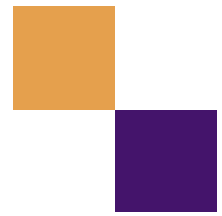


Healthy Kids, Healthy Futures

TASK FORCE REPORT

Manitoba 

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MESSAGE FROM THE CHAIR

On behalf of my colleagues, I am pleased to share the report of the *Healthy Kids, Healthy Futures* All-Party Task Force. It is the result of extensive consultations with Manitobans about important issues affecting the health of Manitoba children.

One of the most precious gifts we can give our children is good health. The creation of the *Healthy Kids, Healthy Futures* task force by Premier Gary Doer reflects the Manitoba government's commitment to develop and promote strategies to improve the health status of all Manitobans, while helping to create an environment where healthy choices are easier to make.

Our focus on the health of children and youth related to nutrition, physical activity and injury prevention came out of a desire to address issues that will have significant effects on their future health. We traveled throughout the province to hear, first-hand, Manitobans' ideas about how to make sure children lead active, healthy lives. The warm welcome we received in each community is a testament to how important our children's futures are to everyone.

In addition, we consulted directly with young people, visiting their schools and hosting a provincial *Healthy Living Youth Forum*. They enthusiastically shared their views about healthy living. It is clear that young Manitobans have a very good understanding of what they need to be healthy and about the supports they need to help them achieve their goals.

The health of Manitoba's children is a non-partisan issue and I was pleased to have members of the opposition parties join with us in this undertaking. I would like to thank all of the members of the task force for the interest and enthusiasm they brought to our work.

We believe our recommendations, as part of an on-going, evolving process, will help create the necessary conditions that support our efforts to promote healthy living for children and youth. Promoting good health for our young people is clearly a shared responsibility for all citizens of our province.

The task force would like to extend its gratitude to everyone who contributed to this process. We look forward to working with all Manitobans to create healthy futures for our children.

Regards,



Honourable Theresa Oswald
Minister responsible for Healthy Living
Chair of the *Healthy Kids, Healthy Futures*
All-Party Task Force





HEALTHY KIDS, HEALTHY FUTURES ALL-PARTY TASK FORCE

As a member of the *Healthy Kids, Healthy Futures* All-Party Task Force, I am in agreement with the task force report and recommendations as set forth in this document.



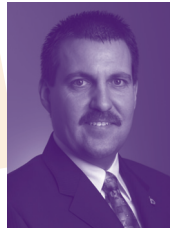
Honourable Theresa Oswald, Chair
Minister of Healthy Living
MLA for Seine River



Ms. Mavis Taillieu
MLA for Morris



Ms. Marilyn Brick, Vice-Chair
MLA for St. Norbert



Mr. Cliff Cullen
MLA for Turtle Mountain



Mr. Tom Nevakshonoff
MLA for Interlake



Dr. Jon Gerrard
MLA for River Heights



Mr. Andrew Swan
MLA for Minto

EXECUTIVE SUMMARY



Over the past several years, studies have revealed facts pointing to potentially serious health problems for children and youth. While parents are certainly the most important role model and influence in the lives of their children, schools, communities and government also have important roles to play in providing supportive healthy living environments for Manitoba children.

In August 2004, Premier Gary Doer announced the creation of an all-party task force called *Healthy Kids, Healthy Futures*, to ask Manitobans how to help children and young people enjoy the best possible health now and into their adult lives. The task force was particularly interested in factors that affect children's health in the areas of nutrition, physical activity and injury prevention. In addition, presenters raised other issues.

The task force members believed it was important to give everyone, including individuals, groups, organizations and others around the province, an opportunity to share experiences and ideas from their own unique perspectives. It was also important to involve youth in these consultations, because any recommendations in this report will affect them most. A number of questions were considered focusing on nutrition, physical activity and unintentional injury prevention for children and youth.

The sections that follow are based on all of the submissions made to the task force through 153 presentations at 12 public meetings, 48 presentations sent by mail and e-mail and 154 completed questionnaires from the website. These presentations focused on several important areas, including:

- education and the promotion of healthy living;
- nutrition;

- physical activity;
- injury prevention;
- challenges to healthy living for low-income Manitobans;
- First Nations communities; and
- related health issues, such as tobacco use, drug and alcohol use and mental health and wellness.

The information from the consultations with students in 13 schools in several communities and from the day-long provincial *Healthy Living Youth Forum* is detailed in a separate section. Students identified similar issues, and raised others, such as mental health, tobacco use, suicide prevention and the abuse of drugs and alcohol.

When creating their recommendations, the task force used the information from Manitobans to identify priorities, initiatives and actions that can be implemented over the short, medium and long term to support healthy environments. Recommendations cover ten key areas, including:

- educational health promotion initiatives;
- nutrition in schools;
- physical activity in schools;
- recreation facilities and access;
- recreation leadership;
- active transportation;
- injury prevention;
- low-income families;
- First Nations communities; and
- mental health and wellness.

Finally, background information and research used to create this report can be found at the end of the document.



SUMMARY OF RECOMMENDATIONS

The following is a summary of the recommendations made by the task force. Please see page 23 for all 47 detailed recommendations.

EDUCATIONAL HEALTH PROMOTION INITIATIVES

The task force recommends that the government undertake a variety of initiatives to promote healthy living and provide educational resources for families and schools.

NUTRITION IN SCHOOLS

The task force recommends that the government increase access to nutritious foods in schools.

PHYSICAL ACTIVITY IN SCHOOLS

The task force recommends that the government mandate physical education/health education (phys ed/health) from kindergarten to Senior 4. Implementation will vary according to grade to provide maximum flexibility to involve parents, students and schools in the promotion of physical activity for children and youth.

RECREATION FACILITIES AND ACCESS

The task force recommends that the government increase access to recreation facilities through the community use of schools, the innovative design of new facilities, and the promotion of activities that are less dependent on facilities such as walking, cycling and skiing.

RECREATION LEADERSHIP

The task force recommends that the government promote the increased use of recreational directors across the province and encourage youth leadership in recreation.

ACTIVE TRANSPORTATION

The task force recommends that the government encourage active transportation among youth.

INJURY PREVENTION

The task force recommends that the government undertake a variety of educational initiatives on things such as water safety, bicycle helmets and farm safety to reduce unintentional injuries while maintaining high levels of activity among youth.

LOW INCOME FAMILIES

The task force recommends that the government improve access to good nutrition and opportunities for physical activity for low-income families.

FIRST NATIONS COMMUNITIES

The task force recommends that the government increase accessibility to traditional and nutritious foods, and to culturally-focused physical activity and recreational programs.

MENTAL HEALTH AND WELLNESS

The task force recommends that the government enhance mental health and wellness education and supports to youth to prevent and address issues such as eating disorders, depression, drug and alcohol addictions and other related concerns.

INTRODUCTION

CREATION OF THE *HEALTHY KIDS, HEALTHY FUTURES* ALL-PARTY TASK FORCE

The health of children and youth is an issue receiving increased attention as a part of the growing focus on healthy living. Over the past several years, studies have revealed some disturbing facts pointing to potentially serious health problems for children and youth.

In August 2004, Premier Gary Doer announced the creation of an all-party task force called *Healthy Kids, Healthy Futures*, chaired by Healthy Living Minister Theresa Oswald. Its mandate was to ask Manitobans for their views and to create a report for the public with recommendations on how to help children and young people enjoy the best possible health now and into their adult lives. The task force was particularly interested in factors that affect children's health in the areas of nutrition, physical activity and injury prevention.

WHAT IS HEALTHY LIVING?

Simply put, healthy living is about making positive choices that enhance our personal health. These choices include eating a well-balanced diet, being physically active, maintaining a healthy weight, not smoking and taking measures to avoid injury.

The need to develop health promotion and disease prevention strategies as part of a comprehensive approach to population health is growing. Individual choices that affect our health are influenced by many factors in the social, economic and physical environments where we live, learn, play and work. There are also health disparities within our population. Families with low incomes,

Aboriginal peoples and people with disabilities, among others, face additional challenges in achieving and maintaining optimal health.

To meet the goal of healthy living, the necessary conditions must be in place to support *all* Manitobans in making healthy choices.

WHY MAKE HEALTHY LIFESTYLE CHOICES?

Great strides have been made in improving children's health through the prevention and treatment of childhood diseases. However, more children are overweight or obese⁽¹⁾, and the decline of physical activity is of particular concern (see Appendix 1).

Eating healthy foods, being physically active and not smoking produce a wide range of physical, mental and emotional benefits. Immediate benefits for children and youth include:

- increased energy;
- improved academic performance;
- greater self-esteem;
- less stress and anxiety;
- fewer illnesses; and
- more rapid recovery from injuries or illness.

When young people develop positive lifestyle habits, it increases the chances that they will continue to be as healthy as adults. More importantly, these healthy choices can help prevent the onset of serious chronic diseases.

CHRONIC DISEASES

Chronic diseases are the major cause of death and disability in Canada and around the world. The most significant chronic diseases are:

- diabetes;

- heart disease;
- cancer; and
- respiratory illness.

These diseases all share common risk factors that can be controlled, including unhealthy diet, physical inactivity, being overweight or obese and smoking. It is estimated that health care and other costs associated with chronic disease in Canada exceed \$80 billion annually.⁽²⁾ At the same time, the personal costs of living with a chronic disease are incalculable.

EATING HABITS AND PHYSICAL ACTIVITY

Many factors influence our eating habits and physical activity levels (see Appendix 2). Good eating habits and adequate physical activity play an important role in the prevention of chronic diseases such as heart disease, type 2 diabetes and some cancers. Despite this, the majority of Canadians are physically inactive.⁽³⁾ In 1999, an estimated \$2.1 billion of total direct health care costs in Canada were a result of physical inactivity.⁽⁴⁾

INJURY PREVENTION

Another aspect of healthy living is injury prevention, a significant public health issue in Canada. The annual health care costs of unintentional injuries in Canada are estimated to be \$8.7 billion,⁽⁵⁾ and there is no way to quantify the toll that injuries take on individuals, families and communities. Childhood injuries claim more lives than all childhood diseases combined. Motor vehicle crashes, falls, drowning, burns and suffocation are the most common causes of children's unintentional injuries in Manitoba.⁽⁶⁾

ABORIGINAL HEALTH

Several national studies have recently highlighted the health status of Aboriginal Canadians, including First Nations, Inuit and Métis people.

Although improvements have been made, these studies show that Aboriginal people are generally not as healthy as non-Aboriginal Canadians. For example, Aboriginal people have higher rates of certain chronic conditions such as high blood pressure and diabetes.

These kinds of health inequalities between Aboriginal and non-Aboriginal Canadians are due to a number of possible factors, including

- lower rates of education, employment and income;
- poor access to affordable, nutritious food and physical activity opportunities, especially in remote communities;
- the replacement of traditional ways of life with a more Western lifestyle, resulting in dietary changes and decreased physical activity levels; and
- a genetic predisposition to some chronic diseases, such as diabetes.

A MADE IN MANITOBA SOLUTION

The evidence is undeniable. We must act now to deal with preventable health issues that are becoming an increased burden on our health-care system and affecting the futures of our children and young people.

The *Healthy Kids, Healthy Futures* All-Party Task Force members believed it was important to give everyone, including individuals, groups, organizations and others around the province, an opportunity to share experiences and ideas from their own unique perspectives. Most importantly, the task force went directly to young people to hear first hand what they had to say about healthy living.

To help frame the public discussion, the task force posed a number of questions for consideration focusing on nutrition, physical activity and unintentional injury prevention as they relate to



children and youth up to the age of 18 (see Appendix 3). The task force began by publishing a brief paper outlining some of the background and key issues regarding healthy living, which was also published on the task force website, along with a questionnaire inviting public feedback.

The task force held 12 public meetings around the province (for locations and dates, see Appendix 4), consulted with students in 13 schools in several communities and hosted a day-long provincial *Healthy Living Youth Forum*. A number of individuals and organizations chose to submit their views by mail or e-mail.

The sections that follow are based on all of the submissions. Consultations with young people are detailed in a separate section.

The task force sought to identify priorities, initiatives and actions that can be implemented over the short-, medium- and long-term to provide supportive environments for healthy living. Currently, there is a lack of Manitoba-specific data on healthy living issues. Collecting this data will be important to the development of future initiatives.

ADVICE FROM MANITOBANS

Between January and March 2005, the task force held 12 public meetings in communities around the province (see Appendix 4). More than 350 Manitobans, representing a wide range of groups and organizations, as well as private citizens, expressed their views on children's health (see Appendix 5). The task force received 201 presentations and submissions, and 154 responses from the website. A summary of the views and recommendations contained in these submissions follows.

WHAT IS HEALTHY LIVING?

People who answered this question agreed that being healthy involves eating nutritious foods, being physically active and preventing injuries. But, they also pointed out that healthy living involves positive self-esteem, as well as feeling valued and having a sense of connection with the community. Self-esteem and body image were also considered serious issues.

Most people felt it was important to promote healthy, strong bodies and minds for young people. They told the task force that the primary responsibility for children's health rests with parents, but agreed families and young people need support in making healthy choices. They said this support should be a shared responsibility among community groups and organizations, health care providers, schools and all levels of government.

EDUCATION AND PROMOTION OF HEALTHY LIVING

Many groups and individuals pointed out that it was important to educate, inform and promote the importance of achieving healthy lifestyles. While most people said there is a great deal of

information available from many sources, they noted it is not always easy to access or understand. Some information can be difficult to include into one's daily life and the advice may not be appropriate or relevant for everyone. Negative consequences of unhealthy choices and behaviours are not always fully explained or understood.

It was suggested that any information resources about healthy living should:

- be tailored to families, children and youth;
- be easy to understand;
- offer practical suggestions that are easily used in daily life;
- offer ways of getting help when questions arise;
- address different cultural and socio-economic situations; and
- be readily accessible and available in a variety of formats.

The promotion of healthy living at the community level was identified as being very important. There were many suggestions for the delivery of health promotion resources, including offering:

- workshops, classes and community wellness fairs;
- fun community events and activities based on the principles of healthy living; and
- community-based wellness staff and volunteers to work with families and youth.

It was also suggested that current community-based health care providers should continue to actively promote the principles of healthy living.

Several presenters pointed out that addressing healthy living issues is complex and requires action at many levels, both within and outside of the health care field. Their suggestions included:



- encouraging parents to continue to make healthy choices for their families;
- forming community committees for health promotion;
- working with evidence-based practices when planning new initiatives; and
- evaluating objectives, research and data to make sure progress is being made.

Schools also have a key role in teaching and promoting the principles of healthy living to children and youth. People felt that schools should:

- teach students about healthy living choices;
- model healthy living behaviours; and
- provide opportunities that may not be otherwise available to some students.

People also wanted to share and have access to information about successful programs and services that are being delivered elsewhere in the province and beyond. This would help:

- groups and communities to learn about and try new ideas;
- form community-based partnerships; and
- lead to better program coordination and prevent costly duplication of services.

Strong support was noted for the development of a province-wide media campaign to promote healthy living focusing on nutrition and physical activity. Sub-campaigns specifically for families, children and youth were identified as crucial. These kinds of campaigns are viewed as efficient and powerful information tools that support educational initiatives and counter the relentless influence of advertising.

Broad marketing campaigns to promote healthy choices were also recommended, and there was support for campaigns specifically promoting physical activity. Public campaigns to promote the principles of active transportation to increase physical activity and to reduce car dependency

were also suggested. Several stakeholders said they would be interested in partnering to develop campaigns. It was suggested that local Manitoba success stories should be incorporated into marketing campaigns. Highlighting local initiatives would help promote healthy living in a way that would resonate with Manitobans.

People also thought that there should be a provincial program to recognize individuals, groups, organizations and communities who are making significant contributions in the area of healthy living. Recognizing the contributions that young Manitobans make is particularly important. This would serve to:

- highlight innovative programs;
- inspire people to get involved;
- create friendly competition;
- demonstrate progress being made; and
- publicly thank those who are making a difference to the health of Manitobans.

NUTRITION

Major issues about nutrition were:

- the need for nutrition education and resources for families, children and youth;
- the significant role parents play in providing nutritious foods for their children;
- the role of schools and day cares in supporting healthy nutrition;
- concerns about the wide-spread availability of unhealthy food and drinks; and
- food security.

Unhealthy food and beverage choices confront children, young people and families on a daily basis. Manitobans are concerned about the number of fast food restaurants, oversized food portions, product placements in grocery stores, school cafeteria choices, the proliferation of vending machines and advertising targeted at children and youth.

Research shows that more than one-third of household food dollars in Canada are spent outside the home. In addition, a growing proportion of food purchased for use in the home is ‘convenience’ food. Many families say time pressures are the main reason that less food is being prepared in the home. This means children and young people have fewer chances to learn food preparation skills, and perhaps about good nutrition in general.

There was agreement that children and their families need nutrition information and resources that are age-appropriate and easy to understand. Information should include:

- a description of the elements of good nutrition;
- nutritional needs for different age levels;
- appropriate levels of food intake and portion sizes;
- budgeting and grocery shopping tips;
- instructions on how to read food labels;
- information on food preparation; and
- food safety.

It was also suggested that access to easy, nutritious and economical recipes should be improved, and that culturally and socio-economically appropriate resources need to be developed. People agreed that easy-to-find information and resources should be targeted to families. Suggestions were made to use existing programs to deliver education programs and provide hands-on experience.

The importance of promoting healthy foods in schools was suggested by several presenters. Guidelines and resources should be available for schools to help improve access to healthy foods. Several considerations are:

- the kinds of food and drink that are available in school cafeterias, canteens, stores and vending machines;

- the kinds of food and drink offered or sold at school events;
- the kinds of food and drink used as fundraisers;
- the delivery of nutrition courses;
- the education of students, parents and staff; and
- the promotion of gardening and preserving fruits and vegetables.

The accessibility of non-nutritious foods and drinks and the lack of healthy choices in schools were discussed frequently. Evidence presented showed that unhealthy foods and drinks are a contributing factor to weight gain and obesity in children and youth. Concerns were raised about powerful advertising by the food, beverage and restaurant industries targeted to children and youth. Youth emphasized the need for more education about good nutrition and innovative measures for making healthier foods more accessible.

PHYSICAL ACTIVITY

Many submissions to the task force highlighted increasing concerns over the decline in young people’s levels of fitness and physical activity levels. The major issues identified were:

- affordability and access to recreational and sports opportunities;
- shared-use facilities, including community use of schools;
- active transportation; and
- physical education in schools.

There were many submissions about recreation, sports and physical activity from a wide range of individuals and organizations, all recommending increased support for recreational, sports and fitness programs. Comments and recommendations focused on affordability and accessibility, including:

- recreational capital, including joint use of facilities;



- recreation programming;
- human resources; and
- coordination and partnerships among the various stakeholders.

Many presenters outlined challenges related to recreational capital. High operating and maintenance costs for aging facilities are being passed on to the users, making programs too expensive for many families. People told the task force that additional funds for capital improvements and operating and maintenance costs would help lower program costs and improve accessibility. Presenters suggested increasing funding to current capital programs or creating new funding programs for community recreational infrastructure to help improve accessibility for families.

People suggested that better coordination of recreational facilities is needed. Communities should avoid duplication of facilities and use resources to provide facilities in areas where they are needed. Multi-use facilities that can house a variety of activities were also recommended as an option. However, many felt that young people would be more likely to participate in activities if they are conveniently located and easily accessible.

The shared-use of facilities, especially community use of schools, was suggested by many individuals and organizations as another important way to effectively use existing space. People thought schools should have greater access to community recreational facilities for their programs. In turn, there should be greater community access to school facilities outside of school hours to improve recreational opportunities for children and youth.

Many people said that offering conveniently located programs in schools would increase the number of children and youth taking part in physical activities. Some suggested that school facilities should be available not only before and after school, but also during evenings, weekends

and holidays. In some communities, school facilities are the only recreational facilities available.

However, presenters noted some challenges in accommodating community-use of schools, including:

- scheduling activities around the needs of school sports teams, clubs and school activities/events;
- providing access for students who need to bus to and from school; and
- examining the cost of keeping schools open to make sure that programs remain affordable and accessible.

There were many opinions on the best approach for community use of schools, including encouraging school divisions to develop usage policies. It was noted that a number of school divisions already have policies and joint-use agreements in place.

It was also stated by a number of people that increasing access to physical activity opportunities does not have to be linked to high-cost facilities. For example, communities could offer a network of low cost or free opportunities, including things like bike trails, walking paths, tracks and parks. Other ideas included:

- more free family activities;
- more community events with a physical activity focus;
- joint parent/child/youth physical activity classes offered at reduced family rates; and
- increased low-cost outdoor recreational opportunities such as bike paths and walking trails.

Many people felt there is too much emphasis on competitive sports, both at the community and school level. Concerns were raised that competitive sports exclude many children and young people. To

encourage children and young people to be more active, it was suggested that in addition to existing competitive programs, a greater range of non-competitive sports and other activities that appeal to a wide variety of interests and abilities should be offered. Other ideas for encouraging better access to physical activity programs included:

- offering more drop-in activities to give children more time to participate in a wider variety of activities;
- providing more information on what recreation, sports and other types of physical activities are available in communities;
- having professional staff deliver recreational and fitness programs;
- making sports/fitness instructors clinics easier to access outside of the major centres;
- supporting volunteer recruitment and training efforts for physical activity programs;
- involving young people in the recreation, sports and fitness fields both as volunteers and employees; and,
- forming and building partnerships to improve coordination of services among all of the major stakeholders concerned with physical activity;

Active transportation (e.g. walking, jogging, biking or skating) was promoted by a number of individuals and groups. Various levels of government were asked to support active transportation by:

- encouraging children to walk or bike to school;
- investing in bike/walking paths and trails and parks as low-cost recreational opportunities for a broad range of people; and
- encouraging the design and adaptation of communities and urban neighbourhoods to incorporate the principles of active transportation.

Physical activity in school generated considerable discussion from individuals and various

organizations. While some groups thought that daily physical education should be taught strictly by physical education instructors and be mandatory from kindergarten to Senior 4, many presenters thought that promoting daily physical activity, rather than specifically physical education, from kindergarten to Senior 4 would be more effective in helping kids develop lifelong fitness habits. It was noted that many schools in the province do not offer physical and health education classes at the currently recommended levels.

There were some concerns about adding physical/health education class on the list of course choices for Senior 3 and Senior 4 students. Several suggested that other ways of earning credits for physical activity outside of school should be developed for these students. Youth would be better able to make the transition from school-directed activities to individual fitness choices. This would also help senior students develop leadership skills and volunteerism in the community. There were also concerns about the ability of some schools to offer daily physical education or the opportunity for daily activity. However, most people agreed that children and young people need to be more physically active in school, especially in their younger years, with the goal of developing a life-long love of physical activity.

INJURY PREVENTION

The task force received the least number of submissions and recommendations about injury prevention, even though injuries are the leading cause of death for Manitoba children and youth, and result in thousands of doctor visits and hospitalizations each year. Perhaps this is not surprising, as unintentional injuries are viewed by most people as “accidents” and beyond our control. However, it is estimated that more than 80 per cent of unintentional injuries are preventable.



Several presenters supported the development of a provincial injury prevention strategy. It was also pointed out that physical activity and injury prevention are not separate issues, and that safety and injury prevention education should be included in all active living programs. More education in this area could also be offered through the Healthy Schools Initiative. Other key areas of injury for children and youth should be identified and appropriate education and safety promotion programs developed for both children and their families.

Some suggested that a wide-spread public education campaign would be most effective in promoting helmet use while maintaining and increasing the number of youth that cycle. Others thought that helmet use should be legislated. The need to provide some sort of assistance to low-income families who may not be able to afford the purchase of helmets was noted.

Child safety in vehicles was noted as a concern, and a few presenters pointed out the need for regular use of appropriate child safety seats.

Water safety was raised as a particular concern by various groups in the Interlake and Northern Manitoba. Water safety is an important issue for First Nations communities, especially since statistics show that First Nations Manitobans are four times more likely to die from unintentional drowning than the general population.⁽⁷⁾

CHALLENGES TO HEALTHY LIVING FOR LOW-INCOME MANITOBANS

Families living in poverty face many challenges in providing a healthy living environment for their children. Low incomes severely limit their access to healthy foods, recreational opportunities, daycare, adequate housing and safe neighbourhoods. Many presenters noted that healthy foods cost more than less nutritious foods.

Numerous submissions highlighted the need to address these issues. Suggestions included:

- continuing improvements to income security and income supplement programs;
- increasing benefits to shelter allowance programs;
- updating employment assistance programs;
- continuing increases to the minimum wage;
- providing access to quality, affordable housing;
- improving access to recreational equipment and protective gear; and
- providing access to quality daycare.

The high cost of food in the north and remote areas received particular mention in a number of presentations. Some presenters suggested that it would be more effective to support local initiatives to produce nutritious foods with an emphasis on traditional diets based on local resources.

The high cost of participating in recreational activities and sports is a major barrier for children and youth from low-income families.

FIRST NATIONS COMMUNITIES

First Nations communities face some unique challenges that can make healthy living more difficult. The problems and the potential solutions must be sensitive to specific cultural and geographic differences, particularly differences between northern and southern First Nations communities.

The task force met with the chiefs and community members of the Manto Sipi First Nation and the Sioux Valley Dakota Nation. Both communities face many of the same issues, including:

- high unemployment;
- lack of adequate housing;
- high food costs;
- few recreational opportunities;

- addictions problems; and
- mental health issues.

However, it is important to note that Manitobans have much to learn from our Aboriginal communities, particularly in light of their traditional lifestyle activities. Hunting, fishing, trapping and a deep and abiding respect for natural resources are guiding principles in maintaining a healthy, culturally appropriate lifestyle.

RELATED HEALTH ISSUES

Although the focus of the task force was on nutrition, physical activity and unintentional injury prevention, many people took the opportunity to raise other issues related to children's health.

A number of presentations focused on tobacco use, mental health promotion including drug and alcohol addictions, fetal alcohol spectrum disorder linked to alcohol and drug use during pregnancy, breastfeeding, childhood tooth decay and eating disorders.

Several organizations and a number of individuals focused their presentations on how the province could expand its tobacco reduction strategy through further restrictions on smoking in public places. There were also some suggestions that taxes on tobacco products should be increased.

Increased education and public awareness campaigns on the harmful effects of smoking, including second-hand smoke, were also recommended. More resources for prevention and

smoking cessation programs directed to young people should be offered through the school system. Involving youth in the planning and delivery of such programs was seen to be very important.

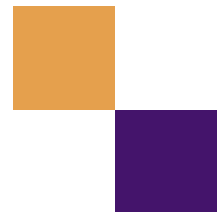
A number of submissions stressed that mental health promotion is an extremely important component of young people's health. These submissions highlighted the need to help children and young people deal with issues such as self-esteem, body image, coping skills and stress management through a variety of educational and community supports.

Other recommendations about mental health issues and youth included:

- developing school based programs and providing mental health education for all Manitoba students;
- increasing resources for children and youth to improve access to mental health services, especially in remote areas;
- developing a provincial suicide prevention strategy;
- providing on-going education and awareness programs about drug and alcohol addictions;
- addressing body image issues and promoting healthy bodies instead of encouraging unrealistic expectations of beauty; and
- developing additional prevention programs and support for young people coping with eating disorders.

SECTION TWO

ADVICE FROM YOUNG MANITOBANS



Between November 2004 and March 2005, the task force members met with students from Grade 7 to Senior 4 in more than 43 classrooms from 13 schools around the province to give young Manitobans the chance to share their views about healthy living. They worked in teams of three to meet with as many students as possible. Students considered three healthy living areas:

- nutrition;
- physical activity; and
- unintentional injury prevention.

The classes were divided into smaller discussion groups. At the end of the discussion, each group had time to share their ideas with the rest of the class and the task force team. Students who wanted to discuss other health-related issues were given the opportunity.

In addition, the task force hosted a one-day *Healthy Living Youth Forum* in Winnipeg on March 4, 2005. More than 180 Senior 3 and Senior 4 students from 61 schools around the province took part. Students were given a more in-depth opportunity to consider questions about nutrition, physical activity and injury prevention and consider things they could do to take action. They also discussed what personally motivates them to maintain their health and make a personal commitment to modeling healthy lifestyles.

The following information reflects the ideas and suggestions put forward during the school visits and at the *Healthy Living Youth Forum*.

NUTRITION

What can we do to ensure that nutrition contributes to healthy lifestyles - as an individual; as a family; as a school; as a community?

INDIVIDUALS

Most students seemed to have a good idea of what they need to do as individuals to make good nutrition choices. They thought they would be more successful and more likely to continue to make good nutritional choices if they took small steps towards eating healthier foods,

It was clear that most students had a good understanding of body image issues. Students pointed out that their focus should be on health, not trying to achieve an unrealistic media definition of the ideal body shape, i.e. being excessively thin.

Students also discussed the importance of having the right information to make smart food and drink choices. This included:

- knowing the content of foods and drinks;
- understanding Canada's Food Guide;
- knowing how to plan balanced meals and snacks; and
- understanding nutrition labelling.

FAMILIES

When talking about what families can do to ensure good nutrition, young people said parents need to practise good nutritional behaviour and be role models for their children.

Education and promotion of healthy eating was identified as being most important for families. Parents should learn how to choose and prepare nutritious food. Information about the effects of unhealthy eating should be available. Students said parents and youth need to learn more about healthy eating, and that support is needed from the community, schools and government.

Some of their suggestions about practising good nutrition as a family included:

- eating together more often in the home and less in restaurants;
- placing greater importance on planning balanced meals;
- making less junk food⁽⁸⁾ available in the home;
- making healthy foods more attractive and easily available for busy families; and
- planning and preparing meals as a family.

SCHOOLS

Students acknowledged that they are ultimately responsible for making their own choices.

However, they said schools have an important role to play in supporting children's and young people's healthy eating habits.

Students had several suggestions for schools to help youth practise good nutrition, including:

- having affordable, healthy choices available in cafeterias, canteens and vending machines;
- offering more culturally diverse foods;
- providing access to water through water fountains in good working order;
- developing events promoting good nutrition, like a nutrition day of the month;
- teaching students how to make easy, healthy snacks and meals, and budgeting for food shopping;
- teaching nutrition to younger children; and
- selling healthier items for school fundraisers

COMMUNITIES

Students also made several suggestions for communities to support healthy nutrition. Most students thought that nutritious foods should be more accessible than less nutritious foods.

Broad education and promotion of healthy eating was seen to be a community responsibility.

Students suggested there should be a healthy eating/healthy lifestyles media campaign, which would also include information about the consequences of unhealthy choices.

Youth also had these suggestions for the community:

- serving healthier choices in restaurants;
- building fewer fast food restaurants;
- removing candy and chocolate bars from checkout lines in grocery stores;
- improving the selection of healthy foods in neighbourhood convenience stores;
- developing more community gardens and farmers' markets selling local food;
- offering more nutrition and cooking classes for young people; and
- better advertising of healthy foods.

PHYSICAL ACTIVITY

What can we do to promote a physically active lifestyle - as an individual; as a family; as a school; as a community?

INDIVIDUALS

Students said the key elements to an active healthy lifestyle were finding things you enjoy and being successful in those activities. Students agreed that they need to be more active on a daily basis, and had several ideas of what individuals could do to include more physical activities in their day-to-day life, including walking, running, skating and hiking.

Students also suggested that youth should:

- develop a fitness goal and a plan to meet it;
- support one another by being active with friends;
- be a role model for active living; and
- spend less time watching TV, working on the computer or playing video games.



FAMILIES

Students again pointed out that parents should be role models for their children by being active themselves and promoting physical activity as a family. Many said that young people are more likely to be active if they have active parents.

Youth also thought that parents should be more involved in their children's physical activities, as a participant, coach or volunteer.

Other suggestions for family activities included:

- having regular family activity nights;
- playing sports together;
- going for walks;
- taking part in regular activities like skating, swimming, bowling, bike riding, planting a garden and active family vacations; and
- limiting the amount of time children spend watching TV, working on the computer and playing video games.

SCHOOLS

Physical activity in school generated a lot of discussion. Young people think schools are very important to physical activity levels because they provide physical education classes, as well as other opportunities to be active.

While students were positive about physical education in schools, many indicated too much emphasis on competitive sports. Youth wanted to see more non-competitive sports opportunities and to experience a greater variety of activities that they can continue into their adult lives. One group specifically said, "Put physical activity and fun together so kids can get the exercise they need."

Many youth said that school gyms should be open before and after school as well as on weekends.

Youth at the forum also suggested that young people should be recognized for their participation and efforts to be more physically active. They said

that the more people are recognized, the greater their confidence in their abilities, which will encourage them to continue being active.

Some other ideas for encouraging physical activity in schools included:

- making phys ed an option for Senior 3 and Senior 4 students;
- providing opportunities for daily activity at school;
- developing more opportunities for extra-curricular activities;
- allowing students to earn credits for physical activities and leadership such as coaching or refereeing pursued outside of school; and
- offering more programs before and after school with a broader range of activities that are not solely sports team-based.

COMMUNITIES

Discussions about community efforts to promote physical activity focused on how communities could provide more affordable or free recreational opportunities for children and youth.

Students had many suggestions for communities to improve physical activity opportunities for young people. It was noted that young people with disabilities want to be active but need more opportunities to do so.

Youth also recommended that governments, communities and schools do more to promote a variety of physical activities.

Some ideas that the youth had for changes in the community included:

- offering reduced student rates at fitness centres;
- developing more non-competitive sport opportunities;
- developing opportunities to participate in activities over the summer;

- creating more bike and walking paths;
- reducing costs for participating in sports and activities for lower-income youth; and
- developing more community events/activities involving physical activity to bring communities together.

INJURY PREVENTION

What can we do to promote a decrease in unintentional injuries - as an individual; as a family; as a school; as a community?

By educating youth and raising awareness about unintentional injuries, young Manitobans may become more aware of the importance of injury prevention. Youth identified several areas of concern and provided some ideas to reduce unintentional injuries.

INDIVIDUALS

Most of the discussion on injury prevention focused on being responsible and using common sense to stay safe when driving. Suggestions included:

- using your seatbelt;
- observing the speed limit;
- not using a cell phone while driving; and
- not drinking and driving.

Students also focused on ways to avoid injuries while exercising and playing sports, including:

- doing proper stretches and warm-ups;
- using proper equipment in good condition; and
- choosing to wear helmets when biking or skateboarding.

Personal safety was also an issue for youth. They suggested that youth should be careful where they walk alone and be more aware of their surroundings. Many said that older kids should look out for younger children.

FAMILIES

Fire safety in the home generated the most discussion about family safety issues. Some students also suggested that families should take part in Neighbourhood Watch programs.

Youth also recommended that parents should encourage their children to wear helmets when biking or skateboarding.

Other suggestions for improved family safety include:

- having a family safety plan for different emergency situations like fires or tornados;
- having a smoke and carbon monoxide detector(s) and fire extinguisher in the home and learning how to use it;
- making the house child proof by storing medications and poisonous materials properly;
- making sure youth in rural areas are educated about farm safety;
- locking up guns; and
- proper parental supervision of young children.

SCHOOLS

Students developed several suggestions for schools regarding safety and injury prevention, including:

- preventing bullying and fights with more supervision outside of class time;
- more emphasis on fire safety/drills;
- improved bus safety;
- shop class safety;
- providing more classes about farm safety in rural areas;
- providing more educational opportunities about injury prevention;
- training in CPR;
- proper warm-ups prior to exercising; and
- proper use of exercise equipment.



COMMUNITIES

Youth suggested that communities should pay more attention to road and sidewalk safety in the winter months. This was mentioned more frequently in rural areas where students may have to drive longer distances to and from school.

Students also thought that:

- more bike paths and trails should be created to avoid having youth bike on busy streets; and
- there should be more safety equipment and training at places of work.

The students challenged communities and governments to create environments where they can be safe. Suggestions were quite varied and included:

- developing a media campaign to promote and educate young people and families about injury prevention;
- promoting the use of bicycle helmets;
- developing more youth centres or other affordable places where young people can go to take part in safe activities;
- maintaining parks and playground equipment;
- providing programs that teach children and young people about mental wellness and suicide prevention, starting in elementary school and continuing through senior years; and
- promoting the need to live in a clean, healthy environment.

OTHER HEALTH CONCERNS

Other health-related issues discussed or mentioned by youth concerned mental wellness, suicide prevention, drug and alcohol use, tobacco use and healthy sexuality.

The importance of self-esteem and healthy coping skills were raised in a number of discussions.

Suicide prevention and drug/alcohol use were also identified as particularly serious issues.

As individuals, students stressed the importance of:

- choosing positive friends and not being influenced by the actions or judgments of others;
- seeking outside help from a counselor/organization or recommend it to a friend;
- having outside interests, such as a hobby, sports or volunteering; and
- having respect for themselves, their friends and families and their relationships.

For families, students pointed out the importance of open communication between children and their parents. They also said that parents and youth need to know what is going on in each others lives. Families need to be supportive, be good listeners and be a resource rather than an opposing force to their children. Finally, parents should be set positive examples for their children and be good role models.

Students felt that schools should provide education about mental health and addictions issues appropriately tailored to different age levels. Bullying was raised as an important issue. They also said that schools need to be inclusive and provide a non-threatening, fun and positive environment for all students.

Students suggested that communities provide more activities for young people to keep them out of trouble. Drop-in centres and youth groups were mentioned as being important, safe places for young people to gather.

With respect to sexuality, students indicated the need for more education in school with improved access to information and assistance both in and out of school. Easier access to affordable

protection both in and outside of school was raised. Students urged parents to talk to their children and not avoid the topic.

While not discussed as a separate topic in any of the classroom workshops, the importance of not smoking was raised in a number of different contexts.

RECOMMENDATIONS

After extensive consultations with Manitobans, the *Healthy Kids, Healthy Futures* All-Party Task Force respectfully makes the following recommendations to the Government of Manitoba.

EDUCATIONAL HEALTH PROMOTION INITIATIVES

The task force recommends that the government undertake a variety of initiatives to promote healthy living and provide educational resources for families and schools. Therefore, the task force recommends that:

1. the provincial government consider developing resources for families and schools to provide key information on the benefits of healthy living and how to make healthy choices.
2. the provincial government provide opportunities for youth to give advice to the Minister of Healthy Living on issues affecting the health of young people through the creation of a youth advisory committee.
3. the provincial government implement an 'I Love to Run' month targeted to children in grades five and six, starting in October 2006. Additional annual events celebrating active living could be developed in consultation with the proposed youth advisory committee.
4. the provincial government create an annual Premier's Award for Healthy Living, starting in the winter of 2005.
5. the provincial government encourage and support community organizations to create award programs to highlight local achievements and further promote healthy living.
6. the provincial government introduce the "Manitoba *in motion*" activity program in the fall of 2005. *in motion* is an intense promotional program that will help inspire Manitobans to get active. To become an *in motion* school as one part of the program, all kids must agree to do 30 minutes of physical activity five days a week, which can include walking to school and lunch-time activities.
7. the provincial government consider developing promotional plans to share the importance of healthy living and the effects of improper nutrition and lack of physical activity with all Manitobans.

NUTRITION IN SCHOOLS

The task force recommends that the government increase access to nutritious foods in schools.

Therefore, the task force recommends that:

8. the provincial government require all schools to have a written school food and nutrition policy as part of their school plan.
9. the provincial government provide model policy statements as examples, to help schools or school divisions to develop specifics to suit local needs and circumstances.
10. the provincial government provide "Guidelines for Foods Served at Schools" as well as a series of tools and resources that schools could access to help them take action in this area.
11. schools report annually to parent advisory councils and Manitoba Education, Citizenship and Youth on actions taken regarding written school food and nutrition policies.

12. these recommendations be phased in over a period of two years beginning in the 2006-2007 school year for grades K-6 with remaining grades to follow in the 2007-2008 school year.

PHYSICAL ACTIVITY IN SCHOOLS

The task force recommends that the government mandate physical education/health education (phys ed/health) from kindergarten to Senior 4. Implementation will vary according to grade to provide maximum flexibility to involve parents, students and schools in the promotion of physical activity for children and youth. Therefore, the task force recommends that:

13. the provincial government not just recommend, but mandate the amount of time

that students in kindergarten to grade 8 should spend in phys ed/health classes. This should be implemented before the fall of 2007.

14. the provincial government not just recommend, but mandate the current amount of time that Senior 1 and Senior 2 students should spend in phys ed/health classes. Schools can choose to meet the mandated times within the timetable, or use an out-of-classroom model for up to 20 hours of the mandated 110 hours. This should be implemented before the fall of 2007.
15. the provincial government develop a phys ed/health curriculum for Senior 3 and Senior 4 students. This should be implemented before the fall of 2008.

Manitoba Education, Citizenship and Youth currently recommends the amount of time for phys ed/health classes. However, it is estimated that less than half of kindergarten to grade 8 students receive the current minimum recommendations for phys ed/health education.

It is currently recommended that kindergarten to grade 6 students receive a minimum of 198 minutes of phys ed/health classes per six-day school cycle. This equals three hours and 18 minutes per cycle, or just more than half an hour a day.

It is currently recommended that grade 7 and 8 students receive a minimum of 178 minutes of phys ed/health classes per six-day

school cycle. This equals just less than three hours per cycle, or just under half an hour per day.

Senior 1 and Senior 2 students are required to complete a recommended 110 credit hours per year of phys ed/health classes to be eligible for graduation.

Currently, there are no phys ed/health credit requirements for Senior 3 and Senior 4 students.

The task force recommendations propose to make sure all schools are mandated to follow the times that are currently recommended. The task force has also proposed a recommendation to mandate a required phys ed/health credit for Senior 3 and Senior 4 students. The required credit hours would be similar to those required for Senior 1 and Senior 2 students.

Manitoba is the nation's leader in the number of certified phys ed/health teachers working in schools. The recommendations of the task force will increase the role that these hard-working professionals play in the health of our young people.

While physical activity in school is important, increasing physical activity options for children is a shared responsibility. We must not forget the vital role parents families and communities play in encouraging physical activity for children and youth. Teachers, schools, parents and communities must continue to work together to increase physical activity opportunities.



16. the provincial government require all Senior 3 and Senior 4 students to complete two phys ed/health credits for graduation, in addition to the two credits required in Senior 1 and Senior 2. Schools may choose to include the phys ed/health credits in the timetable or use an out-of-classroom model. Parents, students and schools should work together to determine what will work best in their community to help youth take greater ownership of their own physical fitness, promote the discovery of activities suited to their own individual interests, and encourage active lifestyles that persist into their futures. This will help minimize the time students spend away from academic studies and give families, students and schools more choices about how to include more physical activity into the lives of our young people.
17. the provincial government review current funding programs that provide capital infrastructure grants for recreational facilities. The review should look at options for increasing funding for projects that will make a facility more efficient and cheaper to operate and maintain. Facilities should also look for funding from energy efficiency programs, including Manitoba Hydro's PowerSmart program. These reduced operation costs should lower the cost for community residents to use the facility.
18. the provincial government consider other funding options for recreational purposes. These funds could be used to improve access to recreational programs by reducing operating and maintenance costs. The funds could also support programs that do not need to use high-cost facilities.
19. the provincial government work with school divisions and local governments to develop standards for community use agreements. These standards should help increase the shared use of community and school facilities by minimizing user fees, while allowing for flexibility based on local context and needs.
20. the provincial government work with school divisions to determine and address the financial costs of such agreements.
21. the provincial government require that designs for new schools, recreation facilities, and community centres include options for recreation, including things like tracks, walking trails and playgrounds. These facilities should be developed in consultation with communities and be open to all residents, including children, families and seniors.

RECREATION FACILITIES AND ACCESS

The task force recommends that the government increase access to recreation facilities through the community use of schools, the innovative design of new facilities, and the promotion of activities that are less dependent on facilities such as walking, cycling and skiing. Therefore, the task force recommends that:

17. the provincial government review current funding programs that provide capital infrastructure grants for recreational facilities. The review should look at options for increasing funding for projects that will make a facility more efficient and cheaper to operate and maintain. Facilities should also look for funding from energy efficiency programs, including Manitoba Hydro's PowerSmart program. These reduced operation costs should lower the cost for community residents to use the facility.

RECREATION LEADERSHIP

The task force recommends that the government promote the increased use of recreational directors across the province and encourage youth leadership in recreation. Therefore, the task force recommends that:

22. the provincial government review the funding for recreational directors in Manitoba communities. A recreation director should serve in all areas of the province. The Government of Manitoba should consider providing incentives to municipalities and First Nations to encourage an increase in the number of recreational directors across the

province. Options for program delivery should also be reviewed, and study things like expanded geographical service areas and shared services among local governments and between local governments and First Nations communities.

23. the provincial government consider delivering these proposed incentives through current recreation grant programs like the Recreation Opportunities Program (ROP). Guidelines should be developed to make sure that funds are directed towards activities that are easy to access and have a broad appeal.
24. the provincial government consider expanding training opportunities for recreational directors, volunteers and other interested community members to promote quality recreational programming that can be delivered to many Manitobans.
25. the provincial government encourage youth leadership in the area of recreation through youth leadership programs, volunteer opportunities or employment programs.

ACTIVE TRANSPORTATION

The task force recommends that the government encourage active transportation among youth. Therefore, the task force recommends that:

26. the provincial government continue to work with Resource Conservation Manitoba on programs like the Commuter Challenge and Active and Safe Routes to School to support active transportation for youth.
27. the provincial government work with Resource Conservation Manitoba and other partners to create a Manitoba Student Transportation Network. The network will support student-led efforts to reduce barriers to active transportation and increase active transportation among youth.

INJURY PREVENTION

The task force recommends that the government undertake a variety of educational initiatives on things such as water safety, bicycle helmets and farm safety to reduce unintentional injuries while maintaining high levels of activity among youth. Therefore, the task force recommends that:

28. the provincial government makes childhood injury prevention a priority in its work to develop a province-wide injury prevention strategy and related initiatives.
29. the provincial government continue to promote injury prevention through communities and schools through physical and health education courses and the Healthy Schools Initiative.
30. the provincial government work with the Coalition for Safer Waters and other partners to adopt and implement a provincial Water Safety and Drowning Prevention Strategy that is consistent with the Provincial Injury Strategy Framework.
31. the provincial government promote farm safety education initiatives targeted at children and youth.
32. the provincial government undertake a strong public education campaign promoting the use of bicycle helmets, while introducing measures to help low-income families buy helmets. This campaign will serve to increase helmet use and bicycle ridership. The campaign will be evaluated by measuring the extent of helmet use after three years.
33. the provincial government require schools to make sure that the appropriate safety equipment is available and on hand for all school field trips.



LOW-INCOME FAMILIES

The task force recommends that the government improve access to good nutrition and opportunities for physical activity for low-income families.

Therefore, the task force recommends that:

34. the provincial government continue to make concerted efforts to deal with the broad challenges that poverty poses to the health of Manitobans and their capacity to live healthy lifestyles.
35. the provincial government continue to make concerted efforts to provide supports to improve nutrition and opportunities for physical activity for low-income families.

FIRST NATIONS COMMUNITIES

The task force recommends that the government increase accessibility to traditional and nutritious foods, and to culturally-focused physical activity and recreational programs. Therefore, the task force recommends that:

36. the provincial government work with First Nations communities to address issues about accessibility to traditional foods and community gardens. In addition, government should also help the development of small businesses in remote areas and develop ways to address food costs in remote areas. Attention to the specific needs and context of individual First Nations and their geographic location/isolation should be taken into consideration.
37. the provincial government work with First Nations communities, the private sector, the federal government and its agencies such as health centres and federal schools to increase the promotion of traditional Aboriginal values and practices. Culturally-focused physical activity and improved recreational programs

and facilities along with improved nutrition options for Aboriginal children and youth should be encouraged.

38. the provincial government and the federal government work together to develop projects that serve both First Nations and adjacent communities where possible. The two levels of government should also work together to expand training and employment opportunities in remote communities during construction of such projects.
39. the provincial government work with First Nations communities and the Coalition for Safer Waters to address water safety issues for Aboriginal children and youth.

MENTAL HEALTH AND WELLNESS

The task force recommends that the government enhance mental health and wellness education and supports to youth to prevent and address issues such as eating disorders, depression, drug and alcohol addictions and other related concerns. Therefore, the task force recommends that:

40. the provincial government support integrated mental health and wellness education and promotion in schools through peer training and support.
41. the provincial government continue to use best practices in enhancing prevention initiatives and treatment services for children and youth concerning the negative consequences of drug and alcohol addictions.
42. the provincial government continue to provide resources and support to school divisions and schools to help them provide a safe learning environment for their students.
43. the provincial government develop and implement a provincial suicide prevention strategy.

- 44. the provincial government expand and improve crisis line services to make sure province-wide access to suicide prevention services is available.
 - 45. the provincial government expand services for children and youth suffering from eating disorders.
-
- 46. the provincial government expand mental health services and programs for children and youth.
 - 47. the provincial government work to improve early identification and intervention for mothers experiencing mental health issues like postpartum depression, and enhance support services for those affected families.

ACKNOWLEDGEMENTS



PRESENTATIONS AND SUBMISSIONS TO THE *HEALTHY KIDS, HEALTHY FUTURES* ALL-PARTY TASK FORCE

The task force wishes to thank the individuals, groups and organizations who took the time to share their views and information about children's health by appearing at our meetings, sending us submissions, letters and e-mails as well as completing our website questionnaire. The task force also thanks the interested citizens who attended the public meetings.

ENTERTAINMENT AT PUBLIC MEETINGS

We thank the dedicated and talented children and youth who gave lively performances and demonstrations of their talents and assisted us at our public meetings. In addition, we extend our thanks to their parents, teachers, coaches and leaders for their tireless support.

WINNIPEG

- Churchill Jazz Band
- Churchill Bulldogs Football Team
- Summer Bear Dance Troupe
- St. James Streamers Rhythmic Gymnastics Team, Special Olympics Manitoba
- Wolverines Soccer Club, Special Olympics Manitoba
- Daniel McIntrye Collegiate Jazz Vocal Ensemble
- Daniel McIntrye Collegiate Cheerleaders
- Daniel McIntrye Collegiate Leadership Class

ARBORG

- Recka Dancers
- Teen Hip Hop Dancers
- Arborg Early/Middle School Students
- 158 Fisher Royal Canadian Air Cadets

THOMPSON

- Kelly Waterman School of Dance
- Thompson Girl Guides

SOURIS

- Souris PreSchool Literacy Program
- Souris Karate Club
- Souris Gymnastics Club
- Souris High School Students
- Souris Bantam Girls Double A Hockey Team

BRANDON

- Brandon Eagles Gymnastics Club
- Betty Gibson School Stingers
- Brandon Youth Soccer Team

DAUPHIN

- Kangs Tae Kwon Do
- Zirka Ukrainian Dance Ensemble
- Dauphin Clippers High School Football Team
- Dauphin Kings Junior Hockey Team

STE. ANNE

- Ste. Anne Collegiate Jazz Band
- Ste. Anne Aces PeeWee Hockey Team

SCHOOLS VISITED BY THE TASK FORCE

The task force wishes to thank the students and staff from the following schools for their welcome and for taking the time to share their views on healthy living.

Fort Richmond Collegiate

Silver Heights Collegiate

Steinbach Regional Secondary School

Edward Schreyer School

Kelvin High School

Kildonan East Collegiate

Gordon Bell High School

Children of the Earth High School

Mel Johnson School

Virden Collegiate

MacGregor Collegiate

Maples Collegiate Institute

École Christine-Lespérance

HEALTHY LIVING YOUTH FORUM

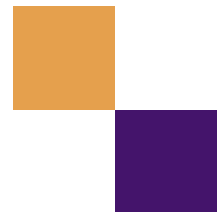
The task force thanks students from around the province who so enthusiastically participated in a day-long discussion of healthy living issues. We also thank the staff from each of the schools and school divisions represented at the forum for supporting their students' participation in this event.

The task force would like to acknowledge all contributions to the forum, including the organizers, the youth facilitators and others who helped make the forum a success.

TASK FORCE

The task force extends its thanks to Mr. Dan Johnson, advisor to the task force, and Ms. Annalea Mitchell, secretary to the task force, for their contributions to its work.

APPENDIX ONE



SOME CONSIDERATIONS OF OUR CHILDREN'S HEALTH

Recent studies show that:

- in 2000/01, four out of five Canadian youth aged 12 to 19 were not active enough to meet international guidelines for optimal growth and development. Girls are less active than boys.⁽⁹⁾
- less than half of Canadian children and youth expend enough energy by being physically active on a daily basis to meet guidelines for healthy growth and development. “To put it simply – most Canadian kids are not moderately (e.g. walking) or vigorously (e.g. running, climbing, swimming) active for thirty minutes to one hour each day.”⁽¹⁰⁾
- obesity rates are increasing most rapidly among children. Over the past two decades, the rates of overweight and obese Canadian children have nearly tripled.⁽¹¹⁾
- in 2000/01, the prevalence of overweight boys ages seven to 13 was 20 per cent; for girls, 17 per cent. Obesity prevalence was nine per cent among boys and 10 per cent among girls.⁽¹²⁾
- increasing consumption of soft drinks is linked to obesity. Consumption of soft drinks in Canada increased by almost 80 per cent between 1976 and 2002. Overall milk consumption declined during that same period.⁽¹³⁾
- television viewing is the most common sedentary activity of Canadian children. Half of Canada’s children and youth are spending two to four hours per day watching television.⁽¹⁴⁾ In 2002, Canadians over the age of 12 watched 21.8 hours of television per week, on average.⁽¹⁵⁾ Research suggests that children who watch television more than two hours per day are more likely to be overweight and obese.⁽¹⁶⁾
- nearly half of Canadian children and youth spend three or more hours on the computer per weekend day and rank among the highest in the world for computer use. Comprehensive data on video game playing is not yet available.⁽¹⁷⁾
- only 43 per cent of parents are, on average, regularly active with their children. The number of parents who are active with their children drops by 25 per cent once children reach the age of five and drops a further 30 per cent once children reach 13.⁽¹⁸⁾
- young people who are overweight have increased risks for type 2 diabetes, high blood pressure and other chronic diseases as well as mental health problems.
- in Manitoba, 20 percent of young people aged 15-19 smoke.⁽¹⁹⁾



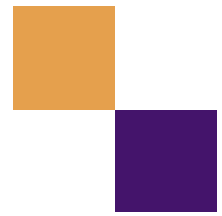
APPENDIX TWO

FACTORS AFFECTING EATING HABITS AND PHYSICAL ACTIVITY

Many factors influence our eating habits and physical activity levels, including:

- widespread availability of low-cost foods and drinks high in sugar and fat;
- over-sized food and drink servings;
- marketing and advertising foods high in sugar and fat directly to children and youth;
- the faster pace of modern life;
- social pressures to conform to a certain type of appearance;
- affordability and/or lack of access to nutritious foods and recreation/physical activity opportunities;
- increased use of motor vehicles and decreased walking/biking;
- lack of knowledge about nutrition and physical activity; and
- more time spent in sedentary leisure activities, such as watching television, playing video games and using computers.

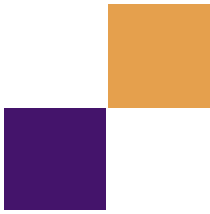
APPENDIX THREE



TASK FORCE QUESTIONS ON HEALTHY LIVING

Focusing on nutrition, physical activity and unintentional injury prevention as they relate to children and youth (up to the age of 18), some questions for consideration were provided to Manitobans in a discussion paper. The discussion paper was available online at www.manitoba.ca/healthykids, by phoning a toll-free number and at public meetings. These questions included:

- What is healthy living?
 - What information and supports do parents/families require to provide a healthy living environment for their children?
 - What information and supports do children and young people need to help them make healthy choices and lead active, healthy lives?
- What are the challenges that make it difficult to eat healthy foods, be physically active, and prevent injuries? What can be done to overcome them?
 - What can be done to reduce health disparities and improve access to healthy living opportunities for all Manitobans?
 - What is the role of our schools, health care providers, fitness/recreation/sports groups and other organizations in our communities to support healthy choices for children and young people?
 - What initiatives/programs should be in place at the local/provincial/national levels to enhance healthy living opportunities?
 - What innovative initiatives or programs are currently taking place in your community that you would like to share with others?



APPENDIX FOUR

LOCATIONS AND DATES OF TASK FORCE MEETINGS

WINNIPEG

Fort Rouge Recreation and Leisure Centre
Tuesday, January 11

ARBORG

Arborg Community Hall
Tuesday, January 25

THOMPSON

Juniper Centre
Thursday, February 10

MANTO SIPI CREE NATION

Community Centre
Friday, February 11

SOURIS

Souris Glenwood Memorial Complex
Monday, February 14

SIOUX VALLEY DAKOTA NATION

Community Centre
Tuesday, February 15

BRANDON

Park Community Centre
Wednesday, February 23

WINNIPEG

Magnus Eliason Recreation Centre
Saturday, February 26

DAUPHIN

Dauphin Multi-Purpose Senior Centre
Thursday, February 24

WINNIPEG

St. James Civic Centre
Saturday, March 5

WINNIPEG

Central Community Centre
Wednesday, March 9

ST. ANNE

Club Jovial
Monday, March 14

APPENDIX FIVE

Public presentations to the task force were made by the following groups and organizations.

WINNIPEG

- Manitoba Milk Producers Nutrition Education Department
- Campaign for Pesticide Reduction Winnipeg
- Agencies for School Health
- Resource Conservation Manitoba
- Dietitians of Canada
- Book Mates Family Learning Centre
- Physical Activity Coalition of Manitoba
- Heart and Stroke Foundation of Manitoba
- Social Planning Council of Winnipeg, Urban Food Security Initiative
- Manitoba Medical Association
- Sport Manitoba
- Manitoba Tobacco Reduction Alliance
- Alliance for the Prevention of Chronic Disease
- Students Working Against Tobacco, West Kildonan Collegiate
- Manitoba Youth on Tobacco Initiatives
- IMPACT, the Injury Prevention Centre of Children's Hospital, Health Sciences Centre
- Manitoba Council on Child Nutrition
- Social Planning Council of Winnipeg, Environment Committee
- Downtown Parent/Child Coalition
- Social Planning Council of Winnipeg, Campaign 2000 Committee
- YMCA/YWCA of Winnipeg
- Youville Clinic
- Manitoba Fitness Council
- Manitoba Chiropractors Association
- Winnipeg Regional Health Authority
- Manitoba Association for Childbirth and Family Education
- Central Regional Health Authority
- St. Boniface Hospital Research Centre, Division of Stroke and Vascular Disease, Centre for Health Policy Studies
- Girls on the Move
- Okima Development Authority
- Concerned Residents of Winnipeg Inc.
- Manitoba Association of School Psychologists
- Healthy Smile, Happy Child, Manitoba Collective Project for the Prevention of Early Childhood Tooth Decay
- Winnipeg School Division, Physical Education Consultant
- Women's Health Clinic
- Athletics Manitoba
- College of Registered Nurses
- Manitoba Physical Education Supervisors' Association
- Manitoba Organization of Disc Sports
- Recreation Management and Community Development Program, Department of Physical Education and Recreation Studies, University of Manitoba
- South East Interlake Early Childhood Development Committee
- Chief Medical Officer, Province of Manitoba
- Addictions Foundation of Manitoba
- Canadian Physiotherapy Association
- Eating Disorders Association of Manitoba

- Minor Basketball Association
- Pregnancy and Family Support Services
- Gordon Bell High School Food Services
- Winnipeg Optimal Health Early Years Sports Club
- Queenston School Parent Advisory Council, Gym Committee
- Sport Medicine Council of Manitoba
- Sport Manitoba, Winnipeg Region
- Manitoba Institute of Child Health
- Manitoba High Schools Athletic Association
- Hockey Manitoba
- Special Olympics Manitoba
- Manitoba Aboriginal Sport & Recreation Council Inc.

ARBORG

- Riverton and District Friendship Centre
- Interlake Physical Activity Working Group
- Anishinaabe Mino-Ayaawin
- 158 Fisher Royal Canadian Air Cadets
- Arborg-Bifrost Parks and Recreation Commission
- Interlake Regional Health Authority, Population Health and Wellness Team
- Sport Manitoba, Interlake Sport Council
- Gym Blast
- Manitoba Physical Education Teachers Association, Interlake School Division

THOMPSON

- Burntwood Healthy Living Coalition
- Burntwood Regional Health Authority
- Mayor of Thompson
- Northern Manitoba Recreation Association
- Students of RD Parker Collegiate
- Sport Manitoba, Norman Region

- Thompson Boys and Girls Club
- RD Parker Collegiate, Physical Education Teachers
- Thompson Ski Club Inc.

MANTO SIPI FIRST NATION

- Chief of Manto-Sipi First Nation
- Community Residents

SOURIS

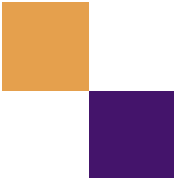
- Assiniboine Regional Health Authority, Health Promotion Team
- Westman Recreation Practitioners Association
- Souris School, Parent Advisory Council
- Recreation Connections Manitoba
- Virden Collegiate, Healthy Schools Project
- Manitoba Physical Education Teachers Association, Southwest Horizon School Division

SIOUX VALLEY DAKOTA NATION

- Chief of Sioux Valley Dakota Nation
- Sioux Valley Health Centre, Youth and Justice Program, Canada Pre-Natal Nutrition Program, Youth Programs, Fetal Alcohol Spectrum Disorder Program, Wellness Program, and Aboriginal Diabetes Initiative
- Oyate Chistinapida (Sioux Valley Day Care)

BRANDON

- Westman Dietitians Network
- Manitoba Association of Home Economists, SouthWest Branch
- Brandon Regional Health Authority
- Manitoba Physical Education Teachers Association
- Sport Manitoba, Westman Regional Sports Council
- Brandon Youth Soccer Association



- Brandon Tai Chi Society
- City of Brandon, Poverty Committee
- Westman Healthy Lifestyles Coalition
- City of Brandon, Community Services
- Brandon University, Department of Physical Education
- Booster Juice

DAUPHIN

- Parkland Regional Health Authority
- Dauphin Friendship Centre Inc.
- Food for Thought Program, Dauphin Friendship Centre Inc.
- Sport Manitoba, Parkland Sports Council
- Kang's Tae Kwon Do Academy
- Manitoba Association of Home Economists, Parkland Branch
- Students of Mackenzie Middle School
- Healthy Dauphin
- Bosiak's Gym
- Dauphin Gymnastics Club
- WEB Future (Women Embracing a Better Future)
- Parkland Campus Kids Daycare
- Silverton Women's Institute
- Parkland Association of Recreation Directors

STE. ANNE

- Ste. Anne Elementary School and Ste. Anne Collegiate
- South Eastman Regional Diabetes Advisory Committee
- Healthy Child Coalition, Central Region
- South Eastman Parent Child Coalition
- Students of Ste. Anne Collegiate
- Sport Manitoba, Eastman Sports Council
- Schoolyard Partnership for Active Daily Enjoyment (SPADE)

- Eastman Recreation Professionals
- Cooks Creek Dance Academy
- X Company, Physical Arts Training. Performance Team

Submissions and information were received by mail/e-mail from the following groups and organizations:

- Canadian Paediatric Society
- Dakota Collegiate S1 and S3 Physical Education Students
- Winnipeg Harvest
- Rural Municipality of Edward
- Healthy Living Program, West Central Community, Winnipeg
- Centennial School, Comprehensive Wellness Program, Sunrise School Division
- Interlake Healthy Choices Nutrition Group
- University of Manitoba Faculty of Physical Education and Recreation Studies; Brandon University, Department of Physical Education; University of Winnipeg, Department of Kinesiology and Applied Health Studies
- Brandon and District Labour Council
- Manitoba Women's Institute
- Burntwood Regional Health Authority, Mental Health Program
- Mount Carmel Clinic
- Beaumont School "Lunch Bunch", Pembina Trails School Division
- Burntwood Food Security Committee
- Day Nursery Centre
- Fort La Bosse School Division
- University of Manitoba Faculty of Physical Education and Recreation Studies
- North Eastman Health Association, Regional Diabetes Program Prevention Team
- Virden Collegiate Advisory Council for School Leadership

- Healthy Child Coalition, Central Region
- Scouts Canada, Manitoba Region
- Louis Riel School Division

- Health Change
- Manitoba Association of Home Economists
- Refreshments Canada

REFERENCES

1) The Canadian body weight classification system recommended by Health Canada uses the body mass index (BMI) and the waist circumference (WC) to assess risks of developing health problems associated with overweight or underweight. They apply to adults aged 18 and over with the exception of pregnant and lactating women.

The BMI is the most well known measurement which is based on a ratio of weight-to-height. There are four ranges:

- underweight (BMI is less than 18.5);
- normal weight (BMI is 18.5 to 24.9);
- overweight (BMI is 25 to 29.9); and
- obese (BMI is 30 and over).

There are limitations to the classification system as it may underestimate or overestimate health risks in certain adults - for example, young adults who have not reached full growth, adults who naturally have a very lean body build or very muscular adults, such as athletes.

A doctor or other health care professional is in the best position to determine if a child or young person has a healthy weight.

2) An Integrated Pan-Canadian Healthy Living Strategy. *A Discussion Document for the Healthy Living Symposium*. Toronto. (June 2003) p.7

3) Canadian Fitness and Lifestyle Research Institute, 2002 *Physical Activity Monitor*. Ottawa. www.cflri.ca

4) Katzmarzyk PT, Gledhill N, Shephard RJ. *The economic burden of physical inactivity in Canada*. Canadian Medical Association Journal. November 28, 2000

5) Report prepared by SMARTRISK for IMPACT, the Injury Prevention Centre of Children's

Hospital, Health Sciences Centre. *The Economic Burden of Unintentional INJURY in Manitoba*. Winnipeg. (2003) p.1

6) IMPACT, the Injury Prevention Centre of Children's Hospital, Health Sciences Centre. Focus. Winnipeg. (June 2005)
www.hsc.mb.ca/impact/Focus.htm

7) IMPACT, the Injury Prevention Centre of Children's Hospital, Health Sciences Centre. *Injuries & First Nations People. Special Edition of IMPACT ON INJURIES*. Winter 2004-2005

8) The definition of 'junk' food does not have a precise scientific definition. It is usually used to refer to some or all of, high fat or sugar snack foods, fast foods, soft drinks and candy. The Centre for Disease Control in the United States defines junk food as "Foods that provide calories primarily through fats or added sugars and have minimal amounts of vitamins and minerals." *CDC School Health Policies and Programs Study (2000) Fact Sheet: Foods and Beverages Sold Outside of School Meal Programs*.

9) Op cit. 2002 *Physical Activity Monitor*

10) 2005 Active Healthy Kids Canada Report Card on Physical Activity for Children and Youth. *Dropping the Ball, Canada's Report Card on Physical Activity for Children and Youth*. (2005) Active Healthy Kids Canada. p.7

11) Canadian Population Health Initiative. *Improving the Health of Canadians*. Ottawa. Canadian Institute for Health Information. (2004) p.112

12) Ibid. p.111

13) Ibid. pp.119&120.

14) Op.cit. *Dropping the Ball, Canada's Report Card on Physical Activity for Children and Youth*. p.9

15) Canadian Population Health Initiative. *Overweight and Obesity in Canada, A Population Health Perspective*. Canadian Institute for Health Information. (August 2004) p.27

16) Op.cit. *Dropping the Ball, Canada's Report Card on Physical Activity for Children and Youth*. p.9

17) Ibid. p.9&11

18) Ibid. p.12

19) Health Canada - Tobacco Control Programme. *Canadian Tobacco Use Monitoring Survey (CTUMS), Smoking Prevalence 1999-2003*. Ottawa.

