heart and soul of every single Canadian in this country. They brought about the birth of Sports Day in Canada. We used them as the inspiration for Sports Day for September of 2010.

Every day many Olympians or Paralympians phone me and wish to be involved in Sports Day in Canada. I believe they can inspire Canadians to get off the couch and get active and participate in sport, however it's defined.

So yes, I think there's magic in the Olympics and Paralympics. We partner with both organizations on Sports Day in Canada.

• (1655)

**Mr. Scott Haldane:** I forget who coined the term—it was probably ParticipACTION, but it might have been someone else, maybe a private sector person—about the “playground to podium” concept. This is one of those things that is not an either/or decision.

In order to have podium results, you need to have playground results, and probably vice versa to a certain extent, so we have those models for kids as well. So it's important for us to make sure we're focusing on that entire continuum. As we know, the greatest share of young people are not going to get to that level. Nevertheless, if you look at it as a continuum, it can make a significant difference.

**Ms. Kelly Murumets:** I have just a quick comment. We partner with Alex Baumann at Own the Podium. He believes our job is to create the groundswell of sports participation so that he ends up having elite athletes to choose from at the podium level.

**Mr. Mark Strahl:** Right. Thank you.

**Ms. Andrea Grantham:** To add to that, Physical and Health Education Canada put in the submission and, along with Own the Podium and the Canadian Olympic Committee, coined just that term, “playground to podium”, to show how physical literacy development early in youth plays into the evolution of youngsters to high-performance or physically active Canadians, so we can see that there is a correlation there.

**Mr. Mark Strahl:** Thank you.

**The Chair:** Are you finished, Mr. Strahl?

**Mr. Mark Strahl:** I'm good, yes. Thank you.

**The Chair:** We'll now go to Dr. Sellah.

[*Translation*]

**Mrs. Djaouida Sellah (Saint-Bruno—Saint-Hubert, NDP):** Thank you, Madam Chair.

I will do as Mrs. Block did, repeat something. As a family physician, I am aware of and support everything our guests have said. I thank you for your remarks.

I know full well that primary prevention is better than secondary prevention. Personally, since I was a child, I have always been told that it was important to have a healthy mind in a healthy body. I know that a sedentary lifestyle and poor nutrition are determinants in chronic diseases like diabetes and high blood pressure.

Today I will speak as a mother and an average person. I will talk primarily about my province, Quebec. As a mother, I noticed that my children were not getting much exercise at school. I assume that they have only about an hour and a half or two hours per day during the week. As a former athlete, a handball player, I can tell you that I made it to the international level without spending a penny. I always encourage my children to play team sports, so that one day they may have an impact on society, but playing soccer costs \$500 per child, per session. I have three children.

How are we supposed to encourage our children to play sports in these conditions? I am talking about an average family. I am not talking about people on social assistance. In 2006, the federal government created a refundable tax credit for people who could afford to register their children.

We are well aware that obesity and sedentary lifestyles are more frequent in people who cannot afford healthy food. I see it as a vicious circle. As Mr. Haldane said, we should get back to basics. We do not expect everyone to become an elite athlete. Sporting activities must be readily available and integrated into the curriculum at school. I think that is the starting point. We also need incentives so that parents can register their children.

Personally, I can tell you that a lot of people in my community say that they can only afford to register one child in physical activity. That is deplorable. We know full well that activity and prevention cost less than specialized care.

I would like to know what role the federal government plays in setting up a pan-Canadian strategy or directives. I know that there are temporary initiatives in certain provinces, but I think that there should be a Canada-wide policy, regardless of whether the child lives in Nunavut, Quebec, or elsewhere. Wherever those children are, they should have access to physical education. I can tell you that where there are financial problems, children are encouraged to go...

I have registered my children. We spend a great deal of money registering them, but then they don't go. So the money is wasted. However, when people know that there are no financial barriers, they can miss a day or two and go back after that. Not only are the parents financially penalized, but there is a shortage of coaches for these activities.

When my children started at the junior level, parents ran those types of classes on a voluntary basis. Despite that, we paid for the facilities. I think that the problem runs much deeper.

• (1700)

[*English*]

**The Chair:** Dr. Sellah, can we give them some time to answer?

**Mrs. Djaouida Sellah:** Oh, yes.

**The Chair:** Thank you. This time I'm going to be generous with time, because you're such a charming person.

**Voices:** Oh, oh!

**The Chair:** We have time, so I'm going to go ahead, one by one. Let's start with Ms. Grantham first.

**Ms. Andrea Grantham:** The United Nations and the World Health Organization actually declare physical education a fundamental right for every child. So absolutely, there needs to be leadership, as well as a declaration in Canada to declare every child in this country should have access to a quality physical education program. That entails adequate time, adequate resources, and a qualified teacher, as well as supports in and around the physical education program before, during, and after school to influence more physical activity so it becomes a natural part of their day. When they have the confidence and they have the skills, they will be more apt to engage beyond.

Every child goes to school, so we don't have to look at barriers such as cost and access because they can access this through the school period. Hopefully, their continuance will go beyond the school day. That is absolutely a key solution, and the federal government needs to stand behind that declaration.

**Mr. Chris Jones:** You've raised a host of issues there. I'll mention a couple of them.

One issue was the children's fitness tax credit, which was a very innovative scheme and the first of its kind introduced in the world. I know this is expensive, but I think we've seen the evidence that the take-up rate among the lower socio-economic classes is low, so we did put in our pre-budget submission that it should be made refundable. Of course that's going to be expensive, but that would be a little bit more desirable than it is right now.

Another issue was volunteer tax credits. You talked about volunteers and whether they could be permitted to write off some of the costs they incur from driving their kids to sporting events and additional costs that aren't covered in the registration.

There are a host of things. I can talk to you about them later.

**The Chair:** We have Mr. Haldane next.

[*Translation*]

**Mr. Scott Haldane:** I will answer in English.

[*English*]

Times have changed and it's important to get more creative. Let me give you a couple of examples.

We have actually built youth zones in several YMCA centres across the country with the help of the private sector. These youth zones actually have video games and other technological activities kids find very fun. The trick is, you can't play any of these games without being physically active. They're all like Dance Dance Revolution and other games of that sort. They're unbelievably active and unbelievably enjoyable for kids.

Secondly, every Friday night in the Toronto YMCA—and, again, at many other Y's across the country—is now teen night. It's free of charge for the teens in the community. They come in and they're not just hanging out; there's actually active usage of the facilities.

There are lots of ways to connect today's technology with very active programming. The key is access. So policy initiatives like the children's fitness tax credit, which really helped bring more low-income kids to YMCAs across the country, or support for organizations that provide those kinds of programs can really make the difference in getting kids to be able to participate, particularly low-income kids, who are much more vulnerable to health issues.

By the way, the study I mentioned before—and this was from ten years ago—showed that the cost per child was \$250 to get that kind of outcome. It's not expensive to make these kinds of investments. Even if it has doubled over the last ten years, \$500 per child to get these kinds of health outcomes is not expensive.

• (1705)

**The Chair:** Ms. Murumets.

**Ms. Kelly Murumets:** I had the same answer as Andrea as it relates to schools, so I won't duplicate that answer.

What I was going to suggest is Active Canada 20/20. I'm not sure if it would be helpful to committee members, but it's in draft version, and obviously it's in English and in French. If that would be helpful, we can figure out how to make that available to members of the committee, because we talk about many of the issues you mentioned in your questions. It's a multi-faceted, complex issue; therefore the answer has to be multi-faceted.

**The Chair:** Ms. Murumets, if you have that, send it to the clerk and we'll distribute it.

**Ms. Kelly Murumets:** Okay, I will do that with pleasure.

**The Chair:** Thank you.

Dr. Morency.

[*Translation*]

**Dr. Patrick Morency:** Physical inactivity and obesity are an epidemic, and not just an individual problem. It exists in the United States, in all industrialized countries and in Canada, in all age groups, all communities, and all cities. So this is not just an individual problem, and a structural approach must be put in place.

Since World War II, we have developed low-density cities with few or no services and a culture of single-family homes. The role of the various levels of government is to limit municipal development. At the very least, their role is to inspire better practices and develop new standards, namely for urban transportation, either through taxation or tax measures, and to use transportation and urban development to stop giving priority to automobile travel.

That is the role of government. It involves urban development, access to sanitary housing, healthy food and a transportation system that is safe and that promotes health. In our view, that is what health promotion is all about, and it is part of the responsibilities faced by all levels of government.

Thank you.

[*English*]

**The Chair:** Thank you, Dr. Morency.

I went quite a bit over time, Dr. Sellah, just because I knew you wanted an answer. But next time we'll have to be very vigilant about the question time.

Mr. Brown.

**Mr. Patrick Brown (Barrie, CPC):** Thank you, Madam Chair.

Thank you for all the information so far.

I am curious as to whether we have any information on how other countries in the world that have lower rates of childhood obesity have achieved their goals. In areas that have levels that are different from those for Canada, is there a greater usage of recreation? Is there a more active education program on nutrition at elementary or high school levels? Can you give us examples we should be looking at from countries that have had a level of success in combatting this?

**Ms. Kelly Murumets:** It's a very logical question. The metrics for success are different in each country, and the measurement methods are different in each country. However, the world is starting to align its efforts on this. The United Nations in September of this year

declared childhood obesity to be one of its major areas of concern. In its declaration on this crisis, it talked about physical activity.

The world is finally starting to share ideas and concepts, and in fact this year I spoke in several different countries about what we're doing here in Canada. Given our alarming rates, it's amazing that we were asked to speak about it, but the world shares these kinds of alarming statistics.

The countries that are best would be the Netherlands and some of the Scandinavian countries. Education is one thing that is different there. They offer physical education in schools, and they have physical activity time in schools. The second difference is active transportation. The infrastructure is just different in those countries, so it is safe to ride your bike, and it is safe to walk on sidewalks, etc.

We're starting to look at how the infrastructure, policy, programs, and education initiatives in those countries could be adapted around the world. I would say this is a global epidemic. We share many of the same challenges.

**Mr. Patrick Brown:** Mr. Jones.

**Mr. Chris Jones:** From the sports perspective, one of the things we don't do very well in Canada is to orchestrate our sports and their physical venues in one centre. We have a hockey club here, a soccer club there, a swimming club somewhere else. In Germany, for example—I lived in Europe for seven years—they put many sports in one facility. So you have a multi-sport complex. You have coaches, medical help, physicians, sport physicians, athletic therapists, and all kinds of people in one place. The child joins the club in his early years, and if he has an aptitude for one sport, he sticks with that. If he doesn't, he's easily moved to another place within the same centre.

We don't structure the provision of facilities that way in Canada. It's a shame. The current revision of the Canadian sport policy, which I've been involved in, has been talking about doing that. So that's one illustration.

● (1710)

**Mr. Patrick Brown:** One of the studies we've done here looked at chronic diseases related to aging. When we looked at neurological disorders, one thing we talked about was that a means to delay onset would be, obviously, more physical activity and mental stimulation. One government program I liked was the New Horizons program, which actually funded some of these physical exercise classes in seniors homes, but that kind of thing is done on a small level right now. Is that the type of program you think would be helpful in Canada if it were done on a much broader basis?

What suggestions do you have as to how we could get...? We talk about Canadians not being active enough. I'm sure that's even more important among seniors. If we had more seniors who were active in some form of physical activity, it would be helpful on a number of levels. Do you have suggestions on how we could get our seniors population to be more engaged?

**The Chair:** Mr. Haldane.

**Mr. Scott Haldane:** We offer most of our programs in a mixed environment where we have people of all ages and abilities and so on. But one of the things we've seen more and more YMCAs engaged in is partnerships with the health care system, so that's with hospitals and so on, for people who are at risk of illness, or who actually are dealing with an illness such as cancer or heart conditions, or prehab and rehab for hip replacements, knee replacements, and so on. We're now having the hospitals actually provide these programs right in YMCA facilities.

What we've found is that when people go to the outpatient clinic at the hospital, they feel like they're still sick. When they're asked to go to the YMCA to work out, not only do they feel like they're getting better, but most of the time they actually end up becoming YMCA members—either through financial assistance or by paying directly themselves—and they go on to living a healthier, active lifestyle. We have some very, very interesting partnerships. Actually, the Calgary YMCA is building a YMCA in the children's hospital.

These kinds of multi-source activities.... Actually, one of the biggest pairings we're finding with new YMCAs is libraries. Putting libraries and YMCAs in the same building allows families to stimulate their minds and their bodies at the same time and also to actually have the kids doing one thing while the adults do another and vice versa and so on.

So I totally agree with the multi-sector programming; but also, moving health care out of the health care system and into the community is going to make a significant difference as well.

**Mr. Patrick Brown:** I would note that the YMCA on Grove Street in Barrie does an excellent job of running seniors programs that are not cost-prohibitive. I'm sure that is very helpful. I guess it's just a question of needing more of it in the country.

I have another question. What can we do with the cost-prohibitive nature of getting youth involved in recreation? Families are pressed, obviously, especially during a time of global economic uncertainty, so how can we make recreation more accessible for families?

Obviously one of the initiatives undertaken was that fitness tax credit we talked about. I understand that one of the speakers has mentioned it. Maybe if it were refundable that would be helpful. Now we're looking at one for adults as well. I think those carrots are obviously a step in the right direction, but I know that in my riding joining the local hockey team is expensive for a lot of families. They're not able to do it, especially when they have a few kids. In a lot of the recreational programs, the costs are prohibitive, or the parents are working late hours and don't have the time in their schedule to take the kids to those programs.

Do you think there's a better system so that we could maybe incorporate sports more into the school system, into after-school programs...? Are there better ways to make it easier for families to get young Canadians addicted to sports at a young age?

**Dr. Patrick Morency:** What we learned from the Scandinavian countries—especially from Stockholm, Copenhagen, and the Netherlands—is that if you provide playgrounds, parks, and safe roads, it may take years, but everyone benefits from it. The children, the parents, and the seniors just get more into the streets. Nowadays in Copenhagen, most people walk and play outside, and just go to a

café or whatever, but that wasn't the case 20 or 30 years ago. They took it a step at a time over a period of 30 or 40 years, but through environmental strategies, and that's the way they became more active.

**Mr. Patrick Brown:** Thanks.

• (1715)

**Ms. Andrea Grantham:** Through the after-school initiative, one of the key areas we're looking to influence is policy. We're looking at things like how we can reduce barriers such as cost and access. We're looking at how we can support schools and community facilities in a better sharing of their resources. That's an area where costs can be cut down.

We've also brought the Jumpstart kids foundation into the initiative to look at how they can provide equipment not only for kids who lack equipment, but for after-school programs that may not have the tools and the resources to support physically active after-school programs, in order to provide for those kinds of environments as another way to reduce barriers.

**Ms. Kelly Murumets:** We need to add, so that there's a third population represented here. For teenagers, ParticipACTION created Sogo Active. I started to mention this in my original introductory comments.

Teenagers told us that they don't want their parents influencing them, that they don't want old guys like me telling them what physical activity is, and that teenagers will decide what physical activity is. So we've created this program with private sector funding, and it's all around youth and inspiring youth to get more physically active. They define physical activity in all different ways, shapes, and forms.

Scott talked a bit about some of the programs the YMCA is doing, but dance is a huge piece for teenagers, so it's not just sport. It's not just organized sports that cost money. So what we do is deploy moneys out to kids and to community-based organizations to support teenagers whose physical activity levels are less than 7% of the population in regard to meeting the physical activity guidelines, with them creating challenges for themselves or their colleagues in their particular community to get more physically active.

There are a lot of creative ways for us to do this—even using private sector moneys—without it being cost-prohibitive.

**Mr. Patrick Brown:** Do I have any time left, or am I out?

**The Chair:** No, you're out of time.

**Mr. Patrick Brown:** Okay, thank you.

**The Chair:** I want to thank Mr. Lemieux for kindly giving me his spot, so that I could ask a question. I'm being timed, too, by the way, by my friendly clerk here.

I was very interested at the beginning of this very important dialogue today to hear a lot about schools. I taught in a school for 23 years. It grieved me when I was teaching to see the phys. ed. programs gradually being cut out of the school curriculum. Our family was very physically active—not me as much as everybody else, but I have to say that it makes a big difference.

The studies that you quoted are indeed very accurate. I know I used to even use them when I was in school, saying we need phys. ed. programs. It is provincial jurisdiction. It was good to hear about the YMCA and accessibility. It was very good to hear about the private-public partnerships.

Having said this, what can the federal government do to be an umbrella that will...? I think education is our greatest weapon. How can we assist in terms of educating the community as a whole in this very important initiative to just get moving and do it day by day?

We've heard that now, with our seniors population, for the first time in Canada we're going to have, in three to five years, more seniors than we have young people in this country. This is the first time Canada has experienced this. The other thing is the lack of physical activity. For the first time, we have obese children. That didn't used to be a problem.

In talking about jurisdictions, could any of you please give some comment on how the federal government could help in that? I'll begin with Ms. Grantham.

**Ms. Andrea Grantham:** That's an issue that Physical and Health Education Canada deals with all the time, as a national organization trying to influence education. When we look at statistics, like we have today, around physical inactivity and obesity, it becomes a health issue.

We work closely with our provincial partners. The physical literacy achievement award—"passport for life" is what we call it—is a solution where we look at how we can engage all of our provincial partners in the development of a program that will reach all the coasts of this country and provide tools for a teacher, coach, or parents to assess where their child is in terms of their physical literacy abilities, where they are lacking, and how we can, through our physical education program, community programs, and other programs, help them to improve and change. If they have that foundation in place, they will move on.

It's built from the former Canada fitness award program, which was fitness-focused only. This one really focuses on fitness as well as movement skills, healthy living practices, and physical activity beyond the school system. The teachers will look at supporting children in addressing each of those four key areas. It makes very strong links to the communities. Our provinces are a big part of it. They are saying they need user-friendly tools to support teachers, who are already time-constrained, but need to understand where the kids they are working with are and how they can best help them. That's a big solution right there.

• (1720)

**The Chair:** Thank you.

I think Mr. Haldane and Ms. Murumets had comments.

Mr. Haldane.

**Mr. Scott Haldane:** I think the federal government's biggest opportunity to influence is coming up with the renewal of the health accord. I think there is a way in which to set some expectations for what the next health accord is actually going to be based on. That's one option.

The second thing is the federal government is actually the direct funder of, and has responsibility for, an education system—the first nations education system. I would suggest this is an education system that is actually misnamed. It's not a system at all. It's a non-system. It's broken. It's not working for first nations.

I think there's an opportunity for the federal government, through its fiscal policy and support of first nations, to actually make this an example for the provinces, as opposed to something that we all consider to be not working. It could be where investments could be made that really show that this kind of investment in physical activity, healthy living, and so on can really make a difference.

Obviously, first nations want to control their own education system, but the federal government is a direct funder of that, and could make a significant difference. They could make it a model instead of a failed system.

**The Chair:** Ms. Murumets.

**Ms. Kelly Murumets:** I think that the federal government going into the provinces and territories heads into very tricky waters. It is about working with organizations like PHE Canada and ParticipACTION that are national and fondly thought of by the ministries of education and ministries of health at the provincial and territorial levels. By creating programs that go across the country, facilitated through national organizations—PHE Canada or ParticipACTION—we're able to create consortiums that already exist in each of the provinces and territories between health and education and we can start to work together.

I think someone asked earlier about school boards. Once you start there, at the provincial and territorial level, there's a network of organizations that ParticipACTION or PHE Canada can knit together in that province or territory. We can bring the national program to life at the provincial and territorial level but also at the grassroots level. I think these national mechanisms are actually underutilized by the federal government.

**The Chair:** Mr. Jones.

**Mr. Chris Jones:** Thank you for the question.

I think another opportunity is the renewal of the Canadian sport policy, which is just being drafted at the moment. An extensive process of consultation has taken place. The federal government has done a superb job on it.

One of the big pieces in it is engaging the provinces in the promotion of sport and physical activity—getting their buy-in. It's an educative process, and I think there's a way for us all to work together on this.

**The Chair:** Dr. Morency, did you want to make a comment?

**Dr. Patrick Morency:** Yes, thanks. It's not about education, but about norms—road construction norms—that were developed in the 1950s or 1960s and are a major obstacle to all municipal councils in Canada, and federal jurisdictions too. There is a need for revised norms, which are in the process of being revised by civil engineers, but we need them to be adopted at the federal level for the municipalities and provinces to be able to build pedestrian- and cyclist-friendly roads.

**The Chair:** I want to thank you all. We've come to the end of our time.

Thank you again, Mr. Lemieux, for the opportunity to ask a question. I can see you can hear me.

I want to thank you very much for coming and sharing all your very insightful and learned expertise in this area. It's an extremely important topic.

And I want to thank the committee members for their very good questions today.

With that, the committee is adjourned.

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