SIX LOST YEARS

IT'S TIME FOR ACTION

Liberal Party Report on Healthy Kids: Healthy Futures

Dr. Jon Gerrard, MLA - River Heights
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"People living along the banks of a river were not able to solve a drowning problem by pulling people out of the river until they discovered that someone upstream around the bend was pushing them in."[1]
"It is easier to build a child than repair an adult."[2]

[1] Classical story quoted by Dr. Victor A. Carroll in his presentation to the Healthy Kids: Healthy Futures Task Force on February 26, 2005.
[2] Ludwig, Jim (School counsellor, General Wolfe School) Presentation to the Task Force. January 10, 2005.

To the People of Manitoba,

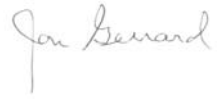
We believe strongly that the health of our children needs urgent attention. To this end we have participated fully in all the hearings, school visits and meetings of the All Party Task Force, and have contributed many suggestions which have been incorporated into the full Task Force report.

However, we believe the main Task Force report is flawed in a number of respects. We are therefore presenting this Liberal report to better represent the direction we see needs to be taken when considering the future of children's health in Manitoba. In putting together this report we have largely used material from the All-Party Task Force meetings, but we have also looked carefully at the scientific literature, and talked to a number of knowledgeable Manitobans about specific issues. To those who have contributed in one way or another to this report we say thank you.

We are quite concerned that the All-Party Task Force report relies too much on marketing and advertising and that this can be used by the NDP government to justify their own ads to promote themselves and their point of view. We are also concerned that many of the troubling statistics relating to the conditions of Manitoba children are being omitted from the Task Force report because the NDP are trying to avoid criticism over the lack of improvement in the first six years of their administration. We are furthermore concerned that the Task Force report uses NDP and Tory political bias rather than science in justifying the Task Force decision against legislation to make it mandatory for Manitobans to wear a helmet when riding a bicycle. The scientific evidence is now clear. We ask – how many more children will have brain injuries or die before action is taken? We cannot accept the Task Force view, and we call for mandatory legislation to require helmet use when riding bicycles in Manitoba.

We also see that the Task Force report falls short of the goal recommended by many presenters – for mandatory daily quality physical education for children from kindergarten to senior 4. We are concerned about the lack of specific targets in the main Task Force report. We are concerned about the approach to nutrition taken by the Task Force which does not adequately emphasize the need to follow models where scientific evidence has demonstrated success – as in the Annapolis Valley Health Promoting Schools Project . We are further concerned that various issues including early childhood tooth decay, breastfeeding, teen drop out rates, teen pregnancies, the need for better research, and the need for adequate numbers of community pediatricians have not received sufficient attention in the main Task Force report. We have endeavoured to do better in our Liberal report. We have received a wake-up call from the people of Manitoba and we are calling for urgent action.

Dr. Jon Gerrard.
MLA-River Heights
Leader
Manitoba Liberal Party



Kevin Lamoureux
MLA-Inkster
Deputy Leader
Manitoba Liberal Party

SUMMARY:

In Manitoba today we have a crisis in children's health. One by one, an analysis of early childhood tooth decay, recreation budgets, child poverty, nutrition (including everything from breast feeding to school diets), injury prevention (including farm injuries, drownings and others), fetal alcohol spectrum disorder (FASD), contamination of our waters, the operation of our child and family service system, teen pregnancies, teen suicides, teen drug and alcohol abuse, teen drop out rates (or school push out rates), bullying, the decreasing number of community pediatricians, and the lack of sufficient provincial support for health research shows that the NDP government has largely failed to keep pace with other provinces. In each category, Manitoba under the NDP has done poorly and in many categories ranks among the worst of all provinces. It does not have to be this way. Liberals believe there is a better way. This Liberal Report provides a view of how the situation can be improved.

The Liberal approach provides for clear objectives, goals, targets and outcomes, close monitoring of results, the integration of science and research, and more focused efforts to produce change to ensure targets are met. Liberals see today's world for children, with television, computers, the internet, more single parent families and more families with both parents working as presenting very unique challenges and ones which need clear and different solutions from the world of previous generations. Together either Dr. Jon Gerrard or Kevin Lamoureux participated in every meeting of the All-Party Task Force and have had significant input to improve the All-Party report. Major differences between the NDP and Liberal approaches continue to exist and are the reason for the present minority report.

The NDP approach relies disproportionately on money provided by government for programs with attractive names in the hopes that improvement will result. The NDP approach pays lip service to science, scatters resources thinly with little overall impact to improve health, needs far too many resources for treating sickness and continues to waste too much money and time without achieving the needed objectives.

The Liberal approach embraces real mandatory daily quality physical education rather than the watered down version proposed by the NDP and the Tories. The Liberal approach will better protect children with legislation to make the use of helmets mandatory for those riding bicycles in Manitoba, while the NDP and Tory approaches would rely solely on educational approaches which have proved insufficient in Manitoba and in other jurisdictions. The Liberal approach also embraces the comprehensive living program used in schools in Nova Scotia which has proved so effective. This approach improves nutrition, involves daily physical education and activity, and uses a team approach which involves students in decision making. In contrast, the NDP and Tory approach promotes better nutrition in schools without using a proven successful standard.

The costs of not acting are huge. We estimate that the short term achievable savings to the health care system are in the order of $100-$200 million annually. In the long term, annual savings could be as great as $500 million to $1 billion. It is time to act and to act decisively.

Chart 1: CHILDREN – How Manitoba Compares to Other Provinces

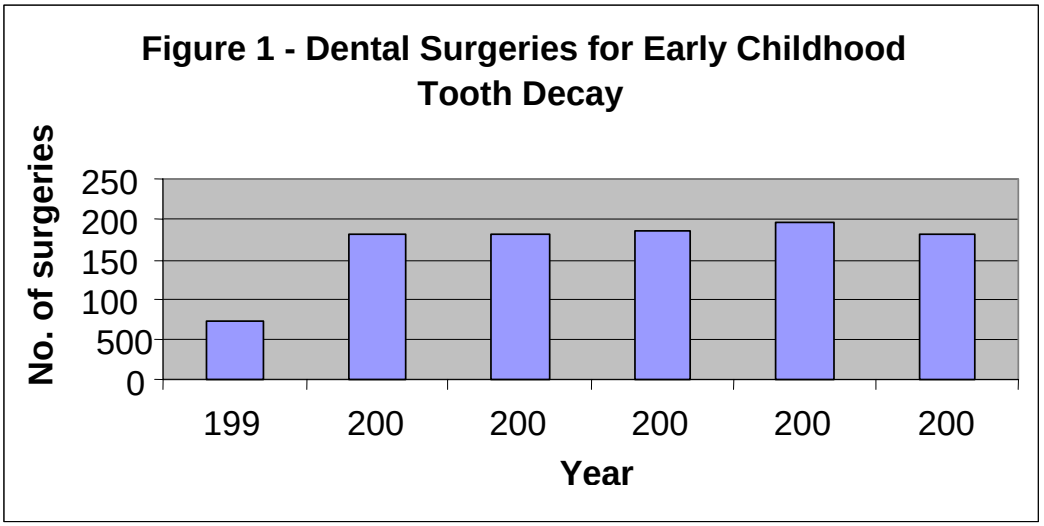
Measure	Manitoba's Status	Most Recent Comparative Data
Infant Mortality Rate	Highest of all Provinces	2004
Child Poverty	Second Highest of Provinces	2003
Teen Drop Out Rate	Second Highest of Provinces	1999
Teen Suicides	Second Highest of Provinces	2003
Teen Pregnancies	Highest of all Provinces	2001
Drownings	Highest of all Provinces	2003
Car Thefts	Highest of all Provinces	2004

INTRODUCTION:

"*the government has a sickness policy not a wellness policy*"[3]
"some trends are going in exactly the wrong direction"[4]

It is important to begin this report on the day that the NDP government was sworn into office, October 5th 1999. The Winnipeg Free Press that day carried stories of the new government. It also carried a story on the dental health of Manitoba children, one that Liberals had raised the day before in a press conference.[5] Many children were being sent down from northern Manitoba for dental surgery because of early childhood tooth decay. The condition is almost completely preventable. Very few of these surgeries should ever be needed in the first place. Jon Gerrard was quoted in the Free Press story: "How the new NDP government addresses the issue of dental health for children will be a test of whether Gary Doer and his team can make a real break with the disastrous health policies of the previous Tory government." Now, six years later the answer is clear. We have largely had more of the same. There has not been a substantive change in the incidence of early childhood tooth decay. There has not been a substantive change in the need for dental surgery (Figure 1), and the major effort continues to do more surgical procedures rather than to prevent early childhood tooth decay in the first place. The bottom line is this: horrific numbers of children continue to require dental surgery. And we, as taxpayers are continuing to pay piles of money for surgical procedures that should never be needed in the first place.

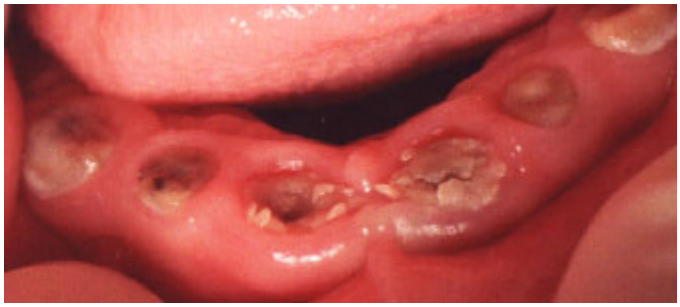
Figure 1[6]



[3] A presenter at the Healthy Kids: Healthy Futures Task Force, Winnipeg February 26, 2005
[4] Kettner, Joel (Chief Medical Officer of Health for Manitoba) in Presentation to the Task Force March 9, 2005 in Winnipeg.
[5] Paul, Alexandra, Winnipeg Free Press, October 5, 1999.
[6] Data provided by Minister Sale in estimates. Hansard (Manitoba) May 2, 2005. Minister Sale also noted that there are approximately 1200 children still waiting for surgery

Flash forward to March 5, 2005 at the St. James Civic Centre in Winnipeg. We were at one of several public meetings organized by an All-Party Task Force on Healthy Kids and Healthy Futures. The presenter was Lisa Kehler, coordinator of the Healthy Smile, Happy Child Project.[7] She reviewed the facts: in four pilot communities (Norway House, Roseau River, Winnipeg and Thompson), 54% of 400 children from six months to six years had early childhood tooth Decay. When children two years and up were considered, 74% had early childhood tooth decay. When I talked to her afterwards Lisa described children whose teeth hurt so badly they would hardly eat. She described a child who was five years old, but looked two. She watched as the child bit on a chicken finger, said "*ow,ow,ow*", and then left her food alone and went to play because it hurt so much to eat. The mouths of these children were described to me afterwards as "full of disease" (Figure 2).

Figure 2



Lisa Kehler also described a study in Garden Hill First Nation. This study of 179 children showed that 99% (all but one child) had early childhood tooth decay.[8] For all children (including the one child with good teeth), an average of 14 teeth showed active decay, or had already been extracted or filled. Forty-one percent of the children had been flown to Winnipeg to receive dental treatment.

Gerrard comments:

"As I listened to Lisa present and talk about their "short-term" project, and the fact that this preventable problem continues in this fashion after six years of NDP government, I was overtaken by a rising tide of anger and frustration at how little had been accomplished. The resources being put into this effort were tiny in comparison to the magnitude of the problem. And yet at the same time, the dollars being spent on surgical and other treatment of this preventable problem were enormous. Millions and millions of dollars of taxpayers money were being spent to treat a preventable condition, when a much more modest investment could have mitigated the need to spend this fortune on treatment in the first place."

Early childhood tooth decay affects children by their first two to three years of life. Almost every child affected today, and needing surgery now, was born under this NDP government.

The general prevalence in North America of children with early childhood tooth decay is 3-5%. Talking with dentists in Winnipeg, with present preventive therapy, many children are now reaching adolescence without any tooth decay at all. Early childhood tooth decay to the extent present in Garden Hill and other Manitoba communities is far greater than in other

[7] Kehler, Lisa: *The Need to Prevent Early Childhood Tooth Decay in Manitoba Children*. Presentation to the Task Force on Health Kids: Healthy Futures March 5, 2005.

[8] Schroth, R.J., Smith, P.J., Whalen, J.C., Lekic, C. and Moffatt, M.E.K.: *Prevalence of Caries among Preschool-Aged Children in a Northern Manitoba Community.* Journal of the Canadian Dental Association 71:27-27f, 2005.

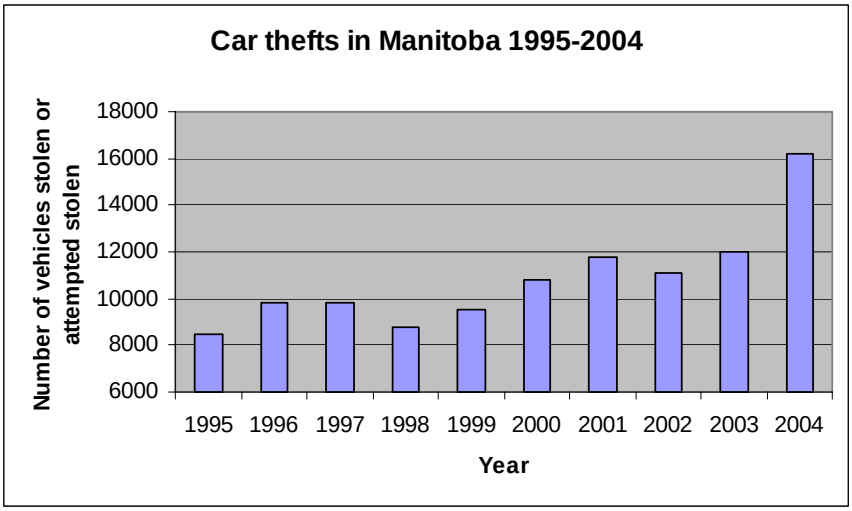
areas of North America. There is just no excuse for not having a major effort to prevent this condition, and yet for six years the NDP have clearly done no more than a little tinkering. The disastrous approach of the NDP needs to be brought to light.

The same day, Jack Harper was one of the presenters describing the need to address recreation and physical activity in Manitoba children. In 1989, he had made a lengthy report.[9] As he described to the Task Force on March 5, 2005 "*Since the completion of the report, little or no action had been taken on these recommendations.*"[10]

Indeed, presenter after presenter to the Task Force described the increasing incidence of obesity, poor fitness and Type 2 diabetes in Manitoba children which have been occurring under the watch of the NDP. As Bruce Brinkworth put it when presenting in Brandon: **"***the tragedy is that I am standing before you lobbying for the same issues I did 36 years ago and our children are worse off than ever*.**"** [11]

In this report, we shall examine the inadequate approach that has been taken for the last six years, and why there is such an urgent need for change. For example, it needs to be recognized that the high rates of poverty in Manitoba coupled with lack of provincial attention to fitness and to recreational activities for youth have been significant contributing factors in the skyrocketing increase in auto thefts from 8,511 in 1995 to 16,207 in 2004 (Figure 3).[12]

Figure 3



Our frustration with the approach being taken by the NDP has been growing steadily. Their failures have received very little media attention and there has been little public awareness of the inadequate nature of the NDP performance as a government when it comes to children. Indeed, too often they have received positive media from program announcements while the core problems remain and too many of the programs have been ineffective or not effective enough. It is time to provide a clear assessment and understanding of the fact that for six years very little had been accomplished. There remains today an urgent need for change.

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[9] Searle, Mark S. and Harper, Jack A.: *Recreation Development in Manitoba: An Analysis and Recommendations for Change.*1989.

[10] Harper, Jack: Presentation to the All-Party Task Force on Healthy Kids: Healthy Futures, March 5, 2005.

[11] Brinkworth, Bruce: *Presentation to the Healthy Kids, Healthy Future Forum, Brandon Manitoba* February 23, 2005.

[12] Winnipeg Sun: *Car theft a growing plague.* April 22, 2005.

Nevertheless, the set up of the All-Party Task Force on Healthy Kids: Healthy Futures was a good development. It was a development for which we, as Liberals, can take some credit. For some time, Gerrard had been pushing for alternatives to the Doer approach, and this was one response.

In the June 2003 election, our first policy announcement of the campaign focused on the need to provide a more reasonable provincial investment in Fitness and Sport. The level of investment by the Doer government was less than $11 million, far under the investment of $15 million just a few years earlier in 1996 (Figure 4).[13] Instead of investing millions more in preventing sickness, the Doer government was spending billions more in treating those who were sick (Figure 5). We were not opposed to increased funding for treatment of those who were sick, but we sought a much more reasonable balance. Unless we act vigorously to reduce preventable diseases, health care costs will increase enormously and the quality of life for our citizens will be much worse. We announced our intention, as our first policy announcement of the 2003 election, to provide $20 million a year for the Fitness and Sport budget as a more reasonable starting place for such an essential support for healthier lifestyles for Manitobans. The investment would probably save double the amount in reduced health care costs.

Figure 4

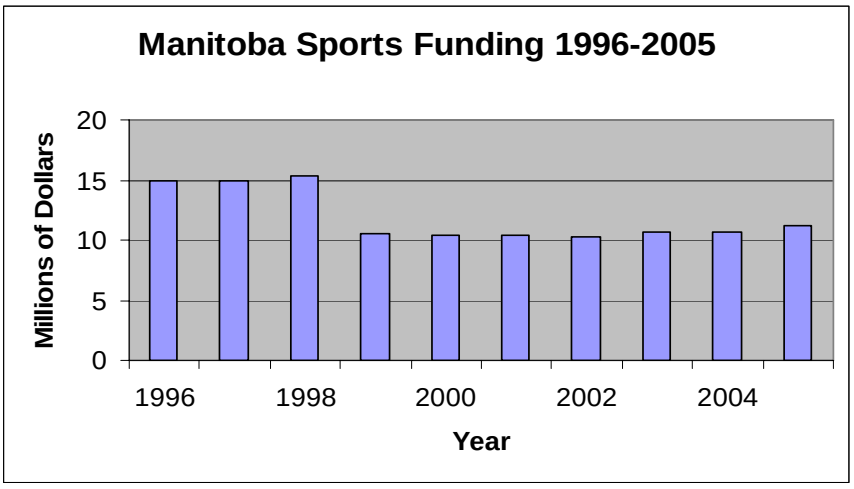
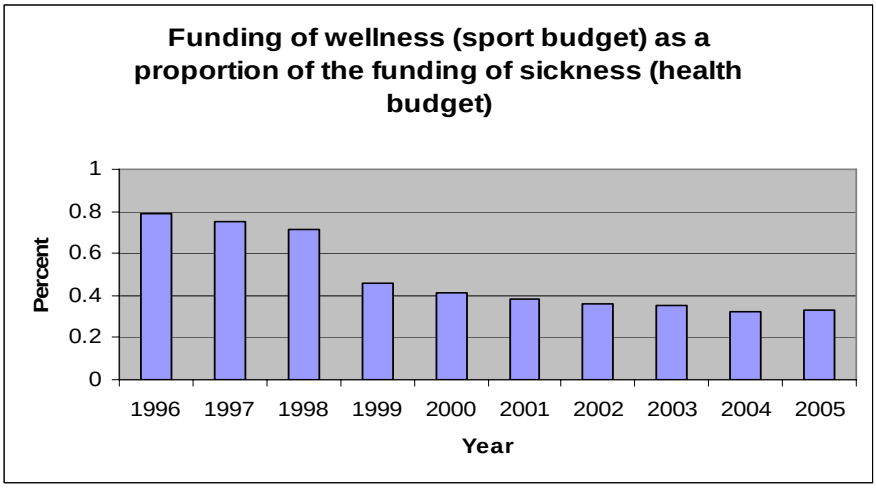


Figure 5

[13] Manitoba budget documents.



During the summer of 2003, we spent time with Dr. Henry Janzen and others reviewing the need to have more physical education time in our schools. The mountain of evidence supporting daily quality physical education was convincing and Gerrard called for the introduction of this change in Question Period on October 1, 2003.[14] The Doer government did not move then, but we and others continued to focus on efforts to keep Manitobans healthier and in the spring of 2004, Doer finally indicated he was thinking about an All-Party Task Force. After many months delay, it was finally put in place in the fall of 2004.

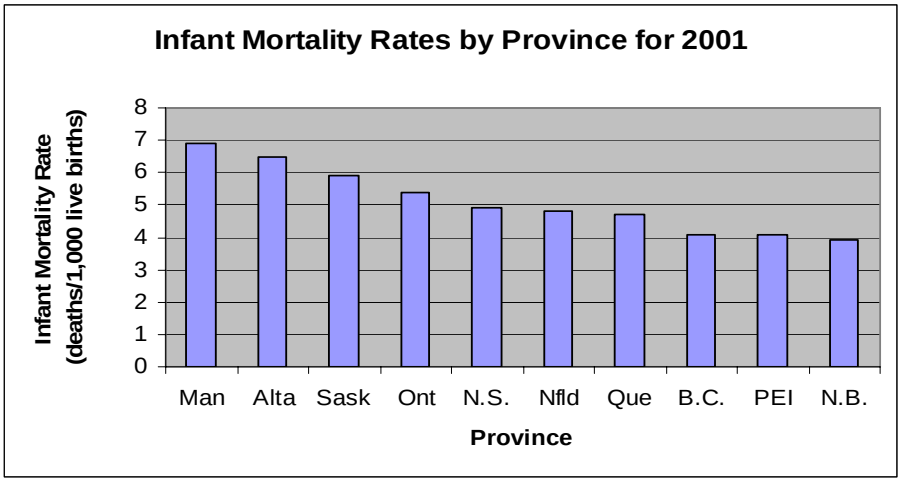
[14] *Call for Daily Phys-ed.* Winnipeg Free Press, October 2, 2003, page B1.

PART I: THE ISSUES:

"I don't think there is a more top priority than what is being addressed by the Task Force."[15]

Effective improvement in the lives of children needs the cooperation of all levels of government. The Government of Canada has provided an overall framework for Canada with the document *A Canada Fit for Children*.[16] This document was written in response to the May 2002 United Nations Special Session on Children. Provinces have much more specific responsibilities in ensuring a better world for children. And it is possible to make comparisons as to how provinces are doing in providing this framework, by comparing outcomes for children from one province to another. Sadly, when comparisons are made, Manitoba fairs poorly. A simple example is the infant mortality rate (Figure 6).

Figure 6[17]



The Conservatives, in government in Manitoba from 1988-1999, left behind a legacy in which Manitoba was behind almost all other provinces. Effective changes should have begun with the election of the NDP government in 1999, but they did not.

a) Fitness in Manitoba children:

Manitoba data presented to the Task Force by Kristy Wittmeier suggest that up to 80% of children in our province do not get sufficient physical exercise and/or appropriate nutrition and are at risk of chronic disease.[18] Stacks of literature show how important it is for children to have regular physical exercise. Physical exercise not only improves physical health, it also improves mental health, self esteem, the ability to learn, and the behaviour of children in school. Indeed, when it comes to schools, children who are physically active clearly do better academically. In Thompson, we heard of declining physical activity with increasing grade levels. Clearly the trend for reduced physical activity needs to be reversed.

For years, we have heard complaint after complaint over the behaviour of children in our schools. There is an approach (daily physical education) which improves student

[15] Kettner, Joel (Chief Medical Officer of Health for Manitoba), Presentation to the Task Force on March 9, 2005 in Winnipeg.
[16] *A Canada Fit for Children*: Canada's plan of action in response to the May 2002 United Nations Special Session on Children. Government of Canada, 2004.
[17] Data from the Canadian Institute for Health Information
[18] Wittmeier, Kristy, of the Canadian Physiotherapy Association in Manitoba presentation to the Task Force on March 9, 2005.

behaviour and yet we are not using it adequately. How sad is this? Physical activity programs have also been shown to have a positive impact on youth at risk (National Crime Prevention Council of Canada 1995). In northern Manitoba, we were told that there was a 17.3% reduction in crime in communities which participated in a community sports program, and on average a 10.6% increase in crime for communities without sports programs. This is a 28% difference between the two groups of communities. The 2005/06 budget for Justice in Manitoba is $284 million. Twenty-eight percent of $284 million is $79 million. Imagine being able to save even half of this amount or $40 million on an annual basis because increased physical activity and sport participation all over Manitoba led to a big decrease in crime!

Physical education in schools is helpful for children to learn discipline, ethics, communication, teamwork and many other important behaviours and values (Alper included initiating and keeping focus, being present, positive thinking, imagery and visualization, peak experiences)[19]. Physical education in schools is, by and large, seen very positively by children. Every group of children to whom we talked during the Task Force visits to schools wanted more physical education time. Indeed, I heard reports of some children who only came to school because there was physical education! Having quality daily physical education in schools is an important part of an approach to reducing drop out rates (or push out rates as some call them – but more of that later), and ensuring more children graduate. In addition to its other benefits, regular physical exercise improves mental health and develops self-esteem and self-confidence as well as physical and emotional well-being.[20] Indeed, regular exercise has been shown to be a viable, cost-effective, treatment for mild to moderate depression.[21] A comment from a high school student in MacGregor said it well: "*It's a terrible day when we don't have phys. ed.*" As Morris Glimcher put it "*High school athletics are the other half of education."*[22]

We heard from physical educators a number of very important points. These include:

1) It is vital to have a quality physical education program which appeals to children as well as ensuring they get the physical activity they need.
2) It is vital to have daily physical education in school at a level of 30-45 minutes per day, with total physically active time (when after school activities are included) of 90 minutes per day.
3) While some school boards (for example Pembina Trails), have implemented mandatory daily quality physical education, the large majority of school boards in Manitoba have not.
4) While some schools provide daily quality physical education for students, these are the exception in Manitoba at the present. One good example is Betty Gibson School in Brandon where Bruce Brinkworth is the physical education director. At the Brandon public meeting, we were shown examples of the variety of the fun exercises he uses for his students. We also learned that his valued program of mandatory daily quality physical education is not secure in the current environment, but is under threat of being cut.

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[19] Alper, Eric. President of the Manitoba Association of School Psychologists presentation to the Task Force March 5, 2005.

[20] Kardynal, Jennifer: Presentation from the Cooks Creek Dance Academy to the Task Force March 14, 2005. This point was made in various ways by numerous other presenters as well.

[21] Tkachuk, G.A., Martin, G.L.: *Exercise Therapy for Patients with Psychiatric Disorder; Research and Clinical Implications.* Professional Psychology; Research and Practice. 30:275-282, 1999 (quoted in presentation of Victor A. Corroll to the Task Force on February 26, 2005.

[22] Glimcher, Morris: Presentation to the Task Force, March 8, 2005..

5) Community recreation facilities and sports activities can and do play an important part in the effort to improve fitness in children.

A major problem is that for six years very little has been done. The recommendations of Henry Janzen, Jack Harper and many others have been ignored. There is no evidence of any improvement and indeed, all the available measures suggest the problem is getting worse.

We will now review the issues of mandatory daily quality physical education, the need for facilities (both indoor and outdoor), and the need for good quality instruction.

i) Mandatory Daily Quality Physical Education:

As early as 1975, the government of Manitoba received recommendations for daily physical education. In a report from Physical Education Working Group in 1975,[23] the NDP minister of the day received the strong recommendation "*That effective September 1, 1976, all Manitoba schools be required to offer an average of 40 minutes of physical education per day, with an average of 20 minutes per day which involves vigorous physical activity. There should be at least one opportunity for vigorous activity daily i.e. jogging, walking fast, cycling*."

The opportunity for action by the government to implement this was missed.

In the years since, some schools and some school divisions have acted. For example, under the leadership of Henry Janzen (Figure 7), a school trustee, the Fort Garry School Division moved to implement mandatory daily quality physical education for kindergarten to grade 10. A similar policy was introduced into the Assiniboine School Division, and is in place for the Pembina Trails School Division following the merger of the above two divisions. The policy has proved to be workable, and receives support from children, parents and teachers in the division.

Figure 7

Some educators have expressed concern about children not having enough time for their other subjects if they have mandatory daily quality physical education. At least two studies (by Shepherd in 1997, and Sallis et al. 1999)[24] have shown that academic performance is maintained and enhanced despite less curricular time devoted to other academic subjects, because of more time to physical education. The result is not surprising giving evidence that children who get regular physical exercise learn better, have increased energy and fewer illnesses. Teachers have also commented that children who get physical exercise are less restless in school and better behaved in class. We were also told there is a strong correlation between passing physical fitness tests and academic performance.[25] It should be a no brainer to have mandatory daily quality physical education given all this evidence.

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[23] Daly, J, Frater, J, Kidd, B., Orchard, J.: *New Directions in Physical Education.* Interim Report of the Physical Education Working Group. – Presented to the Hon. Ben Hanuschak, Minister of Education, October 1975.

[24] Janzen, Henry – Presentation to the Task Force February 26, 2005 quotes these two studies.

[25] Kos, Dr. John J. Presentation to the Task Force February 26, 2005, in Winnipeg.

ii) Facilities:

Gymnasiums in some schools are old and are not up to current standards. Indeed, we were told that gymnasium standards for schools need to be revisited as they are now out of date. For example, attention needs to be paid to the needs of those with physical or mental disabilities. Some school divisions have done better than others in recent years. For example, by saving considerable dollars in managing schools in their division, the Thompson School Division has been able to put money into new gym facilities.

Repeatedly, issues of facilities where children can get physical activity were raised, particularly in reference to community facilities. In a number of cases, the situation could be substantially improved by better public access to community facilities. Bennetta Benson and Claude Molgat,[26] after considerable experience trying to get access to community facilities recommended that "*the Government of Manitoba undertake an investigation into public access to community facilities,*" and that there be "*a fundamental rethinking of current access policies for public schools, community clubs, University and college campuses, City playgrounds and pools and any other related facilities, and that targeted funding be provided to make such facilities available over weekends and summer months, by covering facility related costs such as a caretaker and other related expenses.*"

The issue of facilities and access to facilities was raised by many presenters. Dwight McNeil of the Winnipeg Minor Basketball Association pointed out that only 4 of the 70 community centers in Winnipeg have gyms that you can play basketball in.[27] McNeil was complimentary of the policy of Winnipeg School Division 1 which allows rental of facilities on the weekend, but his experience was that other school divisions do not allow this. Indeed, he found great difficulty in ensuring children could play basketball in his league in some parts of the city.

In many communities the situation as to facilities for recreation is at a crisis point. The situation for the Cooks Creek Dance Academy is so bad they have been forced to operate out of the basement of a bar.[28] The current athletic facilities at Brandon University rival those of a suburban high school of the 1960s.[29]In Thompson, Mayor Comaskey indicated that significant financial investment is needed to bring existing core infrastructure up to current environmental and health standards. In Dauphin, a gymnastics program had to close because of a lack of facilities.

Tony Zerucha talked about the situation in rural Manitoba. He said: "*Within the next five years, many communities will have traveled beyond the crisis point with regard to the state of their facilities. These structures can be hopelessly outdated in the services they offer. Many are single-use, and lack adaptive resources such as the ability to convert a rink to basketball, lacrosse or some other sport. They do not have the aesthetics to host a trade show or school concert. There are no meeting rooms, which can also be used for non-athletic instruction. New multi-use facilities will best serve the needs of rural Manitoba. These buildings can accommodate programming for all ages, including daycares, mother-child mornings, art, music and dance instruction, academics, athletics and seniors get-togethers.*"[30]

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[26] Benson, Bennetta, and Molgat, Claude, Presentation to Task Force March 9, 2005.
[27] McNeil, Dwight: Presentation by the Winnipeg Minor Basketball Association to the Task Force on March 9, 2005.
[28] Kardynal, Jennifer: Presentation to the Task Force March 14, 2005, in Ste. Anne.
[29] Mayes, Brian R.: *Notes for Presentation to Healthy Kids, Healthy Futures Task Force, February 23, 2005*, Brandon
[30] Zerucha, Tony: Presentation to the Task Force on behalf of the Eastman Recreational Professionals, on March 14, 2005 in Ste. Anne.

iii) Community recreational opportunities, including outdoor recreation:

"Many youth say that there is not enough to do in the community after school"[31]

"Environmental barriers of our communities such as the accessibility and location of parks, trails, sidewalks, and recreational centers as well as street design, density of housing, and availability of public transit may play an even greater role in promoting or discouraging an individual or family's level of physical activity."[32]

Many presenters referenced the need for more bicycle paths and walking trails as important to promoting physical activity. With the exception of support for the national effort to build the trans-Canada trail, the NDP in six years has paid little attention to creating an environment where fitness is a culture. Walking and running are the simplest activities that the majority of the population can participate in.[33] There is, therefore, a clear need for an approach which supports the development of more walking and running trails and bicycle paths in Winnipeg and throughout Manitoba. Very little has been done in the last six years but it needs to be done now.

There are a variety of ways in which the provincial government can provide better support to sports clubs. The presentation by the Thompson Ski Club Inc. provided a good understanding of the opportunities which could come from modest assistance from the provincial government. Unfortunately the present government has not responded, and so even modest support from the province for this facility has been lacking.

We were provided with some really good examples of excellent recreational programming. The dramatic expansion of the Winnipeg Minor Basketball Association from 492 players to 5,688 players between 1997 and 2004 is one example. We heard "*We are the worst thing that has happened to Saturday morning cartoons in a long time.*"[34]

iv) Instruction:

The word *quality* is vital. Ensuring quality instruction is essential. In the higher grades in particular, Henry Janzen cited evidence that up to one quarter of students may be turned off by physical education classes because there is not sufficient variety, and the quality of instruction is not good enough. Ensuring sufficient numbers of qualified physical education teachers and their wise employment in teaching in schools is important.

No less important is the quality of other efforts to improve physical activity and physical education. Nadine Miller of the X Company Physical Arts Training Performance Team emphasized the need, particularly in rural areas, to have groups like theirs involved to help with training and education with respect to activities which are fun and to improve fitness levels at the same time.[35] The need for improved instruction in rural areas was also emphasized in the meeting in Arborg.

The extent to which communities have recreation directors available to them to ensure quality programming for children varies greatly from one region of the province to another. In the north, for example, less than 50% of the communities have paid recreation directors. This is very sad because these are communities which badly need physical activity opportunities for youth.

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[31] Osterveen, Sylvia of the Youville Clinic: Presentation to the Healthy Kids: Healthy Futures Task Force February 26, 2005 in Winnipeg.

[32] Manitoba Physical Education Supervisor's Association. Presentation to the Healthy Kids: Healthy Futures Task Force on March 5, 2005

[33] Athletics Manitoba. Presentation to the Task Force March 5, 2005.

[34] McNeil, Dwight: (Winnipeg Minor Basketball Association): Presentation to the Task Force March 9 in Winnipeg.

[35] Miller, Nadine: Presentation to the Task Force March 14, 2005, in Ste. Anne.

Coaches play a very important role in building athletic achievement and attention needs to be paid to the development of coaches.

b) Dental health in Manitoba children:

As described in the introduction, Manitoba continues to have extraordinarily high numbers of children with early childhood tooth decay. This is a preventable problem. In the last six years, taxpayers have paid tens of millions of dollars, perhaps hundreds of millions of dollars to treat the problem after it has developed. And yet, little has been done to prevent it.

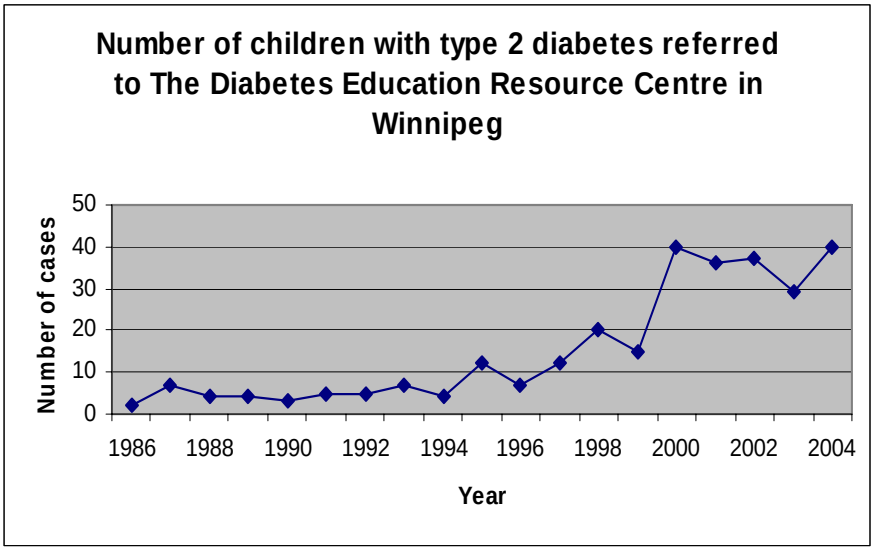
Too often people shrug their shoulders and say "*not much can be done*" or "*it's a long term problem.*" But in this case, there is abundant knowledge of how to prevent tooth decay, but effective change has not been implemented. In this case, the age at which most children develop tooth decay is less than two years. Even if certain measures may need to start during pregnancy, this still means that major preventive action could have a big impact within two years and nine months. To have had virtually no progress in six years is shameful.

Problems with dental health in children in Manitoba have been widely known for more than 20 years. While in opposition, the NDP had ample time to learn about this problem and to have a plan to deal with it when they became the government. It has been appreciated for many years that the approach needed is to prevent the epidemic of early childhood tooth decay, and yet all the evidence suggests the condition has become worse, not better, since the NDP came to power.

c) Type 2 Diabetes in Manitoba children

Until the last two decades Type 2 diabetes was extraordinarily rare in Manitoba children. Within the last 20 years, this condition has increased steadily.[36] The result has been a ten-fold increase in the incidence of Type 2 diabetes in children during this period.[37] Figure 8 shows the increase.[38]

Figure 8



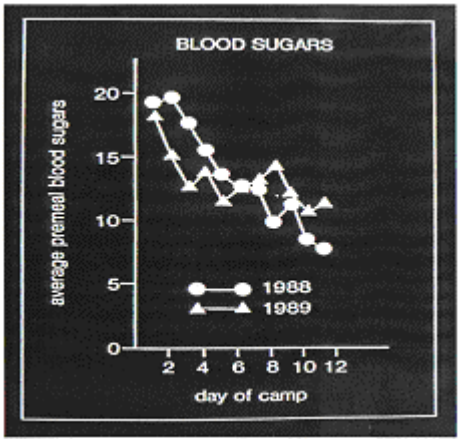
[36] Dean HJ: *Type 2 Diabetes in youth: a new epidemic.* Advances in Experimental Biology and Medicine 498:1-5, 2001; and Dean HJ: Sellers EAC: *Type 2 Diabetes in Youth in Manitoba, 1986-2002.* Canadian Journal of Diabetes 27:449-454, 2003.

[37] Referenced in presentation of Dr. K. Dakshinamurti to the Task Force on March 5, 2005.

[38] Data kindly provided by Dr. Heather Dean, Department of Pediatrics, University of Manitoba

Type 2 Diabetes in children is without a doubt almost completely preventable. Indeed, as Figure 9 shows, the blood sugars of children with Type 2 diabetes in Manitoba can be normalized in two weeks at a summer diabetes camp where children are provided with reasonable nutrition and exercise. Yet to date, the Manitoba NDP government has been unable to implement an effective preventive strategy. During the tenure of the Hon. David Chomiak as Minister of Health, he stonewalled progress and covered up the shortcomings of the provincial NDP approach. In the legislature, he repeatedly claimed Manitoba had the best strategy for diabetes. Yet, when Minister Tim Sale took over as Minister of Health he admitted that the Chomiak strategy had never been implemented. In other words, for five years almost nothing was done. It is no wonder that the NDP government has lost credibility on this issue.

Figure 9



Researchers in Manitoba, in particular Dr. Heather Dean and her team, were leaders when it came to identifying the presence of Type 2 diabetes in adolescents, particularly in certain First Nation communities. Dr. Dean and her team have also demonstrated that putting children with Type 2 diabetes in a summer camp for two weeks where they have regular activity and good nutrition can bring the blood sugar levels down to near or within the normal range. They have demonstrated that this condition is treatable, and by implication preventable, through lifestyle modifications. However, the NDP government has been derelict in ensuring the implementation of a reasonable plan to prevent this condition. Introduction of mandatory daily quality physical education is part of the effort needed to prevent children from getting Type 2 diabetes.

Though **diabetes in adults** is beyond the primary scope of this report, we note that there has been a major increase in Type 2 diabetes in all ages in Manitoba during the last twenty years and continuing during the last six years. Diabetes has reached epidemic proportions (Figures 10 and 11).[39] Clearly action should have begun in a major way in 1999, and is even more urgently needed today. Figure 11 shows that if the Doer government had even stabilized the incidence of diabetes at 1999 levels, there would have been 5,000 fewer people with diabetes in Manitoba.[40] The numbers of dollars involved are staggering!

[39] Data provided by Minister Tim Sale during estimates in the Manitoba Legislature, Hansard, May 2, 2005
[40] While the average lifetime additional costs of care due to the diabetes, for a person diagnosed with diabetes are not known with certainty, they are likely to be between $100,000 and $1,000,000. At these numbers the additional lifetime health care costs for 5,000 new diabetics is $500 million to $5 billion.

d) Obesity in Manitoba children

The incidence of obesity in Manitoba continues to rise, and this rise reflects a lack of attention, under the NDP, to fitness and nutrition in children. There is, however, a real concern with efforts which focus primarily on obesity as the problem. Some evidence suggests it may be as important whether children are fit, versus not fit, as opposed to whether they are overweight. A focus on obesity can be devastating and stigmatizing to some children.

There is clearly a need for greater fitness (see above). Such efforts to improve fitness as well as to improve nutrition (see below) are important, and as a side effect will result in less obesity. But labeling obesity as the arch-enemy, is in our view, a mistake. This report will focus on improving fitness, rather than on reducing obesity.

e) Nutrition in Manitoba children: *"If you were running a zoo, you would never treat your animals the way we treat our children."*[41]

More than a hundred years ago, Adelaide Hoodless stood up at public meetings to say that farmers were often paying much more attention to the health of their animals than they were to the health of their children.[42] Hoodless's child had died from eating unpasteurized milk, and she led a campaign to change public health practices. Today, once again, we are in an era when more attention is paid to the nutrition of animals than to the nutrition of our children. *"Would you feed pop to your pigs?"* Once again, the NDP government of Manitoba has been a bystander watching as our children's nutritional status has deteriorated.

At many schools, we heard of the present unacceptable situation. Rachel Chappert and Trinette Konge, from Ste Anne Collegiate described the reaction of a student visiting from Brazil "*it is hard to get healthy food in Canada."* Clearly, we must ensure healthy food is available in schools!

Figure 10

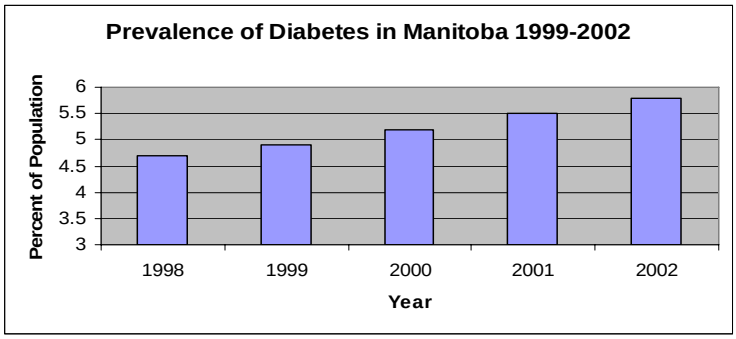
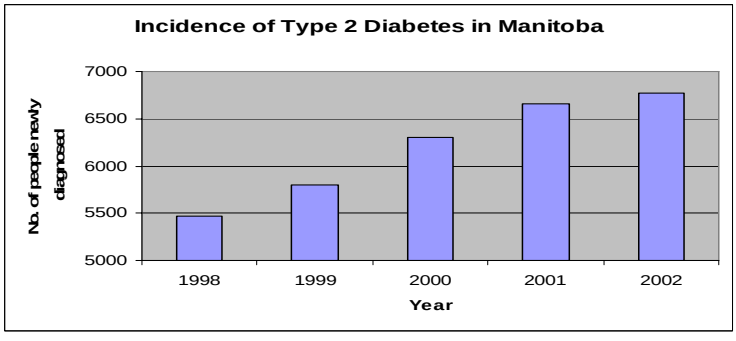


Figure 11



[41] Ogborn, Malcolm (Director of Research, Manitoba Institute of Child Health): Presentation to the Task Force.
[42] Humber, Charles J.: Editor. *Pathfinders: Canadian Tributes*. Heirloom Publishing Incorporated, 1994, p 250-251

Fortunately, a number of schools and school divisions have shown some leadership in this area. The Frontier School Division has developed a policy which encourages healthy eating. It is one that could be looked at as a model for the province. At Gordon Bell High School, the cafeteria there, under strong leadership, has developed a healthy eating approach. As a result, there has been a big change over the last two years with respect to the food eaten in the cafeteria by students.

But, by and large what the Task Force heard was that "s*pend any amount of time observing what students are buying on a daily basis at school canteens and cafeterias and you will be alarmed and see the need we have of addressing this issue province-wide*."[43]

Numerous presenters emphasized the need to improve nutrition in Manitoba children.

i) Breastfeeding:

Breastfeeding is very important to the health of children. Recent evidence shows that children who are breast fed have numerous short and long term health advantages. This includes evidence that mothers who breastfeed reduce the risk that their children will develop Type 2 diabetes.[44]

Manitoba's breastfeeding initiation rate was found to be 78%,, with a variation from 64% to 87% depending on the Regional Health Authority.[45] There is clearly substantial room for improvement, particularly in certain areas of the province.

It was well established by the year 2000, that many Manitoba hospitals were not friendly to mothers who want to breastfeed.[46] One presenter said "*Why should women have to fight so that their children do not receive formula*?"[47] From the descriptions provided by presenters to the Task Force, it would appear that little progress has been made in the last five years toward increasing the breast feeding rate and making more Manitoba hospitals "baby-friendly". These steps were clearly urgent in 1999. They are even more pressing today given the increase in Type 2 Diabetes in Manitoba children.

A Baby-Friendly Hospital Initiative was launched in 1991 through the actions of UNICEF and the World Health Organization. As of 2005, no Manitoba hospital had met the "baby friendly" criteria to be listed as a baby-friendly hospital. Clearly, from the sad tales we heard during the Task Force hearings, action is needed urgently on this front.

ii) Cost of Milk:

The cost of milk in many northern communities is very high compared to the cost of milk in southern communities. We found that milk in Manto Sipi First Nation was several fold more costly than milk in Winnipeg . A 4-liter jug was $10.39 when the Task Force visited (Figure 12). In communities like Aghaming, Bissett, Manigotogan and Seymourville, we were told that a 4-liter milk jug of 2% milk at Costco in Winnipeg is $3.29 while at a store in one of these communities it is $6.29, almost double the price. The high cost of milk means that many children are provided pop rather than milk, even at a very early age. Susan Spindler who made

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[43] Bulloch, Wendy and Heather Goulden Duncan: *Presentation to the All-Party Task Forceby the Manitoba Association of Home Economists, SouthWest Branch.* February 23, 2005.

[44] Young TK et al.: *Type 2 diabetes mellitus in children: prenatal and early infancy risk factors among native Canadians.* Arch. Pediatr. Adolesc. Med. 156:651-655, 2002. and Pettitt, DJ, Knowler WC: *Long term impact of neonatal breast-feeding on body weight and glucose tolerance in children of diabetic mothers.* Diabets Care 25:16-22, 2002.

[45] Martens, PJ, Derksen S, Randy W, Teresa M: *Being born in Manitoba: A look at prenatal health issues.* Canadian Journal of Public Health Nov/Dec 2002.

[46] Martens PJ, Phillips SJ, Cheang MS and Rosolowich V: *How Baby-Friendly are Manitoba hospitals? The Provincial Infant Feeding Study. Breastfeeding Promotion Steering Committee of Manitoba.* Canadian Journal of Public Health 91:51-57, 2000.

[47] Janz, Sonya (Manitoba Association for Child and Family Education): Presentation to the Task Force March 5, 2005 in Winnipeg.

the above presentation said "*I need to know why it is that the province can regulate the price of whiskey, but not the price of milk.*"[48]

Figure 12

Milk is important because it contains calcium and is vitamin D fortified. A study of early childhood tooth decay in northern Manitoba showed that "*during pregnancy many of the mothers only infrequently consumed foods rich in calcium and vitamin D, elements essential to the development of strong bones and teeth.*"[49]

Presenters also emphasized the high cost of fruits and vegetables in the north.

iii) School breakfasts:

The provision of breakfasts in schools for children who need it has been tried in a number of schools. One of these is the program at Ste. Anne Elementary School and Ste. Anne Collegiate. The Task Force learned that the program was initiated after surveys showed that 25% of elementary students and 44% of high school students arrived at school without breakfast.[50] The *Breakfast for Learning* program was begun following the words of J.M. Murphy, Assistant Professor of Harvard Medical School who said "*What we find particularly exciting is that the school breakfast is a relatively simple intervention that can significantly improve children's academic performance and well being.*"

In Ste Anne it was found that the reasons students did not have breakfast were early rising times, inability to eat so quickly after waking up, nothing available to make a breakfast and long bus rides. After beginning the program, the teachers have observed "*less tiredness, less tardiness and students are ready to work on academics.*" Similar results were reported at Westgrove school in the Pembina Trails School Division in Winnipeg.

While the Task Force was told of a few isolated examples of schools supporting school breakfasts for children who came to school without breakfast, there has been no systemic approach to this under the NDP. Among provinces Manitoba is an outcast in the sense that it is almost alone (all provinces except Manitoba and Alberta provide significant dollars for such programs[51]) in not providing direct provincial support for breakfast for learning programs. Clearly, provincial support and further assessment of ways to promote and support school breakfast programs is needed together with an evaluation of where these can be successful and

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[48] Spindler, Susan: Presentation to the Task Force on behalf of the North Eastman Health Association. Made in Ste Anne, Manitoba on March 14, 2005.

[49] Schroth, RJ, Smith PJ, Whalen, JC, Lekic C., Moffatt, M.E.K. *Prevalence of Caries among Preschool-Aged children in a Northern Manitoba Community*. J. Can. Dent. Assoc. 71:27-27f, 2005.

[50] Craig, Charlotte and Hamilton, Wendy: Presentation to the Task Force March 14, 2005 in Ste. Anne, Manitoba.

[51] Prowse, Viola: Presentation from the Manitoba Council on Child Nutrition to the Healthy Kids Task Force February 25, 2005 in Winnipeg.

cost-effective. The Breakfast for Learning program at Ste. Anne has been, by report, very effective at relatively low cost. Work needs to be done on models that can be used and supported province-wide.

iv) Trans-fatty acids

The issue of trans-fats, currently a hot-topic, was the specific subject of one presentation to the Task Force.[52] It was emphasized that trans-fatty acids occur naturally and therefore the total elimination of them from the diet is neither feasible nor a desirable objective. But, it is clear that efforts should be made to reduce trans fatty acids to less than 1% of total energy. Development of nutrition policies for schools should take trans fatty acid content into consideration and achieve this guideline.

A full understanding of trans-fatty acids and their influence on health has occurred only in the last few years. Action may be taken at the federal level to decrease trans-fatty acids in Canadian foods.

The issue of trans-fatty acids shows that the approach to improving nutrition for children in schools needs to use an advisory panel of experts who can make ongoing recommendations for changes to children's diets based on emerging medical knowledge.

v) Docosahexanoic acid (DHA) and other omega 3 fatty acids:

Increasing medical evidence suggests that DHA and other omega 3 fatty acids may be very important to normal mental development in children. DHA is very plentiful in the brain. Countries with diets high in DHA acid have a lower incidence of depression, for example, and DHA may be protective of normal mental health. Nutrition in schools needs to consider not only the need to decrease trans fatty acids, but also the need to increase consumption of DHA and other omega 3 fatty acids.

vi) Community-based changes:

During the task force hearings, we heard repeatedly of a model project which shows what can be done in the North Karelia region of Finland. "*North Karelia was a low socio-economic area with a local culture of tradition and resistance to change. The project was designed and implemented to carry out comprehensive intervention through community organizations and the actions of the people at the grass roots level. It was launched in 1972 to reduce the exceptionally high mortality rates due to coronary heart disease. Over the years the scope of the project grew to promote integrated prevention of major chronic diseases such as cancer and diabetes as well as health promotion in general and prevention of risk related lifestyles in childhood and youth. Major changes took place over the 25 year period, smoking was greatly reduced and dietary habits markedly changed. Fruit and vegetable consumption more than doubled…from 1972-1992. Twenty-five years after the project began the mortality rate of coronary heart disease among men under 65 years old was reduced by 73% from the pre-program years. The project underwent a comprehensive evaluation, and has now become a major demonstration program in Finland and internationally. Surveys were conducted every 5 years for 20 years and results show that over the long term the project was very successful. The project contributed to policy changes in health, agriculture and commerce within Finland.*"[53]

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[52] West, Linda: *Heart Healthy Foods* Presentation to the Task Force March 5, 2005.

[53] Vartiainen, E., Jousilahti, P., Alfthan, G., Sundvall, J., Pietinen, P. and Puska, P. *Cardiovascular risk factor changes in Finland 1972-1997:* International Journal of Epidemiology 29:49-56, 2000. This study was quoted in the Alliance for the Prevention of Chronic Disease: Presentation to the Task Force, February 26, 2005.

vii) Eating disorders

Elaine Stevenson in her presentation emphasized that in Manitoba "our province remains woefully behind the rest of the country" when it comes to healthy care needs.[54] Stevenson emphasized the need, for example, to have a 24 hour residential intensive rehabilitation eating disorder treatment centre for those suffering from obesity, anorexia, bulimia, compulsive over eating and binge eating.

f) Child Poverty:

Poverty is clearly one of the major reasons for poor health in Manitoba children.[55] Yet, in spite of six years of NDP government, the rates of child poverty in Manitoba remain far higher than the Canadian average and far higher than most provinces (Figure 13).[56] The most recent figures show that 22.1% of Manitoba's children live in poverty compared to the Canadian average of 17.6%, and that there has been little change in this proportion since the NDP came to power (Figure 14). Saskatchewan at 18.3 % is well below Manitoba. Provinces like Ontario (16.1%) and Prince Edward Island (11.3%) are below the Canadian average. There needs to be a target to cut child poverty in half (reduce it to 11%) in Manitoba within four years and a plan to deliver on this target.

Figure 13

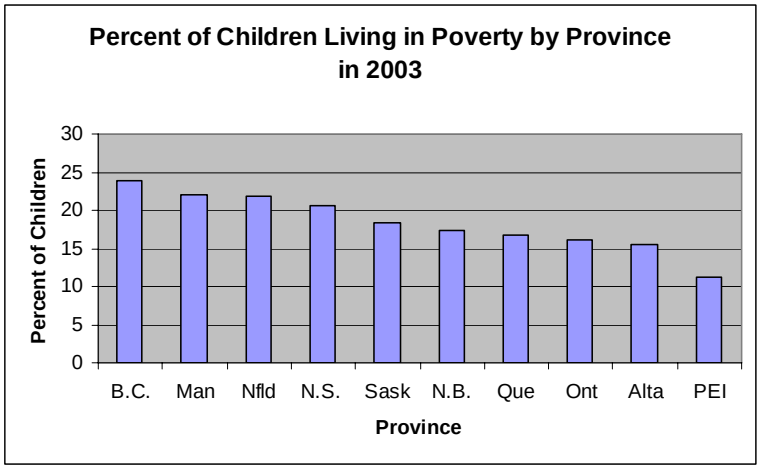
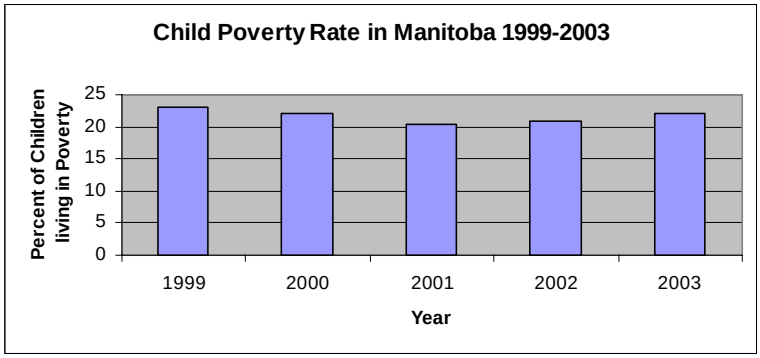


Figure 14



[54] Stevenson, Elaine. Presentation to the Task Force on behalf of the Eating Disorders Association of Manitoba. On March 9, 2005.
[55] Women's Health Clinic presentation to the Task Force, March 5, 2005.
[56] Data from the report provided by the Social Planning Council of Winnipeg.

Comparisons with other provinces with respect to the number of people on social assistance support the recent poor performance of the Manitoba government. From 2001 to 2004, the number of people on social assistance in Manitoba remained the same while significant decreases were seen in other provinces with a 15% decrease in Saskatchewan as an example.[57]

Statistics from Winnipeg Harvest are also consistent with poverty being a major problem in Winnipeg. The number of children requiring emergency food from Winnipeg Harvest more than tripled from 1995 to 2004. In 1995, the number was 5,512 children per month. In late 2004 and early 2005, the number was 17,256 children per month.[58]

Reducing poverty in Manitoba is good for all Manitobans, not just for those who are poor. There are huge extra societal costs from having such a large proportion of our children in poverty. These include major costs to our health care system, to our justice system and to our education system. What needs to be clear to all Manitobans is that the costs of not acting to reduce child poverty in Manitoba are huge. Reducing poverty must be an important goal of public policy, and one result of the All-Party Task Force needs to be the implementation of an effective approach to reducing poverty in Manitoba.

A study by Shirley Forsyth of the Prairie Women's Health Centre of Excellence has showed that almost all low-income mothers indicated their own health was adversely affected by the difficulties they faced in providing their children with recreational opportunities. Costs associated with children's participation in the City of Winnipeg programs have risen by as much as 80% over the last ten years, and more affordable options are clearly needed to make recreation accessible to low-income families.

Reducing poverty also has much broader impacts in addition to improving health and fitness. It can be expected, for example, that reduced poverty will also be associated with improvement in literacy.

Approaches to reducing poverty need to build on present knowledge. For example, "*children are much more likely to be in poverty if they live in a household containing a disabled adult or a disabled child and families headed by a disabled adult are much more likely to be workless."*[59] Individuals with disabilities are often caught in the present system which provides major barriers to work. Significant structural change in social assistance and other programs is needed. Part of what is needed is to enable healthy choices for those who are poor by ensuring Manitoba has accessible child care, accessible education and job training, affordable recreation and affordable safe housing.[60]

i) Housing:

Access to reasonable quality affordable housing is a major issue for many who are poor in Manitoba. Susan Spindler reported on the situation in communities like Aghaming, Bissett, Manigotogan and Seymourville where she said: "*The majority of subsidized housing is built cheap and shoddy… to minimum code standards, if that, because in all my years up there I have never seen or heard of a [provincial] building inspector visiting one of these homes. In the 90's I watched one of these subsidized houses being built right next door to where I lived. If a contractor built you or me a house in that fashion, we would sue them. Within one year all*

[57] National Council on Welfare Report 2005.
[58] Ellerback, Carol (Executive Coordinator, Winnipeg Harvest): Presentation to the Task Force dated January 11, 2005.
[59] Children's Population Health Planning Group of the WRHA presentation to the Healthy Kids, Healthy Futures Task Force February 26, 2005. – quoting material from a report on Child Poverty.
[60] Women's Health Clinic presentation to the Task Force March 5, 2005.

the walls were cracked, the windows, front and back doors no longer closed or opened properly and mold and mildew was climbing the interior walls."[61]

g) Injury prevention

The biggest cause of death among children and youth between the age of one and 19 is injuries. This includes automobile accidents and drownings. Manitoba's injury mortality and hospitalization rates exceed the Canadian average.[62] As a specific example, Manitoba has the highest rate of drowning in Canada.[63] In 2003, there were 23 deaths due to drowning in Manitoba.[64] In 2004, there were 35.[65] For whatever reason, safety has not been a priority issue for the NDP – in terms of having an effective record.

- Bicycle helmets: Manitoba, whether under the Tories or the NDP, has not moved to introduce mandatory bicycle helmet legislation for children. The latest statistics available show only 28% of bicycle riders in Manitoba wear helmets.[66]

A careful review of the effectiveness of bicycle helmet legislation was conducted by Macpherson et al.[67] The study compared head injury rates per year for provinces with mandatory helmet legislation (Ontario, New Brunswick, British Columbia and Nova Scotia at that time), with provinces without such legislation. Overall, by 1997-98, in provinces where legislation was adopted the bicycle-related head injury rate was 9.96 per 100,000. In the provinces without such legislation, the rate was 13.33 per 100,000. The results clearly demonstrate a beneficial effect of mandatory helmet legislation to decrease injuries in children. It is worth noting that deaths from cycling injuries were also higher in provinces without legislation, compared to provinces with legislation for 1996-1998. A report for Manitoba shows an average of one child fatality per year in a bicycle-related accident.

As Larry Baillie presented to the Task Force, each $1 spent on a helmet will save $29 in direct costs. The lifetime cost for a child with a head injury is between $1.0-1.5 million.[68] The introduction of mandatory bicycle helmet legislation in Manitoba will save children's lives, save children from serious injuries, and reduce health costs for Manitoba. Education campaigns to date have had little effect. Mandatory bicycle helmet legislation is clearly needed. The evidence for the beneficial effects of safety helmets and for legislation to make it mandatory for children was present in 1999 but little has been done. It is past time to act.

- Drowning: It was pointed out that "*since fewer schools deliver aquatic programs, due to travel, lack of facilities and cost, there has been an increase in drowning.*"[69] We heard at the meeting in Thompson of a major shortage of swimming instructors in northern Manitoba. We also heard that there used to be an effective northern

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[61] Spindler, Susan: Presentation to the Healthy Kids: Healthy Futures Task Force on March 14, 2005 in Ste. Anne, Manitoba.
[62] Feely, Shawn: Presentation to the Healthy Kids Task Force February 26, 2005 in Winnipeg.
[63] Tenenbein, R., Tenenbein, M., Warda, L: *Use of Personal Flotation Devices in Manitoba Waters: An Observational Study.* Abstract on Health Sciences Centre Web Site.
[64] Balachandra, A.T. *Annual Review, Office of the Medical Examiner 2003.*
[65] Owen, Bruce *Pool Death a grim lesson.* Winnipeg Free Press June 18, 2005.
[66] Warda, Lynne, Briggs, Gemma and Rivard, Justin: *Advocating for Helmet Legislation using Observational Data as an Advocacy Tool.* Health Sciences Centre Web Site.
[67] Macpherson, A.K., To, T. M., Macarthur C., Chipman, M.L., Wright, J.G., and Parkin, P.C. *Impact of Mandatory Helmet Legislation on Bicycle-Related Head Injuries in Children: A Population-based Study.* Pediatrics 2002:110(5), 2002.
[68] Baillie, Larry: Presentation to the All-Party Task Force on Healthy-Kids, Health Futures:, Winnipeg, February 26, 2005.
[69] Stanley, Dr. Nancy: *Presentation to the Healthy Kids, Healthy Futures All-Party Task Force.* February 23, 2005, Brandon.

swim program but that it was cancelled by the Conservatives and was not reintroduced by the NDP.

h) Fetal alcohol spectrum disorder (FASD)

An important measure of the health of our children is the extent to which we have reduced and eliminated fetal alcohol syndrome. While accepting this as an important goal, the NDP have refused to provide accurate measures of the extent of fetal alcohol syndrome in Manitoba. This refusal is puzzling, because clearly it is very difficult to make progress until you know the extent of the problem and are making measures to determine whether interventions are or are not reducing the extent of the problem.

The situation goes back to the early 1990s. As part of the effort involved with the fetal anomalies registry, Dr. Albert Chudley and others were tracking the incidence of FASD in Manitoba. Early on, the numbers were uncertain, but increasingly step by step, the ability to identify and track children with FASD was improving. By 1993, the effort was beginning to pay off and increasingly better results were being obtained (Figure 15).[70] Sadly, the then Conservative government cancelled the funding for the program and the registry died an untimely death. The registry can be begun again and indeed, Dr. Chudley and others would very much like to be able to do so. But the NDP has stalled on reinstating funding for this important initiative, and today we still do not have any reasonable overall measures of the incidence of FASD in Manitoba. The most recent data show 302 children newly diagnosed with FASD in the period 1999-2002, for an average of about 100 children a year,[71]

Figure 15

Why is it so important to be able to know what the incidence of FASD is in Manitoba? It is important for two reasons:

1) It is vital, if we are to make progress in reducing the incidence of FASD to know whether the incidence is going up or down. If an intervention (for example a specific advertising or education program) is introduced, unless we actually have a measure of the incidence of FASD, we don't know whether the intervention is working. We may be wasting a lot of money on ineffective interventions.

[70] Data kindly provided by Dr. Albert Chudley. Data for 1993 are incomplete as funding was cut in mid-year.
[71] Data provided by Minister Tim Sale during estimates – see Hansard for the Manitoba Legislature, May 2, 2005.

2) Over the last decade, it has become increasingly possible to provide learning approaches to children with FASD that are effective. Linda Pisa and Angeline Ramkisson at David Livingstone School in Winnipeg have developed an approach in grades 1-6 which has allowed children with FASD to learn and in many instances to learn at grade level or at least much better than previously. Identifying these children allows us to much better provide for their development and for their adjustment into our education system and to the world of work.

The approach to diagnosis and identification of children with FASD was present when the NDP came to power in 1999. Yet they have stubbornly refused to reinstate the fetal anomalies registry in spite of demands in the legislature that this be done.

i) Teen pregnancies:

For many years, Manitoba has had the highest rate of teen pregnancies in Canada. From 1994/5 to 1998/9, the teen pregnancy rate in Manitoba averaged 63.2 per 1000 females between the ages of 15 and 19. This was slightly lower, at 55.9 per 1000, in 2001, but still far above the Canadian average of 36.1 per 1,000.[72]

There may be many reasons for Manitoba's very high rate of teen pregnancies. Lack of adequate attention to this issue by successive Tory and NDP governments is one reason. A high rate of child poverty is another. One presenter remarked "*If you set up a social assistance system which gives a rebellious adolescent girl a home and financial support when she has a child, it is no wonder that young girls do not obey their parents and instead run away from home and have children as single mothers*." If this is a contributing factor, there needs to be a careful look at social assistance programs and how they can be changed. It is one more reason to overhaul the present system.

The high rate of teen pregnancies may have additional consequences. It may be one of the reasons for Manitoba's high rate of child poverty, since children in families with single teen age mothers are more likely to be living in poverty circumstances.

Teen pregnancies have been related to low self esteem. The Ontario Physical Health and Education Association indicates that there is a strong relationship between a child's physical competence and their feelings of self esteem[73] – one major reason for emphasizing mandatory daily quality physical education for Kindergarten to Senior 4.

At the strong recommendation of the Manitoba Association of School Trustees, an advertising/communication program was put in place in about 2000 to reduce teen pregnancies. After a year, the support for the program was discontinued by the NDP government. Clearly an effective program to reduce teen pregnancies needs to be ongoing, with changes in outcomes (the rate of teen pregnancies) being measured to determine the program's effectiveness. Short-term temporary programs are not good enough; programs need to be continued, or changed to more effective ones, until there has been a reduction in the rate of teen pregnancy to more reasonable levels.

j) Teen suicides:

Manitoba has one of the highest rates of teen suicides in Canada. This issue has been raised on numerous occasions including in the Manitoba legislature, but to date little progress has been made to reduce the number.

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[72] Martens, PJ, Mayer T, Derksen S,: *Factors affecting adolescent reproductive health in Manitoba.* Canadian Journal of Public Health Nov/Dec 2002.

[73] Martin, Barbara for the Downtown Parent/Child Coalition- presentation to the Healthy Kids: Healthy Futures Task Force February 26, 2005 in Winnipeg.

For the most recent year that statistics were available there were 180 suicides in Manitoba, for a rate of 15.5 suicides per 100,000 people.[74] This rate is higher than all other provinces except Quebec.[75] For ages 10-19, the suicide rate in Manitoba was 13.7 per 100,000.

Some years ago, Alberta realized that it had a very high suicide rate. A major suicide prevention approach was initiated and the rates in Alberta are now coming down. Thus, while Alberta had rates higher than Manitoba in much of the 1990s, by 2003, the Alberta suicide rate was below Manitoba's at 14 per 100,000.[76] The rate for 15-19 year olds in Alberta was 6.5 per 100,000 in 2003, considerably lower than Manitoba's rate of 13.7 per 100,000. More recently, New Brunswick has launched an aggressive approach to decreasing the number of suicides in the province, based on findings which show that their rate (which at 12.4 per 100,000 is lower than Manitoba's but still unacceptably high) is too high in part because of inadequate mental health and addictions services.

The NDP have been pushed to act on the high incidence of teen suicides in Manitoba, but actions to date have been modest and there is not yet any evidence of a decrease in the rate of attempted and successful suicides to know whether the actions taken to date have had any effect.

k) Teen drop out (or push out) rates:

In 1999, a careful comparison across provinces showed that the high school dropout rate for Manitoba was 14.8%. This is far higher than the Canadian average of 12.0%. Only Quebec at 16.0% was higher. Saskatchewan has a dropout rate which is less than half of Manitoba's at 7.3%. By gender, 14.8% of Manitoba males are dropping out, while 13.9% of Manitoba females drop out. In comparison the numbers for Saskatchewan are 9.9% and 4.5%.[77]

More recent data from Manitoba uses a slightly different standard – the number of students completing Senior 4 as a percentage of Senior 1 enrollment four years earlier. The numbers are for 1998 – 76.1%, 1999 – 73.2%, 2000 – 75.3%, 2001 – 75.0%, 2002 – 74.3%, 2003 – 79.0% and 2004 – 80.7%. The trend is moving in the right direction, though the proportion of students who graduate is still too low.[78]

It is often argued that this should be called the "push out" rate not the drop out rate. By calling this the dropout rate, there is a tendency to lay the blame on the young people who do not complete school. The argument for calling this the pushout rate is that the blame is more properly assigned to the school system which tends to push children out rather than ensure that they have the nurturing environment which will make it much more likely they will complete high school.

Teen drop our or push out rates in Manitoba are far too high. This has been known for some time, yet no effective approach has been put in place to address this and to reduce the level of pushouts or dropouts.

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[74] Balachandra, A.T. Manitoba Office of the Chief Medical Examiner: *Annual Review 2003.*

[75] Canadian Association for Suicide Prevention*: Blue Print for A Canadian National Suicide Prevention Strategy*, Oct 2004.

[76] Office of the Chief Medical Examiner: *Suicides in Alberta 2003.*Province of Alberta.

[77] Statistics Canada – Labour Force Statistics May 2002.

[78] Manitoba Education, Citizenship and Youth: *A Profile of Student Learning and Performance in Manitoba 2003-2004.* The Government of Manitoba page, 26, 2005.

l) Teen drug and alcohol abuse

A survey in 2001 showed that under the NDP's watch, 40% of high school students are using drugs other than alcohol and tobacco. 38% reported use of cannabis during the last year.[79] Problems with the highly addictive crystal meth are emerging.

The high rates of teen drug and alcohol abuse reported for Manitoba are a symptom of underlying problems in our society. At the Youth Forum held by the Task Force in Winnipeg, the majority of youth present raised their hands to indicate that in their neighbourhood there were not sufficient structured activities for young people to be engaged in after school. When there are not enough activities for young people, they will create their own activities and get involved in gangs and drugs. We heard repeatedly that those youth involved more with physical activities and sports were less likely to be taking drugs. Yet the NDP will spend less on sport and fitness in 2005 than was spent in 1996. After many years of effort by people like Henry Janzen and Bruce Brinkworth we still do not have mandatory daily quality physical education in our schools from K to senior 4. We should have had action in 1999. We must have action now.

m) Bullying:

Bullying is a problem in some, perhaps many, Manitoba schools. The suicide of a recent teen in Roblin because of bullying has brought this issue to major public attention recently. A major issue here is why successive Tory and NDP government policies have led to a school system where bullying is such a problem.

Bullying and family violence are linked.[80] Bullying and family violence have no place in Manitoba society. Effective measures to prevent bullying in Manitoba should have been in place, but are not. It is past time for action.

n) Mental disorders:

Various mental disorders can have an impact on the overall well-being of children. The treatment of autism is an example mentioned to the Task Force where improvement is needed. It was also noted that exercise, good nutrition and exposure to sunshine can all improve the mental health of children and need to be considered. Physical activity, in particular, has been shown to be good for mental health with children who are regularly active being less susceptible to stress, exhibiting positive attitudes about school and themselves and being less aggressive and playing better with other children.

Adolescence is a time when young people are going through a transition in their lives. Quick attention to mental conditions is needed. Though there has been progress in setting up an effort to address First Episode Psychosis in Manitoba, the NDP government was slow and only acted after much pressure from inside and outside the legislature. Poor organization around this program has meant that it is no longer accepting new referrals.

Adequately addressing the range of adolescent mental disorders is important to improving the health of our children. To date the approach in Manitoba has been piecemeal. There is a need for a more comprehensive approach. For example introduction of the Program for Assertive Community Treatment (PACT), was a good step, but at the moment the waiting list for this program is so long, that it is essentially impossible to get into. At the moment Manitoba has one PACT team for our population while Ontario has over 60 PACT teams.

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[79] Patton, D., Brown, D., Broszeit, B, and Dhaliwal, J.: *Substance Use Among Manitoba High School Students.* Report of the Addictions Foundation of Manitoba. October 2001.

[80] Report of the Alberta Roundtable on Family Violence and Bullying: *Finding Solutions Together*, 2004.

Manitoba needs a reasonable number of PACT teams (probably 4-6) in order to address this and other serious mental health issues. A token effort (one team) is not enough.

o) Smoking:

There remain concerns about young people being influenced to start smoking. Evidence now clearly indicates that smoking in the movies has a significant impact to increase smoking by adolescents.[81]

p) Environmental conditions:

Clean water and air are fundamentals when it comes to health. Far too many Manitoba communities are under boil-water advisories. Too many long-standing water contamination issues have yet to be addressed.

Studies in other jurisdictions (Israel and Sweden) have shown that banning certain pesticides has been associated with decreases in two forms of cancer – non-hodgkin's lymphoma and breast cancer.[82]

q) Child and Family Services:

The Family Services and Housing Department in Manitoba has the mandate to ensure children in care are looked after at a high standard. There are approximately 5,500 children in care in Manitoba.[83] There is considerable devolution of responsibilities occurring at the moment. Yet the provincial government maintains the responsibility for setting standards and for providing funding. While there are many good people who work very hard within the provincial system, there is a critical need for the Family Services and Housing Department to ensure appropriate facilities and supervision for children in care.

In recent months there have been numerous occasions of evidence that this has been sadly lacking. Preston Martin, a 15 year-old boy from Moose Lake who had been in the Child and Family services system, was shot and killed by a 13 year old under the care of Child and Family services in the apartment of a 17 year old under the supervision of Child and Family services. This disaster has emphasized the deficiencies in the present system.

When the Task Force visited Sioux Valley the critical need for facilities for children with behavioural problems was highlighted in the presentations made. The Knowles Centre in Winnipeg is an example of such a facility with a long history and a good track record. But province-wide the capacity is limited. The lack of such a facility in northern Manitoba was one reason that Preston Martin was shipped to Winnipeg. In Winnipeg, the level of supervision and treatment was insufficient and he was shot while in a Child and Family Services supervised home. It was a sad testament to the inadequacies of the present Child and Family Services system in Manitoba. While the devolution of Child and Family Services may be of help in addressing certain of the problems in the present system, there continue to be big questions.

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[81] Dalton, M.A., Sargent, J.D., Beach, M.L., Titus-Ernstoff, L., Gibson, J.J., Ahrens, M.B., Tickle, J.J. and Heatherton, T.F. *Effect of Smoking in movies on adolescent smoking initiation: a cohort study.* The Lancet 362:281-285, 2003.

[82] Hardell, L and Eriksson, M. *Is the decline of the increasing incidence of non-hodgkin's lymphoma in Sweden and other countries a result of cancer preventive measures?* Environ Health Perspect111:1704-1706, 2003; and Batt, Sharon, Cancer Inc. in the Sierra Magazine, Sept/Oct 1999

[83] Data provided by Minister Melnick during Concurrence in the Manitoba Legislature – see Hansard June 7, 2005.

r) Parenting and Child Care:

Parenting is central to optimum childrearing. The timing of a child's development is very important. For example, the critical period for learning basic motor skills is before the age of five. Yet many Manitoba children grow up without adequate training in parenting. Triple P – Positive Parenting Programs were highlighted as an effective approach to improving parenting skills.

s) Gang Violence:

A presentation by Dr. Chris Adams, a Board member of Pregnancy and Family Support Services emphasized that "*Poverty contributes to the growth of substance abuse and gang violence which in turn makes neighbourhoods unsafe*."[84] Effective action to reduce poverty (see above) can have many beneficial effects. He went on to say that "*A sense of insecurity in the neighbourhoods means that both children and parents are unable to go for walks or play freely in public spaces.*" Addressing poverty helps make neighbourhoods safer and provides an environment where more people will be physically active. More people being physically active and walking in the streets keeps more eyes on the streets and helps make the neighbourhood safe. Acting to reduce poverty can have an important effect to create a virtuous cycle.

t) Pediatricians, Family physicians and Nurse practitioners:

Addressing the needs of children in Manitoba clearly needs leadership by pediatricians, family physicians and nurse practitioners. At the present time there are serious concerns. While the NDP government is talking about a greater role for nurse practitioners, the structure of funding and support in relation to nurse practitioners is a question. For example, when the community of Erikson near Riding Mountain National Park looked into the possibility of a nurse practitioner providing service to those in the Park as a result of poor planning and loss of the doctors and hospital in Erikson. To date their efforts have been turned down by the Assiniboine Regional Health Authority.

In Winnipeg finding a family physician can be difficult. It is not clear what model the NDP government is working towards as there is not a clear vision of how the parts of the Manitoba Health Care System are to work together and what will happen in the future.

In Winnipeg there has been for some time serious concerns over the number of community based pediatricians. Community based pediatricians are retiring and are not being replaced and there is a concern they may become an endangered species. The number of pediatric residents has been cut by about a third from what it was in 1990, and so the recruitment of pediatricians is less than it was. Community-based pediatricians are key leaders in the effort to improve the health of children and yet they are being neglected under the NDP.

Changes allowing nurse practitioners to practice in Manitoba represent a positive step forwards, but they must be accompanied by changes in the framework for delivering health care in our province if real change is to be achieved.

Several presenters also emphasized the role of chiropractors and homeopathic medicine specialists in improving community wellness.

u) Research:

Dr. Merrilee Zetaruk, Director of the Pediatric Sport and Dance Medicine Program at the Children's Hospital, and an Associate Professor in the Department of Pediatrics at the University of Manitoba emphasized one of the program goals – to do research. New programs

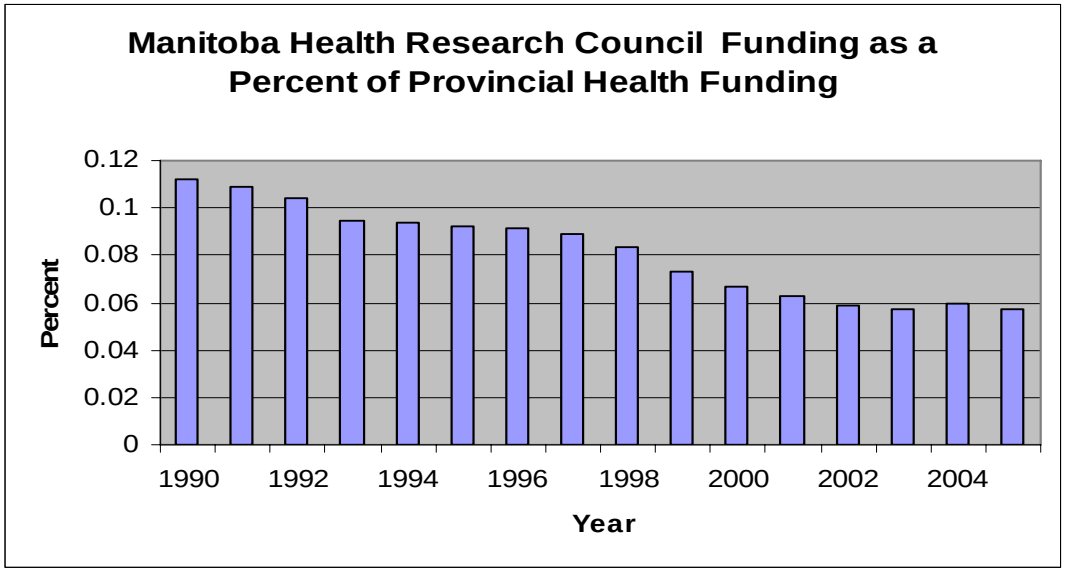
[84] Adams, Chris, Presentation to the Task Force March 9, 2005.

like Dr. Zetaruk's "Active Living Kit" project in communities like Oxford House, St. Theresa Point, Red Sucker Lake, etc,[85] need to be able to compare results in communities where the intervention is occurring with communities without the intervention to ensure it is having the desired effect. The point about using best practices and evidence-based approaches was repeated time and time again by many different participants.

There is a need for much more Manitoba-based health research to improve current practices and test new options. The core provincial program for funding the operating grants for health research in Manitoba is that through the Manitoba Health Research Council. Yet funding of the Manitoba Health Research Council in dollar terms is the same as it was in 1992, and has fallen dramatically (Figure 16) compared to overall health funding. When considered as a proportion of the total health care spending by the province, the funding for the MHRC is only half of what it was in 1992. For a health care system in desperate need of renewal and improvement this is a dismal record, and reflects an inadequate understanding of the importance of research in improving health care in Manitoba. When research to improve health is so critical, it is almost beyond belief that the NDP have failed to recognize that funding of research to lead change in health and health practices is critical.

There is so much potential for Manitoba researchers to help to contribute to improvements in the health of Manitobans. One example is Rosemary Mills of the Department of Family Social Sciences in the Faculty of Human Ecology who presented to the Task Force and then wrote to say: "*The Faculty is engaged in creating a centre to facilitate such comprehensive research and provide the infrastructure to help translate new findings into new solutions to real life issues and problems.*"[86]

Figure 16[87]



[85] Zetaruk, Merrilee: *Active Living Kit*. Presentation to the Task Force March 9, 2005.
[86] Mills, Rosemary S.L.: letter of March 18, 2005 to Dr. Gerrard and submitted to the Task Force.
[87] Data from the Manitoba provincial budget documents.

PART II: WHAT NEEDS TO BE DONE?

"Children learn what they live."[88]

"a 2005 survey asking Canadian corporate leaders what they look for in new hires consistently emphasized self-discipline, an inquiring mind and loyalty over technical know-how, which can be picked up on the job."[89]

Put simply, the provincial government of Manitoba needs to provide the leadership for healthier living in healthier communities and to decrease the high costs we now need to spend on treating those who become sick. Optimum health for Manitobans should be our goal. There are many who want to reduce taxes, but it cannot be achieved without a dramatically better provincial framework for improving health. This is because improving the health of our children has big implications for the health, education and justice budgets for the province.

Improving the health of Manitobans needs clear targets and clear plans to reach those targets. Critical outcomes need to be measured and reported more frequently. The latest data for the incidence of diabetes in Manitoba was 2002. Some critical data was even older. It is not good enough. Efforts to reduce diabetes can no longer rely on an NDP "push on a string" type of approach. We must have a clear goal, and we must have a province-wide approach to achieve our common goal. Resources must be tightly focused to achieve success rather than scattered like chaff in the wind.

Today's world with television, the internet and so much else, requires a different view of how we achieve optimum education for our youth. Physical activity and healthy nutrition are an integral part of a healthy life, it must be an integral part of our education system with mandatory, daily quality physical education, and healthy, nutritious food in school vending machines and cafeterias. We live in a multimedia world, and computers are an important part of this world. Reports, whether in school or at work, are no longer just reading, writing and arithmetic. They are increasingly integrated, multimedia works with pictures, art, and music integral to their form. In this world, children need to learn reading, writing and arithmetic, but they also need to learn about music and art. And, perhaps more than ever, children need to learn ethics, discipline, communication, teamwork, positive thinking, self esteem and other life skills which historically and today are well learned in sports, in music and in the arts, particularly performing arts.

There are those who fret that ensuring the presence of daily quality physical education as well as music and art in schools will detract from children's ability to learn to read. Mounds of evidence shows daily physical education enhances rather than detracts from a child's ability to read, and that music and art education enhance mathematical and creative abilities in children. Parenting skills are also so important to individual and societal success that they too need to be well integrated into our educational curriculum. Overall, there is no doubt we will need to approach education from a new perspective. As we heard during our Task Force hearings, this will need a new, holistic and creative integration of subject matter to be learned. It is challenging, but a healthy future for our children requires it. Fundamental to this change is building an educational environment where teachers love to teach, and children love to learn.

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[88] Bulloch, Wendy and Heather Goulden Duncan: *Presentation to the Task Force on behalf of the Manitoba Association of Home Economists, SouthWest Branch.* Brandon, February 23, 2005.

[89] Ferguson, Sue. *How Computers make our kids stupid.* Maclean's vol. 118: no 23, page 30; June 6, 2005.

a) Fitness,

"*if exercise were a pill… it would be the most prescribed drug on earth.*"[90]

i) Mandatory Daily Quality Physical Education: "*We have hard scientific data showing that our young people need to be active in order to be healthy.*"[91]

We received from many, many presenters a strong recommendation to introduce mandatory daily quality physical education for children from kindergarten to senior 4. This needs to be implemented. In Pembina Trails school division, this was phased in over three years for kindergarten to Senior 2. They have shown it can be done. Many presenters stressed the need to include senior 3 and senior 4. At present, while 90% of grade 3 children were moderately active to meet health benefits, by grade 11 only 12.6% of males and 6.9% of females reached the minimum level of physical activity for health benefits.[92]

Some presenters expressed concerns about the costs of implementing mandatory daily quality physical education. However, some school divisions (Pembina Trails for example) already have mandatory daily quality physical education and from a presenter in Souris we heard that it is affordable with people using their creative talents to achieve success.

ii) Facilities: *"We see gyms in the city but we can't use them. We can't get into Vincent Massey Collegiate which sits empty most weekends"*[93]

In some instances it is clear that new or upgraded facilities are needed. A presentation from Queenston School provided an example of a school which has an insufficient gym space, but has been unable to get funding for a new gym in spite of efforts over some years. In the case of Queenston Gym, the desire is to have a facility which can be used by the school during the day and by the community in the evening.

Tony Zerucha said: "*A partial solution is to make better use of existing facilities. School gymnasiums and classrooms often sit empty after school hours. These are an existing resource that has not been utilized to its full effectiveness. There are several reasons for this. One is that some school divisions charge an hourly fee for having a custodian available after hours. This serves as a discouragement to potential users. Waving this fee province-wide would make schools available to a greater pool of user groups. In return, community buildings should be made available to schools for musical and drama productions, meetings, graduations and more. The current relationship between the school divisions and recreation practitioners is inconsistent.*"[94] Indeed, several presenters strongly recommended "Community Use of Schools Legislation" to ensure schools were available for community use.

Brandon University is trying to establish a Community Wellness Centre which would include a track, playing courts, classrooms and a cardio-room. Properly designed this Wellness Centre could serve as an after-school program centre for the School Division as well as serving Brandon University students and Brandon seniors.[95] The province should pledge matching funds to have this centre built.

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[90] Bailey, Covert: - quoted in Manitoba Physical Education Supervisors' Association presentation to the Task Force March 5, 2005.

[91] Janzen, Henry: Presentation to the Healthy Kids Task Force February 26, 2005.

[92] Janzen, Henry: Presentation to the Healthy Kids Task Force February 26, 2005 – in reference to the Phil Campagna study in Nova Scotia.

[93] McNeil, Dwight: Presentation to the Task Force March 9, 2005 in Winnipeg.

[94] Zerucha, Tony: Presentation to the Task Force on behalf of the Eastman Recreation Professionals in Ste Anne March 14, 2005.

[95] Mayes, Brian R.: *Notes for Presentation to Healthy Kids, Healthy Futures Task Force, February 23, 2005.* Brandon.

iii) Teaching and Physical Education: "*It is important in physical education, for children to be taught how to play a lot of different games and to see how much fun they are.*"[96]

As Bruce Brinkworth and others pointed out " "*Hiring qualified Physical Education teachers to deliver the program (physical education) would help to ensure that students are receiving 'physical education' as opposed to 'physical activity', that safety is a foremost concern, and that best practices are being followed. As well, quality enrichment programs such as clubs, intramurals, and extra curricular athletics would be delivered.*"[97]

iv) Outdoor Community Spaces for recreation:

In many areas of the province there is a need to look at outdoor spaces for recreation and physical activity. The Ste Anne School Partnership for Active Daily Enjoyment (SPADE) is one example of a group which is doing this.[98] They have a community location that they want to turn into high quality outdoor recreation space for all in the community. The Town of Altona has, in the last few years, developed an outdoor parkway centered on an outdoor aquatic centre. Such spaces can add greatly to the attractiveness of the community and to the potential for recreation and increased fitness.

A number of presenters stressed the need for improved **bicycle paths.** Clearly the province needs to take an approach which will address the need to develop more bicycle paths and to improve the outdoor environment with respect to improving physical activity opportunities.

v) Provincial Approach to Recreation Programming:

A Major report by Mark Searle and Jack Harper was prepared in 1989 to address the need for recreation development in Manitoba.[99] As Jack Harper pointed out at the Task Force hearings, virtually nothing was implemented. Recreation has had a low priority under the Tory and NDP governments in the years since 1989. Now is the time to introduce a more effective province-wide approach to recreation as one step in encouraging healthy living for children and adults. It should be noted that a recent study has shown that communities with arts, entertainment and recreation opportunities have been found to have healthier children.[100]

Searle and Harper set out a number of principles. These included: 1) Recreation is an important tool which leads to individual and community growth and development and results in an improved quality of life for all Manitobans. 2) The role of the Manitoba Government and local governments is to ensure that recreation services are available to all Manitobans on an equitable basis. 3) There is a need to encourage local control of programs and services and to respect the individuals' and communities' right to self-determination. 4) The Government of Manitoba recognizes and supports the municipal government as the coordinating agency for recreation services in the community. 5) The unique geography, demographics and resource base in Manitoba suggests the need for a comprehensive, integrated approach to policy development and problem solving at the provincial level. 6) It is recognized that each region of Manitoba is unique and will have problems which require unique solutions and support mechanisms. 7) It is recognized that voluntary and professional leadership is the key to success in the development of recreation services and each community in Manitoba should have access to high quality leadership.

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[96] Paterson, Ben: Presentation to the Health Kids Task Force in Winnipeg February 26, 2005.
[97] Brinkworth, Bruce: *Presentation to the Healthy Kids, Healthy Futures Forum, February 23, 2005*, Brandon.
[98] Tetreault, Mitch: Chair of SPADE. Presentation to the Task Force March 14, 2005 in Ste. Anne.
[99] Searle, Mark S., and Harper, Jack A. *Recreation Development in Manitoba: An Analysis and Recommendations for Change.* Report presented to the Government of Manitoba September 12, 1989.
[100] Rogers, MAM, Zaragoza-Lao, E: *Happiness and Children's Health*: *An Investigation of Art, Entertainment and Recreation.* American Journal of Public Health 93:288-289, 2003.

The recommendations of Searle and Harper should be reviewed urgently and a provincial approach implemented. The Task Force also heard strong support for the need to ensure that all parts of the province were covered by a local "recreation director". We also heard of the need to have some provincial guidelines and approaches in certain areas – such as to ensure healthy foods are available in canteens serving community recreation centers. Lastly, during the Youth Forum (Figure 17), it was very clear from the youth present that only about one quarter felt that there was adequate local recreational opportunities in their community after school. There was very strong support for ensuring such opportunities were available for children throughout Manitoba.

Figure 17

b) Dental Health:

A major concerted effort is needed to improve the dental health of children in Manitoba. The approach needs to be comprehensive. The effort to the extent that it has occurred at all, in the last few years has been modest, fragmented and with little impact on the overall rates of early childhood tooth decay. The effort needed requires a major focused effort to achieve results. It will need to include a major education effort. It may also need to include instituting a single price for milk throughout the province. It must include yearly monitoring of the rates of early childhood dental caries in severely affected communities to determine whether the measures are effective.

c) Type 2 Diabetes:

A comprehensive healthy living approach is needed which emphasizes breastfeeding (it is protective of the development of type 2 diabetes in childhood), improved fitness and improved nutrition. Dr Heather Dean has shown that children with type 2 diabetes given a comprehensive program can normalize their blood sugars within two weeks. This may be much more difficult for adults, but a comprehensive approach can achieve significant success. Indeed, lifestyle interventions in adults who are predisposed to the development of type 2 diabetes have already shown it is possible to reduce the number of people who develop diabetes by 58%.[101]

d) Obesity:

As discussed earlier, fitness and health are what should receive the emphasis, not obesity. The change to mandatory daily physical education, recommended above, needs to be done in the context of programs that have worked elsewhere.

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[101] Tuomilehto, J., Lindstrom, J., Eriksson, J.G., Valle, T.T., Hamalainen, H., Ilanne-Parikka, P. et al. *Prevention of Type 2 diabetes mellitus by changes in lifestyle among subjects with impaired glucose tolerance.* New England Journal of Medicine 344:1343-1350, 2001.

For example, the use of a comprehensive living program has been very effective in Nova Scotia in decreasing obesity levels in children. It is an example of current best practice. At schools with comprehensive living programs only 4% of grade 5 students were obese while in schools without such a program, 10% of children were obese.[102] The comprehensive living program ensured daily physical education and physical activity, and introduced a team approach which involved students in decision making. The introduction of mandatory daily quality physical education in schools in Manitoba needs to be done in the context of a comprehensive living program.

e) Nutrition:

In the context of a comprehensive living program (described above), we received recommendations for a healthy living course.[103] It would seem most logical to model the Manitoba effort after the comprehensive living program introduced in Nova Scotia because evidence has shown the latter to be effective in producing change. We heard of positive changes occurring in isolated examples in Manitoba – the efforts of Earl Johnson at the cafeteria in Gordon Bell High School being one example.

While one approach suggested was to ban junk foods, it was clear, when Dr. Joel Kettner was asked to indicate what are junk foods, that the definition of "junk foods" is not always simple. It would appear advisable to have a provincial advisory committee on healthy foods to provide advice to school boards as they implement healthy eating policies.

i. Breastfeeding:

All Manitoba hospitals should be "baby-friendly" using the UNICEF criteria. There is no excuse for this not happening except for poor provincial leadership under the NDP to date.

ii. The Cost of milk, fruits and vegetables in the north:

After much talk about doing this, it is time to equalize the cost of milk throughout the province and not just in southern Manitoba. For fruits and vegetables, several presenters urged to have more grown locally.

iii. School breakfast programs:

A province-wide approach to exploring workable cost-effective funding models is needed. An accelerated testing of approaches to supporting such programs and their effectiveness provincially is needed.

iv. Trans fatty acids:

Manitoba government should act to ensure that diets available to students in schools have less than 1% trans fats.

v. Docosahexanoic Acid (DHA):

Healthy diets and healthy food choices need to ensure adequate intake of DHA and other omega-3 fatty acids for children.

vi. Community based interventions:

Community based interventions should follow current best practices along the lines of the North Karelia project in Finland. Provincial government support should have sufficient flexibility to allow communities and regions to develop comprehensive intervention models.

vii. Eating disorders:

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[102] Veugelers, P.J., Fitzgerald, D.L.: *Effectiveness of School Programs in Preventing Childhood Obesity: A Multilevel Comparison.* American Journal of Public Health 95:432-435, 2005. This study was referenced in the presentation by Karen Dunlop, President of the College of Registered Nurses in Manitoba to the Task Force on March 5, 2005. Details of the comprehensive living program are available at http://www.hpclearinghouse.ca/features/AVHPSP.pdf

[103] Bulloch, Wendy and Heather Goulden Duncan: *Presentation to the All-Party Task Force by the Manitoba Association of Home Economists, SouthWest Branch.* February 23, 2005.

The Manitoba government should act to implement the following as recommended by the Eating Disorders Association of Manitoba:

- Establish a provincial community based residential eating disorder treatment program like Bridgepoint in Milden, Saskatchewan.
- Create a provincial eating disorder coordinator position to coordinate a provincial community approach to treatment, prevention and awareness
- Develop and implement comprehensive province-wide eating disorder training of general practitioners, dieticians, public health nurses, health care providers, junior and high school councilors, teachers, sporting coaches and social workers, and an awareness program for the general public.
- Review educational programming and course curricula at all levels with respect to information on eating disorders.
- Develop special treatment teams for those with eating disorders who are under the age of 12, and for those with binge eating disorders.

f) Child Poverty: "*the present welfare system is the most demeaning, disgusting system anyone can ever imagine…I've been humiliated by every single welfare worker I've met."*[104]

A comprehensive approach is needed to address child poverty in Manitoba. Neither the last throne speech nor the last budget speech mentioned child poverty as a priority. It is time to bring child poverty to the top of the government's agenda and to address it. The present system has one huge problem - it diminishes self esteem, instead of helping to improve it.

- A target needs to be set for Manitoba. A reasonable target is to reduce child poverty by half from 22% to 11% in four years.

- The comprehensive approach to improving child poverty needs to include an overhaul of social assistance programming in Manitoba with the goal of substantially decreasing child poverty in order to meet the target set above. Manitoba supports for those on social assistance are often lower than other provinces.[105] But, it is not simply a matter of increasing support through Social Assistance, but also of changing the program to treat people with dignity, and to provide help instead of barriers to learning, to earning income and to moving off social assistance.

- Specific mechanisms need to be included to provide children who are poor access to recreational opportunities. We heard from one mother: "*not one mother on welfare can afford to have a child in recreational activity."*[106]

g) Injury Prevention:

- Wearing bicycle helmets need to be mandatory for cyclists as it is in other provinces, and as provided in Bill 210 which the Liberals introduced on May 26, 2005. In conjunction with such legislative change, approaches to make helmets more affordable for those on low incomes are needed.
- Improved aquatic programming is clearly needed so all children learn to swim and the high incidence of drowning in Manitoba is reduced.

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[104] Holdsworth, Kelly: Presented to the Task Force in Winnipeg March 5, 2005.

[105] National Council on Welfare Reports: *Welfare Incomes 2003.* Published in 2004. As one example, social assistance for a person with a disability provides 42% of the poverty line in Manitoba, but 52% of the poverty line in Saskatchewan and 59% in Ontario.

[106] Holdsworth, Kelly: Presented to the Task Force in Winnipeg March 5, 2005.

- Booster seat legislation: The Winnipeg Regional Health Authority Children's Population Health Planning Group recommended mandatory booster seats for children up to 8 years or 36 kgs.
- Students at the youth forum emphasized the importance of including exposure to mock accidents so that they learn both the severity of accidents and how to act if they come across an accident.

h) Fetal alcohol spectrum disorder (FASD):

i. The government should immediately reinstate the funding for the fetal anomalies registry to track changes in the incidence of fetal alcohol spectrum disorder in Manitoba

ii. The government should engage in a major effort to reduce the incidence of fetal alcohol spectrum disorder.

iii. The government should introduce province-wide, the use of best practices in the education of children identified as having fetal alcohol spectrum disorder.

i) Teen pregnancies:

The government should recognize that the high rate of teen pregnancies in Manitoba is a symptom of problems among our youth. This needs to be addressed by a) increasing education in relation to teen pregnancy in schools and b) providing young women and men all over Manitoba with physical and recreational activities which will build self esteem and decrease the likelihood of teen pregnancy which is strongly associated with low self-esteem. One of the important measures is mandatory daily quality physical education from K to senior 4 in schools throughout Manitoba. *"Girls who are active in sports are 80% less likely to have an unwanted pregnancy"*[107] The program developed by the Manitoba Association of School Trustees should be reviewed and its reinstitution should be considered.

One approach which appears to have promise is the presence of a school based nurse. In Elmwood, this appears to have reduced the teen pregnancy rate. The government's approach to this is equivocal however, as we heard in Virden that the NDP government had cut the funding for a nurse based at Virden Collegiate. It would appear that more widely available nurses in schools has the potential to have an impact.

j) Teen suicides:

Effective programs to decrease suicide attempts, and by implication successful suicides, are available. For example, the SOS suicide prevention program, when used for grades 9-12 has reduced the frequency of attempted suicides by 40%.[108] This program involves changes in the school curriculum to raise awareness of the issue of suicides. It also involves a brief screening of students for depression.

[107] Presentation by the Northern Manitoba Recreation Association in Thompson, Manitoba to the Healthy Kids Task Force on February 9, 2005.

[108] Aseltine, R.H., DeMartina, R: *An outcome evaluation of the SOS Suicide Prevention Program.* American Journal of Public Health 94:446-451, 2004.

k) Teen drop out rates: *"Sports attract children to school."*[109]

The drop out rate should be relabeled the push-out rate, and measures taken throughout Manitoba to reduce the push-out rate. Participation in quality physical education programs and in sports has been shown to be associated with retaining more children in school.[110]

l) Teen drug and alcohol abuse:

Teen drug and alcohol use have been shown to be lower in those involved in physical activity and sports. "*Girls who are active in sports are 90% less likely to use drugs."*[111] One of the important measures to decrease teen drug and alcohol abuse is to introduce mandatory daily quality physical education from K to senior 4 in schools throughout Manitoba. Another important measure is to introduce recreational programming throughout Manitoba so that youth have activities available to them after school in all areas of Manitoba.

Laurie Mittendorp of the Addictions Foundation of Manitoba stressed evidence that education in grade 7 has been shown to be effective in blocking the increase in drug use which often starts around this age. This is particularly important with regard to highly addictive chemicals like crystal meth.

m) Bullying:

The Manitoba government should follow the example of Alberta in acting to reduce bullying. The Manitoba government should make clear that bullying and family violence have no part in Manitoba society and take measures to ensure that best practices are used throughout Manitoba to reduce bullying.[112] While school boards are now required to have a bullying policy, there have been delays in implementing this in some areas of Manitoba, and concerns remain about the effectiveness of policies introduced.

Clearly bullying should not be occurring in schools. This may need policies which use better supervision over lunch hour where such behaviour is often seen. Special approaches to inveterate bullies are needed. Such approaches to reduce bullying are not necessarily strictly punitive ones. For example, a snowboard teacher has found a very effective way to eliminate bullying in his class is to provide specific challenges to the bully to shift his/her focus away from bullying activities and into solving the productive challenges provided by the teacher.[113]

n) Mental disorders:

A province-wide approach is needed with respect to mental disorders in order to improve mental health, and to provide early detection and treatment of mental health problems. Programs for Autism, for first episode psychosis and the PACT program should be available province-wide.

o) Smoking: "*Students who smoke are 'at risk' students."*[114]

There should be no smoking on school grounds. This view was provided forcefully to the committee. Rating movies with smoking as 18a, and having anti-smoking advertisements playing ahead of movies which include smoking have been suggested as possible approaches to reduce the impact of smoking in the movies on children and youth. Students who are

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[109] Tara Warren in her presentation to the Health Kids Task Force in Thompson on February 9, 2005.
[110] Ogborn, Malcolm: (Director of Research, Manitoba Institute of Child Health):Presentation to the Task Force.
[111] Presentation by the Northern Manitoba Recreation Association at the Healthy Kids Task Force hearings in Thompson.
[112] Mahoney, Jill: *Study ties TV time to school bullying*: Globe and Mail April 5, 2005.
[113] Gerrard, Charles: personal communication May 2005.
[114] Tascona, Barb: Presentation to the Healthy Kids Task Force Feb 26 in Winnipeg.

physically fit and involved in sports have lower smoking rates. As seen in many other areas, being physically fit and involved in sports has broad benefits.

p) Environmental issues:

Ensuring clean water and reducing potential cancer causing chemicals in the environment are important goals to improve the health of children and adults.

q) Child and Family Services:

- The Department of Family Services and Housing needs to look carefully at present care facilities and act to ensure that appropriate facilities are located throughout the province to ensure that northern children are not put in conditions in Winnipeg where they may go home in a coffin like Preston Martin.
- The Department of Family Services and Housing needs to look carefully at facilities for children with behavioural problems in light of the recommendations made by presenters at Sioux Valley who believe a local facility in a community like Sioux Valley would be far than existing facilities in Winnipeg.

r) Parenting and Child care:

Optimum parenting is important because it affects the skills and competence of the parent and the development of his/her children. We received recommendations for a broader approach to parenting including universal positive parenting programs.

s) Pediatricians, family physicians and nurse practitioners:

- The Manitoba Government needs to act to ensure sufficient number of pediatricians are trained in Manitoba to meet the needs of Manitoba children and to ensure adequate community-based pediatricians.
- The Manitoba Government needs to act to provide a framework for integrating nurse practitioners into an optimum place in the delivery of health care in Manitoba.
- A number of presenters also emphasized the role that chiropractors and practitioners of homeopathy could play to improve wellness in the community.

t) Research:

- The Government of Manitoba should act immediately to restore the level of funding for the Manitoba Health Research Council, as a proportion of total health care funding to the level it was in 1992.
- The Government of Manitoba should gradually increase the funding for the Manitoba Health Research Council up to 0.5% of total health funding and increase the amount of "action research" to implement and test changes in health care delivery at the same time. One percent of health care spending on research has been seen in other jurisdictions as a reasonable goal. If half this were through the MHRC, then this would give the target budget for the MHRC of 0.5% of overall provincial health care spending.
- The Government of Manitoba should work with the Manitoba Institute of Child Health and the Manitoba Health Research Council to ensure the strongest possible review of proposals.

RECOMMENDATIONS:

"We need to find ways to make the healthy choice either the easier choice or in some cases the only choice."[115]

"To deny children opportunities to develop in any one of the physical, mental, social and emotional domains is to deny the development of their full potential as active, interactive, introspective human beings."[116]

"the time for small steps is way passed…significant change is needed for a significant effect."[117]

General:

Changes introduced need to be based on solid evidence of what has been effective in other jurisdictions, and needs to be evaluated by high quality independent research so that there is an opportunity for continuous improvement. For example, the Annapolis Valley Health Promoting Schools project (AVHPSP) has shown demonstrated effectiveness in several Canadian schools. Results of research on this project show the AVHSP works while half measures do not. The results have been published in a high quality peer reviewed journal. The AVHPSP used teamwork at each school, with students involved in decision making to combine daily quality physical education and activity, with improved nutrition for students in the school. This AVHSP program, an effective comprehensive living program which emphasized making healthy choice the easy choice, should be a good model on which to build.[118] Clear targets need to be set as shown in Chart 2.

[115] Manitoba Physical Education Supervisor's Association. Presentation to the Task Force March 5, 2005.
[116] Quote attributed to Dr. Joannie Halas of the University of Manitoba, by Dwight Kearns in his presentation to the Healthy Kids Task Force in Brandon February 23, 2005.
[117] Eros, Randy: Presentation to the Task Force in Ste. Anne on March 14, 2005.
[118] Veuglers, P.J., Fitzgerald D.L: *Effectiveness of School Programs in Preventing Childhood Obesity: A multilevel comparison.* American Journal of Public Health 95:432-435, 2005. See also http://www.hpclearinghouse.ca/features/AVHPSP.pdf.

Chart 2: Recommended Healthy Living Targets

Measure	Recommended target	Frequency of reporting needed
Infant Mortality Rate	Manitoba to be in the top five provinces within five years.	Annually
Child Poverty	Decreased from 22% to 11% within four years	Annually
Teen Drop Out Rate	Reduced below 10% in five years	Annually
Teen Suicides	Reduced below 10 per 100,000 within five years	Annually
Teen Pregnancies	Reduce to the present national average of 36 per 1,000 within five years	Annually
Drownings	Reduce below 15 per year within five years	Annually
Car Thefts	Decrease by 75% within five years	Annually
Type 2 Diabetes - children	Arrest the increasing incidence within two years, and decrease incidence rates by 50% in five years. This target should be reviewed in five years to see if it is possible to eliminate the onset of type 2 diabetes in childhood.	Annually
Type 2 Diabetes – adults	Arrest the increasing incidence within three years and reduce the incidence rates by 30% within 8 years.	Annually
FASD	Reduce the incidence by 90% within five years.	Annually
Bicycle Injuries	Reduced head injuries from bicycles by 50% in two years.	Annually
Early Childhood Tooth Decay	Reduce the need for dental surgery for this condition by 80% within five years	Annually
Obesity	Remove the stigma from obesity and emphasize improvements in physical fitness and nutrition.	Annually
Physical fitness and nutrition	Measured improvements in fitness and nutrition within three years	Annually

a) Fitness:

Physical education and athletics are a fundamental part of education and this needs to be recognized. It is here that many important life skills are learned. The American College Testing Service recently completed a study which compared the value of four factors in predicting success. These factors were high grades in high school, high grades in college, high grades on the American College Tests and achievement in co-curricular activities. The only factor which could be used to predict success in later life was achievement in co-curricular activities.[119]

i) Mandatory daily quality physical education:

Mandatory daily quality physical education, 30 minutes per day, should be introduced in Manitoba for kindergarten to senior 4. To give schools and school boards time to plan, this should be phased in so that the regulations will implement this by September 2007 for

[119] Glimcher, Morris (Manitoba High School Athletics Association) Presentation to the Task Force on March 8, 2005.

kindergarten to grade 8, and for September 2010 for grades senior 1 to senior 4. This will allow there to be adequate facilities and staff, and adequate planning around its introduction.[120]

For Senior 3 and Senior 4, there needs to be flexibility in the physical education program which considers the activities and physical fitness of students and allows students to meet daily physical education targets through sports participation.

Each year a random sample of Manitoba children should be tested for their fitness levels to provide a measure that can be followed to look at provincial progress.

ii) Facilities:

We recommend, following the advice of Sport Manitoba and many others, that the province introduces public use of school and community facilities legislation to direct collaboration between key provincial and community stakeholders in education, municipal recreation, health care and volunteer-based sport/recreation organizations in the planning, building, sharing the costs and joint use of publicly-owned school, fitness, recreation and sport facilities.

iii) Gym facilities:

There will need to be a gym facilities funding program through the public schools finance board for the next several years to put a priority on funding of gyms in schools where the facilities are inadequate.[121] The program should look at links to community-based programs as has been achieved in Mount Pearl Newfoundland where schools and communities join together in ensuring adequate school gymnasium and recreational activity space.

iv) Community Facilities:

Support for improvements in community facilities is needed in many areas of Manitoba. We heard that emphasis should be on multiuse facilities for children and adults at the same time – so that parents can drop their children off and run around the track at the same time as their children are engaged in physical activity.[122] A few examples follow: The development of the Wellness Centre at Brandon University should be supported to provide improved athletic activities on the campus and for members of the community of Brandon. The development of community wellness centers as residents of MacGregor have been advocating for should also be encouraged. When new hospitals are developed, as is needed for example at Cross Lake, a modernized model should be considered which looks at a Wellness Centre/Hospital model.

The YMCA/YWCA has a strong wellness model which was cited as a very good example of affordable community based recreation.

v) Outdoor recreation spaces:

A significant effort is needed to increase the number of bicycle paths and the availability of outdoor exercise spaces in communities. The space being developed in Ste. Anne is a good example. Funding the creation of more bicycle paths and walking and running trails is clearly needed.

vi) Recreation programming:

"*Permanent government funding from all three levels of government, with solid accountability measures in place, is absolutely essential for unique community-based programs such as ours to continue to produce healthy children."* [123]

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[120] Various presentations emphasized the need for planning. See for example that of Donna Crowe Physical Education Consultant representing the Winnipeg School Division on March 5, 2005.

[121] Logan, J. and others from Queenston School presentation to the Task Force on March 9, 2005.

[122] Kardynal, Jennifer: Presentation to the Task Force in Ste. Anne on March 14, 2005.

[123] Molgat, Claude: Presentation to the Healthy Kids Task Force, February 26, 2005 in Winnipeg.

We recommend that the province of Manitoba endorses Sport Manitoba's initiation of "**Community Sport, Recreation and School Alliances"** as a means to bring partner organizations together to co-ordinate plans and work together to provide sport and recreation services while avoiding duplication and overlap, avoiding conflicting dates of major events and initiatives and providing for a more effective allocation of resources.

The report of Searle and Harper also needs to be reviewed and its recommendations considered. Many of the recommendations are still valid, but need to be considered in the context of changes which have occurred since the report was first produced. The provincial approach to recreation directors also needs to be reviewed with the view of ensuring that all areas of the province have recreation directors.

vii) Developing a Fitness Culture in Manitoba:

The Physical Activity Coalition of Manitoba could play a leadership role in helping to develop a physical fitness culture in Manitoba, and in providing ongoing oversight of the implementation of the varied recommendations made by the All-Party Task Force.

To help promote fitness, the Department of Finance should undertake consultations with respect to the possibility of a tax credit for participating in sports and/or physical activities. Memberships in the Reh-Fit Centre, the YMCA/YWCA and fitness clubs were cited as possible expenditures which might be made eligible for a tax credit.

viii) Provincial Sport Budget:

The Provincial Budget for sport should be immediately returned to the level of 1996 ($15 million per year), and then gradually increased over a five year period up to $20 million per year. This increase in funding is expected to be more than offset by decreases in health care costs with more active citizens.

b) Dental Health:

The province should set a target to reduce the need for dental surgery for early childhood tooth decay by 80% within five years.

The province should develop and implement the plan to deliver on the above target.

c) Type 2 Diabetes:

Lessons learned from summer camp programs as to the effectiveness of exercise and dietary change in treating and preventing Type 2 diabetes in children need to be taken into consideration. Taken together with mandatory daily quality physical education and an improved approach to nutrition in schools it may be possible to reduce and indeed almost eliminate Type 2 diabetes in children in Manitoba (see targets in Chart 2).

The work done in the preparation of this report revealed a critical need to halt the increase in diabetes among adults and to reverse the present trends. A suggested target is provided in Chart 2. The province needs to assemble the team and the plan to deliver on the target.

d) Obesity:

Mandatory daily quality education needs to be introduced in Manitoba schools along with a comprehensive healthy living program as provided in Nova Scotia. No target was presented with respect to obesity because we see it is important to de-emphasize obesity so that those who are overweight are not stigmatized, and put the focus on fitness and nutrition.

e) Nutrition:

i. Healthy eating policies need to be adopted by all Health Care Facilities:

As recommended by Cheryl Waldner of Gladstone in her written presentation to the committee, hospitals and other health care facilities should adopt healthy eating policies and ensure vending machines contain healthy foods and either drastically reduce or remove pop, chocolate bars and chips from vending machines inside their facilities.

ii. Healthy eating policies need to be adopted by all school boards.

There is a clear need to establish a province-wide approach to ensure all children in Manitoba schools are exposed to healthy foods in their cafeterias, and learn about eating healthy foods. This approach should follow the proven success of the Annapolis Valley Health Promoting Schools Project.

iii. A Nutrition Advisory Council:

A Council should be established to provide advice and guidelines, on an ongoing basis, for schools as they implement healthy eating policies.

iv. Breastfeeding:

All Manitoba hospitals should move urgently to become certified "baby-friendly" hospitals using UNICEF and WHO Criteria.

v. School breakfast programs:

Core provincial funding is needed to provide for school breakfast programs in schools located in areas where poverty rates are high. A province-wide approach to exploring workable cost-effective funding models is needed.

vi. The cost of milk:

Changes need to be made to provide equality in the cost of milk throughout Manitoba.

vii Trans fatty acids:

Manitoba government should act to ensure that children are provided with education with respect to trans fatty acids with a goal to achieve diets with less than 1% trans fats.

viii Omega 3 fatty acids:

Healthy food guidelines should address the need to have adequate omega 3 fatty acids, in particular DHA.

ix Eating disorders:

Manitoba should move to establish a 24 hour residential intensive rehabilitation eating disorder treatment centre for those suffering from obesity, anorexia, bulimia, compulsive over eating and binge eating.

Other recommendations presented to the Task Force should be assessed for implementation.

x. Community-based interventions:

The North Karelia Project in Finland should be seen as a model in introducing community based interventions.

xi. Producing nutritious foods locally:

Several presenters emphasized the need to grow more fruits and vegetables locally and to reduce high transportation costs in the north. As part of this effort, the development of more winter hardy fruits could provide for some degree of import substitution in an expanding market for fruits. The expertise at the University of Manitoba and federal agricultural research laboratories could provide advice and testing for growth of nutritious vegetables and fruits locally. A partnership among the federal, provincial and local governments could link to local community initiatives throughout the province. A northern testing site in an isolated First Nation community should be established as part of this network.

f) Child Poverty:

A comprehensive approach to reducing child poverty needs to be taken with a target of reducing child poverty in Manitoba by half from nearly 22% down to 11% within four years.

Action is also needed to provide better opportunities for children in poverty to participate in recreational activities and summer enrichment programs.

g) Injury Prevention:

Mandatory bicycle helmet legislation needs to be introduced similar to what has been done so effectively in other provinces. Attention should be paid to assisting those on low-incomes to purchase helmets.

To achieve a reduction in drowning in Manitoba, improved attention to aquatic programming, and an approach to make sure it is more widely available, including in northern Manitoba, is badly needed. The Coalition for Safer Waters can be helpful in this respect.

Mandatory booster seat legislation for children up to age 8 or 36 kgs should be introduced.

Exposure of children to mock accidents should be a normal part of the high school curriculum in all schools.

h) Fetal alcohol spectrum disorder:

i. The province should set a target to reduce FASD by 90% in five years.

ii. The government should immediately reinstate the funding for the fetal anomalies registry to track changes in the incidence of fetal alcohol spectrum disorder in Manitoba

iii. The government should engage in a major effort to reduce the incidence of fetal alcohol spectrum disorder using action research in which approaches are tested for their effectiveness against actual changes in the incidence of fetal alcohol spectrum disorder

iv. The government should introduce, province-wide, the use of best practices in the education of children identified as having fetal alcohol spectrum disorder.

v. There should be a mandatory assessment for FASD at the time of a criminal conviction in order that appropriate measures can be taken to consider the FASD in making decisions about sentencing, treatment and the possible need for lifelong measures.

i) Teen pregnancies:

The Manitoba Association of School Trustees program should be reviewed and considered for reinstitution.

Programs for having nurses in schools should be reviewed for their effectiveness in improving the health of students and in reducing teen pregnancies with a view to providing for this province-wide if effective.

j) Teen suicides:

The SOS Suicide Prevention Program should be introduced in areas of the province with a high incidence of teen suicides, and should be considered for introduction province-wide.

k) Teen drop out rates and Teen drug and alcohol abuse:

In addition to measures already identified, young Manitobans at the youth forum identified the need to have much more opportunity for recreational programming after school.

l) Bullying:

There is a need for a centralized collection of statistics on reports of bullying in Manitoba schools to know the incidence of bullying in Manitoba, and the effectiveness of procedures to reduce it.

The introduction of bullying policies in schools needs to be monitored centrally as to their effectiveness.

There needs to be the development and deployment of an anti-bullying team from the Department of Education to intervene in schools with persistent problems.

m) Adolescent mental disorders:

The Program for Assertive Community Treatment (PACT) has been shown to be effective in providing treatment in the community for adolescents and adults with significant mental disorders. At a recent meeting, at the Clubhouse, reports from relatives including parents demonstrated that the single PACT team in Manitoba is inadequate to the task of improved care and treatment for such individuals. The First Episode Psychosis program needs to be present province-wide and must be open to newly diagnosed people (recently it was announced no new people could be accepted into the program).

As autism treatment options are under intensive development at the moment, it would be important to have a review of the provincial approach to autism to ensure all children are well supported with reasonable options.

Physical activity, sunlight and good nutrition may all have a role in reducing depression, and the design of schools and school programs should recognize this.

n) Smoking:

Having movies with smoking rated 18a and requiring anti-smoking advertisements on the screen before movies with smoking are steps which should be considered.

Smoking should be banned in all school grounds.

o) Child and Family Services:

- **i)** Adequate facilities for children with behavioural problems need to be located throughout the province so that northern children do not have to be shipped to Winnipeg as has happened with disastrous effects in the case of Preston Martin.
- **ii)** A facility at Sioux Valley for children with behavioural problems including trauma, abuse and addictions, needs to be considered in light of presentations made when the task force visited Sioux Valley.
- **iii)** In view of concerns that inadequate transitioning for those in care at age 18 is occurring in Manitoba, this issue should be looked at.

p) Parenting and child care:

Broad issues of a universal parenting program are beyond the scope of the present report, but should be the subject of further review.

q) Pediatricians, family physicians and nurse practitioners:

- **i)** The number of residency positions in pediatrics in Manitoba needs to be increased to ensure sufficient numbers of pediatricians are trained in Manitoba to meet the needs of Manitoba children and the need to ensure adequate community-based pediatricians. This may require some changes to the current residency training program.
- **ii)** There need to be an improved framework for integrating nurse practitioners into an optimum place in the delivery of health care in Manitoba.
- **iii)** The role of chiropractors and homeopathy medicine specialists in community wellness should be explored.

u) Aboriginal community involvement:

Aboriginal citizens in Manitoba need to be fully supported and to be full participants in the changes proposed in this report.

As part of this effort, the provincial government needs to ensure it is fully participating in existing programs such as the Winnipeg Partnership Agreement which directs funds to healthy child and healthy family programs for aboriginal children and families in Winnipeg.

v) Immigrants:

The recent increase in new immigrants to Manitoba is welcomed. However, a review is needed to ensure issues of child poverty, fitness and nutrition among immigrants are adequately addressed.

w) Research: -"*we are good at launching programs, but not always good at monitoring outcomes."*[124]

"*Public policy should be based on evidence... Everything we do needs to be evaluated."*[125]

Measurement of outcomes and ongoing "action" research to improve results is vital. This function is best carried out through the Manitoba Health Research Council (MHRC), with the Manitoba Institute for Child Health serving in an advisory capacity. The mandate of the MHRC with respect to ensuring a high level peer review of health research proposals is appropriate to this function. The MHRC will need to be tasked to ensure that certain needed areas of research are undertaken.

The level of funding for the MHRC, as a proportion of total health care funding needs to be restored urgently to the proportion it was in 1992. The level of funding for the MHRC should then be increased, over a five year period up to 0.5% of total health funding with the amount of "action research" to implement and test changes in health care prevention and delivery increased as part of this change.

The MHRC and the Manitoba Institute for Child Health working together should play an important role in following through on a variety of points which were made to the committee, and making recommendations to the provincial government to improve child health. One example is the possible relationship between pesticide exposure in the first year of life and the development of asthma. Another is the possible association between pesticides and cancer. .

[124] Harper, Jack – in his presentation to the Task Force March 5, 2005 in Winnipeg.
[125] Ogborn, Malcolm (Director of Research, Manitoba Institute of Child Health), Presentation to the Task Force.

r) Alliances:

Where there are existing community or regional organizations which are effective, they can be important partners in the implementation of change. The Southeast Interlake Early Childhood Development Coalition was one organization that emphasized this point.[126] The SEICDC presenter emphasized that because of the volunteer base, funds can be directed through the SEICDC without needing dollars for administration. Some organizations have built up special skills which can be very useful to attaining the overall objective of improving the health of Manitoba's children. An example is the programs of Bennetta Benson and Claude Molgat to provide options for physical activity for children with autism.[127] They emphasize the importance of ensuring that successful programs will move from short term funding to long term funding.

s) Families:

Programs should support and nurture the role of families in helping their children to be physically active and have good nutrition.[128]

t) Volunteers:

We recommend, following the advice of Sport Manitoba, that the government establish a Volunteer Secretariat with a re-furbished 'volunteer skills development program' including student initiated credit courses in sport and recreation leadership.

Volunteer service and social responsibility should become an important aspect of institutional focus form the top administrators down to the students who, even as young as middle school, can make a responsible and valued contribution."[129] We recommended that the Department of Education work with Schools Boards to develop policies in this area.

u) Financial recommendations:

Much improved tracking of costs associated with conditions like diabetes and FASD is badly needed.

The financial savings in health, justice, education and family services and housing areas which can be expected from implementing these recommendations are large. Implementation will however, require an investment on the part of the provincial government to achieve these recommendations. As Scott Powers said in Arborg "*Do not impose legislation to meet the needs and demands without the requisite dollars to support your legislation."* The province will need to review funding requirements and provide the needed up-front investment to achieve these goals.

ACKNOWLEDGEMENTS:

We want to thank all those who participated in the All-Party Task Force hearings and the school visits of the committee. We want to thank also the many children and adults who volunteered time to help make the hearings a success. A very positive part of the hearings was the active demonstration, by young people, of their participation in sports, in dances and in varied physical exercise programs. These demonstrations were of a high quality and deserve a special thank you. We want to extend special appreciation to Annalee Mitchell and Dan Johnson for their assistance with the hearings and the school visits.

[126] Presentation to the Task Force by the Southeast Interlake Early Childhood Coalition on March 9, 2005.
[127] Benson, Bennetta and Molgat, Claude: Presentation to the Task Force on March 9, 2005.
[128] Duma, Diane and Wachniak, Doraine. Presentation to the Task Force on March 9, 2005.
[129] Benson, Bennetta and Molgat, Claude: Presentation to the Task Force on March 9, 2005.

Appendix I: Some benefits of exercise and fitness:

1) Improved heart health

2) Prevention of cancer. In several studies, exercise has been shown to reduce the risk of getting various forms of cancer.[130]

3) Treatment of Cancer: Evidence suggests that exercise can enhance the quality of life of cancer patients, and in particular reduce the fatigue associated with cancer.[131]

4) Improved academic performance of children in schools. Improved behaviour of children in schools. Decreased push-out (old drop out) rate. Decreased teen pregnancies. Decreased drug use among Manitoba adolescents.

6) A reduction of up to 60% in the incidence of Parkinson's Disease in the population that participates in strenuous regular physical activity.[132]

7) Intensive activity extending over 30 minutes on a regular basis stimulates the body to secrete anti-inflammatory agents, anti-oxidants and enzymes that improve the immune system and body cell structure.[133]

8) And many more.

[130] See Woods JA: *Exercise and the resistance to neoplasia.* Can J. Physiol and Pharmacol 76:581-588, 1998; Kiningham RB: *Physical activity and the primary prevention of cancer* Prim. Care. 25:515-536, 1998; Oliveria SA, Christos PJ: *The epidemiology of physical activity and cancer.* Ann N.Y. Acad Sci 833:79-90, 1997; Wennstrom G: *Cancer risks and cancer prevention in Sweden.* Med Onc Tumor Pharmacother. 4:273-276, 1987; Bernstein L, Henderson BE, Hanisch R., Sullivan-Halley J and Ross RK: *Physical exercise and the reduced risk of breast cancer in young women.* JNCI 86:1403-1408, 1994.

[131] Ardies, CM: *Exercise, Cachexia, and Cancer Therapy: A Molecular Rationale.* Nutrition and Cancer 442:143-157, 2002.

[132] Referenced in presentation to Task Force by Dr. Victor A. Corroll, given in Winnipeg, February 26.

[133] Referenced in presentation to Task Force by Dr. Victor A. Corroll, given in Winnipeg, February 26

Appendix II: Cost and health impact analysis:

We were impressed that almost all costs estimates to date for Manitoba are woefully imprecise. What follows must be considered a starting point in terms of looking at costs. What is clear from this analysis is that two particular conditions – diabetes and FASD - appear to be associated with very large costs to the province of Manitoba as well as large impacts on our society. It follows that effective action to prevent these two conditions will have large savings to the provincial treasury as well as large improvements in the health and well-being of our society.

The recommendations made in this report will also provide for considerable savings in preventing injuries, and in other conditions which are affected by these recommendations (heart disease, cancer, etc.).

a) The health care costs of physical inactivity.

Physical inactivity has been estimated to cost $2.1 billion or 2.5% of total direct health care costs in Canada (in 1999).[134] For Manitoba 2.5% of the 2005 provincial budget for health care is $85 million. In addition, 2.5% of the approximately $400 million federal direct expenditures on health care in Manitoba is another $10 million. This estimate of $95 million as the health care cost saving for Manitoba must be considered a relatively crude estimate, but it is a starting point.

The cost of poor fitness may be much higher. For example, those who are less fit are more likely to have injuries. In Manitoba approximately 33 people are hospitalized every day for injuries, with about 300 hospital beds used each day and a yearly cost of $819 million.[135]

b) The combined health care costs of physical inactivity and poor nutrition, with specific reference to diabetes

When physical inactivity and poor nutrition are combined, the total costs to our health care system are much higher. For example, much of type 2 diabetes is preventable through attention to nutrition and fitness. The costs of health care after the disease develops are huge, in part because of the variety of complications which result from the disease. Kidney failure needing dialysis is one. The costs of dialysis include not only the health costs but various other costs as well. As an example, a 25 year old on dialysis has a 70% chance of being unemployed and a 1000 fold increased risk of a heart attack.[136]

The total impact of diabetes costs to the health care system have not been adequately assessed. In Manitoba, about 6% of our population has type 2 diabetes. The cost of health care for a person with type 2 diabetes is likely to be somewhere between twice and five times the average health care costs of all other citizens. Using these numbers as the broad estimate, the costs of diabetes care is likely to be between $372 and $800 million for Manitoba each year. While such estimates are crude, they nevertheless provide a perspective on the situation.

The increased number of people in Manitoba newly diagnosed with diabetes due to inaction by the Doer government, about 5,000, has already added tens of millions of dollars to health care costs in Manitoba.

c) The cost of inactivity on the justice system

The costs of not investing in sports and physical education are not limited to the health care system. There are major costs to the justice system as a result of not adequately investing

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[134] Katzmarzyk PT, Gledhill N, Shephard RJ: *The economic burden of physical inactivity in Canada.* Canadian Medical Association Journal Nov 28, 2000.

[135] Feely, Shawn: Presentation to the Healthy Kids Task Force Winnipeg, February 26, 2005.

[136] Ogborn, Malcolm (Director of Research, Manitoba Institute of Child Health): Presentation to the Task Force.

in sports and physical education. As Tony Zerca put it "*investing in physical education professionals will decrease crime."*[137]

d) The Cost of FASD:

It is difficult to estimate the cost of FASD with any degree of reliability, but there is no doubt it is huge. The costs include costs to the justice, family services and housing, education and health care systems in Manitoba.

1) **Justice:** As many as half the people in prison may have FASD. The estimated cost nationally to the Canadian justice system has been estimated at $5 billion a year. Apportioned out this is about $150 million for Manitoba, or about half the provincial costs of Justice. A more conservative estimate, and probably too low would put the cost at half this or only $75 million per year.
2) **Family Services and Housing:** Children with FASD are disproportionately in care, as are the children born to individuals with FASD. Possibly as much as a third of the budget of Family Services and Housing may be related to the results of FASD. This would be about $320 million per year for Manitoba. A low estimate would be 20% of the costs of Family Services and Housing or only $194 million per year.
3) **Education:** Children with FASD contribute disproportionately to the cost of education as they have learning difficulties, need special attention and often are disruptive in the classroom and contribute inordinately to the costs of teachers assistants and resource teachers. In total children with FASD may contribute to 5-10% of the costs of the education system each year, for an annual cost of $57-114 million
4) **Health:** FASD is the leading cause of mental retardation in the western world. Children with FASD will contribute disproportionately to the costs of health care. In their early years, they will be significant contributors to the need for child health resources for diagnostic and treatment reasons. In later years their behaviour will lead to disproportionate use of resources for neurological, psychiatric, and psychological services. They also contribute disproportionately to the costs associated with accidental injuries, and probably to conditions like HIV/AIDS, Hepatitis C and others which are associated with impulsive and unsafe behaviours. It is not unreasonable to estimate that FASD contributes 3-10% of health care costs, or $100-340 million per year.

In total, adding the above, provides an estimate of FASD annual costs to the provincial budget of between $426 and $924 million per year. It clearly deserves much better attention than it has received to date in view of the enormous costs.

This can be looked at in another fashion. From 1999-2002, 302 new cases of children with FASD were diagnosed in Manitoba. Lifetime cost to the provincial treasury of a single case of FASD have been estimated at $1-2 million. These 302 new children will cost Manitoba taxpayers $302-604 million.

e) The cost of healthy living-sickness prevention programs

The Alliance for the Prevention of Chronic Disease has made suggestions for the cost of a province-wide program.[138] These include $1.00-$3.00 per capita for community programs, $4-6 per student in grades K-12, $0.40-1.00 for the provincial component, $1-3 per capita for marketing, $1.00-2.00 for surveillance and evaluation, and 0.35-0.65 cents per capita for administration. These numbers, representing $7-13 per capita total would need to be

[137] Zerca, Tony: Presentation to the Task Force in Ste. Anne on March 14, 2005.
[138] Alliance for the Prevention of Chronic Disease presentation to the All-Party Task Force, February 26, 2005.

annual continuing funding. The Alliance recommends approaches to funding which are "evidence-based" – that is the funding must be provided to programs where there is evidence of effectiveness. What is also very clear, is that the funding for surveillance and evaluation must be provided separately and to a different agency than the one involved with funding programs in order to avoid conflicts of interest and bias in the assessment process. The Manitoba Health Research Council would be a logical organization to receive the funding for surveillance and evaluation to guarantee high quality and independent results.

f) Health impact analysis:

The Women's Health Clinic recommends a health impact assessment of all government policies and programs.[139] They suggest that the present government has a "sickness" policy, not a "health" policy. The primary policies of the Department of Health are geared to treating those who have become sick rather than optimizing the health of Manitobans.

[139] Women's Health Clinic presentation to the Task Force, March 5, 2005.