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Chair: Mr. Sean Casey



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• (1105)

[English]

The Chair (Mr. Sean Casey (Charlottetown, Lib.)): I call this meeting to order.

Welcome to meeting number 54 of the House of Commons Standing Committee on Health.

Today we meet for two hours with witnesses on our study of children's health.

Today's meeting is taking place in a hybrid format pursuant to the House order of June 23, 2022.

We do have one witness online. For our witness online, you have the choice at the bottom of your screen of either floor, English, or French. I'll give a reminder that screen shots or pictures of your screen are not permitted. The proceedings will be made available via the House of Commons website. In accordance with our routine motion, I am informing the committee that all witnesses have completed the required connection tests in advance of the meeting.

I will now welcome the witnesses who are with us this afternoon.

From the Canadian Tire Jumpstart Charities, we have Dr. Marco Di Buono, president; from the Childhood Obesity Foundation, we have Dr. Tom Warshawski, chair, who is with us via video conference; from the Coalition for Healthy School Food, we have Carolyn Webb, coordinator, knowledge mobilization; and from ParticipACTION, we have Elio Antunes, president and chief executive officer.

Thank you all for taking the time to be with us today.

Each witness will have up to five minutes for an opening statement.

We'll begin with Dr. Di Buono. Welcome to the committee. You have the floor.

Dr. Marco Di Buono (President, Canadian Tire Jumpstart Charities): Thank you, Mr. Chair.

Canadian Tire Jumpstart Charities is a national charity committed to ensuring Canadian kids have equal access to sport and recreation. Operating through 289 distinct community chapters from coast to coast, Jumpstart creates opportunities for kids in financial need to participate in sport and play, empowering them to achieve their full potential.

Backed by a national network of supporters, and thanks to the support of the Canadian Tire Corporation, which covers all of

Jumpstart's general and administrative expenses, Jumpstart has been able to disburse upwards of \$300 million to help more than three million Canadian children get in the game since 2005.

[Translation]

We welcome the opportunity to meet with the members of this committee and to underscore the importance of equitable access to sport and play in Canada for the health of young Canadians. We know all members of this committee share Canadian Tire Jumpstart's belief in the power of sport to provide better health and social outcomes for children and youth of all backgrounds and abilities.

[English]

Jumpstart harnesses the power of sport and play as a tool for social change and the advancement of children's health. It's one that can be intentionally used to achieve very specific outcomes related to improving child and youth development, the benefits of which include social and emotional well-being, academic performance and participation, reduced youth offending, and improved physical and mental health.

The role of sport in these dimensions of youth development has been well documented in scientific literature, and underscores how critical sport and physical activity are in supporting the healthy development of children.

However, significant barriers exist for marginalized youth to access these benefits. They include the increasing cost of participation, systemic racism, shortfalls in safe sport opportunities, and lack of inclusive programming, to name a few.

When the COVID-19 pandemic stripped away access to sport for Canadian youth and put the country's community sport and recreation organizations at risk, the vital importance of access to sport became clear to everyone. Canadian Tire Jumpstart's 2022 "The State of Sport in Canada" report revealed that in the first nine months of the pandemic alone, 1.5 million children living in low-income households lost over 277 million hours of sport participation, largely due to programs being closed or running at reduced capacity.

The loss of access to sport and physical activity had, and continues to have, real consequences on Canadian youth. For example, our recent research found that half of parents who said their children played fewer sports also expressed concern about their children's deteriorating mental health. Forty-six per cent of all parents said their children were feeling isolated, experiencing a sense of loss or anxiety, or lacking fitness. Half of all adolescent girls in Canada were not currently participating in sport, a disproportionate number compared to their male counterparts. Sport organizations reported that delivering programs amidst COVID-19 recovery was still daunting, with 91% concerned about their ability to provide the same level of service to their communities as prior to the pandemic, and 82% were still concerned about their ability to run programs in the future.

[Translation]

There has never been a more important time for the federal government to invest in sport, play and recreation. We know that implementing a sport for development approach can reap significant social and economic returns, while improving the health and well-being of children and youth of all ages and abilities.

[English]

Additionally, national leadership in sport for youth development will foster greater collaboration within government and stimulate cross-sectoral engagement in communities across the country, resulting in an enhanced impact and improved outcomes for youth across Canada.

Sport Canada's Community Sport for All initiative was a very important first step in recognizing the true value of sport. Early drafts of the federal government's new Canadian sport policy also signal a shift wherein sport is used primarily to achieve health outcomes and podium finishes become one of the many by-products.

However, to leverage the many health and social benefits of sport, we must encourage national leaders to join us and invest in the future of all children.

On behalf of the thousands of community-based sport and recreation organizations supporting millions of Canadian children across Canada, we encourage this committee to call on the federal government to further invest in equitable and safe community sport and play as a means of achieving health and well-being for our youth.

Thank you.

[Translation]

Thank you.

[English]

The Chair: Thank you, Dr. Di Buono.

Welcome to the committee. You have the floor.

Dr. Tom Warshawski (Chair, Childhood Obesity Foundation): Thank you and good morning.

One of the most significant risks to the health of Canadians and to the viability of our health care system is the current prevalence of unhealthy weights in children and youth. Over 30% of our chil-

dren are either overweight or obese, and because of the lifestyle habits ingrained in childhood, the situation worsens with age.

Currently, over 60% of Canadian adults have unhealthy weights, putting them at increased risk for heart disease, type 2 diabetes, hypertension, stroke and cancer. On average, obese adults die seven years earlier than healthy-weight peers. Obesity is thought to cost Canada's health care system over \$7 billion per year.

The root of this epidemic begins with the unhealthy dietary habits learned in childhood and, to a lesser extent, low levels of physical activity. The COVID pandemic worsened the situation. Sales of unhealthy food increased. Children spent more time on screens, which commonly market unhealthy foods and beverages to children, and youth spent less time being physically active. While Canadian data is sparse, American studies indicate that children demonstrated an increased weight gain velocity during the COVID pandemic.

Having overweight core obesity is detrimental to the health of children and youth. It is associated with increased rates of depression and anxiety, secondary to weight stigma; increased rates of hypertension and metabolic syndrome in adolescence; increased rates of chronic disease in adulthood; and increased costs to the health care system. Each teen who remains obese into adulthood triggers an additional cost of \$25,000.

Obesity worsens health disparities. It disproportionately affects indigenous communities, as 87% of first nations women will develop type 2 diabetes due to unhealthy weights, versus an incidence of type 2 diabetes of 46% in non-first nations women.

Obesity hits lower-income Canadians harder. Obesity rates are 28% in the lowest-income quintile versus 24% in the highest. It impacts rural communities more than urban, with obesity rates of 31% in rural areas versus 25% in urban.

Canada needs to take steps to both prevent and treat unhealthy weights in children and youth. However, treatments are expensive and hard to access, and are primarily under provincial jurisdiction. The federal government should focus on effective prevention steps, which are under federal jurisdiction.

The Childhood Obesity Foundation supports the call for the federal government to finalize front-of-pack nutrition labelling and for the implementation of a national school nutrition program. However, the most pressing need, and to some extent the obvious low-hanging fruit, is for government to introduce regulations to restrict the marketing of unhealthy foods and beverages to children.

The remainder of my presentation will highlight the rationale for this important step, which is explained in more detail in the brief submitted to HESA by the Stop Marketing to Kids Coalition.

Ninety per cent of the foods and beverages marketed to children promote unhealthy weight gain. In adults, consumption of these products is associated with ill health regardless of weight status. Persuading children to consume food that will ultimately damage their health is unethical. Most children under the age of five years cannot distinguish ads from content. Most under the age of 12 years do not understand the persuasive intent of advertising.

Unfortunately, marketing works. It influences kids' food preferences and food choices. That's why the food and beverage industry spends over \$1 billion per year in Canada in marketing to kids. As a result, over 60% of the calories children consume are from ultra-processed, unhealthy foods. Parents are being outgunned by big food and beverage, who are spending massive amounts to produce sophisticated marketing that is flooding the airwaves and the Internet.

Many parents, if not most, are ill-equipped to compete: 10% have mental health issues; 10% live in poverty; 15% have poor literacy skills; 15% are single parents; and 17% are immigrants, a percentage that is growing each year. Recent immigrants are particularly vulnerable as they strive to embrace Canadian culture.

Parents are asking for help. The overwhelming majority want government to help them keep their kids healthy by enacting restrictions on the marketing of unhealthy foods and beverages to their children.

Voluntary codes are not effective. For the past 10 years, industry has set its own standards in self-regulated marketing. In June 2021 the industry revised its voluntary code. Although the nutritional criteria are robust, the rules of application have significant loopholes, rendering substantially less protection than the regulatory regimen currently in place in Quebec. The new rules would not even prevent child-directed marketing for such products as Lucky Charms. The fox should not be trusted to guard the henhouse.

Canada's healthy eating strategy, under its objective to protect vulnerable populations, includes restricting marketing and advertising of beverages high in salt, sugars and saturated fats to children. This commitment was included in the government's 2015 and 2021 election platforms, the 2019 federal budget, and four health minister mandate letters.

- (1110)

Health Canada has draft regulations that are poised for implementation. We strongly recommend that they be introduced in Canada Gazette, part 1, by the fall of 2023, as per Health Canada's forward regulatory plan. Government need not and should not wait for the private member's bill, Bill C-252, to wind its way through Parliament. Implementing a regulatory framework to restrict the marketing of unhealthy foods and beverages will positively impact the health of our children and must not be delayed.

Thank you.

- (1115)

The Chair: Thank you, Dr. Warshawski.

Next, from the Coalition for Healthy School Food, is Carolyn Webb.

Welcome to the committee, Ms. Webb. You have the floor.

Ms. Carolyn Webb (Knowledge Mobilization Coordinator, Coalition for Healthy School Food): Thank you, Mr. Chair and committee members, for inviting me to speak on children's health.

The Coalition for Healthy School Food is made up of more than 240 non-profit member organizations and over 120 endorsers from all provinces and territories.

We're advocating federal funding for a national school food program because schools are ideal places for children and youth to access healthy food and to develop eating habits and skills that will last a lifetime.

I know that our members have spoken with some of the members of this committee, and we've appreciated your engagement and support.

Across the country, approximately two-thirds of schools do not have a school meal program. We know that many children in Canada, for a variety of reasons, are not able to access healthy foods and that the diet quality of children across the entire socioeconomic spectrum is poor.

Studies show that kids aged nine to 13 get up to 60% of their calories from ultra-processed foods, which is more than that of any other age group. Unfortunately, when children are hungry or undernourished during the school day, their energy level, memory, problem-solving skills, creativity, concentration and mental health suffer.

When school food programs are offered and strong nutritional guidelines are in place, they increase children's consumption of vegetables, fruits and other healthy foods. This has widespread benefits for their physical health, mental health, future eating habits, behaviour and school performance. These programs can also take pressure off the family budget and help level the playing field.

As quoted by the World Food Programme in its "State of School Feeding Worldwide 2020" report, "All the evidence shows that school meals programmes, along with other social protection initiatives, are one of the smartest long-term investments any government can make."

Canada is the only G7 member and one of the only industrialized countries without a national school food program. Across the country, programs reach somewhere between 20% and 40% of children across the spectrum of urban, rural and remote locations, thanks to investments from the provinces and territories, some municipalities and communities, and other contributions. While many programs exist, most struggle with limited funding, rising food costs and other pressures.

The coalition is very pleased that the development of a national school nutritious meal program and policy have been included in federal mandate letters. This followed the commitment of funding for school food in both the Liberal and NDP election platforms. We hope that all parties will support the inclusion of funding in budget 2023 as a critical step that can move us towards a Canada where every child in every part of the country has access to healthy food at school every day. Specifically, we recommend the development of a program that serves food based on Canada's 2019 food guide, so that children and youth develop the taste receptivity for nutritious foods, gain food literacy and develop habits for a lifetime of healthy eating by living the food guide in practice.

A national program should provide universal access to students. This means that where a program is in place, all students in the school would have access to it. We would like to see that the food served, grown and learned about reflects the diverse cultures and traditions of students at the school.

A national program should not market products to kids. This would align with the recommendations made by the Stop Marketing to Kids Coalition and the Minister of Health's mandate to put "restrictions on the commercial marketing of food and beverages to children." We strongly support these restrictions.

Food is a powerful connector. A strong program would enable connections between students and members of the broader community and create opportunities for students to eat together, to connect with caring adults, to build resilience and to feel that they belong. A well-designed program would also include opportunities for students to plan, budget for, purchase, grow, harvest and prepare food.

In addition to funding for a broad program, we're also asking the government to enter into discussions with indigenous leaders to negotiate agreements for the creation and/or enhancement of permanent, independent, distinctions-based first nations, Métis and Inuit school meal programs.

As students spend a minimum of 50% of their waking hours on most days in schools, these settings present an unparalleled opportunity to support the health and well-being of nearly every child in the country.

School food programs can positively impact dietary quality, mental health and feelings of connection and belonging. They can improve academic skills and help students acquire personal skills that contribute to long-term success.

We urge your committee to take a strong stand on the importance of a Canada-wide school food program and to support an investment in school food in budget 2023 as a means to support the health and well-being of all children in Canada.

Thank you.

• (1120)

The Chair: Thank you, Ms. Webb.

Finally, from Participaction, we have Mr. Antunes, the president and CEO.

You have the floor, sir. Welcome to the committee.

Mr. Elio Antunes (President and Chief Executive Officer, ParticipACTION): Good morning, Mr. Chair and honourable members of the committee.

Thank you for the invitation to speak to you today about the impacts of the COVID-19 pandemic on the health of children and youth in this country and, more specifically, the critical role of physical activity.

Imagine if we had available to us a magic pill that, if taken daily, could help kids be healthier, happier, more resilient, perform better in school and even provide them with a stronger sense of connection with their friends and family. As national leaders, would we not do everything possible to ensure that every child in this country had access to their daily dose?

Fortunately, such a pill does exist. It's called physical activity, and the dose is 60 minutes a day, every day.

Physical activity is critical to kids' health and well-being, because the benefits are so numerous. There are physical benefits, like decreased risk for type 2 diabetes and cardiovascular disease. There are mental benefits, like improved academic performance and decreased symptoms of anxiety and depression. There are social benefits, like increased self-confidence and self-esteem, and a greater sense of developing and maintaining peer relationships.

Unfortunately, only 28% of kids in Canada are meeting national physical activity guidelines of 60 minutes per day. Only 28% are getting their daily dose. Even more alarming is that this is a drop of 11% from pre-pandemic levels, and kids from equity-deserving groups had even larger decreases, placing them at greater risk of poor health outcomes.

We are only just beginning to understand how the closures, lockdowns and isolation experienced during the height of the pandemic impacted the lives of children and youth, including their physical activity levels and mental health. The pandemic caused a sudden and drastic shift in the ways kids could access physical activity opportunities.

Playing with friends, in-person physical education classes, sports competitions and community programming all came to a halt. Kids were doing less and being more sedentary, and the pivot to virtual learning and calls to stay home transformed kids' screens from an indulgence into a necessity for education and socializing. Only 18% of children and youth are meeting the screen time recommendations of no more than two hours of recreational screen time per day. This is particularly troubling, as increased screen time among kids has been associated with depression, anxiety, hyperactivity and irritability.

We should be extremely concerned not only about the impact COVID has had on kids' physical activity today but about the long-term public health consequences if we don't take action now. Now's the time to establish cost-effective policies and approaches that will improve physical activity levels and contribute to healthy bodies and healthy minds.

It's not an easy task. I spent my entire career in health promotion and I fully understand that the roots of our physical inactivity crisis are complex and require a comprehensive and multi-faceted approach.

A lot has changed over a short period of time. Most of us grew up running freely in our neighbourhoods until the street lights came on, playing street hockey with friends and walking or biking to school. Today, we see how the conveniences associated with our modern lifestyle have led to physical activity being socially engineered out of our lives. That's why Canada has to view physical activity as a necessity of life and one of the most important things we can do for our overall health and well-being. It must be an accepted and expected part of our social norms that everyone can enjoy, regardless of age, ability, ethnicity, income, shape or size. We must work collaboratively to impact change. No single institution or organization can tackle this issue alone.

Organizations like Participaction can provide essential leadership and coordination, and raise awareness of the importance of physical activity.

The federal government should invest in developing and implementing strategies and policies for physical activity that draw from the pan-Canadian framework "A Common Vision for increasing physical activity" and continue to support initiatives such as Community Sport for All, which aims to reach and engage those who face social inequities in attempting to get active.

Provincial and municipal governments should prioritize strategies to shift intentions and perceptions about physical activity. This includes infrastructure and social marketing to support families in adopting active transportation practices, and addressing bylaws that promote and encourage outdoor play.

Schools must prioritize physical education as a fun, inclusive and welcoming subject that develops physical literacy, and treat it as being as important as other core subjects.

Manufacturers of digital devices can disclose on product labels the potential harms associated with excessive use.

Social media platforms could promote active breaks from screen use.

Communities can create accessible environments, such as parks, trails and playgrounds that support physical activity alongside affordable and inclusive programs that encourage families to get active.

Of course, parents are an essential piece of the puzzle, as they are the single biggest influence on the physical activity of children and youth. We must look at strategies that also support their own physical activity.

● (1125)

The World Health Organization recently stated, "There are few areas in public health - such as physical activity - where evidence on required action is so convincing, cost effective and practical."

We have an incredibly powerful intervention, a magic pill sitting right in front of us. Let's move into action and ensure that kids get their daily dose of physical activity for better health and well-being.

Thank you.

The Chair: Thank you, Mr. Antunes.

We're going to begin now with rounds of questions starting with the Conservatives. We have Mr. Jeneroux for six minutes.

Mr. Matt Jeneroux (Edmonton Riverbend, CPC): Thank you, Mr. Chair.

Thank you, witnesses, for taking the time out of your busy schedules to join us here today.

I think I have a question for everyone, but we'll start with you first, Mr. Di Buono.

I thought it was a rather alarming stat. You indicated that half of all adolescent girls are not participating in sport. Does that increase as they get older? I'm thinking of our younger kids. I think of my two adolescent daughters. They're teenagers now. They're not participating in sport, but earlier they were in soccer and some other sports. Is it as they get older...?

I guess I'm looking for some of the reasons and causes for that.

Dr. Marco Di Buono: It's an excellent question.

There is absolutely a disproportionate drop-off that occurs as girls enter their teenage years. Approximately one in every two girls tends to drop out of sport between the age of 12 and the time they would graduate from high school, in comparison to one in every three boys in that same time period. That's the latest data we have from Canadian Women & Sport.

They have articulated several reasons for that, in their own voice, as to why they would drop off, but it comes down to not having spaces and places that are welcoming for their particular social, emotional and physical needs. Quite frankly, there is a dearth of programming that still exists across the country that is designed specifically to create those safe spaces for girls and young women.

Mr. Matt Jeneroux: Spaces and places—are you talking about the physical infrastructure? There's a boys' hockey team, but there's not a girls' hockey team? Is that the type of—

Dr. Marco Di Buono: It's a mix of all those things. Representation matters very much for girls and young women, so having coaches and youth activity leaders who reflect their needs and understand their needs....

They don't have to be women, but at least be mindful of the challenges that girls and young women are facing as they progress into their adolescent years. It's having spaces that are more accommodating for girls, and not just the boys' change room for the one girl on the hockey team, as an example.

It is a combination of the physical infrastructure and other amenities and services that surround the delivery of sport and physical activity for girls and young women.

Mr. Matt Jeneroux: It sounds like a lot of a culture approach here in Canada. Are we seeing that elsewhere too? Is that unique to Canada?

I guess where I'm going with that is whether a certain amount of funding suddenly helps all this, or whether something broader at play should be considered.

Dr. Marco Di Buono: It's certainly not unique to Canada. What we have working to our benefit right now is that there is some very targeted funding from Sport Canada, the Ministry of Women and Gender Equity and Health Canada that is helping to overcome some of these challenges, but there is much work that needs to be done there, and particularly further upstream, so that we can ensure that young girls who are participating in sport, physical activity and recreation know there is a safe path for them to progress as they move into their preteen and teenage years and into adulthood.

Mr. Matt Jeneroux: Has there been an impact since the pandemic? Have we seen an even further decrease?

Dr. Marco Di Buono: Yes, absolutely.

There was a disproportionate effect on girls and young women relative to their male counterparts during and after COVID-19 for a number of reasons.

First, boys' sports and programs were prioritized when the money and the resources got tight. Second, there were many dynamics within the home environment that prioritized access for boys and adolescent males over their female counterparts as the pandemic progressed.

● (1130)

Mr. Matt Jeneroux: Okay.

I'm going to move on to you, Ms. Webb, from the Coalition for Healthy School Food.

You talked largely about schools. I have a little guy in a day care. There's no food funding for that. Is that part of your request?

Ms. Carolyn Webb: Our specific request is for schools from K to 12. We have been speaking with some of the folks working on the child care accords regarding food in the child care setting, but that's not a part of our specific request. It's really limited to the elementary and high school settings.

Mr. Matt Jeneroux: Do you know the number? You said that two-thirds aren't funded by the school food program. Do you know the percentage in day cares?

Ms. Carolyn Webb: No, I don't know the details for day cares. I do know that many day cares do have food.... I think day cares often have a component of food as part of their day care service, but our work is not focused on that.

Mr. Matt Jeneroux: I'm using to the wrong day care, then, because there's no food at my program.

On January 25 there was a Globe and Mail article on this topic. They suggested that the rise in food prices may be affecting child nutrition. In light of the budget and the budget request, to what extent do you think food prices are affecting nutrition for kids?

Ms. Carolyn Webb: I will speak again to the school food program setting. Thank you for the question. It's such a relevant question.

We have spoken with many of our members across the country and we hear that everyone is struggling with the rise in food prices. There are many media reports covering the situation across the country. What we've heard is that many programs, depending on the circumstances, have had to cut food groups from their meals and snacks. Some have had to cut the quality of food. Many are going to have to serve food less often during the week, or they will have to close earlier. Many could extend their funding until May or June, but this year many are going to have to end their programs come April. It's impacting them in a variety of different ways.

The Chair: Thank you, Ms. Webb.

Next up is Mr. van Koeverden, please, for six minutes.

Mr. Adam van Koeverden (Milton, Lib.): Thank you, Mr. Chair.

Thanks to all of the witnesses for being here and for also joining us online. This is a super-important topic of conversation, and we're really grateful for all of your expertise.

I'm going to focus the first half of my questions on childhood obesity and the role that poverty and the lack of physical activity interventions play in contributing to childhood obesity.

We know that kids in the United States suffer disproportionately from obesity and fewer opportunities to be physically active and healthy. We've heard—as recently as this morning, actually, in a CBC article—of some of the really aggressive things the United States is considering around reducing childhood obesity with health care interventions like drugs and surgery for little kids.

Can anybody speak to the opportunity of investing more money and resources into kids in their early days, perhaps through their daily lives at school, or other opportunities to be physically active and have access to healthier food so that we wouldn't have to intervene in a kid's life with a health care intervention like bariatric surgery or drugs in order to deal with something that is so preventable?

Mr. Elio Antunes: I can start, but I certainly can't talk to the—

Dr. Tom Warshawski: I can speak to that, Adam.

It's Dr. Tom Warshawski from the Childhood Obesity Foundation. I'm a pediatrician who actively treats children who are overweight and obese.

You are right that the trajectory begins early in childhood. The major driver for excess weight gain is dietary, and that is affected by socio-economic status.

Again I would say that all governments have to be especially careful with their funding. Low-hanging fruit is to restrict the marketing and restrict the appeal of these unhealthy foods and beverages to kids, but then also to optimize their ability to be physically active and to allow them to consume healthy food and develop preferences for it, as Ms. Webb said.

It is very important to begin early. I think, though, that the major driver for excess weight gain is the food that we eat. The American guidelines reflect American reality in terms of the politics. They will not implement widespread policies, such as restricting the marketing of unhealthy foods and beverages to kids; they are focused on individual behavioural choices. That's the first part of their guidelines. Then they step up to medications and then finally to bariatric surgery.

In Canada we have a unique opportunity. As I said, we are poised to implement a unique opportunity to diminish the role of marketing and diminish the appeal of the unhealthy foods and beverages that are driving, in part, the obesity epidemic.

• (1135)

Mr. Adam van Koeverden: Thank you, Doctor.

As you are undoubtedly aware, our colleague Patricia Lattanzio currently has her private member's bill referred to this committee, and we look forward to studying it.

We know the industry has made some attempts at self-regulation around unhealthy foods and marketing to children. However, it's said these voluntary codes are not effective. Very briefly—to leave me a bit of time at the end to talk about physical activity—could you tell me why those self-regulatory attempts are not effective?

Dr. Tom Warshawski: Well, it's a voluntary code. In fact, when this issue was studied by Monique Potvin Kent about seven years

ago, the companies that had not signed the voluntary code did less advertising than those that had.

One of the primary reasons that the new code being introduced next year won't be effective is that there are huge loopholes in how they can advertise. The example I gave was Lucky Charms, which is probably one of the most egregious examples of ultra-processed food. It's sugar with food dyes pressed into appealing shapes. This particular product would be allowed to be directly advertised to children through spokespersons, cartoon characters, etc.

Although there are a few good elements in the guidelines, there are so many loopholes that they won't be effective.

Mr. Adam van Koeverden: Thank you, Doctor.

I'll focus the rest of my time on the Community Sport for All initiative, which both the Participation and Canadian Tire Jumpstart organizations mentioned.

This was an initiative brought forward by our government to re-stimulate interest in, availability of and access to community sport programming across the country. It was actually quite novel. No federal government has invested that much money in community sport programming. It's generally seen as a provincial and municipal priority, but the stark numbers coming from both Participation and Canadian Tire Jumpstart—the research you did, along with the Canadian Women and Sport organization—were frankly too troubling to ignore.

Could you speak to some of the initiatives you're able to fund through these envelopes?

Mr. Elio Antunes: I can start.

We're funding initiatives associated with our June community challenge, which is mobilizing community organizations to offer accessible sport and physical activity programming to local organizations. We've been able to target organizations primarily in the sport and physical activity sector. We want to broaden their outreach and engage equity-deserving groups in their programs.

We have also reached out to groups that represent equity-deserving groups and have made those connections with programming in their community, which they might not otherwise have access to or be aware of. We funded them so they can put in programs that connect back to the communities.

I think it's been a significant success, and much needed. It's an opportunity for us to be very targeted in our approach, address the barriers those organizations face, and be very customized in the way we deliver those programs.

The Chair: Thank you, Mr. Antunes.

[Translation]

I will now turn the floor over to Mr. Garon for six minutes.

Mr. Jean-Denis Garon (Mirabel, BQ): Thank you, Mr. Chairman.

I thank all of our guests for being here today.

My question is for Dr. Warshawski.

In 2017, the federal government conducted a public consultation on children and junk food. Since the government has yet to introduce legislation, including on advertising to children under 13 regarding junk food, I would guess that the findings of this consultation were negative and that this is not an important issue for Canadians.

Do we have the results of that consultation?

• (1140)

[English]

Dr. Tom Warshawski: I think it's important. Polling has indicated that between 75% to 80% of parents want to see restrictions on the marketing of unhealthy foods and beverages to children. The government back in 2015 tried to get this moving. Conservative Senator Nancy Greene Raine introduced a private member's bill to the Senate—Bill S-228—that had very strong support in the House of Commons. It initially had unanimous support in the Senate and wound its way back to the Senate in 2019, but then died on the order paper. It was filibustered by certain senators and died.

That is one of the concerns we have as government waits for Bill C-252 to wind its way through Parliament. We think it could very likely suffer the same fate as Bill S-228 and die in the Senate. We think it's important that this bill be allowed to go through. Hopefully it will pass, but a parallel track would be for government to implement the regulations I mentioned in the Canada Gazette.

[Translation]

Mr. Jean-Denis Garon: Thank you, Doctor.

This is what I was trying to say. On the one hand, Liberal MPs and ministers start consultations saying that it is important to protect children from junk food, and on the other hand, private members' bills are allowed to die on the order paper. Yet the Minister of Health himself has never made the effort to introduce a bill in this regard.

You put your finger on exactly the problem. They say health care is important, but when it is time for the government to act, it never is.

Some members will state in the House that the free market works, that we do not need to intervene and that advertising disseminates information to children. They suggest that an 11-year-old is able to tell the difference between advertising content and information that is accurate.

Are children able to distinguish misleading advertising from accurate information?

[English]

Dr. Tom Warshawski: The short answer is no.

Under the age of five, kids cannot distinguish advertising from content. Even under the age of 12, they don't really understand the persuasive nature of the advertising. Advertising is getting more sophisticated.

A recent report came out of the Heart and Stroke Foundation about social media and social media user-generated ads. These are young people basically advertising to other young people, which is even more surreptitious. Yes, children have a very hard time recognizing advertising.

From my perspective, as someone who's worked at this since 2014, many areas of government at the federal level have worked towards getting effective restrictions on the marketing of unhealthy foods and beverages to kids, and they were somewhat blindsided in 2019 when it died in the Senate. I just don't want to see us repeat the same mistake now. I do not want to see us putting all our eggs in one basket with Bill C-252. The regulatory process through the Canada Gazette needs to go forward on a parallel track, and if they can converge on a common destination, that would be great. If not, then we have the regulations in hand.

[Translation]

Mr. Jean-Denis Garon: Thank you.

The legislative process will possibly lead us to the passage of this bill, and it is not the first time such an attempt has been made. Yet food processing is a multi-billion-dollar industry. I'm not painting the entire agri-food industry with the same brush. Some farmers make excellent products, and the stakes are high for them. That said, some people are selling junk food to our children.

This industry can be very intense in lobbying some members of Congress to thwart any effort to pass a bill in the House that promotes better health for our children. Are you concerned about that?

[English]

Dr. Tom Warshawski: I'm not "worried"; I'm sure that they will. It was effective in killing Bill S-228 in the Senate.

However, I believe that the civil servants in Health Canada recognize the data. I think that most parties in the House of Commons recognize the importance of this bill. I believe that government has the necessary information and desire to move these issues forward.

[Translation]

Mr. Jean-Denis Garon: Thank you.

I only have 40 seconds left.

Within its jurisdiction, Quebec already has a law in place that protects children under the age of 13 from advertising aimed at them. Several scientific articles show that, on average, Quebec children eat better than the average Canadian child.

Do you think this law may have had something to do with it?

• (1145)

[English]

Dr. Tom Warshawski: Absolutely.

Mr. Jean-Denis Garon: That's the kind of answer I like.

[Translation]

The Chair: Thank you, Mr. Garon.

[English]

Next we have Mr. Davies, please, for six minutes.

Mr. Don Davies (Vancouver Kingsway, NDP): Thank you, Mr. Chair, and thank you to all the witnesses for being here.

Dr. Warshawski, how is “childhood obesity” defined?

Dr. Tom Warshawski: Childhood obesity is defined according to curves generated by the World Health Organization. It's a little bit complicated. It's actually reasoning backward or extrapolating backward from those BMI criteria that in adulthood—say, above the age of 19 years—are associated with an increased risk of chronic diseases and higher rates of mortality. Reasoning backward or extrapolating backward from those curve points, “overweight” in adults is defined as a BMI above 25, or 25 to 30, and “obesity” is above 30.

Reasoning backwards on these growth curves, we can see that if a child's above the 85th percentile for their BMI at a given age, they're categorized as overweight. If they're above the 97th percentile, they're categorized as being obese.

Mr. Don Davies: From my reading of the literature investigating obesity stigma, most of that is focused on adults living with obesity. How does obesity stigma affect children and their families?

Dr. Tom Warshawski: It affects them quite severely, actually. In a study that's now 10 years old or older, children living with obesity rate the quality of their lives lower than children who are undergoing chemotherapy for cancer.

Stigma against obesity—bias against obesity—is one of the last publicly acceptable prejudices. That status of being overweight or obese is erroneously linked with gluttony, sloth and self-indulgence, whereas in fact it's a confluence of genetics and the obesogenic environment we have.

In my practice, I have many children who have cried when they're placed on the scale just so I can get their BMI. They are extremely self-conscious about their weight. They're getting teased in class relentlessly. This sort of state is linked with depression and anxiety in children.

Mr. Don Davies: Anecdotally, I think we all think and see that there's greater obesity in children today than there was in the past. Can you give us a bit of math around that, about the trajectory? Is childhood obesity increasing?

Dr. Tom Warshawski: Yes. Back in 1978, the incidence of child obesity was around 6%. Now it's around 12%. It has increased significantly. It's doubled. The incidence of total overweight and obesity was around 23%. Now it's at 31%.

It actually seemed to peak around 2004. We've had a slight drop in the levels of overweight and obesity. That may be in part due to better regulations in schools around the marketing of unhealthy foods and beverages to kids and sales of these products. We've also seen the sales of sugary drinks dropping a bit in the last decade or so.

However, the overall numbers are still quite significant, and they need to be addressed.

Mr. Don Davies: Can you outline the impact that sugary beverage taxes have had on childhood obesity in jurisdictions that have implemented them to date? Would it be your recommendation that Canada implement such a tax?

Dr. Tom Warshawski: Taxes on sugar-sweetened beverages are an effective policy lever to decrease the purchase and consumption of products. I think the evidence is quite strong from jurisdictions in the States in different municipalities that have introduced them, and from Mexico.

To actually see the change in the rate of overweight and obesity is something that's going to be downstream. It's going to take probably five to 10 years to see this, but short-term studies in adolescents show that reducing the intake of sugar-sweetened beverages is important.

In terms of a policy lever, it is something that the federal government I think should consider. It wasn't the focus of my conversation today because, again, I think we are shovel-ready for restricting the marketing of unhealthy foods and beverages to kids.

Interestingly enough, Newfoundland has just introduced a particular tax on sugary drinks. I believe that came into place in September.

It's going to take a while to see how this unfolds, but one of the reasons or rationales to have a tax is to generate income to help fund programs such as school nutrition programs. When I appear before this committee, I realize and I think we all realize that government has lots of asks and only a limited budget, and there's only one taxpayer. When we think about putting in new programs with costs, we also have to think about how it could be funded. A tax on sugary drinks would be a great way to fund these types of nutrition programs.

Mr. Don Davies: Thanks.

How much time do I have, Mr. Chair?

The Chair: You have one minute.

● (1150)

Mr. Don Davies: Ms. Webb, given that Canada is the only G7 nation without a national school food program, what international best practices could we incorporate into the development of a national school food program in our country?

Ms. Carolyn Webb: Thanks for this question.

In a way, we have an advantage because we have so many other countries to learn from. There are many countries that really involve the students in preparing and serving the food. Japan and France are great examples that really involve the kids in the whole culture of eating and teach many life skills through that. Brazil has a 30% local food procurement target that supports family farmers and creates local economies.

There are many countries that really involve students in that life skills development. There are a lot of different pieces to touch on, as well as health standards and other things. There are many different lessons that we can learn.

Mr. Don Davies: Thank you.

The Chair: Thank you, Ms. Webb.

Next we have Ms. Ferreri.

Welcome to the committee. I guess we're on the same circuit today. You have the floor for five minutes.

Ms. Michelle Ferreri (Peterborough—Kawartha, CPC): Thank you so much, Mr. Chair.

Thank you to my colleague Dr. Ellis for letting me sit in today. There's a lot of overlap in what I'm studying in my other committee, the committee on the status of women—abuse in sport and mental health in children—so it's great testimony today from all of the witnesses.

I'd like to start with Dr. Warshawski.

What I find interesting about this conversation.... In your experience as a pediatrician and a doctor, do you find that obesity is a symptom for something bigger for a child who may be dealing with mental health or other issues?

Dr. Tom Warshawski: I would characterize it as bidirectional.

Sometimes, due to genetics and the obesogenic environment, unhealthy weights develop, and then, as a result of stigma, mental health deteriorates. In other times, children who have been subject to child maltreatment—sexual abuse, physical abuse and that sort of thing—and children with biological tendencies to depression or anxiety can also use food for solace.

It's difficult to make categorical statements. You have to go individually.

Ms. Michelle Ferreri: Thanks for that. I'd love to see data. I don't know if you have any to table with the committee around this aspect.

When we look at the work of Dr. Stuart Shanker, or self-regulation, and we look at overeating or using eating as a self-regulating technique, we see a big chunk there. I understand what you're saying. It is absolutely on an individual basis.

I guess where I'm going with this line of questioning is to ask if it would be valuable to look at investing in access to mental health supports for kids when we see, as we've heard in this testimony today, the deterioration in children's mental health. There was a promise of \$4.5 billion from the Liberal government in a Canada mental health transfer, and we haven't seen any of that. Would that not be significantly beneficial if it were added?

We're talking about marketing, and that's important, but wouldn't it be beneficial to understand the underlying cause of what food does to our body and educating kids so that they understand it? We also have a rise in eating disorders in young girls and young men.

Dr. Tom Warshawski: I'm going to try to unpack that.

Eating disorders have increased in prevalence, but they're still dwarfed by the incidence of unhealthy overweights and obesity. Mental health is hugely important. I would say that 80% of my practice deals with anxiety, depression, autism, and ADHD, so it's out there. It's a big cause of morbidity.

Looking at the temporal relationship between the increase in unhealthy weights in children and youth in Canada since, say, 1975, it's best explained by changes in the food environment, not in the mental health environment. That's not to say that mental health isn't extremely important. It is.

You also mentioned educating kids. We know that media literacy doesn't work. We know that kids are credulous. They tend to believe what they're told and they certainly would never guess that these colourful ads on TV are actually for foods that are unhealthy. I would disconnect those two.

The pursuit of better mental health care is vitally important, and it should begin with prenatal classes. It should begin with the parents. It's really, really important. That should proceed on a separate track and should be uncoupled from other efforts to improve the food environment.

I'm not disparaging the role of physical activity. As the speakers from Jumpstart and Participation said, physical activity is so important for mental health and fitness, but it's not the major lever to affect unhealthy weights.

• (1155)

Ms. Michelle Ferreri: Did you say media literacy doesn't work? Is that what you said?

Dr. Tom Warshawski: That's correct.

Ms. Michelle Ferreri: Can you explain that? Why doesn't media literacy...? If you're educating people through the media.... I don't understand what you're saying there.

Dr. Tom Warshawski: Media literacy for children has not proven to be effective at all. The media literacy messages are kind of staid, boring, brief, and they pale in comparison to the pizzazz and sizzle of advertising.

Ms. Michelle Ferreri: Thank you for that.

Ms. Webb, you have great programs in terms of children having access to food in school, especially for those most vulnerable.

Do you have any data or statistics on how many school food programs are championed by strictly parent groups, as opposed to an organization like yours?

Ms. Carolyn Webb: We don't have any specific data. Because we don't have a national program, we also don't have a national databank of exactly who's running the programs. We have 240 member organizations, and most programs are run, from what I've seen, by school districts, and there are some parent communities that come together to run something like a salad bar or a hot lunch program. I think what we've seen across the country is people making do with what they can with the people who come forward with resources and time.

Yes, we do have parent communities that come together to serve food. Maybe they can only do it once a week or maybe they can just do it 20 times a year, but they will do that. Then there are kind of hot lunch programs, with people bringing food from the outside or doing catering services through the school council. I think all the models exist. I would say that it's more common to have the organizations serving solid meal programs, but yes, there are a range of models. A lot has to do with the nuances of the communities and if there are active parents or not, so yes, they do exist.

Ms. Michelle Ferreri: Thank you.

The Chair: Thank you, Ms. Webb and Ms. Ferreri.

Next up is Dr. Hanley, please, for five minutes.

Mr. Brendan Hanley (Yukon, Lib.): Thank you very much.

Thanks to all of the witnesses for the really interesting testimony.

Dr. Warshawski, I'd like to start with you.

I think you've made it pretty clear what we could do from a policy perspective in terms of marketing without putting into force what's already in the Gazette in addition to anything that Bill C-252 may add.

Maybe expanding on or moving beyond what we should be doing in restricting marketing and maybe picking up a bit on the literacy from Ms. Ferreri's questions, this question is really about nutritional literacy. How do we get better at it?

As a physician, I don't think I was at all well educated in nutrition and what to say or what to advise. Most of what I've learned has been in the reading that I've taken on. There's health practitioner literacy and also general literacy for parents to guide children. There's such burgeoning literature and media on nutrition, yet some of the kernels of good, basic eating practices can be missed.

I wonder if you could comment on how we could, from a policy point of view, do better in nutritional literacy.

Dr. Tom Warshawski: I like the use of the term "kernel" because I think it gets back to keeping it simple.

Like you, as a physician, I don't know much about nutrition. I think that there's more and more awareness of talking about calories, about carbohydrates and about particular components. People gloss over this, and really we're talking about whole foods—purchasing and cooking whole foods at home. That's the basis of food literacy.

We know more and more that the strongest link with ill health is consumption of ultra-processed foods, so we need to get to the Brazilian style of the whole plate. The new Canada food guide is

also a good model for a healthy plate. I think we have to simplify things to some extent and focus on whole foods, foods that your grandmother or great-grandmother would recognize as a food, food that's not ultra-processed.

Cooking and eating at home together is strongly associated with good dietary habits. Those are foundational things like staying away from added simple sugars. You can have your simple sugars once or twice a week, but not every day.

You don't really want to demonize foods, but, on the other hand, what some of the dieticians call common sense around foods isn't that common. There are a lot of parents who don't cook food and their children don't know how to cook food, so we need to get back to some basics and simplify things.

● (1200)

Mr. Brendan Hanley: Thank you.

On a related theme, I'd like to move briefly to you, Ms. Webb.

Thanks for appearing.

On your website you talk about successful cases locally and in Canada about school-based food programs. I know that in Yukon we have some first nations initiatives that seem to be successful in linking to local food, but I wonder if you can talk about good models in our country that we can build on, particularly from a rural and northern perspective.

Ms. Carolyn Webb: Yes. Thank you.

You talked about good models. The Yukon First Nation Education Directorate has an excellent program that feeds students and also involves local caterers to provide country foods for students. It is quite an extensive program that we do reference often.

In Newfoundland and Labrador, their school lunch association has a program that uses a "pay what you can" model. Families can pay using software so that students aren't stigmatized. They pay whatever they can, from nothing to whatever they can afford. Kids are provided a hot lunch at school during the day that's produced from local caterers.

There are a number of different models in different regions. Some regions have really strong breakfast programs. For instance, to my understanding, 95% of those in Nova Scotia schools receive breakfast at school.

I think we do have a diversity of really great models that we can learn from and figure out which are the best. There are some really innovative "farm to school" models, as they're referred to, that involve local farmers or food producers or harvesters bringing food to the school and engaging with the children. They are producing the food and then serving it.

Thank you for referring to this idea. We do have some excellent models that we can grow and support and extend.

Mr. Brendan Hanley: Thank you.

The Chair: Thank you, Ms. Webb.

[*Translation*]

Mr. Garon, you have the floor for two and a half minutes.

Mr. Jean-Denis Garon: Thank you, Mr. Chairman.

Mr. Di Buono, I'm very interested in how the government can fund initiatives that help children play sports. Back in the days of the Harper government, there was a non-refundable tax credit for amateur sport. Such a credit was proven to have no effect on sport. It was regressive, gave money to wealthy families who were already spending on sport and did nothing for the poor.

The Liberal approach was to significantly enhance the Canada Child Benefit to give money directly back to parents.

We at the Bloc Québécois believe that some of this should be done in the schools and that the provinces should be better funded. There is a national policy on this, in Quebec.

Do you think it is part of the federal government's tool box to transfer money to the provinces and Quebec so that they are able to fund sports initiatives?

Dr. Marco Di Buono: That is a very good question.

Let me answer in English to be clearer.

[*English*]

Thank you for the question.

I think it's very important to recognize that schools are one of the many locations within the community ecosystem that play an important role in providing opportunities for children and youth to access sport, physical activity and recreation, but that also includes municipal parks and recreation organizations, youth-serving organizations, and local sport clubs.

The mechanism that was employed for Community Sport for All—identifying national organizations like Participaction, Jumpstart and many others to really understand where, at the very grassroots of grassroots, the opportunities needed to be supported and funded—was an excellent mechanism for delivering funding right where it needed to have an impact.

There may be other mechanisms. We know that there's a large investment made through national sporting organizations via Sport Canada to try to trickle that funding down through the provincial sport organizations and sport bodies to local clubs and organizations as well.

There could be a portfolio approach, quite frankly, to getting funding where it needs to be.

• (1205)

[*Translation*]

Mr. Jean-Denis Garon: Thank you.

I have 15 seconds left.

Lastly, do you think that the loss of control in sports federations, as has happened at Gymnastics Canada and at hockey hazing rituals in particular, could discourage children, including young girls, from participating in sports?

[*English*]

Dr. Marco Di Buono: Again, that's a very good question.

I think we need to recognize that sport happens in many more locations than just local clubs. The vast majority of organizations that we support are on the periphery of organized sport. They provide safe, welcoming and inclusive places for kids to participate. We're seeing participation in those organizations actually oversubscribed relative to some of the traditional sporting venues.

The short answer is that I think there are many opportunities for kids to participate in places where they won't encounter some of the challenges we're hearing about in more organized sporting venues.

The Chair: Thank you, Dr. Di Buono.

Next is Mr. Davies, please, for two and a half minutes.

Mr. Don Davies: Thank you.

Ms. Webb, going back to your written submission, the Coalition for Healthy School Food recommends that a national school nutritious meal program should provide “universal” access to students. Can you outline why the coalition is advocating a universal program rather than means-tested program?

Ms. Carolyn Webb: One of our big positions is that children of all socio-economic demographics are not eating well and that all children deserve access to healthy food at school. Many might have a long bus ride if they're in a rural community and travel a long way to school, or their families work long hours and they can't access food, or their families don't have the budget. There's a wide range of reasons that children can't access food during the school day.

The universal piece is to address all students. It's also that targeted and means-tested programs do not actually achieve the aims they set for themselves. They have a lot of stigma attached, which means that those the program is intended for tend to refuse to participate and the program is not as effective.

Mr. Don Davies: Got it. Thank you.

Dr. Warshawski, Bill C-252 would restrict food and beverage marketing directed at persons under 13 years of age, and I think you've done an excellent job of explaining why children under that age are particularly vulnerable.

However, I'm wondering about children 14 to 18. They may not have the same vulnerability in terms of their belief systems about what they see on TV, but these are kids who have money. They're the ones who are independently able to go purchase their foods, including junk foods. Do you have any thoughts on restricting food and beverage marketing to children between 14 and 18?

Dr. Tom Warshawski: We would love to see that happen. In fact, that was our initial proposal back in 2015 when we met with the government.

You're right about the unique vulnerabilities of adolescents. They have discretionary income, they have less supervision, and they have unique drivers in terms of their social relationships. With adolescence comes a shift in affiliation from the parents to peers. Peers become very important. There is also a need for immediate gratification, which adolescents demonstrate, so they are particularly vulnerable to marketing. The marketing techniques on social media are increasingly directed at them through sophisticated user-generated marketing techniques and geolocating, so they are extremely vulnerable.

We would, again, like to see the protection expanded to this group. One of the things we discussed with Health Canada is that if and when—and hopefully it's going to be soon—we get the protection for kids under the age of 13, we look to see how marketing has shifted. It could be sort of a game of whack-a-mole: You inhibit marketing to kids under the age of 12 or 13, and then all of a sudden it increases toward adolescents. What happens to that marketing? What does it do to the purchasing behaviours?

The first step is to get it for the younger children, and the next step is to really keep an eye on what's happening with adolescents.

• (1210)

Mr. Don Davies: Thank you.

The Chair: Thank you, Dr. Warshawski.

Next we have Dr. Kitchen, please, for five minutes.

Mr. Robert Kitchen (Souris—Moose Mountain, CPC): Thank you, Mr. Chair.

I thank all the witnesses for being here today and for their presentations, because they have provided some valuable information.

We all know the value of physical activity for our youth and for our children. We see—as we've heard many times—the reduction in blood pressure, the decreased risk of type 2 diabetes, the increased self-esteem and the increased social aspects of things. Many of your organizations do that.

We've also heard about and seen here in Canada the huge inflationary costs in today's world in the cost of food, and the “just inflation” we're seeing is just a huge impact on it.

On top of that, we've had in the last—

Mr. Adam van Koeverden: I have a point of order, Mr. Chair.

I'll give the honourable member the benefit of the doubt, assuming that was a slip of the tongue, but I think it's inappropriate to use those types of terms in committee.

A voice: I don't think that's a point of order.

Mr. Robert Kitchen: That's not a point of order. This isn't the House.

The Chair: Well, the same rules apply, to a certain degree, but go ahead, Dr. Kitchen.

Mr. Robert Kitchen: Thank you. I assume my time has been adjusted accordingly.

The Chair: You are correct.

Mr. Robert Kitchen: Thank you.

Ultimately, what we're seeing is this huge inflationary cost, and you've mentioned some of that. What has happened, though, is that we also saw this government change the Canada health food guide.

Before I became an MP, I spent 30 years of practice teaching and educating my patients and families on the Canada health food guide. The changes that have happened are going to drastically change many aspects of it. Those inflationary costs of the foods that they've now put in that guide are going to be a huge challenge for you, Ms. Webb, in proposing....

I just want to hear your comments. Are you following the new guide, and what increasing costs do you see?

Ms. Carolyn Webb: I can only speak to what I've heard from the members of our coalition. I support the coalition rather than run programs myself.

Your question is specifically whether programs are following the food guide. I'll say that it depends on the program. Some have provincial and territorial nutrition guidelines that they follow, and those are slowly being adjusted to match the food guide. Those programs will model the food guide.

COVID created a lot of challenges for programs, especially when kids were in lockdown and at home. Many of the programs adjusted to try to give them boxes of food in some cases, or other things. The food was often prepackaged. Many of the health restrictions at the time limited fresh whole food, so many of the programs took a big step backward toward processed foods. I believe they're getting back slowly, and many make their best attempts to follow the food guide.

Mr. Robert Kitchen: I appreciate that.

On that note, are your organizations concerned about possible liability aspects if they don't follow the Canada food guide?

Ms. Carolyn Webb: I haven't heard anything about liability. I've heard a lot of interest in serving kids whole, healthy foods and trying to do that whenever possible.

I think one of the biggest concerns is the lack of funding and how difficult it is sometimes to meet the needs of the food guide with such a tiny budget if there's just 15¢ for a meal or to meet other things.

Mr. Robert Kitchen: Thank you.

Dr. Di Buono and Mr. Antunes, I appreciate your comments. I'm with Participaction, as well as with Jumpstart. I've been involved and recognize the great value of them.

The unfortunate part of it is that we saw with COVID.... I go back to the days when Participaction was on the news. It was about the 60-year-old Swede compared to the 30-year-old Canadian. That information seemed to be missing during COVID. I understand there's a lot of funding that gets out there to advertise that.

I wonder if I could get comments from you, Mr. Antunes, on what happened during that time frame.

Mr. Elio Antunes: Thank you for the question.

Maybe I can refer back. I think you started off your comments by saying we value physical activity. I would challenge that. I would say we don't value physical activity. Just 28% of kids are meeting national physical activity guidelines. I think we understand the benefits of physical activity, but as a society, we don't value it. If we valued it, we would ensure that kids have the opportunities to be active every day, whether at school, at home or in the community. We really need to ensure that as a country, we really value it and demonstrate that value through investment and policy.

You talk about awareness. I think that is part of the equation. Our sector, as a whole, is very underfunded. Our organization, for instance, has been around for 52 years, but we're looking at a wind-down option beyond March 31, because our funding ends. We need to continue to invest not only in organizations but in policies and programs that ensure we value physical activity for kids wherever they are. I would say this is one point.

I would say that the other thing with respect to COVID is that there's a challenge because most of us ended up pivoting to virtual or online types of supports. We did that because everybody was at home. We, in a sense, contributed to the physical inactivity issue by being on screens. I think there's some effort that needs to happen to get people back to in-person physical activity and sport programming.

• (1215)

The Chair: Thank you, Mr. Antunes.

Next we have Dr. Powlowski for five minutes.

Mr. Marcus Powlowski (Thunder Bay—Rainy River, Lib.): I wanted to put a different spin on the issue of the importance of getting kids into sports.

I'm the member of Parliament for Thunder Bay—Rainy River, which includes a number of small towns like Atikokan and Fort Frances. Thunder Bay and particularly those small towns need immigrants because they won't have enough Canadians for those jobs. The problem is that when immigrants come to these small communities, often they don't stay; they go on to a bigger centre where there's often a bigger ethnic community and also where there's more to do. In the small towns in the winter, if they're from some warm country, a lot of people spend a lot of time in their houses, and they aren't happy.

That all changes when your kids get into hockey. My wife came from the Philippines 15 years ago. First of all, all of her friends were from the Philippines. Then two of my kids got into minor hockey, and suddenly she's an expert on hockey. She's yelling out to the ref, "Offside!" A lot of her friends are now people from outside the Filipino community.

I think hockey is a great way of integrating people into Canadian society and giving them something to do in small towns. I would say it's not just hockey; skiing is another way. Not only is it an important activity and a way of integrating into society, but I think getting outside is also really important.

Mr. Di Buono, Jumpstart has done a lot in this area. How can the federal government work with organizations such as yours to get

more kids involved in hockey? If I could throw it in there, besides the immigrant kids, I think a lot of indigenous kids find the cost of minor hockey to be a real financial barrier.

Dr. Marco Di Buono: That's an excellent question. Thank you.

I'd like to suggest that we should just be focusing on getting them involved in local sport and physical activity opportunities.

We actually worked in partnership with the federal government in 2015-16, when a large number of Syrian refugee families came to Canada, and recently with the influx of Afghan families over a year ago now. Throughout those experiences, we developed, in collaboration with many of our partners at the local level, a best practice for how to engage with newcomer families—I do want to insist that it's families, not just the kids—so that we create the right types of environments and trauma-informed approaches to coaching and youth leadership. This allows those kids to find a home and become familiarized with their new communities in a way that leads to long-term participation and potentially to those families building roots in those communities over the long term as well.

We have newcomer programs in Edmonton and Winnipeg and Surrey, B.C., and throughout Atlantic Canada and all points in between, and they are thriving. These kids are now integrating into more traditional forms of organized sport. There are many programs, as I mentioned earlier, on the periphery of organized sport that focus on the new Canadian experience and on giving them the competency and skills to then transfer over into more typical local clubs like hockey, soccer or basketball.

What it comes down to, I would argue, is continuing to invest, as the government has, in the Community Sport for All initiative. That is the first time we are seeing a significant influx of financial resources into the very grassroots of sport where these things matter and where the experts know how to address the needs of those kids and those families.

• (1220)

Mr. Marcus Powlowski: Mr. Antunes, do you want to add anything to that?

Mr. Elio Antunes: On the other side of the equation, our program leaders also need to ensure that programs that are offered are relevant and culturally appropriate to newcomers. As much as we want to integrate people into our traditional sports, we should also be looking at ways to expand what we offer as programming to ensure that those opportunities are there for all.

Mr. Marcus Powlowski: Mr. Warshawski, a number of jurisdictions around the world have introduced taxes on sugary drinks, including Mexico, France, Hungary, Finland, Norway, Belgium, Chile, Barbados and a number of jurisdictions in the United States. My understanding is that Newfoundland has just introduced similar legislation.

Why hasn't Canada done this before? You would think... We're one of the more progressive countries in the world. Has the lobbying of the industry prevented this from happening?

Dr. Tom Warshawski: I think in part it's industry lobbying, but also there's a natural hesitation for government to increase taxes. That's worldwide.

Over the last decade, we've met with various levels of government, both provincially and federally, to advocate this step. In British Columbia, we were successful in persuading the government to remove an exemption on provincial sales tax that sugary beverages enjoyed. I think the next step is to try to get something like this implemented either at a federal level or at multiple provincial levels.

I'd like to see it happen and I welcome your advice on how to move this forward.

The Chair: Thank you, Dr. Warshawski.

Next we have Mr. Viersen, please, for five minutes.

Mr. Arnold Viersen (Peace River—Westlock, CPC): Thank you, Mr. Chair.

I want to thank the witnesses for being here today.

I'm going to direct my questions to Marco and Elio around participation in sports.

How much does our general sense of security impact that? I think about my growing up and heading over to the local hockey rink and being there all afternoon. I see that baseball diamonds are empty now during after-school hours. It was not organized when I was a kid. We showed up with a ball and a glove and played baseball.

I sense that while the police keep coming to our community and saying that our community is statistically as safe as ever, the general sense of security seems to be diminished. Does that show up in your analysis and research at all?

Go ahead, Marco.

Dr. Marco Di Buono: Safety is one of the barriers that are articulated by youth directly, but it is by no means the number one barrier they express. Generally, cost comes out on top. Feelings of self-confidence for girls and young women come in at number two or number three, and the list goes on.

Lack of safety is there, but it is by no means the number one concern that kids articulate. Quite honestly, even transportation trumps that. Lack of facilities and lack of equipment all factor much higher on the list of things that are keeping kids from participating within their communities.

Mr. Elio Antunes: It's perceived as an issue, but the research is clear—from a physical activity perspective, anyway—that there isn't an increase in safety issues in communities. Certainly, because of media and the way it is now, we're just more aware of issues when they do happen; therefore, I think it's more of a perceived safety issue.

I would also say that we have to work with municipal leaders, because sometimes they implement policies that work against get-

ting kids more active in their communities, like banning street hockey or banning tobogganing. There are many different local by-laws that prevent kids from being physically active.

When you talk about baseball fields being empty, we need to ensure that there are strong partnerships between the municipality and the education system, because they both have facilities. Many times schools can't access municipal facilities when they're empty during the day, and vice versa: Municipalities can't access school facilities when they're empty in the evenings.

We need to do a better job of creating a whole-of-community approach to ensuring that physical activity and sport are available to all.

Mr. Arnold Viersen: Go ahead, Dr. Ellis.

• (1225)

Mr. Stephen Ellis (Cumberland—Colchester, CPC): Thank you very much, Arnold. Thank you, Chair.

Thank you to the witnesses for being here.

Mr. Antunes, I have a quick question for you. I think maybe I misheard you, but did you say that your funding for the entire Participation program is ending on March 31, or is in jeopardy of ending?

Mr. Elio Antunes: Yes, it's ending at this point in time.

Mr. Stephen Ellis: Are you in active negotiations with the government with respect to that?

Mr. Elio Antunes: We're advocating that there be funding, like many other organizations. Based on the way the funding programs are, our point of origin for funding advocacy is through the budget process. We've been working hard and speaking to many of your colleagues around support for renewed funding for us, yes.

Mr. Stephen Ellis: Thank you very much.

Through you, Chair, if I might just continue with that, how long has Participation been around now?

Mr. Elio Antunes: It's been 52 years.

Mr. Stephen Ellis: That is 52 years as an entity, and I would say that it's described as Canada's premier physical activity brand. Certainly I would say that everybody around this table is familiar with it, but it is in danger of ending abruptly.

Mr. Elio Antunes: That's correct.

Mr. Stephen Ellis: That's shocking.

The question I would have, then, is this: What do you think the implications of that are on Canada's youth in particular and Canadians in general?

It's a big question, I realize, and we have only a few seconds left, but could you encapsulate that?

Mr. Elio Antunes: As I mentioned in my remarks, to address this issue requires the support of many different organizations. Participation alone can't solve the physical inactivity crisis, but we play an important part, along with our various partners.

Our focus has been to keep this issue at the forefront of not only policy-makers' minds but also the minds of Canadians as a whole to ensure that we motivate them and support them to be physically active.

We talk a lot about sport here, but our whole organization's focus is around getting people to move more for the sake of movement. If they move more and adopt a more active, healthier lifestyle, then they're more inclined to participate in sport programs and possibly even more inclined to eat more healthily.

Our whole focus is around active, healthy living and ensuring that people have the opportunities and the support to overcome the barriers that prevent them from being more active on a daily basis.

The Chair: Thank you, Mr. Antunes.

Dr. Marco Di Buono: If I may add one additional point, there is an economic argument to be made here as well.

A coalition of concerned stakeholders from the sport, physical activity and recreation community in the greater Calgary area published a report in 2020 showing the economic activity directly attributable to sport, physical activity and recreation within Calgary alone equalled \$3.3 billion annually and was accountable for 43,000 jobs.

If we see declining rates continue among adults and children, a major economic impact and jobs impact will ensue. If you're not buying the health benefits and the social benefits of sport, physical activity and recreation, there is a strong economic argument to be made as well.

The Chair: Thank you, Mr. Di Buono.

We'll go to Mr. Jowhari, please, for five minutes

Mr. Majid Jowhari (Richmond Hill, Lib.): Thank you, Mr. Chair.

Welcome to all the witnesses today.

I've had the opportunity to meet with various organizations over the last year. Specifically, I met with with Participation. We met on December 6 and had a very fruitful conversation. I can assure you that on this side of the House with my colleagues, we are definitely supportive of providing the support that the organization needs.

I want to build on the line of questioning that my colleague Dr. Ellis started.

In that meeting, we talked about looking at the a whole-of-government approach, if you recall.

I'll give you about a minute to talk about.... When we had that conversation, you also highlighted the positive impact that funding will bring to the organization, and not only to the government, but to society in a much broader sense.

Mr. Elio Antunes: I mentioned that physical inactivity levels are at 28%, down 11% from before the pandemic. We weren't doing a great job with kids and their physical activity before the pandemic, but it's even worse now.

Along with all the things I just said about active kids being healthier kids, happier kids, and doing better in school, there is a very strong economic argument related to health care costs down the road.

The challenge with physical activity is that I can't show the implications today. The implications are 10 to 20 years from now, and as policy-makers and leaders, we need to think about the future of our country from a health care perspective. If we don't get Canadians, people living in Canada, more active, we're going to pay for it down the road. Either we can invest now into programs and policies and approaches that encourage and support people to get active or we'll have to pay for it from a health care perspective down the road. There is a strong argument there.

The other thing I would say is that we're falling behind on an international scale. Canada prides itself in being a leader. Our organization works with 58 other countries in monitoring physical activity for children and youth, and we're ranked 28 out of the 58 countries. They're all using our report card format. They leverage our insights and our thought leadership, but many of them have implemented policies that have generated significant results while we fall further behind. I would suggest that out of national pride, we need to do better as a country.

● (1230)

Mr. Majid Jowhari: Thank you.

With about two minutes and some seconds left, I'd like to go to Ms. Webb.

In the written submission to the committee, under the section entitled "A National School Nutritious Meal Program for Canada", you highlighted that two ministers have been mandated to develop a national school nutrition meal program. In your preamble to the recommendation, you talked about "investing in a cost-shared universal healthy school food program", and then you made a request of about \$1 billion over five years, which is about \$200 million per year.

The recommendations you made were very interesting. There were seven recommendations specifically. With whatever time I have left, would you like to take that opportunity to quickly go through those seven recommendations and get them verbally on the record, as well as in writing?

The floor is yours, Ms. Webb.

Ms. Carolyn Webb: Thank you very much.

Where do I start?

The coalition has eight guiding principles that we've asked a national school food program to follow.

A program should be health-promoting, in line with Canada's food guide. It should be universal and accessible to all students.

I'm not sure if these are the specific recommendations you're touching on.

There's a cost-share aspect. Many provinces and territories already fund these programs, so let's bring it all together so that we can have a well-funded program that can meet the needs of students.

We're also encouraging programs to be flexible so that they can meet needs and build on what already exists in communities. So much is happening, but it would be a shame to impose a one-size-fits-all aspect.

We're asking for programs in indigenous communities to be controlled by indigenous communities, and for those to be sustainably well funded.

We're also asking for programs to consider school food targets, because there are so many economic benefits that can come from local procurement.

There are so many opportunities for food literacy. Following the food guide and engaging students in developing some of those food skills can last a lifetime. They can really impact families. Kids can bring home those food skills and ask to cook foods they've experienced in the programs, and also learn budgeting skills.

We're also asking for programs to have strong evaluation programs, to not market to children, and to have conflict-of-interest standards.

Thank you for the opportunity to expand.

Mr. Majid Jowhari: Thank you, Mr. Chair.

The Chair: Thank you, Ms. Webb.

[Translation]

The floor is open to Mr. Garon for two and a half minutes.

Mr. Jean-Denis Garon: My question is for Mr. Antunes.

I find that not much is said about the municipalities. It is very much the cities and municipalities that have the responsibility to develop sports infrastructure and, above all, to ensure that these infrastructures are accessible free of charge to everyone, to families, as a public good. Ottawa has a lot of infrastructure funding programs where money is budgeted and not spent and where negotiation is difficult with the provinces, etc.

Would you support more funding for this type of municipal infrastructure, which makes sport accessible to families?

• (1235)

[English]

Mr. Elio Antunes: Absolutely.

In delivering sport and physical activity, all three levels of government need to work in collaboration. The federal government has a strong leadership role to play. However, yes, a lot of the programs and facilities are certainly controlled by municipalities.

A number of infrastructure granting programs have been provided to municipalities. I would say, however, that this doesn't go far enough. For instance, we just invested in significant active trans-

portation infrastructure. That money went directly to local municipalities to create trails and bike lanes. The challenge is that if we don't support that with strong social marketing and communications to change social norms around active transportation, that infrastructure will get built but not used. We need to build infrastructure, but we also need to get people using it.

That's where I think the federal government could play a strong role in support of what the municipalities are doing.

[Translation]

Mr. Jean-Denis Garon: Ms. Webb, I have read your brief, in which you ask for an additional \$200 million for infrastructure, among other things.

Your brief also says that the funds would go directly to schools and organizations or provinces. In fact, in Quebec, a public school cannot receive funds directly from the federal government. It is illegal.

I love your mission. I think what you do is important. Given the context of institutional constraints, I would like to know what approaches you have made and what relationships you have developed with the Quebec government so that we can move towards a national Quebec policy in this area. Indeed, less than two years ago, the House of Commons recognized the Quebec nation.

Ms. Carolyn Webb: Thank you for your question. I will answer in English.

[English]

You touched on a couple of points. I'll speak to the infrastructure funding.

We have asked for funding for infrastructure because many schools are not built with kitchens or with facilities for growing food. We've said a possible grant or infrastructure funding from other places to support schools could be quite important. You can do some simple retrofits, in some cases, that would enable a lot more cooking. You can't prepare whole, healthy food in a school if you don't have a space to chop vegetables and whatnot. That is a big piece. It could be given directly to organizations through grants such as the local food infrastructure fund or through other mechanisms.

I believe your other question was about how we've worked with the Quebec government.

The Collectif is a chapter of the coalition at the Quebec level. They have been in discussion with the provincial government about accepting federal funds as well as about developing and supporting the programs that exist in the province.

The Chair: Thank you, Ms. Webb.

Go ahead, Mr. Davies, please, for two and a half minutes.

Mr. Don Davies: Thank you.

Ms. Webb, I believe in the last federal election both the Liberals and the NDP made an election pledge of spending \$1 billion over four or five years to establish a school nutrition program.

We're on the verge of making a budget for 2023. Do you have any indication that the current Liberal government is going to honour that promise?

Ms. Carolyn Webb: As you said, the NDP committed \$1 billion over four years and the Liberal government committed \$1 billion over five years. In the discussions we've had, folks keep saying they're committed to this issue and are very keen. I wish we had a crystal ball, but we're just fighting hard. We're speaking with anyone we can, but we don't—

Mr. Don Davies: You haven't seen any of that money yet.

Ms. Carolyn Webb: We haven't seen the money. We haven't had any firm commitment.

As I said, we're speaking to whomever we can and hoping that it can flow soon. Programs really need these funds.

Mr. Don Davies: Dr. Warshawski, you made comments in your opening remarks about childhood obesity costing us \$7 billion a year.

I hate to put this in economic terms, because these are our Canadian children, and one would think that making sure we're taking steps to keep them healthy would obviously be the top consideration. I'm just wondering, in terms of our health care system, which has been under such pressure lately, if we were to implement a lot of these obesity-fighting measures—stop the marketing to children and provide better physical activity and better nutrition, etc.—what the economic impact of that would be, say, a generation down the road.

• (1240)

Dr. Tom Warshawski: Thanks for the question.

It is conjecture; however, the University of Waterloo did a study looking at the financial benefits of implementing a tax on sugar-sweetened beverages. I don't have the study in front of me, but it seems to me it was close to roughly \$1 billion per year over 25 years in health care cost savings because of the role of excess sugar in the diet.

The benefits will be there, absolutely. The cost-benefit analysis is pretty clear that there certainly are benefits in reducing the incidence of childhood overweight and obesity as well as from improving nutrition as physical activity.

Mr. Don Davies: Thanks.

Mr. Antunes, it seems to me that if we were serious about this as a country, we would make sure that in every school in this country there would be 60 minutes of physical activity every day for every child from six to 18.

I know that's provincial jurisdiction, but is that something we should be doing as a country?

Mr. Elio Antunes: Yes. Absolutely.

Schools need to implement quality daily physical education. We need to value physical education and physical activity like we do math, science and all of the other core subjects. Absolutely.

I would suggest, though, that we have to support schools in the community to ensure that their programs are accessible for kids in their communities as well. We have to ensure that the families in their homes also value physical activity so that wherever the child is—at school, in the community or in the home—they're supported with those values of physical activity being important to their overall health and well-being.

Certainly, schools have a significant role to play.

Mr. Don Davies: Thank you.

The Chair: Thank you, Mr. Antunes.

Go ahead, Dr. Ellis, please, for five minutes.

Mr. Stephen Ellis: Thank you very much, Chair.

I apologize, Dr. Warshawski. I came in when you were speaking originally.

I'm wondering what exactly you were saying around food literacy and children. I'm not exactly sure what you said. Was it that it's not helpful or it's not proven to be beneficial? Perhaps you could comment on that.

Dr. Tom Warshawski: That's correct.

There are a number of jurisdictions that looked at improving food literacy and the impact of those didactic sessions on behaviour. I would say that they're not non-existent, but they're dwarfed by the power of marketing that kids are subjected to.

The budget for marketing unhealthy foods and beverages to kids is over \$1 billion per year. It uses sophisticated marketing spokespersons, sportspeople, cartoon characters. It's pervasive. It's all the way through the Internet and social media. There are billions of views per year in social media. It's a cannon compared to the poggun of media literacy.

Mr. Stephen Ellis: That doesn't mean it doesn't work. It perhaps means there aren't enough resources.

To me, the obvious question would be what the result would be if we don't actually teach children food literacy in the vernacular—what they should eat and what they shouldn't—how are they ever going to make good choices? I guess that's part of the issue.

Dr. Tom Warshawski: It should be taught; however, I don't think we should rely upon that to have a substantive change in eating patterns for children.

Part of it is the neurobiology of kids, their neurocognitive perceptions. The organ of thought of the brain area—the prefrontal cortex—doesn't fully develop until age 20 to 25. In children, especially under 12, it's relatively underdeveloped.

We also talked about the role of emotion and the role of memory in children.

Yes, I think it's important to give consistent messaging around appropriate food choices; however, it's not a reliable tool to substantively change their nutrition patterns.

Mr. Stephen Ellis: Thank you very much for that, Dr. Warshawski.

Clearly, though, we need a multitude of tools, because we are not winning at the current time. This significant issue is continuing to get worse.

In the United States, the American Academy of Pediatrics has taken a very different view on childhood obesity and the treatment thereof in advocating things like bariatric surgery and the use of medications in children over 12. Could you comment a bit on that and how it might fit into a Canadian model, if it does at all?

Dr. Tom Warshawski: When you look at the key action statement around the AAP recommendations, you see that they don't differ significantly from what's been recommended in Canada. They talk about monitoring and detecting early departure from healthy weight trajectories, and when that's detected, they have a conversation about fundamental behavioural changes. That's nutrition. That's physical activity. It's looking at stigma. It's looking at mental health. Those are the bedrock foundations.

They also talk about—and I don't want to go into too much doctor jargon here—looking for comorbidities, about looking for things like hypertension, high blood lipids, sleep apnea and that sort of thing. Those are common both north and south of the border.

What's getting a lot of publicity are the recommendations around pharmacological interventions and also around bariatric surgery. My own perspective on this—and I think the Canadian practice guidelines will also reflect this—is that those are important steps for adolescents who are really suffering from, say, type 2 diabetes, hypertension, metabolic syndrome and those sorts of things. That is kind of a last-ditch effort.

With the promising advent of the GLP analogues—Wegovy, Ozempic and that sort of thing—to me that would be an opportunity for health care providers to intervene not with an irrevocable step like bariatric surgery but with pharmacology. However, that's down the road.

As I did mention earlier in my comments, the unique aspect of Canada compared to the U.S. is that we do have a chance for some significant regulatory intervention on a national level. Restricting the marketing of unhealthy foods and beverages to kids would help diminish the consumption of these products, which are strongly linked with overweight and obesity. Taxing sugar or sweetened beverages can be done on a national level. We have a progressive mindset here. Physical activity can be increased on a national level as well.

I think there are things that we can do upstream, hopefully, to decrease the need for something as drastic as bariatric surgery.

• (1245)

The Chair: Thank you, Dr. Warshawski.

Next is Mr. van Koeverden, please, for five minutes.

Mr. Adam van Koeverden: Thank you, Mr. Chair. My first question is for Participation.

Representing the Minister of Health, I'm on my way to some FPT meetings around the Canada Games on Prince Edward Island, and one of the things we're focused on with our provincial and territorial ministerial counterparts is physical activity. Does Participation have any significant bilateral agreements with provinces and territories? If not, would those potentially help implement ambitions like daily physical activity in schools?

Mr. Elio Antunes: We currently have funding relationships with the Government of Newfoundland and Labrador and the Government of Saskatchewan. We did have a long-standing relationship with the B.C. Ministry of Health, but that has ended and was not renewed; there was a change of government there a few years ago.

Yes, we do have a couple. We work with all of the provincial and territorial governments from a collaboration and sharing of information standpoint, but from a funding relationship perspective, it's those two right now. As an organization, we need to be very careful, because they also fund provincial organizations. We want to make sure that any type of funding we get at a provincial government level does not take away from some of our partner organizations, because, as I've said, we're very under-resourced as a whole. That's one of the balancing acts, if you will, that we always have to be mindful of.

Mr. Adam van Koeverden: Thanks. That's very helpful.

For Dr. Warshawski on Zoom, how do the nature of marketing and the profit margins or the business of sweet, salty and fatty foods prey on our most prevalent biases towards those foods? I'm asking you a bit of an anthropological question, I suppose, because as humans we have an evolutionary bias towards those foods. How do those big companies, such as chips, chocolate and sweet beverage companies, prey on that?

Dr. Tom Warshawski: I also have an evolutionary bias, so I believe in evolutionary medicine.

I would say that the food industry doesn't set out to harm anyone. What it does is engineer food products that are attractive. They're savoury and they're sweet. We have an evolutionary bias to want to maximize caloric intake. We have an attracted mouth feel to fat products and salt, because through most of human history, those substances weren't readily available.

There's a great book by Moss called *Salt Sugar Fat*, which talks about how the food industry engineers. Again, this is good business. They have focus groups. They try different formulations of, say, potato chips, and they market the ones with just the right amount of salt, sugar and fat and a great mouth feel that makes people say, "This is great". I'm actually a chipaholic. I can't resist those products, so I try not to have them in the house, except for weekends. It works. I've done very well.

• (1250)

Mr. Adam van Koeverden: I hear you. I like chips too, and I've noticed with the rising cost of food, bags of chips are still \$1.50 in my grocery store. They haven't become much more expensive.

I'm going to move on to Canadian Tire Jumpstart.

Dr. Di Buono, you mentioned the Community Sport for All initiative. Could you highlight some specific examples of interventions that have helped achieve some of the goals set out by the organization through the CSAI?

Dr. Marco Di Buono: We may need to extend the meeting by a couple of hours.

In our case, we were a beneficiary of close to \$7 million of Community Sport for All funding, which we matched. We were able to reach almost 2,000 organizations across the country.

Some examples of that are programming in the Calgary area that uses skateboarding as a tool to help young indigenous youth overcome the intergenerational trauma of residential schools. There's programming for indigenous girls and young women in the Lower Mainland. It's a fantastic group called All My Relations that uses basketball as a tool to support indigenous culture and to improve physical activity and recreation.

I mentioned newcomer programs earlier. We have them all across the country, whether they're hockey for newcomer youth or programming like the Free Play society in Edmonton, which has a trauma-informed approach to welcoming newcomer families, as well as the kids, into their facilities.

The list goes on and on. Sport as a tool with an intersectional lens has the power to help kids reach their full potential. This past year, thanks to the support we received, we did that for over 440,000 youth across Canada.

The Chair: Thank you, Dr. Di Buono, for getting that two hours into a minute and a half. That was very well done.

We'll go to Dr. Kitchen, please, for five minutes.

Mr. Robert Kitchen: Thank you, Mr. Chair. I appreciate that.

I apologize to you, Mr. Antunes. Maybe I missed this. The 2020 report card that you put out states that Canadian children and youth's physical activity is a D+. My understanding is it's a D now, which makes me say that there's another report in 2022, perhaps. I've not seen that.

I'm wondering if there is one. If you could either table it or share it with us, I'd appreciate it.

Mr. Elio Antunes: Yes, we have a 2022 report card. I provided it to the clerk, but it hasn't been distributed yet. We can certainly do that after the meeting.

Mr. Robert Kitchen: Thank you very much. It's much appreciated.

On that note, I am aware that ParticipACTION was given \$4.6 million for the community challenge. I also understand, Dr. Di Buono, that Jumpstart got \$6.8 million. I happen to have had a look at the budget. When I look at the community challenge report, you talked

about the 800 available grants of \$5,000. Doing the quick math, that's \$4 million.

Are the administration charges to do this \$600,000?

Mr. Elio Antunes: Yes, with this particular funding program, the intent was to provide as much of that funding to local organizations for programming, so we were limited, I believe, to 15% for administrative, operational and programming costs. Out of the \$4.6 million that ParticipACTION received, \$4 million will be going directly to the hands of local organizations.

Mr. Robert Kitchen: Thank you.

Dr. Di Buono, what would your administration costs be?

Dr. Marco Di Buono: Virtually nil. We are in the unique position of having all of our administrative expenses covered by Canadian Tire Corporation. In the interest of making sure that money got out as quickly possible, we used a small portion to bring one staff member on so that we could expedite the delivery of funding. We have since rolled that staff member into our general ledger and have included that in our general administrative expenses that the corporation covers generously.

• (1255)

Mr. Robert Kitchen: Thank you very much. That's much appreciated.

A lot of what you have talked about dealt with the organizations involved in getting the funding out to specialized groups. That is a challenge. One group that I'm very passionate about is the Special Olympics and the tremendous work they do with athletes with intellectual disabilities, including our children and youth with those aspects.

As you indicated, we look the value of sport in increasing their confidence, self-esteem, knowledge, camaraderie and friendships. These are all on top of the physical activity that's there. The Special Olympics basically get \$6.6 million per year across the country to do this.

Have you partnered with the Special Olympics at all, or looked at that? Either one of you can comment.

Dr. Marco Di Buono: I can certainly speak to that.

We have funded, and continue to fund, many of the Special Olympics chapters across the country in specific programming. We have provided some grants to many of the chapters to help the younger participants travel to some of the national events that have, thankfully, resumed after the pandemic. It is an ongoing relationship we have across the country. I couldn't tell you specifically the amount, but I would be happy to provide that information to the clerk after the meeting.

Mr. Robert Kitchen: Thank you very much.

Mr. Antunes, is it yes or no?

Mr. Elio Antunes: Specifically to the Community Sport for All initiative, those applications are in our hands now, and we're assessing them. That money will be going out the door within the next few weeks, so I can't tell you exactly what we have funded, but certainly we have a long-standing relationship with the Special Olympics. I would not be surprised if they were part of the funding pool.

Mr. Robert Kitchen: Thank you. I appreciate it, because it encourages me that if they had taken the steps to apply, the application would at least be considered. I do appreciate that, so thank you.

Mr. Elio Antunes: Absolutely.

The Chair: Thank you, Dr. Kitchen.

The last round of questions for today's meeting will come from Dr. Hanley for five minutes, please.

Mr. Brendan Hanley: Thank you. I have to begin again with Dr. Warshawski.

As a little chipaholic, I wanted to also point out a book by David Kessler that substantially changed my perspective. It's called *The End of Overeating*, but it refers to that toxic combination of sugar, salt and fat.

We know we need fat and salt in our diets, absolutely. I don't think we need sugar, though. Is there any health benefit, apart from perhaps the pain-relieving properties in early childhood, that it could be used for? Is there any health benefit to sugar or refined carbohydrates?

Dr. Tom Warshawski: I'm not aware of any benefit other than the fact that it's a quick source of energy, and that can be debated, I'm sure. Adam van Koeverden can talk about what's best to fuel your body through sports. If we did talk about it from an evolutionary point of view, for most of human evolution, it has really important to get calories in as quickly as possible. That's why we probably developed a taste for it, not because of the utility of it. In fact, there's some conjecture that sugars may fuel cancer growth and other things, not to mention its effect on promoting type 2 diabetes, hypertension and things like that.

I would say no, but small amounts of sugar are important. You want to have some fun. It adds flavour to things. In moderation, sugar is fine. The problem is that in the modern food environment, 66% of processed foods have added sugar. That's not necessary and that's not helpful.

Mr. Brendan Hanley: Yes. Thank you. That's a great way to describe it. I think we need to get better at how we communicate the adverse effect of refined carbohydrates in our communications and our food policy and our labelling and all of that.

I want to turn to you, Mr. Di Buono. You would know that in Whitehorse not long ago, we participated in the opening of an accessible and beautiful playground that was funded through Jumpstart. We know how important playgrounds are, in addition to other fora for physical activity, but each of these comes with a cost. What can we do as a federal government to help remove financial barriers? Can we be doing more?

Maybe we have a chance at the end of this meeting to talk about how we enhance accessibility, particularly recognizing rural

Canada, winter conditions, equity-deserving groups, and the indigenous and racialized minorities. What are some of the top things we could be doing to enhance accessibility?

• (1300)

Dr. Marco Di Buono: That's an excellent question.

My short answer is that we really engage communities and get them to provide input on what their needs are and that we not make assumptions.

As an example, when we approached the community in Whitehorse, we asked for their input in the design, the location and the size of the play space we wanted to offer. They had alternatives. They could have considered multisport courts. They could have considered skate parks and so on.

Really, we've advocated that everything we do from a sport, physical activity and recreational lens has to be from the ground up. It has to involve the children and youth. My plea to this committee is to ensure that we hear their voices before we implement any policy, before we create any change and before we mandate any kind of systemic changes to the way in which we try to address all of these important topics.

We need to listen to their voices. They are smarter, they are more articulate, and they are more knowledgeable about their needs than we give them credit for. We have been very successful at listening to those voices to create significant and tangible positive change for those children.

Mr. Brendan Hanley: I think I might have 15 seconds left.

Mr. Antunes, do you have anything to add to that?

Mr. Elio Antunes: I'll let that stand. I think that was very well said.

The Chair: Thank you, Dr. Hanley. Your last 12 seconds will go to Dr. Powlowski.

[Translation]

Mr. Marcus Powlowski: I think today is Mr. Garon's last day on the Committee. Is that the case?

Mr. Jean-Denis Garon: It most likely is. So I'm going to take 3 of these 12 seconds to say goodbye to all of you. It has been a pleasure to work here with you.

Mr. Marcus Powlowski: I want to thank Mr. Garon for his presence over the past few months. He has been a very good committee colleague.

Thank you very much, Mr. Garon.

The Chair: This feeling is shared by everyone.

Thank you, Mr. Garon.

[*English*]

To all our witnesses, this has been an absolutely fascinating couple of hours. Thank you so much for being with us. It seems to me intuitive that when it comes to physical activity and healthy eating and marketing to kids, it's clear to all of us what side we need to be on, but the depth you went into and the way you communicated these points will be extremely helpful in the drafting of the report. We're grateful to you.

Is it the will of the committee to adjourn the meeting?

Some hon. members: Agreed.

• (1305)

The Chair: We're adjourned.

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