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## Standing Committee on Health

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EVIDENCE

**Thursday, November 2, 2006**

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**Chair**

**Mr. Rob Merrifield**

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• (1540)

[English]

**The Chair (Mr. Rob Merrifield (Yellowhead, CPC)):** Could we have order, please?

First of all, we want to say thank you to our witnesses who are here today. We look forward to your presentations. We have a video conference as well.

Mr. Lawrence Frank, are the connections working? Can you hear me?

**Dr. Lawrence Frank (Bombardier Chair in Sustainable Transportation, School of Community and Regional Planning, University of British Columbia):** Yes, very well, thank you.

**The Chair:** Thank you, and welcome.

Mr. Frank is from the University of British Columbia. We also have Dr. Paul Veugelers, from the University of Alberta. It's good to have you here.

As well, we have Gord Steeves and John Burrett, from the Federation of Canadian Municipalities.

We'll go in the order of our agenda, with the University of Alberta first. We'll start with you, Paul, and then we'll go to Lawrence, and then on to Gord and whoever is presenting there. Let's start with that. We welcome you to our committee and look forward to your presentations.

The floor is yours, Mr. Veugelers.

**Dr. Paul Veugelers (Associate Professor, School of Public Health, University of Alberta):** Good afternoon, everyone. I'm a researcher, so I will present some research results, some of which have already found their way into policy.

Schools are the focus of my research. Schools provide a wonderful opportunity for interventions for addressing childhood obesity—schools, school environments, and the neighbourhood at large.

I'll start off with lunches at schools. At some schools, Monday is McDonald's, Tuesday is Burger King, Wednesday is Wendy's, and so on. We all know that this is not the quality of diet we would like our children to eat.

I did a survey and demonstrated that those who purchase lunch at schools are 39% more likely to be overweight and 39% more likely to be obese. You may wonder whether maybe these are the children who are also physically inactive, who don't engage in sports and so on. We have the statistical models that take all that into

consideration, so the increased risk of purchasing lunch at school is as it is. It's the exposure to and the consumption of those lunches. Those children are almost 40% more likely to be overweight and 40% more likely to be obese compared to children who brown-bag their lunches or just go home and have lunch there.

Following these observations, I provided some recommendations to the Nova Scotia government, and I was very happy to see that they came up with a policy response. They have now implemented a new school nutrition policy, and hopefully that will address this issue.

Another one, very much related to the school setting, is the amount of physical education that children receive. There's a clear correlation between the frequency of physical education classes and obesity and overweight. There is up to 40% more overweight and obesity among children who have a limited number of physical education classes. Again, my recommendations here are very clear. We need more physical education in the schools.

There is a policy response in Nova Scotia. More physical education teachers will be recruited and employed.

You may note that I'm not the only one who has made this observation. There's a lot of advocacy going on. The Province of Alberta, for example, has already implemented a policy of daily physical education.

It appears that there is a problem with the implementation of this policy. Why is that? Because often schools don't really have the capacity in terms of a gym and facilities to accommodate that policy. I would think that this goes towards a recommendation about the built environment: we need schools equipped with good physical education facilities.

One of the most remarkable findings of my research so far is a school program developed in a cluster of schools in the Annapolis Valley. They do a combination. They provide healthy lunches only. They have a no-junk-food policy in schools. They have daily physical activities. They have things like having the gymnasium open after school for the children. They have a comprehensive curriculum on health and nutrition. And they have been extremely successful in fighting childhood obesity. There is up to 59% less overweight in those schools and 72% less obesity in those schools. Those are very impressive numbers.

Obviously, this leads to a recommendation for a comprehensive approach to tackling childhood obesity. I was very happy to see that the Nova Scotia government followed up on that, in that they asked the successful program people to expand the program from the initial seven schools to all the schools in that school board. So we're talking about 40 or something schools.

Now I would like to move a little bit further and focus on neighbourhoods and how that affects obesity and overweight and health in general.

• (1545)

We know from studies using U.S.-based data that where you live determines your health, independent of individual factors like socioeconomic status, etc.

I've been involved in this type of research here in Canada, and generally my observations were that we see less neighbourhood differential in health relative to the U.S. I tend to explain that in terms of our having a good public school system and a health care system, and for that reason we see less of a gradient over those neighbourhoods.

However, in my research on childhood obesity I did see a tremendous differential. Basically children living in better neighbourhoods have only 50% of the risk of becoming overweight and obese relative to children living in disadvantaged neighbourhoods. The background of information is all the same, and clearly this begs the question of why that is. We cannot explain it on the basis of individual factors. What is it in the neighbourhoods that explains those differences?

I looked at access to playgrounds and parks. Children who live in neighbourhoods that have good access to playgrounds and parks are much less likely to spend a lot of time in front of televisions and computers playing video games and much more likely to engage in outside activities. They also have a decreased risk of becoming overweight or obese.

Clearly there is a general recommendation to support more and better access to good playgrounds and parks. It is also a recommendation towards the school environment. They need to be equipped with good playgrounds and sports facilities. Playgrounds around schools are quite often financed through charity and through funding from the food industry that brings the food into those schools.

You may actually have an opportunity to double tackle this problem. First of all, you provide the playgrounds and in return you ask the school to implement a school policy and to ban the purchase of junk food in the schools.

I also looked at the level of the access to recreational programs in schools, and also here there's a clear relationship. Those who live in neighbourhoods with good access to recreational programs are much more likely to be physically active and much less likely to be overweight or obese. Clearly another recommendation is to provide better infrastructure that supports the organization of recreational programs.

Further, I looked at very simple things like how kids travel to school. Are they walking? Are they biking? Do they take the bus?

Clearly a benefit here is walking and biking. It's not always a choice, regretfully, but if you are in a position to have a choice, it's strongly recommended to do so because you're less likely to be overweight or obese. In terms of bus services, there's a clear gradient. The longer children spend sitting on the school bus every day, the more likely they are to be overweight. If we can address efficiency in busing and maybe other ways of limiting the travel time for children, that would benefit their weight and their health in general.

Further, I looked at safety, and we know from various studies that safety is a big issue in the U.S. I was not able to fully confirm that for the situation in Nova Scotia. Possibly safety in Nova Scotia, and maybe in Canada in general, is not as big an issue. I did see that there was more playing reported and less time spent in front of the screen. However, I could not find an association between neighbourhood safety and obesity rates.

In terms of deprivation—and I developed a deprivation score consisting of littering, youth making problems, drug trafficking, and the quality of housing—I did see an association, not too strong though, but there was an association. In deprived neighbourhoods, kids are more likely to spend more time in front of screens and less likely to be physically active and have healthy body weights.

• (1550)

Lastly, I'd like to report on good access to shops. We may note that deprived neighbourhoods tend to have a lot of fast food outlets, and access to general supermarkets for modestly priced healthy foods—fresh vegetables, fruits, etc.—is troublesome in those neighbourhoods. We see that also reflected in the Canadian situation. If you don't have access to good shops in your neighbourhood, the quality of your diet is likely to be lower, and the children are more likely to be overweight.

In summary, I think there are quite a few opportunities to address prevention of childhood obesity in this country by focusing on prevention activities in their school environment and in their neighbourhoods.

Thank you for your attention.

**The Chair:** Thank you very much.

We'll get on to questioning after our first round of witnesses.

We now have Dr. Lawrence Frank. If you are ready, we will accept your presentation now.

**Dr. Lawrence Frank:** Thank you very much. I appreciate the opportunity to present to you today.

Am I visible and audible?

**The Chair:** Yes, visible, audible—looking good.

**Dr. Lawrence Frank:** Thank you very much.

I appreciate the opportunity to present to you today. I wish I could be there.

My talk follows perfectly on the first speaker's presentation. There is a great deal of evidence accumulating around the built environment and health in adults, and we're now beginning to learn about how it affects childhood obesity. I commend the committee for taking on your project on childhood obesity. It is extremely timely. Unfortunately, it's timely more than we wished it were.

The neighbourhood design impacts are, from what we know at present.... I'll just summarize quickly, having done a good bit of the research and presented with the Heart and Stroke Foundation on their annual report cards a couple of years ago. Basically, neighbourhood design is in terms of how mixed uses are, having shops and services nearby. The street network is very important—having a connected network, so things that are nearby we can actually access.

Cul-de-sac road network design, which prevents throughput or the ability to walk to nearby destinations, may actually have certain benefits for youth, because they play on cul-de-sacs, but it precludes the ability for communities at large to actually access destinations nearby. In fact, I think what we're seeing with the youth playing on cul-de-sacs is it's because of lack of open space and recreational amenities such as parks in these neighbourhoods that have been built in the last 20 years. So I don't think the answer is more cul-de-sacs. In fact, that's a mistake. But what we do know is that people who live in the more walkable, connected, denser, compacter neighbourhoods are significantly less likely to be obese and more likely to achieve recommended physical activity levels prescribed by the Heart and Stroke Foundation of Canada and the U.S. Surgeon General.

Now some specifics. People who live in the most walkable neighbourhoods—I did some research in Atlanta on this, and it got pretty widely circulated in Canada—are 2.4 times more likely to get the amount of physical activity recommended by the Surgeon General and Heart and Stroke Foundation. What we're learning is that these results now seem to play out fairly similarly in youth, and I'll get to that in a moment.

The other thing we know from a number of studies is on the obesity front. What we've learned is it's not just the design of the neighbourhood that relates to obesity. Of course it's the way it would affect how we get around and the travel patterns that we have as families—adults and children—and how families travel. Each additional hour spent in a car is associated with a 6% increase in the likelihood of being obese.

Now that's in a region like Atlanta...the variation in the physical form. So what I think would actually play out here in Canada, especially in a place like Vancouver, is if in Atlanta there are these enormous differences in commuting, there's not that much difference in the design of the environment in Atlanta. It's all fairly sprawling, if you will, compared to most Canadian cities. So I think in some ways we're actually, perhaps conversely to what the first presenter said—I think it's complementary—going to see more of a difference in behaviour when we study this in Canadians because of the difference in the neighbourhoods. We've got some pretty good sprawl in Canada too, but we also have a lot more walkable places. So the differences in the built environments are greater.

What we learn from the driving patterns is that this increase in obesity is related to sedentary behaviour. It consumes the amount of

time we have to be active as adults. I think that then relates to youth in the household. What we know is that each additional kilometre that people walk translates into about a 5% reduction in the odds of obesity.

That's a little bit of a summary on obesity and physical activity in adults. We're learning a good bit about that. But what do we know about kids? So we're just about to release a study in about two weeks where we have 3,100 youth in our sample. This again is evidence from the U.S., but I'm doing it as a professor at UBC and then I'm going to present to you some research on Vancouver as well and some policy implications of that for Canada.

● (1555)

We've divided children into age categories, five to eight years old, nine to eleven, twelve to fifteen, and sixteen and older. Those break points are important, because as youth approach sixteen, a big thing happens: they then have access to a car—not always, but often.

What we've learned is that across all age groups the single factor that predicts the likelihood that a child will walk is the presence of open space and parks in their neighbourhood, meaning within a kilometre—walking distance of a kilometre. A park could be only half a kilometre, a quarter kilometre, 300 feet away, but if they can't get to it, meaning the street network is not connected, it doesn't matter, it doesn't help.

We have to have connections to the parks and open spaces that we already have that are safe, that provide crosswalks, that provide sidewalks, that are lit at night, and so forth—for adults as well. But the main issue is that it has to be within a walking distance of a kilometre. That matters for all age groups of youth. It was the single factor that was most significant. That is consistent with the findings of our first speaker. That's interesting to see.

As youth become older other factors become important. For a five- to eight-year-old the only thing that matters is having open space nearby, in terms of the built environment's predicting whether or not they will walk. Walking is one measure of physical activity, but it's an important one.

The next is that for nine- to eleven-year-olds, what matters is having some density, some compactness. This becomes a school-siting policy, I believe, because what we're capturing is the number of kids who live within a half to one kilometre of school so they can actually walk to school. The policy implication there is where we put our schools...[*Technical Difficulty-Editor*]...and make decisions about land use around schools, so that kids can live close to schools so they can walk. That's an important implication, because once they're over about a kilometre from the school, they don't walk. That's what we find.

Parents don't want them to walk. The perception of risk among parents increases with distance to the school. It makes sense. This is what we're finding in some research here in Canada now.

The summary is that the 12- to 15-year-olds are the most built-environment sensitive. As would be expected, a young teen has interest in going to shops and services out in the neighbourhoods, and the younger kids.... The face validity of the work is really quite amazing to me, that it just came out exactly as we would expect. Those are the youth who, before they're driving.... Having shops and services nearby, having parks and open space nearby, all of that matters to the 12- to 15-year-olds. When the study gets released in a couple of weeks, I'll actually release the specific statistics that go with it so that you can have those.

I'm actually going to see if I'm able to pre-release it to the committee. It is accepted. It is ready to go out in the *American Journal of Health Promotion*.

Once the kid hits 16 years of age, guess what happens? The built environment becomes less important; all of a sudden the significance goes down. And then comes the effect of really having an alternative mode, so the walking becomes less significant.

I do not prescribe that the policy implications should be to raise the driving age, but one of the implications we're seeing is that the number of cars in the household is an amazingly powerful predictor on whether or not kids walk. So that could become a way that.... You know, taxation on extra cars—even a third car versus a second car—would determine if there's a lot of extra vehicle availability for youth. There's also the question about providing parking at schools or having kids walk—if we prioritize that or make it have an impact or a cost in different ways.

So there are lots of policy options for you to consider on this question. I will suggest a few of the general areas that you're probably familiar with and thinking about. As an urban planning professor, I think these are things that seem to come to the top of the array of things to consider.

Zoning and land use regulation provided to municipalities by the provinces comes with the requirement to promote the health, safety, and the welfare of the public. If our research and others' research is showing that zoning is in fact possibly not achieving or promoting public health, we need to know about that.

• (1600)

If we're making it so far for people to be able to walk to destinations, if they can't get physical activity through walking, that may not be health-promoting zoning. In fact, it's arguably not. Remember, there is air pollution generated from all that traffic, and increased safety risks, and pedestrian conflicts, particularly in youth.

There is also the question of financing and how development gets funded, and of lending institutions and banks that make it easier to build auto-dependent development than mixed-use projects that are more walkable. That is a huge arena. All of these things are obviously massive in scale to address, but that's the nature of the built environment. It's a big question.

Of course, health care costs may differ between more-walkable environments and less-walkable environments. Provision and delivery of services in low-density environments becomes a very big question. They cost more. Everything costs more when you spread development out.

I wanted to mention that one of the policies that you could consider is pay-as-you-drive insurance. This is a strategy in which if people don't drive they don't have to pay any insurance. However, if they drive farther they're more likely to have an accident, and they're going to be polluting more, and they're also more likely to be obese. This sends the right kind of signal, which is that you get rewarded for a behaviour that's health-promoting, and that's a good way to go.

I wanted to mention in final summary that we have a couple of papers. I was asked about food environments and about how people access food. We are working with the Robert Wood Johnson Foundation and have a number of papers coming out—three in fact—on this topic. One will come out in the next few weeks. It follows our mapping of food environments around schools. We go into food outlets and actually monitor the quality of the food provided, and we're learning a good bit. I look forward to sharing all of that with you. I have papers and other publications for you to review as you proceed.

I commend you again on taking on this important initiative.

Thank you.

**The Chair:** Thank you very much, Dr. Frank. We will ask that you send along your report as it's released. We'd appreciate that very much.

Thank you.

We'll now hear our last presenter for this round, Gord Steeves, from the Federation of Canadian Municipalities. The floor is yours.

• (1605)

**Mr. Gord Steeves (Councillor, City of Winnipeg; First Vice-President, Federation of Canadian Municipalities):** Thank you very much, Mr. Chairperson.

I'm Gord Steeves and I'm a councillor from Winnipeg. I'm also the vice-president of the Federation of Canadian Municipalities.

The Federation of Canadian Municipalities is the organization that represents all municipal government from across Canada. We have about 1,400 members; by extension, we represent about 85% of the Canadian population by virtue of our members.

I'm joined by John Burrett, who is our senior manager of social policy, and Dallas Alderson, who is one of our policy analysts in the social policy group. We would like to thank you for the opportunity to present today on this extremely important issue.

At the Federation of Canadian Municipalities we have identified this as one of the emerging issues in municipalities across Canada, and is something we've tried to spend a little bit more time on over the course of the last few years. Out of that discussion has emerged a couple of very important documents. The first was "Promoting Healthy Lifestyles in Children and Youth", a report that was presented to the *ministre de la Santé et des services sociaux* by a group called the *Équipe de travail pour mobiliser les affaires en prévention*; that was out of Quebec, chaired by one of our vice-presidents, Jean Perrault, from Sherbrooke, Quebec. The second was "Active Cities: An Opportunity for Leadership By the Big City Mayors Caucus", which was prepared by the chairperson of the Big City Mayors Caucus, Mayor Pat Fiacco, from Regina. I hope the existence of these two documents underscores the importance municipalities are giving to this very important issue.

Obviously, the problem has been more clearly delineated today than I could probably have done to do it justice. I'm a politician, not a researcher by trade, so my information comes at least second-hand. However, we work on the understanding that in Canada currently one in ten children is overweight, that this trend is growing, and that obesity is linked to diseases and premature death. An obese child has a 70% chance of becoming an obese adult and may face severe health consequences as a result. This epidemic has not stopped. Perhaps this generation will be the first generation to not outlive their parents. Obviously this comes at considerable societal cost to all of us.

Our diagnosis is that the leading cause of this obesity is related to the lack of physical activity in our communities, and the single most important thing that can be done by young people in our communities is to become physically active. We would applaud the government's introduction of a fitness tax credit as an important first step to ensuring that our children become physically active. However, the purpose of things today is to ensure that our young people can have proper access to that type of credit in the current rubric of our society. We need the type of infrastructure to support this type of activity so that everybody can benefit.

In our estimation, Mr. Chairperson and members of the committee, there are two areas of infrastructure that have to be considered. First is specific areas for recreation and fitness, things like arenas, swimming pools, and the like, which can be built right into our cities and communities. But we can't get stuck on the idea that those are the only types of opportunities we can offer our young people.

In our cities that exist right now, maybe, as you've heard from the esteemed presenters who have gone before me, one of the best things we can do is evolve and change our built environment. Things like cycling paths, diamond lanes, and bicycling access within our cities and communities are probably the best services we can offer to the young people who live in our communities today.

It's an important distinction to make, because it would probably be easy to get caught up in the idea that this is a talk about new arenas and about new swimming pools, when in fact that's probably only a very small part of what we're discussing today. The idea, I think, is that every day in people's lives they could live more actively, and that probably has a better role to play than this type of traditional thinking.

Government cooperation is probably at the heart of this. We feel that municipal governments have taken on a huge responsibility for the type of infrastructure that exists in the cities to promote active living. Things like cycling paths, arenas, and swimming pools—we'll use those as examples—are borne to the largest extent by municipal governments. That presents a challenge, because municipal governments have to do this within the envelope of their current funding parameters, which present all sorts of difficulties because of the limited fiscal capacities of those governments to produce that revenue and thus produce that recreational and active infrastructure within our communities.

● (1610)

The vast majority of our recreational infrastructure was built between the 1950s and 1970s, including a lot of arenas and recreational facilities. Many of these facilities are now in pretty dire need of structural repair or outright renewal. We feel there's been an imbalance over the last several years, probably owing to an imperfect understanding of the problem at hand. These are some of the challenges that have to be addressed.

The federal government has taken steps to address the challenges encountered by our young people, some of whom are getting involved in illegal behaviour. We believe that physical activity in young people enables them to achieve greater health, a wonderful end result. It also keeps our young people busy and constructive and tends to lower participation in crime and raise marks in school. It isn't just about the physical activity and health of our young people. It's also about their psychological health, their role in society, and their opportunities for success and productivity.

The environmental benefits that have been discussed by the federal government over the last several years are augmented by all of these initiatives. Active transportation allows us to achieve all sorts of environmental benefits.

We know you understand that municipal governments can't help communities all by themselves. The fact that you're sitting here today listening to us proves that you understand this as well as we do.

Solution-wise—and this where we can move the ball a little in our thinking—we have some ideas and directions that we'd like to set out today for discussion by this committee and the government as a whole.

This government and past federal governments have done yeoman work in addressing the infrastructure deficit in our communities right across Canada. We're trying to evolve the thinking on the infrastructure deficit and what infrastructure means in cities and communities across Canada. We're trying to expand the definition to include not only roads, bridges, and transit, but also arenas, swimming pools, and bike paths. We want to establish the necessary connection between active living and the built environment in our community.

There are all sorts of places where this connection can be established. The Federation of Canadian Municipalities is trying to evolve by expanding the way we think about infrastructure in Canada. It's a very important step that we have to take, and we think you have to take it with us. We're hoping that this discussion, which started some time ago, will continue.

The gentleman from British Columbia spoke a lot about the built environment and how zoning decisions can affect the health and activity of young people within Canada. This is not purely within the jurisdiction of the federal government. It has a lot to do with what we do. If we can't access that funding, if we can't get there within our current envelope, then we feel we have significant challenges.

•(1615)

If we can expand the way we think about infrastructure, then we can get to that place, Mr. Chair and members of the committee, and we can have that ongoing, more inclusive discussion about what it means to build our built environment within Canada.

Thank you very much for your time.

**The Chair:** Thank you very much to all the presenters.

Now we are going to move to the question and answer period. I am going to ask the committee this. We have a specific number of minutes on our schedule, but we have two more panellists to present to us. Can we proportionately cut down our time a little on the first round? We'll do a first round and then move to our other presenters and then carry on.

Is there a consensus? Perhaps a minute less each, so instead of five minutes, four minutes.

[*Translation*]

**Ms. Christiane Gagnon (Québec, BQ):** It is up to you to manage the time that you allocate to each party.

[*English*]

**The Chair:** Yes, okay.

Ms. Bennett, you'll start.

**Hon. Carolyn Bennett (St. Paul's, Lib.):** Thanks very much. It's wonderful to hear what you're all up to and get an understanding of this multi-factor approach we are trying to take as a committee.

Last year, Stephen Owen and I were part of the meeting with the sport ministers across the country. As you know, our government had been working toward an infrastructure program that would be mainly for physical activity, not just sport facilities but also bike paths and the kinds of things municipalities might want.

In terms of the amount of money in the transit pass now, I would like to know whether you would have preferred to have the money for infrastructure and whether there is any evidence showing that a transit pass will actually increase transit, if transit is slow; and whether you're getting more people onto public transit because of the pass, or whether or not it's a bit of a savings for the people already doing it.

**The Chair:** Mr. Steeves.

**Mr. Gord Steeves:** I can try.

Regrettably, I can't necessarily say I'm an expert in what we are expecting in terms of ridership. I can tell you anecdotally from our perspective, because of the tax credit, we would expect a slight increase in transit ridership in municipalities, for example in Winnipeg. Would it be a marked increase in transit ridership? We don't expect that. That would be my first sense as to that program.

Having said that, we take no issue with the federal government putting that tax credit in place. That is fine with us. While the federal government was addressing transit ridership through the implementation of a tax credit, we would hope that wouldn't in some way be a substitute for hard infrastructure funding in our communities.

I would hope there is room for both programs. That would be my hope, my request, and my answer. I hope that one would not be a substitute for the other.

**The Chair:** Dr. Frank, go ahead.

**Dr. Lawrence Frank:** Thank you.

I think the question is extremely important. In fact, it is the interface or the synergy between walking and bicycling and the ability to access transit. Providing and improving transit service is critical to reducing the need to get around by car.

To get around a region, you have to have a means like transit. There is no way to create.... We would be missing a fundamental facet of a walkable community if we didn't invest in transit and make it more convenient and affordable.

The two go hand in hand. We didn't talk about it earlier, but I'm glad the question was raised, and I again support the notion that they can be thought of as complementary. If you take the money out of one to put into the other, then maybe you won't make much progress at all.

**The Chair:** Thank you.

Mr. Owen.

**Hon. Stephen Owen (Vancouver Quadra, Lib.):** Thank you.

That's dealing with the transit systems and transit passes.

What the sports ministers and the public health ministers agreed federally and provincially and territorially last year was that we needed a dedicated sport and community activity infrastructure program, because although they qualify for most of the infrastructure programs—certainly the municipal and rural infrastructure program—they always fall to the bottom of the list for sewer and water and bridge repair and such. There was a suggestion last year by the federal government to put \$350 million to be matched three ways for over a billion-dollar community sport and recreational fund dedicated, so that we can actually have some spaces for people to get to.



The other side of it, Mr. Steeves, from a municipal point of view is of course green space planning with greenways. As cities or communities expand, it's much cheaper and of course more effective to build in green space planning as you expand rather than to wait until it's built and then try to correct it later.

I wonder if there are comments on those issues and whether the FCM in particular might be encouraged to urge the federal government to actually implement this municipal recreational and sport infrastructure dedicated program.

• (1620)

**Mr. Gord Steeves:** Absolutely. I think the committee member for his question. It's an excellent point and something that I did want to highlight as part of my presence here today.

We would encourage the federal government categorically to move towards a dedicated stream of funding for recreational infrastructure in our cities and communities. That would be a wonderful outcome of this committee's work.

In the meantime, if we're aware that we have existing programs, and in certain cases, as Mr. Owen has indicated, it becomes difficult for cities and municipalities to actually access that funding for the purposes of recreational and active infrastructure in our communities, it would be wonderful if the current programs that exist that support that recreational and active infrastructure could be supported and potentially expanded in the existing programs. And in a perfect world, if it could be established, as the provincial ministers have gotten together and I think suggested, that if there were a federal pot set aside where municipalities and communities could access that funding for specific recreational and active infrastructure in their communities, then that would be a wonderful outcome to achieve.

**The Chair:** And we would expect nothing less from municipal government coming to Ottawa and not asking for money, so you're true to the post and it's understandable.

Are there any other answers to that? If not, we'll go on to the second questioner.

Madame Gagnon.

[*Translation*]

**Ms. Christiane Gagnon:** Thank you. What you have to say is quite interesting. A lot of the things that you like the government to do are primarily the responsibility of the provinces. You spoke of parks, schools, roads, urban planning. Those are all areas of provincial and municipal jurisdiction, and we represent the federal government.

We know that for a number of years, Liberal government transfers to the provinces were dramatically reduced. We do not know how the new agreement will manage to set things right. I hope there will be an agreement on fiscal unbalance, because infrastructures are deteriorating and children are being denied access to certain activities, even in their school yard. In Montreal, a study was done on the deteriorating equipment in playgrounds that are no longer set for children.

Mr. Steeves, you said that you were satisfied with the \$500 tax credit. But that only represents \$78 per individual or child. That is no way near enough to have any significant impact on obesity. We know that the lack of physical activity costs the government

\$5.3 billion, which represents 2.6 per cent of our health cost. Expenditures related to obesity represent 2.2 per cent of health cost in Canada. That means that it costs the government \$4.3 billion to make up the shortfall. The tax credit has been roundly criticized. Who will be entitled to receive it, and what type of activity will be eligible? There are so many questions one could ask. A report has been published.

I would like your opinion on the tax credit and on its effectiveness. The disadvantaged communities are the ones that are hit the hardest. Can those people really afford to pay \$500 for a \$78 credit?

• (1625)

[*English*]

**Mr. Gord Steeves:** Thank you for the question.

I want to be as clear as I possibly can on this. If the federal government wishes to take the tack of a tax credit for transit riders, we take no issue with that. In fact, we're perfectly able to support that and not stand in opposition to that position. If it benefits members in our community, which no doubt it does to a certain extent, that is completely acceptable to us.

I think everybody around this table understands that a tax credit to individuals will not assist a municipality in building a multi-million-dollar rapid transit system or a multi-million-dollar diamond-lane system within the city of Winnipeg, the city of Toronto, or the city of Edmonton. So the two have to stand, to a certain extent, in isolation from each other.

If someone were to suggest to our organization that instead of attributing infrastructure dollars to these types of projects in our cities and communities, we're going to take that money away and offset it against revenue that will not exist because of the tax credit, then I don't think we could support it.

I've never actually heard that, and I would hope that it would be a two-pronged approach. On the revenue side, potentially, we could see some benefits in terms of ridership, but it would in no way adversely affect the infrastructure dollars that were going to the cities in terms of program, because we simply couldn't fund those types of infrastructure projects.

[*Translation*]

**Ms. Christiane Gagnon:** A point of clarification, Mr. Chairman. I am talking about the fitness tax credit. He did not answer my question.

[*English*]

**The Chair:** No, I'm sorry, your time has gone.

[*Translation*]

**Ms. Christiane Gagnon:** That is all I wanted to say.

[*English*]

**The Chair:** I realize that, but you asked the question, and he answered the way he saw fit.

Mr. Fletcher, you have five minutes.

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

Thank you to all the witnesses for coming. It's a particular pleasure to see the city council for Winnipeg, even though you represent a ward on the other side of the Red River.

I have two questions. We've actually had a series of witnesses that have talked about society's trend to keep kids inside, be it due to video games or safety concerns. Our justice minister, another Manitoba MP, has been trying to make our streets and roads and cities safer by introducing some pretty tough legislation to keep criminals in jail and reduce house arrest and hopefully provide comfort and safety for kids and reassurance to their parents that it is safe to play outside.

I wonder, Mr. Steeves, if you could talk about the importance of safety to encourage kids to play outside, because I know that as a city councillor, part of your role is to enforce the laws using the Winnipeg police force. If anyone else would like to comment on that, I'd be interested in your comments about that.

Secondly, we've talked a lot about infrastructure and arenas and so on. We have a lot of new Canadians and multi-generational Canadian families that may not play hockey or be interested in what we would call traditional sports. So I wonder how planning for flexibility in the recreational investments we provide could help, or what planning is taking place to ensure that facilities that we build reach out to all demographics, regardless of their country of origin or ethnicity?

I'll throw those two questions out and see who would like to answer.

**The Chair:** We'll go with Mr. Veugelers first.

**Dr. Paul Veugelers:** Research has demonstrated a clear link between perceived safety and children's playing outside. Clearly, there's more playing going on if their parents perceive the environment to be safe. They will also spend less time being sedentary, sitting in front of the television, etc.

The broad feedback to your concerns is that when we're looking at childhood obesity, we're looking at a multidisciplinary, multifactorial problem. I think the answer and the solution should also be multifactorial in nature. The individual parts of legislation will each have some benefit, and it's really hard, and it should not be an objective in a discussion like this, to weigh them against one another.

The true benefits of all those little steps, all those little parts of legislation, really appear if they come together in a combination. It's a multifactorial problem. It needs a multifactorial solution.

• (1630)

**The Chair:** Mr. Steeves.

**Mr. Gord Steeves:** On crime prevention, that was one of the points Mr. Fletcher raised, quite rightly.

In cities like Winnipeg, crime prevention, reduction, and combat is a three-pronged approach. Only one prong has to do with policing, and it involves arrest, detaining, and turning over to the authorities. The other two prongs have a lot more to do with social services and access to things in our community. Why does a young person make a decision to do a break-and-enter or get involved with drugs in the first place? All of the amenities available to that person within our community come into play.

We know that the Canadian sport policy includes specific research that shows quite clearly linkages between the amount of opportunity available to a young person in a city or community and what role they end up playing in our society. That's a common-sense idea that most of us could understand. But in a discussion like this, we all have to make the commitment to provide that infrastructure so they can access it.

Your second comment, about the flexibility of recreational infrastructure in our communities, is a good one as well, because every community has different needs. The answer may lie in specific programs from the federal government that involve a municipal component in terms of choice and access—maybe even on a percentage basis.

For example, we are just starting to build an indoor soccer facility for the city of Winnipeg because we didn't have a four-plex. That's our particular issue in Winnipeg, but it might not be the answer in every community across Canada, because they might have different issues they have to address specifically. If the programs you administer from the federal government level have that choice built in, you might indeed answer some of those challenges.

**The Chair:** Thank you very much.

Ms. Priddy.

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

Mr. Veugelers, you talked about Alberta in particular—or maybe we were talking about Nova Scotia—building physical education and regular activity into the day. We all agree with that. We've all seen people try to do that and do it successfully at the elementary school level. What normally happens in grade 11 and grade 12 is students drop it because they can't fit it into the curricula they need to get enough credits to get into university. What if they redid high school curricula so students could have mandatory phys. ed. and still get the credits they needed to meet university or post-secondary entrance exams?

**Dr. Paul Veugelers:** I'm not aware of that regulation, sorry. I thought it was just in elementary schools.

**Ms. Penny Priddy:** Yes. We get this challenge at the secondary level, where it gets dropped because you need physics instead.

Gord, it's nice to see you. I'm from the city of Surrey, as you may know. We're the city that shows what it's like to try to fix it after the fact. Marvin might disagree.

In places where there are DCCs, 10% of the DCCs go into leisure facility funds. Then what often happens—and I don't know how much discussion there's been at FCM, as I only spent one term as a councillor—is it goes into a much larger part that goes into building a four-plex, rink, or whatever, and doesn't help at all being able to walk to a park up the street. I don't know if you have run into that.

**The Chair:** Just to clarify to the committee, what is DCC?

**Ms. Penny Priddy:** I'm sorry, they're development cost charges that are charged to developers who are building subdivisions, and so on.

**The Chair:** Okay.

**Mr. Gord Steeves:** What a terrific question. It's hard to answer in such a contained forum.

•(1635)

**Ms. Penny Priddy:** I know, but I had to ask.

**Mr. Gord Steeves:** When you talk about the development of a city, we always talk about how we fund our cities. Is property tax the best way to do it? We've been asking for growth-type revenues in terms of our provincial governments and how we work with them so we don't have to rely on property taxes as the main way of increasing revenues within our city. That's why you see so many cities sprawling all over the place; it's the easiest way for cities to access new revenue.

Your point is exactly right, but it's a difficult one for us to address here. We have seen cities develop in that way, where people can't get to certain places from where they live and they have to drive. That is a challenge that regrettably we have to go back to try to address now, to a certain extent after the barn door.... The horse is gone, at the very least.

We're trying to develop more progressive ways of raising revenue through things like the gas tax that will discourage sprawling growth so cities can grow in another way that doesn't involve us simply expanding the number of houses we build in the periphery of our cities. If this committee can lend any help with new revenue tools—not necessarily new revenue—that would help immensely.

**The Chair:** Thank you very much.

Dr. Frank.

**Dr. Lawrence Frank:** Thank you. I think it was said perfectly and I'm all set.

**The Chair:** Okay, thank you very much.

Thank you to the committee.

Thank you to the panellists. Our first round is over. We will now bring the second panel forward, go through the presentations, and pick up the questioning from there.

You were very interesting, and I know other members wish they could have had time to ask questions, but we have the presentations. So thank you very much.

**The Chair:** We have with us Stephen Samis, from the Chronic Disease Prevention Alliance of Canada.

You're the chair, and I think you'll be starting the presentation. Is that right?

•(1640)

**Mr. Stephen Samis (Chair, Chronic Disease Prevention Alliance of Canada):** That's right.

**The Chair:** Then we have Jean Harvey.

Is she going to be presenting as well?

**Mr. Stephen Samis:** She'll answer questions if necessary. I'll make the presentation.

**The Chair:** We also have Barbara Isman, from the Canola Council of Canada. Thank you for coming. We look forward to your presentation as well.

Stephen, the floor is yours.

**Mr. Stephen Samis:** Thanks very much for the invitation to appear here today, Mr. Chair. I am the chair of the Chronic Disease Prevention Alliance of Canada. With me is Jean Harvey, the executive director.

For those of you who don't know, very briefly, CDPAC, the Chronic Disease Prevention Alliance of Canada, is a network of voluntary public and private organizations at the national, provincial, territorial, and local levels. We have over sixty members at the national and provincial levels, and CDPAC is led by a steering committee that consists of ten national organizations and two provincial and territorial alliances.

Childhood obesity represents a significant public health crisis, as the committee knows. In the past 25 years, obesity rates for children have tripled in Canada, and combined overweight and obesity rates have increased by over 70%. This rate for first nations children is two and a half times the national average. Children of parents with low levels of education and income have increased rates of being overweight and obese, as do children in Atlantic Canada. As you know, the health-related costs attributable to obesity are now over \$4 billion a year.

It's estimated that today's 9- to 12-year-olds may experience cardiovascular disease by age 30 if current rates of obesity and being overweight continue. In Canada, like the U.S., it is projected that one-third of babies born today will go on to develop type II diabetes and, by extension, cardiovascular disease.

That gives a bit of a context to the problem. What we would like to talk to you about today is what we should really do about it.

We believe childhood is a critical window of opportunity for promoting health and laying a sound foundation for health throughout life. The solutions to childhood obesity must occur on many fronts over a long period of time, by taking a population health approach that involves addressing both the individual as well as the environmental factors that affect health. To that end, CDPAC has six key recommendations for the committee in order to address this issue.

The first one is that the federal government must address childhood obesity through a multi-pronged strategy that coordinates many initiatives across federal departments and facilitates action at the provincial and local levels. We believe the federal government should develop indicators and targets for dealing with this issue; should partner with national non-governmental organizations that are already highly active on this front; and perhaps most importantly, should coordinate the numerous efforts that are now under way in many federal government departments but are not coordinated.

Secondly, we believe it's important to recognize and address the real link between child poverty and obesity. Evidence suggests that child overweight decreases by 3% for each \$10,000 increase in family income; that there's an association between neighbourhood income and rates of childhood obesity and overweight in those neighbourhoods; and that despite an all-party resolution to eliminate child poverty in Canada in 1989, one in six Canadian children continues to live in poverty. There is a relationship here, and we have to address it.

The third thing is to expand the role of the federal government in health promotion through an engaging social marketing campaign, as well as by supporting existing campaigns, such as the five- to ten-day program, which is a partnership on the part of the Canadian Produce Marketing Association, the Heart and Stroke Foundation of Canada, and the Canadian Cancer Society. We also think the federal government, through these kinds of health promotion campaigns and social marketing campaigns, should emphasize the important link—and it's an increasingly demonstrated link—between breastfeeding in the first six months and overweight and obesity in childhood.

Fourthly, we believe the federal government really should take seriously addressing the determinants of obesity. We'd like to identify three things in this regard.

Examine the link between the advertising of foods and beverages to children and overweight and obesity by creating an independent panel of experts to review the issue and make policy recommendations. The evidence shows that children under eight are extremely vulnerable to persuasive messages of advertising, and that children up to four cannot distinguish between the commercials and the programming on TV.

Also, content analyses have shown that over 50% of food advertising aimed at children is for energy-dense, nutrient-poor foods. This has to change, and we would like to see a panel of experts be convened to address the issue and examine the policy options.

We'd like the federal government to conduct a review of food policy at the federal level, to ensure that Canada has a sustainable food system that ensures that healthy foods are affordable and accessible. A process is currently under way through the Canadian Agri-Food Policy Institute, and we believe this effort by CAPI requires action and support from the committee.

•(1645)

We think the federal government should continue to implement tax incentives and disincentives to promote physical activity and healthy eating. CDPAC supports the recommendations of the expert panel for the children's fitness tax credit to broaden the credit beyond

organized sports and encourages the government to continue efforts in this area, particularly with respect to healthy eating.

We believe the GST on foods offers some opportunities for change. We wonder why, in fact, there is GST on one doughnut but there is no GST on six doughnuts or more. The federal finance department says we can't use the GST to influence eating. Our response would be that we already do.

Fifth, we believe that the federal government should increase its investments to increase physical activity in Canada. We just want to pick up on and support a little bit of what was said by the previous members of the panel. Less than half of Canadian children and youth get sufficient exercise to meet current guidelines for healthy growth and development. Therefore, increased physical activity for children and families is important.

We believe that the federal government should implement those elements of the pan-Canadian physical activity strategy that come under federal jurisdiction.

We believe that the federal government should allocate at least 7% of infrastructure funding at the federal level that goes to municipalities for that kind of infrastructure that would increase physical activity. We should note that the U.S. federal government currently allocates 10% of such infrastructure for this purpose.

Likewise, we would like to pick up on the last panel and urge the federal government to broaden the definition of infrastructure under the gas tax transfer to include social infrastructure such as parks, recreation centres, and community centres, and enable municipalities to address those issues that link the built environment with nutrition and physical activity, as we heard from Dr. Veugelers, Dr. Frank, and the FCM.

Sixth and finally, we believe that Canada's public health infrastructure and chronic disease surveillance capacity needs to be improved. Public health has a crucial and critical role in addressing childhood obesity, and Canada's public health infrastructure capacity requires both attention and resources. The federal government should work with the provinces and territories to strengthen our public health capacity, including in the schools.

We also believe the federal government really needs to address and bring dramatic improvement to Canada's health research and surveillance infrastructure. This is an undisputed role for the federal government and one that the federal government has failed to adequately fund. The result is huge gaps in our health surveillance capacity and a relatively poor research data infrastructure compared to other developed countries. For example, Canada does not have a birth cohort or an aging cohort; therefore, we can't examine health behaviours and determinants of health over the life course. We're one of the very few developed countries that doesn't have a birth cohort. The province of Quebec has a birth cohort, but we don't have one at the pan-Canadian level and we wonder why this is the case. This really needs to be addressed, particularly if Canada is going to retain and attract some of the brightest and best minds in health research in the country and in the world.

We'd also like to touch on one of the issues that has been raised at this committee previously that we've read about—that is, issues related to the development of Canada's new food guide. We're very concerned about recent allegations against the new food guide and the processes of its development. We want to go on the record as saying that CDPAC believes the process to revise the food guide to date has been extensive and inclusive and has involved over 7,000 submissions. Our CDPAC members have provided extensive input into the food guide and believe they've been heard as part of this process. CDPAC believes we do need a new food guide in Canada and we need one sooner rather than later, and what we don't need is another long, protracted consultation process to get there.

In conclusion, we think Canada can take pride in our success in reducing tobacco use, which has been the result of committed, collaborative, multi-pronged, and sustainable action. While this effort to reduce tobacco consumption is by no means finished, we really do believe that it offers excellent lessons learned from a policy and programmatic standpoint and that there are many lessons learned here for childhood obesity.

Again, we're really pleased that the committee has taken on this important health issue. We hope that through its leadership Canada can move from having one of the highest rates of childhood obesity in the world to being a true leader in improving the health of our children.

Thank you.

• (1650)

**The Chair:** Thank you very much. I really enjoyed your presentation, and I'm sure the committee has some good questions for you.

We also now have Barbara Isman, from the Canola Council of Canada. We hear quite a bit about canola. It is a good news story. So we're looking forward to your presentation. The floor is yours.

**Ms. Barbara Isman (President, Canola Council of Canada):** Thank you very much, Mr. Chairman and members of the committee. We appreciate the invitation to appear before you today.

I'm very glad to hear you discuss the role that physical activity and the overall diet play in the health of our children. I'm going to talk about one piece of the diet only, and that's the consumption of fats.

I'm going to spend just a minute explaining who we are. Mr. Merrifield is aware of us, given his involvement in the agriculture sector, but I thought it would be worth while just to talk about the canola industry for a second.

There are 52,000 farmers, almost all of them in western Canada, who grow canola. They grow it on 13 million acres, which is about 18% of the arable land. Canola represents 33% to 50% of the revenue derived by farmers every year, so this crop is incredibly important to the agriculture industry. We have an overall value of \$11 billion, and essentially employ 215,000 to 216,000 people across Canada. So essentially, we are the largest group of cash-producer farmers in Canada. That's who we are.

I'd like to talk about what we bring to the table, and I mean that literally in this case. Canola is considered one of the healthiest oils for human consumption around the world. In fact, we've just received an FDA-qualified health claim, one of only five granted for foods in the United States, on the basis of prevention of coronary heart disease. For the Canadian marketplace, we represent about 45% of the salad oil and cooking oils consumed, but we also are a major supplier to the processed foods that our children are eating.

We know that dietary fat does play an important role in nutrition. It is a concentrated source of energy. It does provide essential fatty acids. It's a carrier for fat-soluble vitamins and it does contribute to the overall palatability of food. In addition, some types of dietary fat can actually have health benefits, including reducing the risk of heart disease and diabetes. However, too much fat is bad. And we know that. So we have been taking a lot of time and making an effort to talk about not just too much, but what fat. What's a good fat? What is a bad fat? How do these fats contribute to the overall nutrition profile?

Essentially, there are three fatty acids, and these three families are saturated, monounsaturated, and polyunsaturated. Each has a different effect on health. Canola has 7% saturated fat. It is the lowest of the saturated-fat oils. We have 32% of polyunsaturates and 61% of monounsaturates. So it's a well-balanced fat.

I don't need to explain to this group that how you tell saturated from unsaturated is whether or not it's solid. That's essentially what clogs the arteries. So the less saturated the fat, the less clogging of the arteries.

Because it is rich in monounsaturated fat, canola has been shown to be very effective in reducing heart disease. In addition, we are finding that monounsaturated fats have a favourable effect on blood glucose levels and in controlling type 2 diabetes, which is a disease that is increasingly prevalent in children. In addition, canola oil contains both omega 3 and omega 6 fatty acids, and those are the essential fatty acids. Canola has ALA, alpha-linolenic acid, and that has been shown to lower the risk of heart attacks and strokes.

• (1655)

We also have a role with respect to vitamin E. Canola is a natural source of vitamin E, which again reduces the risk of heart disease, cancer, and memory loss.

When it comes to health, perhaps the breakthrough we've had is the creation of a new kind of canola. This is called high-stability canola oil, which allows us to replace partially hydrogenated vegetable oils, essentially eliminating transfat.

I don't know how many of you may have watched the news in the last few days, but Kentucky Fried Chicken just announced that it will eliminate transfat in their restaurants, and they've chosen high stability canola oil to do that. Essentially they've made this change in response to customer demand, and we're very proud to have been able to provide the product that solves the problem.

We would like to commend the government for the work it's done on the food guide. There will be notification of both healthy and unhealthy fats, and we appreciate that. We agree. We were consulted extensively during the food guide development process, and we believe the food guide will send a very important signal to all Canadians.

But I'd also like to say—and this is something completely different from the health committee—that government can play a helping role in the creation of these innovative health-based food products, by continuing to support science-based regulation and promote research and development in this country.

Canola is the world's only made-in-Canada crop, and we have now provided the first solution for trans fats.

This is not an exhaustive list of what the government might do, but we would strongly encourage continued pressure on the system to provide healthy eating choices for young people, as well as for us middle-aged people. We are an agriculture-based country, and we can be part of the solution for obesity.

**The Chair:** Thank you for both of your presentations. Both were very good.

Ms. Davidson, you have the floor.

**Mrs. Patricia Davidson (Sarnia—Lambton, CPC):** Thank you to both of our presenters. Both were very interesting.

My question to start with is to Stephen. I think you started out by making a statement, if I heard it correctly, that there was a higher incidence of childhood obesity in Atlantic Canada. Was that correct?

**Mr. Stephen Samis:** Yes, that's correct.

**Mrs. Patricia Davidson:** Is there a reason for that?

**Mr. Stephen Samis:** I would be speculating if I gave a reason, but I think we have seen correlations between family socio-economic

status and obesity. We know that generally family socio-economic status is lower in Atlantic Canada than in other parts of the country, so you might be able to make that association as one particular connection.

The other thing is that generally the demographics of Atlantic Canada are that it's more of an aging population. This would be more for the adult rates of obesity.

A lot of younger people leave Atlantic Canada. But I think childhood rates of obesity might relate to socio-economic status, and the availability and affordability of healthier foods.

**Mrs. Patricia Davidson:** You also talked about developing an advertising strategy. Do you think that it's feasible to introduce a television advertising ban in Canada?

**Mr. Stephen Samis:** Quebec has one, so it is feasible. I think we should explore that through the federal government as well.

• (1700)

**Mrs. Patricia Davidson:** Does it work in Quebec?

**Mr. Stephen Samis:** Whether it works in Quebec or not, I don't think we have any casual evidence right now, but we do have some associational evidence. Quebec has one of the lowest rates of childhood obesity in the country, compared to other provinces.

We have seen evidence through food surveys that the kinds of food kids eat tend to be better in Quebec than in other parts of the country.

**Mrs. Patricia Davidson:** Is that ban just on television, or is it on Internet and printed material?

**Mr. Stephen Samis:** I don't believe it is on the Internet; it's on television.

**Mrs. Patricia Davidson:** Not printed material either?

**Mr. Stephen Samis:** I don't believe so. I believe it's television.

**Mrs. Patricia Davidson:** How do you put this ban on television when the CRTC only regulates Canadian broadcasting? It doesn't regulate what we get that's coming in on an American station, for example. It's only what's broadcast through a Canadian broadcaster.

**Mr. Stephen Samis:** Right. That is an issue. On the other hand, a lot of Canadians do watch American programming on Canadian television stations—

**Mrs. Patricia Davidson:** Then it's regulated?

**Mr. Stephen Samis:** —and then it would be regulated.

The CRTC would have to look at the kinds of ads that are coming into the country. I believe that even on American television—at least this used to be the case—a lot of the advertisements were Canadian advertisements, even though those American stations were broadcasting American TV content. Those kinds of ads would still be caught, the ones that are produced in Canada.

**The Chair:** For the committee's information, we are trying to get Quebec to come as a panellist to be able to answer some of the questions specific to Quebec and what they're doing with regard to obesity. Actually, they have the second lowest in Canada, I believe, according to Stats Canada, second only to Alberta. It's probably because of canola oil. It has to be.

Madam Fry.

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

I want to congratulate the CDPAC for coming here. I think it's been a long time coming, but we needed to look at integrated ways of dealing with chronic disease. All you need to now do is add the Arthritis Society to your group, and you're there.

**Mr. Stephen Samis:** They've actually approached us, so that's good.

**Hon. Hedy Fry:** For those of us who have been running around the health promotion and disease prevention circuit for the last 30 years, as I have been, one of the things we are hearing from you and from the last panel is that in fact the only way to deal with changing behaviour, especially with children, is to look at sequential, integrated, and comprehensive ways of achieving that behavioural change.

I think it's important, and I'm saying this because I really feel this is key. We have known now for the last 25 to 30 years that poverty is the single greatest indicator of health, and yet we have never directed any health promotion and disease prevention into looking at poverty and eradicating poverty and dealing with social issues. We've never done it. To give a tax credit doesn't help, because only if you pay taxes do you get a tax credit. If you're poor and you don't pay taxes and you are in that income group, then you have no access. Good solid infrastructure, as we heard earlier on, is a key piece.

The idea that municipalities need to have a huge role to play in this is also important—and I didn't get to ask that last time—because municipalities have a key role to play, as do school boards. Some of us at the level of the British Columbia Medical Association and the Canadian Medical Association have been trying for the last 20 years to get quality daily physical education in the schools. This is not just phys. ed. for half an hour, where they run around a room or whatever. It's about beginning that sequential and integrated activity and teaching young people about changing their way of life.

I think it's important. I'm interested in the idea, because I firmly believe that the federal government has and must have a responsibility to deal with disease prevention and health promotion in this country. This is a federal role if ever there was one, and I wanted to support you in that.

I want to talk about surveillance, as well. We need to have a federal surveillance model. This is a role the federal government has to embrace. Setting measurable goals comes with having the data and having the breakdown of data across the country. You asked just now why it is that the Maritimes have such a high rate of childhood obesity, and you said you didn't know. We need to know why one region is more prone to certain things than others, and therefore be able to apply the appropriate things.

I want to tell you that I feel it's important that as we look at childhood obesity, we listen to you carefully. I think the issue of poverty, the issue of working within the schools, the issue of working with the municipalities for city planning to be able to have facilities and infrastructure for young people to become more active, and the ability to look at daily physical education and quality education in the schools are key, but advertising is the one I want to ask you about.

I have a bill, which is sitting somewhere at the bottom of the list of bills, on advertising as a federal issue. When our children sit around on a Saturday morning while the parents try to get an extra hour's sleep, they watch TV and see all these wonderful sugary products being promoted. We see that children are so influenced by television and the Internet, etc. It's really key for us to deal with advertising.

Do you have a suggestion for how you see the federal government playing a role in working with the provinces and with the CRTC to deal with this issue?

• (1705)

**Ms. Jean Harvey (Interim Executive Director, Chronic Disease Prevention Alliance of Canada):** For CDPAC, we have done some looking at this issue, because, as you say, we're concerned about it as well. We do see it as one piece. You were talking about the multi-pronged integrated.... This is one piece of it.

Just to let you know, CDPAC has done a background paper looking at marketing and advertising to children, and I brought a few copies along, in French and English, for the committee to consider. We wanted to let you know that we've done some looking at this, because we're concerned as well.

We don't feel that we know exactly how to do it yet. That's why we're suggesting we need to put this consensus panel, or what have you, together, so that we can figure out what to do and how to do it right. So we need to gather the evidence together, look at it, look at what Norway has done, look at what Sweden has done, and look and see what the results from Quebec are so that we can figure out how to do this. Let's get on with it and do it. If it's going to have an effect, let's roll with it. But we need to gather the evidence and do it properly first. That's why we think we need this consensus piece brought together with all the experts.

**Mr. Stephen Samis:** Just to add to that, I will follow up on one point that Jean made.

I was at a meeting last week where there was a representative of the Department of Health in Norway present talking about the work Norway is doing in this area. They're really moving forward and have developed a lot of evidence behind their platform to address this. So if we can find that information from that person in Norway, we'll be happy to pass it on.

**The Chair:** Thank you very much.

Madame Demers.

[Translation]

**Ms. Nicole Demers (Laval, BQ):** Thank you Mr. Chairman.

Good afternoon and thank you for being here. Today's meeting has been extremely interesting.

Mr. Samis, I would like to know if you received funding from Health Canada. If so, your subsidy has just been renewed, because you said all of the right things about the Canada's Food Guide. You seem to be quite happy with it. You and your 7,000 members were consulted. I imagine that you have seen the final draft.

Can you tell us if the final draft of the Canada's Food Guide reflects the concerns of the physicians, the groups or individuals who appeared before the committee? If so, do you feel that all of their objectives have truly been met?

Ms. Isman, I would like to know if the Canola Council of Canada agrees with the recommendations that were made by the Trans fat Working Group.

[English]

**Mr. Stephen Samis:** I would say that the Chronic Disease Prevention Alliance of Canada does not get funding directly from Health Canada, per se, or the branch within Health Canada that's responsible for the food guide.

We do receive a little bit of support from the Public Health Agency of Canada—

• (1710)

**Ms. Jean Harvey:** For projects

**Mr. Stephen Samis:** For projects. It's project-specific work. There is no ongoing operational funding that's provided to the alliance...but for specific work.

The Public Health Agency of Canada has provided a little bit of funding for the next Chronic Disease Prevention Alliance of Canada conference, which is coming up next week here in Ottawa—I believe \$50,000.

With respect to the food guide—it's a very good question—I haven't seen, nor has CDPAC seen, the final version of the food guide. But we were encouraged by what we saw first time around. Many of the members of CDPAC had issues and concerns with various elements of the food guide. Each of us had an opportunity to meet with the branch at Health Canada responsible for that and bring those concerns forward. We believe that we were listened to and heard. We'll be very interested to see the next version of the food guide that comes out.

I think what we were coming here to say is that we believe that the consultation process has been fair and inclusive. We were responding to concerns that were raised earlier at the committee about the consultation process, per se, and the extent to which organizations like ours and our member organizations have had the opportunity to feed into the food guide in its next iteration. We haven't seen the next version of it, but we have been satisfied that the consultation process has been open and that we've been able to feed information to it.

**Ms. Jean Harvey:** Just to follow up, it was open to all Canadians, and they have consulted with more than 7,000, I think, as you heard from people who were here before.

And another thing is that we see the food guide as a tool to help with underpinning the healthy eating piece. We don't think that the food guide is going to cure obesity. It is a tool to be used as a piece of that, again, with the multi-pronged approach.

**Ms. Barbara Isman:** The council supported in principle the goal of the transfat committee, which was to reduce transfat consumption.

With respect to the recommendations themselves, we are of the opinion that our industry will not be harmed at the levels that are

proposed. However, we do have a problem with this being legislative, rather than a recommendation. We have a problem because...people don't understand that there are a couple of ways to eliminate transfat. One of them is through healthy products such as canola. Another way to eliminate transfat is by importing palm oil from—obviously not from Winnipeg, but for these products, if we brought in a ban, we wouldn't be allowed to develop our own industry; the food companies would be forced to import palm, and palm has more than 50% saturated fat, compared to 7%, so essentially we would not be doing anyone a favour.

We have said we will develop the industry. The food companies have told us that if we grow enough of it, they will make the change, and that's the direction you are seeing KFC moving now.

[Translation]

**Ms. Nicole Demers:** The Kentucky Fried Chicken Chain will soon be using canola oil.

[English]

**The Chair:** Mr. Fletcher, do you have a quick question?

**Mr. Steven Fletcher:** Yes. Thank you, Mr. Chairman.

First of all, I'd like to thank the Chronic Disease Prevention Alliance of Canada for presenting. I know that Canada's government has worked very closely with many of your stakeholders on things around heart disease and cancer control and so on.

However, my questions this afternoon are for the Canola Council. There have been a lot of questions and comments made about transfats, and canola is going to be a big part of the solution there. In fact, canola was discovered at the University of Manitoba, and we're very proud of that.

Could you expand a little bit on the capacity of industry to meet the new demands of canola? It seems counterintuitive that if the government were to put regulations in place, it would presumably increase the demand for canola and thereby help your producers, but you're telling the committee the opposite; you're advocating for the opposite.

I would like to explore that a little bit more from your perspective, just so we're very clear on the will of the canola producers.

**Ms. Barbara Isman:** Thank you.

I know it sounds counterintuitive. I'm going to go back to palm. If you had brought the transfat ban in this year, for instance, the result would have been that the food companies would have elected to put palm oil into their products in order to meet the ban.

As we grow our industry, we're now up to about 15% of that 13 million acres; 15% of it is high-stability canola. If you consider bringing that regulation in three years from now, we're probably going to be more capable of making with farmers the kinds of transitions that are necessary to grow this product.



It may be a function of time, but our observation is that time is on our side in a non-regulated environment as well. We've been told that the key to having these companies use the product is not regulation; the key to having them use the product is for us to have the supply available. We've doubled each year for the last three years; we expect that within another five years, approximately 25% of our crop will be high-stability canola.

• (1715)

**The Chair:** Go ahead, Mr. Samis.

**Mr. Stephen Samis:** Mr. Chair, if I could I'll just briefly speak to that.

In my day job, in my real paid job, I'm the director of health policy for the Heart and Stroke Foundation of Canada. As you know, we co-chaired the transfat task force, and I just wanted to respond to one thing.

The transfat task force took all these considerations into account in coming up with these recommendations, which is why we suggested the two-plus-two approach. It was precisely to facilitate our canola industry in the country. The two-plus-two approach is that we take two years to develop the regulations and then up to two years for those regulations to come into effect.

What we've been hearing from the seed growers is that they need a regulatory signal so they can plant enough crops in the ground to ensure that by an x period of time, there will be sufficient supply to meet demand for our canola crop. These issues are addressed in the report of the task force that went to the minister, and I would urge the committee to take a good look at that.

The other problem we have is that if we don't come up with a regulated response, what we'll end up with is that those foods for which it's hardest to get the trans fats out won't change, and second, we will start to see a differentiation between cheaper foods that are full of transfat and more expensive foods that are transfat-free, which is only going to disadvantage low-income people even further. We're already seeing that with respect to margarine.

**Mr. Steven Fletcher:** We just heard from the seed producers who made the claim that they support your position, but we just heard, 30 seconds ago, the opposite opinion. I assume that you represent seed producers.

**Ms. Barbara Isman:** We represent all the canola growers in Canada. But I need to be clear about this. Whether the regulation is brought in or not is not a burning issue for us. It's something we would rather not see happen, but regulation is not in any way, shape, or form going to determine whether the farmers choose to grow that product. Price will determine that.

We represent 100% of the production, and those farmers would prefer non-regulation. But if it comes in, and it may well, we are certainly going to try our best to be the solution to the greatest extent possible.

**The Chair:** If the committee would allow the chair, I just have one quick question on this, because this is the deal. We have the Canola Council saying let's not regulate, and we have the other side saying let's regulate. But I am wondering, since we're seeing such a change in the marketplace—consumers are moving away from trans fats if they know they're there and if they identify them—would

a solution for the committee be to have in its report that a significant label that is easily identifiable by consumers would be put on a product if it had trans fats in it so consumers would have knowledge of the choices they're making? I am wondering if that would be an option that you'd see as being plausible.

**Mr. Stephen Samis:** I think the more health information we provide consumers, the better. And I think CDPAC and the Heart and Stroke Foundation would agree with that.

In the latest "Tracking Nutrition Trends VI Report", put out by the Canadian Council of Food and Nutrition just this fall, the results show that 34% of Canadians still don't know that trans fats are worse for their health than saturated fats. So there's a lot of education that still needs to go on with the public if what we're going to do is put that label on there. A lot of Canadians don't understand that.

**The Chair:** So you'd have to put it on with a skull and crossbones. Is that what you're saying?

**Mr. Stephen Samis:** Yes, but I still don't think it will eliminate it. You're still going to see trans fats in a tremendous number of food products across the country, including those that aren't labelled. Forty percent of Canadians eat outside the home, and in restaurants and food service, they aren't subject to a label. So I don't think that's really going to get at the issue entirely.

• (1720)

**The Chair:** Thank you very much.

We'll go to Ms. Keeper.

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

I'd like to thank the Chronic Disease Prevention Alliance of Canada for their presentation. I really appreciated the recommendations.

I would like to ask you a question about the aboriginal population. We've heard many presenters, and one of the pieces of information I found startling was that you see childhood obesity in the infant stage. You can start detecting it in infancy.

I notice that you make recommendations about breastfeeding and that sort of important factor. One of the other facts was that a lot of obese children are also malnourished and that there is a high correlation between low socio-economic status and obesity and that obesity contributes to cardiovascular disease. A lot of startling information has come out of this.

Within the first nations and Inuit health branch, I am sure that there's some partnership or some relationship you have. We have just had the cancellation of the tobacco control strategy, which had just recently been implemented, and it's not nearly as new as the tobacco control strategy for Canadians. We also have maternal health programs for which funding is frozen. So how critical are health promotion programs to addressing this issue, especially in a population at risk?

**Mr. Stephen Samis:** I would say that the health promotion programs are very important, particularly with respect to first nations people, and particularly with respect to first nations people on reserve.

Aboriginal people, Métis, and first nations people who are off reserve often fall between the cracks, because nobody—neither the federal government nor the provinces—really knows how to deal with them.

Programs are important, and I think we need to take seriously the health concerns of first nations people. By pretty much every measure, their health outcomes are much worse than those of the mainstream Canadian population, and that fact really does need to be addressed.

The federal government has a role to play there directly under the first nations and Inuit health branch of Health Canada, which does both health promotion and health services delivery to first nations people.

**Ms. Tina Keeper:** You mentioned people falling between the cracks, so I would like to go back to another one of your recommendations, which is number six, on surveillance capacity. I'd like to ask you to elaborate on how you feel the federal government can play a role in terms of surveillance capacity.

**Mr. Stephen Samis:** The federal government has a tremendous role to play in terms of surveillance and our research data infrastructure. In fact, there is an undisputed role for the federal government. There is no province in the country that would argue with the federal government's collecting good solid surveillance data and making that data available so researchers could analyze the kinds of issues we're concerned about.

Presently we have tremendous holes and gaps in our surveillance infrastructure in Canada. For example, we don't know how many heart attacks we have in a year in this country. We have no idea.

**Ms. Tina Keeper:** Right. Do you see that as a core function of public health?

**Mr. Stephen Samis:** I see it as a core function of public health and a core function of the Public Health Agency of Canada and the federal government, for sure.

**The Chair:** Okay, thank you.

We don't have anyone else who has indicated that they have a question. We have a couple more minutes. If somebody has a burning question, I would accept that, but seeing none—

**Hon. Hedy Fry:** Mr. Chair, I don't have a question, but I wonder if we could ask Jean Harvey to share some of her data with us.

I don't know if Mr. Samis has anything at all on the Norwegian projects they are doing in terms of advertising.

**Mr. Stephen Samis:** I don't have it with me, Mr. Chair, but I'll definitely try to bring some of that information forward.

If I may, I have an article that's just come out. It's by a professor here at the University of Ottawa. It gets at some of the questions the last member of the committee was raising. It's called "Family food insufficiency is related to overweight among preschoolers". There is

a little bit about food security, food insufficiency, and obesity, and I'd be happy to pass that along as well.

● (1725)

**The Chair:** Okay. I knew I made a mistake when I opened it up for one last question. Now I've got two of them, so I'll ask each of them to have a very short question and a short answer, and then we will get them in on time.

**Mr. Steven Fletcher:** I think the chair outlined the situation quite well. Decisions are going to be made on the transfat issue, and it would be helpful to have clarity on the position of the seed growers and the Chronic Disease Prevention Alliance of Canada. I'm not getting that sense of clarity today.

I would like to open it up again and provide each of you with an opportunity to present your views on canola, transfats, timelines, and the impact on production. We already agree that transfats are bad, but I want to know the best way to move towards having a healthy food supply for Canadians.

**The Chair:** Go ahead.

**Mr. Stephen Samis:** We believe very strongly that canola is a solution to the transfat issue. Regulation would drive up demand for canola oil. The transfat task force was careful to ensure that we gave our canola growers enough time to develop crops sufficient to address transfat.

In the report, we also addressed the issue of palm oil and saturated fat, which we found was not a solution. We believe that we need to come up with a healthful solution to transfats, and that the solution is canola. By putting the regulation in place and driving up the supply, we will also position Canadian canola oil producers and growers in a lucrative export market. This would help other countries, including the U.S., to deal with the transfat issue.

We were very careful to take timelines into account. In the consultations, we heard the growers saying that we need a regulation to send a clear market signal, and that we need time to get the crop in the field and have it available in the food supply.

**Ms. Barbara Isman:** I have a question of clarification. Stephen, which growers are you talking about?

**Mr. Stephen Samis:** Which growers? I'd have to go back and see who presented. There was the Vegetable Oil Industry of Canada. There were also the major seed companies and some other growers.

**Ms. Barbara Isman:** The owners of the seeds have been very strong in advocating for a ban. There's no doubt about that. The task force did a great job on the actual recommendations, so you're not hearing me express outrage over the possibility of regulation. As they are currently designed, the regulations will not hurt us.

But you can't even measure the difference between transfat in animal fat and vegetable oil transfat. You have many foods that could be regulated or banned. In principle we would prefer that it not be regulated. That's the long and short of it. By "we" I mean the Alberta Canola Producers Commission, the Saskatchewan Canola Development Commission, the Saskatchewan Canola Growers Association, the Manitoba Canola Growers Association, and the Canadian Canola Growers Association.

**The Chair:** Madame Gagnon.

[*Translation*]

**Ms. Christiane Gagnon:** I would like to return to the Canada's Food Guide. You seem happy with the version that will be introduced by 2007 and which will be provided to all nutrition specialists as well as to others. Does it not worry you to see that 25 per cent of the food that contribute to obesity and overweight will not be included in the Canada's Food Guide? That also includes salt and anything that can be harmful to one's health and lead to heart disease. We have Bill C-283. You say that you are in favour of identifying the number of calories and the content in sodium and saturated fat. I know that the aim of your association is to fight heart diseases. You seem to want the companies to be even holier than the Pope himself, and in this case, the Pope would be the Canada's Food Guide. They are the ones who contributed to it. I find your position somewhat strange. To me, it seems contradictory.

• (1730)

[*English*]

**The Chair:** Thank you.

A very quick answer, please.

**Mr. Stephen Samis:** I was really speaking to the issues that were related to the consultation process. I was reacting to allegations from some people that the process has not been inclusive, hasn't been open and has been flawed and is riddled with conflict of interest.

Those really were the kinds of things I was getting at. We haven't seen the next iteration of the guide. We know that all of the member organizations of the alliance, including the Heart and Stroke Foundation, did provide advice and feedback back to Health Canada and we really want to see how those have been incorporated in the next version. We think that's really important. We think it's important that the next version come forward, that we not spend a lot of time doing months and months of consultation on the grounds that it wasn't a fair and open process.

**The Chair:** Thank you very much.

I appreciate the testimony and presentations made here, and I appreciate the questions from the committee as well.

The meeting is adjourned.

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