HOUSE OF COMMONS
CHAMBRE DES COMMUNES
CANADA

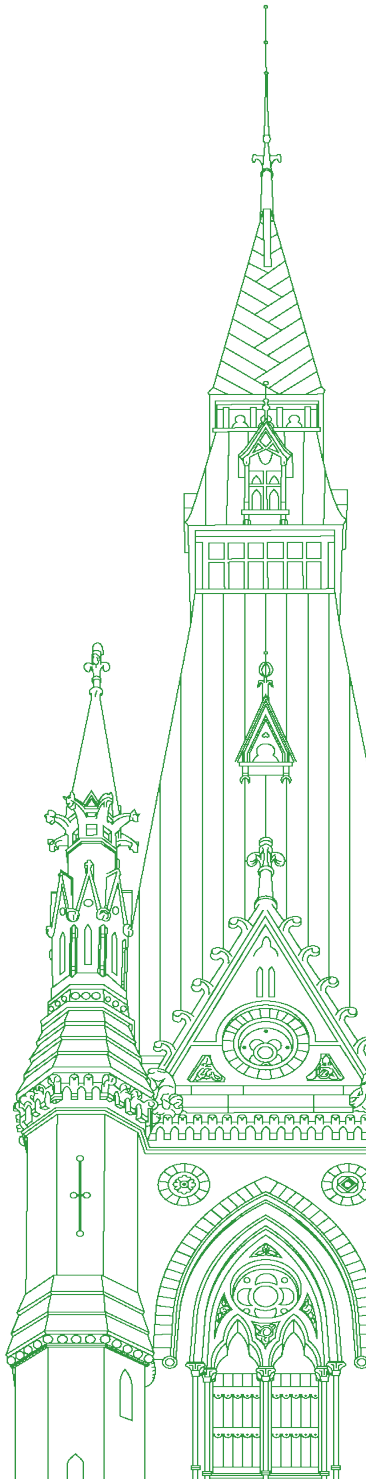
44th PARLIAMENT, 1st SESSION

Standing Committee on Health

EVIDENCE

NUMBER 024

Monday, June 6, 2022



Chair: Mr. Sean Casey

Standing Committee on Health

Monday, June 6, 2022

● (1535)

[*English*]

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

Welcome to meeting number 24 of the House of Commons Standing Committee on Health.

Today we will meet for two hours for a briefing from officials to begin our study on children's health. This meeting does not count toward the six-meeting minimum with witnesses, set earlier this year.

The meeting is taking place in a hybrid format pursuant to the House order of November 25, 2021. Per the directive of the Board of Internal Economy of March 10, 2022, all those attending the meeting must wear a mask, except for members who are at their place during the proceedings.

Please refrain from taking screenshots or photos of your screen.

In accordance with our routine motion on informing the committee that all witnesses have completed their required connection tests in advance of the meeting, I would now like to welcome our witnesses who are with us this afternoon for this briefing.

From the Department of Health, we have Jocelyne Voisin, assistant deputy minister in the strategic policy branch; Kendal Weber, assistant deputy minister of the controlled substances and cannabis branch; Alfred Aziz, director general of the office of nutrition policy and promotion, health products and food branch; Karen McIntyre, director general of the food directorate, health products and food branch; and Celia Lourenco, director general of the biologic and radiopharmaceutical drugs directorate, health products and food branch.

We have with us from the Public Health Agency of Canada, Candice St-Aubin, vice-president of the health promotion and chronic disease prevention branch. From the Canadian Institutes of Health Research, we have Tammy Clifford, vice-president of research, learning health systems.

Each organization will have up to five minutes for an opening statement. I'll ask the Department of Health to begin.

Ms. Voisin, welcome to the committee. You have the floor.

[*Translation*]

Ms. Jocelyne Voisin (Assistant Deputy Minister, Strategic Policy Branch, Department of Health): Mr. Chair and members of the committee, thank you for inviting Health Canada to appear today. We are pleased to be here. I won't introduce my colleagues, since the chair has already done so.

Children's health and wellness is a critical issue with potential life-long impacts. Your study will help inform future work in this important area of public policy.

The past two years have been difficult for children and youth, with school closures, social isolation, and loss of extra-curricular activities.

COVID-19 has shown us the need to build more sustainable and resilient health systems.

The government is also concerned about substance use-related harms. The government remains committed to leading a whole-of-society approach to address the overdose crisis.

[*English*]

The pandemic has caused the cancellation or delay of nearly 700,000 medical procedures, including for children. We also know there will be a shortage of medical professionals over the next 10 years, including a shortage of pediatric health care providers. In recognition of these challenges, a $200-billion, one-time top-up to the Canada health transfer was provided to provinces and territories to address backlogs for health care services this year, along with $4.5 billion in top-ups to the CHT provided during COVID previously.

Primary care providers play a meaningful role in children's physical, mental and social needs, and are really at the nexus of the health care system. However, we know that many Canadians have a harder time accessing this care in a timely manner. Budget 2022 provides funding to enhance student loan forgiveness for health professionals working in underserved rural or remote communities, where this access is even more difficult, to ensure that Canadians receive the health care that they deserve where they live.

The budget also expands the foreign credential recognition program to help 11,000 internationally trained health care professionals per year get their credentials recognized more quickly in Canada.

Dental health, as you know, is also a key aspect of Canadians' health, and it is especially important for children as they grow. To address gaps in access to dental care, the government committed $5.3 billion over five years, starting with children under 12. That will be implemented in 2022.

The pandemic has highlighted mental health and substance use issues in children and youth. The government has launched a number of free tools for Canadians, including the Wellness Together Canada online portal, which provides 24-7 access to mental health services for Canadians. We also provide funding through the mental health promotion and innovation fund to support community-based programs that promote mental health in children and youth. Improving mental health and addiction services for youth and young adults is also a priority of the common statement of principles, which sets the frame for the bilateral agreements that flow funding to provinces and territories to improve these services.

Public education and awareness efforts are fundamental to achieving the government's objective of protecting public health and safety, especially for youth. The government has invested in prevention campaigns that include engaging youth and young adults on the risks and harms of substance use, guidance on ways to reduce harms and ways to recognize and counter substance-use stigma.

[*Translation*]

We also recognize that, for many Canadians who require prescription drugs to treat rare diseases, the cost of these drugs can be exorbitant. Health Canada is working with stakeholders and health partners to develop a national strategy on drugs to treat rare diseases.

In addition, we recognize the important role that healthy eating and nutrition plays in preventing chronic diseases and contributing to long-term health for children. Significant progress has been made on this issue, including improvements to nutrition labelling and the food supply, and releasing a new Canada Food Guide.

To conclude, I would like to thank the committee once again for the opportunity today to speak to these issues at the beginning of your study. Your work will help point the way to the supports needed to ensure that children and youth can thrive in Canada.

Thank you very much.

● (1540)

[*English*]

The Chair: Thank you very much, Ms. Voisin.

Next we will hear from the Public Health Agency of Canada.

Candice St-Aubin, you have the floor. Welcome to the committee.

[*Translation*]

Ms. Candice St-Aubin (Vice-President, Health Promotion and Chronic Disease Prevention Branch, Public Health Agency of Canada): Thank you, Mr. Chair.

[*English*]

Mr. Chair and honourable members, thank you for inviting me today for this important meeting and to have a conversation on what we're all very interested in seeing—the results of this study.

COVID-19 has had an impact on everyone in some way, regardless of age. This includes a significant and unique impact on children and youth. COVID-19 has also highlighted the resilience of communities across Canada. To support this resilience, our federal community-based programming in health promotion and chronic disease prevention demonstrated innovation on the ground in order to continue to offer a range of supports and services to promote positive health behaviours and build much-needed protective factors.

Key examples of this include our community action program for children and Canada's prenatal nutrition program. These two long-standing agency programs serve children and families throughout project sites located across the country. They are well established. They are trusted. They are family-centric hubs within their communities.

These programs were able to pivot and lead pandemic response efforts. The efforts included important things like addressing food insecurity through the provision of food hampers, providing advice on sanitary measures and vaccinations, and addressing social isolation through quick adaptation of programs, including parenting supports, to new virtual formats.

We know that the pandemic has had a significant impact on the mental health of children and youth. Across Canada, or at least most of Canada, approximately one in five youth aged 12 to 17 years self-reported that their mental health was somewhat or much worse in the fall of 2021 as compared with before the pandemic. The Public Health Agency is taking action to address mental health concerns in children and youth by providing $14.8 million over 36 months to Kids Help Phone. This funding is helping to directly provide surge supports for mental health crisis services for children.

Further, through the 2022 fall economic statement, the Government of Canada announced a $50-million investment to boost the capacity of distress centres across Canada. These mental health services and supports reach children and youth where they are at, including those who may be at greater risk—racialized children, children living with disabilities, indigenous children and 2SLGBTQ2I+ children and youth.

It is not just the mental health of our children and youth that has been impacted. The recent Statistics Canada survey of COVID-19 and mental health indicates that some of the risk factors for adverse child experiences, child maltreatment and family violence have also increased during the pandemic. These risk factors include depression, stress, and alcohol consumption within the household.

[*Translation*]

Throughout the pandemic, families may have encountered issues accessing much-needed services that support both the health and well-being of their children and youth. For example, people on the autism spectrum and their families and caregivers have had limited access to in-person supports. There have also been disruptions in education and personal routines, which have made it challenging to maintain social relationships with family, extended family and friends.

To mitigate the effects of the COVID-19 pandemic, the Public Health Agency of Canada is leveraging the autism spectrum disorder strategic fund to support the development of projects to address existing and emerging priority needs. The goal of the fund is to provide tangible opportunities for Canadians on the autism spectrum, as well as their families and caregivers, to gain knowledge, resources and skills.

[*English*]

There remains much that we still need to know about the impacts of the pandemic on all Canadians, including children and youth.

● (1545)

With Statistics Canada, the Canadian Institutes of Health Research and the Offord Centre for Child Studies, the Public Health Agency of Canada is cofunding a new cycle of the Canadian health survey on children and youth to assess these impacts and to compare pre- and postpandemic on a range of outcomes, such as healthy living, mental health and healthy child development.

In addition, the agency is supporting other research and data collection, such as CANCOVID-Preg, a study led by the University of British Columbia and cofunded by the Canadian Institutes of Health Research. This national project is assessing the impact of COVID-19 on pregnancy and infant outcomes.

Lastly, the agency is also working with the Canadian Paediatric Society through the Canadian paediatric surveillance program to field a two-year surveillance study on post-COVID-19 conditions, also known as “long COVID”, in children and youth in Canada.

I've touched on only some of the ways the pandemic has impacted children, youth and families, and provided just a few examples of how the agency is working to help protect and promote health among this cohort. There are a number of other ways that children and youth are impacted, and many other resources that the agency offers.

As we continue to navigate our way through this pandemic, we will continue to invest resources and support the health of our children and youth across the country.

[*Translation*]

Thank you, once again, Mr. Chair and members of the committee.

[*English*]

The Chair: Next, from the Canadian Institutes of Health Research, we have Tammy Clifford. You have the floor.

Dr. Tammy Clifford (Vice-President Research, Learning Health Systems, Canadian Institutes of Health Research): Thank you very much, Mr. Chair, and thanks to the committee for convening this important study.

On behalf of the Canadian Institutes of Health Research, it’s a privilege to be here today. As Canada’s investment agency for health research, CIHR understands the power of research to improve the health and well-being of Canadians. Our enabling legislation, the CIHR Act, is explicit that this includes all Canadians, beginning with our children.

It is, therefore, a core responsibility of CIHR to support and build capacity for research in children’s health. This commitment is reflected in our investments in child health research, which have increased steadily over the last decade, totalling around $195 million last year alone. It is also foundational to the work and scientific leadership of CIHR's dedicated Institute of Human Development, Child and Youth Health.

Of course, as mentioned by my colleagues, much of our focus in the past two years—as an agency, as a research community and, for many of us, as parents—has been defined by the onset of an unprecedented health crisis. The health and social impacts of the pandemic on our children have been substantial and complex, driven by the illness itself as well as by the ramifications of the pandemic, including school closures, social isolation and decreased economic stability, among many other factors. As mentioned previously, the pandemic also limited access to health services, both urgent and routine.

It's for these reasons, since the onset of the pandemic, that CIHR has mobilized emergency research to understand and mitigate these impacts on our children and to support the recovery and resilience of children and their families. As a result, we are funding a broad portfolio of COVID-19 research to address key questions, gaps and emerging areas of concern in children’s health, including the impact of the pandemic response itself.

One of our foremost concerns, of course, has been the impact on children’s mental health. That is why CIHR has supported proactive research in child and youth mental health in the pandemic context, and, importantly, the mobilization of this new evidence for the health partners and decision-makers who can use it.

While creating new challenges, the pandemic has also magnified the disparities that persist in children's health in Canada, including among indigenous children and youth. CIHR has, therefore, dedicated funding for indigenous children's health research in the pandemic context, which takes a strengths-based and community-led approach to address the priorities of indigenous communities.

I should note, Mr. Chair, that CIHR's pandemic response is ongoing. In December, we announced $10 million for 70 projects focusing on the impacts of the pandemic on children, youth and families. We expect to see the outcomes of this research over the course of the year. In March, we launched the Canadian pediatric COVID-19 research platform, a collaboration and coordination hub for 16 pediatric hospital-based research sites across the country. CIHR is also hard at work, preparing to advance new budget commitments on the long-term impacts of COVID-19, including on children.

In discussing the pandemic's impacts on children's health, it's also important to recognize that some children requiring special medical care have been disproportionately affected by pandemic precautions and medical backlogs. For these families, new waves and COVID-19 variants are accompanied by difficult questions about delays in treatment, increased risk of infection, and the repercussions for their already vulnerable children.

Indeed, this only illustrates the many urgent areas of children's health research and why it was imperative for CIHR not to sideline these priorities during the pandemic. That is why, parallel to the COVID-19 response, CIHR has continued to advance research across the entire spectrum of children's health. I am pleased to report, for instance, that CIHR is moving swiftly to implement a new pediatric cancer consortium, stemming from budget 2021 investments.

● (1550)

In collaboration with the Graham Boeckh Foundation and other partners, CIHR is working to establish a pan-Canadian network of provincial and territorial learning systems for integrated youth services. This approach is transforming youth mental health and substance-use services by ensuring that youth have equitable access to a range of community-tailored and evidence-informed services, including primary care and peer support.

Earlier this year, CIHR funded a new training platform to prepare the next generation of perinatal, child and youth health researchers for careers both within and beyond academia.

Mr. Chair, these are only examples of the many research priorities in children's health that CIHR is championing. As we move forward, CIHR remains closely engaged with this community.

CIHR's Institute of Human Development, Child and Youth Health recently launched a new strategic planning process to identify core priorities for child health research for the next five years. We know that this is of prime importance to Canadians, and we will continue to work closely with our partners to promote and protect children's health through research and beyond.

Thank you very much.

The Chair: Thank you, Ms. Clifford.

We're now going to begin with rounds of questions, starting with the Conservatives.

We have Dr. Ellis, please, for six minutes.

Mr. Stephen Ellis (Cumberland—Colchester, CPC): Thank you, Mr. Chair, and thank you to the witnesses appearing here today. We certainly believe this is a very important study going forward for the health of Canadian children.

Ms. Voisin from the Department of Health, I have a couple of things to clarify. You talked about a $200-billion, one-time health transfer. I'm sure you meant $2 billion, but I just want to be clear on that.

Another thing you talked about very clearly included the 700,000 medical procedures in children that were lacking. Certainly, having just finished our study on human health resources in medicine and nursing, etc., we know there's a huge shortage of practitioners.

How are we ever going to make up these medical procedures that are missing with the number of practitioners who are able to graduate now? Is there a plan with the Department of Health to address that?

Ms. Jocelyne Voisin: Thank you for the correction there. Indeed, it is a $2-billion top-up for the CHT.

On the question related to surgical backlogs, that 700,000 surgical backlog number is all surgical backlogs in Canada, including those for children. We do not have a specific number related to children's surgical backlogs. CIHI doesn't report that number specifically, although different associations have published numbers they have from their own members or children's hospitals.

Yes, the health human resource issues and challenges are a big contributing factor to those surgical backlogs. We know that provinces and territories are working on different innovative measures to address backlogs, including looking at different spaces to address surgeries.

In terms of health human resources, we're working very closely with the provinces and territories through our existing committees on measures to address HHR issues and challenges, including innovative ways to increase and accelerate the credential recognition of internationally trained health providers. Some provinces have very innovative models in place that other provinces are looking at implementing. We are working very closely with them on getting those best practices out there and in the space so we can integrate those internationally trained professionals.

We're also working on other ways to support the health workforce, such as leveraging technology, for instance, and providing mental health supports for health workers, given that retention is a key measure to make sure that we continue to have the health workforce we need.

● (1555)

Mr. Stephen Ellis: Thank you very much for that.

Just as a bit of a follow-up, we've often heard the Prime Minister talk about 7,500 doctors, nurses and nurse practitioners. I'm not sure where they're going to come from.

Is there a plan around that from the Department of Health, or is that just kind of fantastical thinking?

Ms. Jocelyne Voisin: Again, we're working very closely with stakeholders, provinces and territories to really understand the issues and challenges, as well as innovative measures that can be taken. A lot of very good policy work and consultation is under way to really understand the problem and develop solutions collaboratively with our partners.

Mr. Stephen Ellis: Just to reiterate, there is no specific plan to hire 7,500 or reason for it being 7,500, or anything like that.

Ms. Jocelyne Voisin: Budget 2022, as I mentioned in my opening remarks, announced funding to accelerate the integration of internationally educated professionals, so there's the foreign credential recognition program as well as enhancement to the student loan forgiveness for health professionals in rural and remote communities.

Mr. Stephen Ellis: That's lovely, but student loans are not more bodies. That's providing for the bodies that are there.

Thank you very much for that.

To Ms. St-Aubin, you mentioned a couple of programs there.

I've been a family doctor for 26 years. You mentioned the community action program for children and a prenatal plan. Quite honestly, I've never heard anybody talk about them before; I've never heard them mentioned before.

Is there a concern I should have about a two-way street with the Public Health Agency of Canada, that you're really not getting the message back to your department that these are not as effective as perhaps you would like them to be?

Ms. Candice St-Aubin: I will say that when it comes to the community action program for children, this is a 20-plus year program, as is the Canadian prenatal nutrition program. It's $80.6 million annually. Our CAPC, which is our community action program, is $54.1 million, and it promotes child health, safety and wellness. The prenatal nutrition program is $26.5 million. As I said, they have been around for 20-plus years, with ongoing evaluation every five years, providing outcomes and impacts for those communities and families most at risk.

I am happy to provide in writing some of those evaluation outcomes on which the communities and service providers have worked hard with our agency.

Mr. Stephen Ellis: I'll reiterate that I find it shocking that I've never heard of them.

I have one quick question, as I know I have only about 30 seconds.

You talked about the difficulty with children not having in-person visits, and how it affects their sociability. How do you think that should affect public policy going forward with respect to lockdowns, school closures, etc.?

Ms. Candice St-Aubin: The Public Health Agency of Canada ensures that we follow and adhere and that we advise Canadians to follow and adhere to any of the guidelines that are being provided to all Canadians, as well as, of course, working with each province and territory to roll out and implement based on our public health guidelines.

The Chair: Thank you, Ms. St-Aubin, and thank you, Dr. Ellis.

Next is Mr. Jowhari, please, for six minutes.

Mr. Majid Jowhari (Richmond Hill, Lib.): Thank you, Mr. Chair, and thank you to all the witnesses for your presence here and your testimony.

I'm going to start with Madame Voisin, the assistant deputy minister.

Madame Voisin, I'd like to get an understanding from your point of view and the department's point of view. What would you consider the key determinants of health as they relate to children?

The follow-up to that would be, what were the challenges before COVID, and how have those challenges changed during COVID?

● (1600)

Ms. Jocelyne Voisin: I am going to say a few words, but I will call on my colleagues from the Public Health Agency, on Candice, for example, to talk about the social determinants of health.

If we think about the health of children before and after the pandemic, mental health has certainly been a huge issue, but we know that the pandemic has also revealed inequities across the health system in access to services, and inequities that were revealed in terms of how healthy children are within their community, not just in access to services but also in how they live within their communities.

I'll turn to Candice to talk a bit about that.

Ms. Candice St-Aubin: The social determinants—and I think we refer to them often as communities or children at risk—have come very much to the front. A spotlight was placed upon it.

The Public Health Agency has worked with communities to try to address some of the issues around misinformation and disinformation for those communities that may be more at risk or more vulnerable, through programs such as the vaccine community innovation challenge, where communities themselves try to promote and create communication efforts in a language that represents or reflects the communities themselves, to try to increase uptake on some of those guidelines that the Public Health Agency has provided.

In addition, the Public Health Agency of Canada has currently put forward approximately $100 million over the next two or three years—and I'll have to come back with details in writing—to address mental health programming for those communities specifically.

Those are the projects tailored to racialized communities, indigenous communities, children with disabilities and those living with disabilities, etc., to try to have targeted investments within those communities that are more at risk.

Mr. Majid Jowhari: Thank you.

As I was listening to the testimony, I was trying to compartmentalize the different health-related factors when it comes to children. I figured out physical health, mental health, education, access, and socio-economic factors. Is there anything I'm missing if I want to compartmentalize so I can go down that road of accessing or further probing into areas?

Ms. Candice St-Aubin: Also, to clarify, education is also a component, a determinant of health, and therefore we work closely with provinces and territories to ensure they have the resources as well. We support them with whatever information we have through our guidelines. It's better for them to then roll out as they see is required within their jurisdictions.

Mr. Majid Jowhari: Does anybody else want to make a comment?

No. Okay.

A couple of weeks ago I had the opportunity to visit one of the community organizations in my riding of Richmond Hill, the Children's Development Group. This is a small community-based organization that is focusing on children with autism. They shared their story of the challenges they had during COVID around access to care for those children and also the impact it had, not only on the staff but also on the children and family members, including the siblings, because the parents and the caregiver had to provide the same level of care to those children with the autism challenge while balancing their work at home, other children and their homework. An organization like that was acting as a relief valve for the families. Now, during that period, that relief valve was gone.

Is there anything planned as part of the government's agenda to address support for those with autism?

● (1605)

Ms. Candice St-Aubin: We certainly know that the COVID-19 pandemic has had a great impact on people with autism spectrum disorder, as well as on their families and caregivers, by limiting access to in-person supports, disrupting education and personal routines, and making it challenging to maintain social relationships with family and friends.

In order to address what we see as potentially a wider gap or wider data gap with respect to the health impacts of COVID-19, PHAC is investing $2 million specifically over three years to collect additional second-cycle data for the CHCSY, for data specific to that group—those living with autism.

As well, the Public Health Agency provided $75,000 to the Autism and Intellectual Disability Knowledge Exchange Network, or AIDE Canada, as it's called, to develop a COVID-19 resource hub to share up-to-date, trusted information related to COVID-19. It's specifically tailored to Canadians with autism spectrum disorder, as well as their families and caregivers.

In budget 2021, we provided $15.4 million, of which $7 million is new funding over two years, to start this year. We're working collaboratively with provinces and territories, families and stakeholders on the creation of a national autism strategy. We are looking forward to coming back and speaking more on this—

Mr. Majid Jowhari: Mr. Chair, can I ask, through you, for the submission of the type of data that's being gathered as part of the funding?

The Chair: Who is that directed to, Mr. Jowhari?

Mr. Majid Jowhari: I believe it was Ms. St-Aubin who was talking about the funding that is being provided around collecting data. I'm just trying to understand what type of data is being collected. That's all.

Thank you, Mr. Chair, for your indulgence.

The Chair: Are you in a position to provide that supplemental information, Ms. St-Aubin?

Ms. Candice St-Aubin: Yes, I can come back and provide more detail in writing.

The Chair: Yes. Thank you kindly.

Thank you, Mr. Jowhari.

[*Translation*]

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

Mr. Jean-Denis Garon (Mirabel, BQ): Thank you very much, Mr. Chair.

My first question is for you, Ms. Weber, as it concerns your field of activity. I'd like to talk to you about the movement of certain narcotics.

Before marijuana was legalized, the federal government, through the Department of Health, granted permits for growing marijuana for personal and medical use. However, the mayors of rural municipalities in my riding, such as Saint-Colomban, Mirabel and Sainte-Anne-des-Plaines, whom I would like to say hello to in passing, are noticing that the use of these permits is being abused. It seems difficult to control. It seems that permits are granted very easily and that very little medical evidence is required. There seems to be abuse, high production and resale. Obviously, these substances are circulating and being used by young people as well.

I'd like to know whether now that marijuana has been legalized by the federal government, the Department of Health intends to review the regulations for the granting of these permits, to avoid the kind of problems I just mentioned.

[*English*]

Ms. Kendal Weber (Assistant Deputy Minister, Controlled Substances and Cannabis Branch, Department of Health): As you've noted, in the Cannabis Act, the restrictions include a minimum age of 18 years to possess, distribute and sell cannabis. We have allowances for children who access cannabis for medical purposes. They need to get an authorization from their health care practitioner and then they'll be able to access—

[*Translation*]

Mr. Jean-Denis Garon: Let me interrupt you, because I don't think you understood the question. I'll state it more clearly.

I'm talking about people over the age of majority who obtain permits to grow marijuana and have a very large number of plants at home. Mayors in my riding are concerned because there seems to be very little control. I've been told that some people get these permits very easily. This procedure predates the legalization of marijuana.

Will the procedures be changed to tighten up the granting of permits? If not, are we going to ensure that people go and buy their marijuana through the legal channel, now that there is one?

[*English*]

Ms. Kendal Weber: Yes. There are two points.

The first point I will address is that yes, in fact, before cannabis legalization, we had cannabis regulations for medical purposes. Yes, individuals can access cannabis for medical purposes, and they can grow it for themselves. They need an authorization to grow the cannabis for themselves for medical purposes.

We are undertaking a legislative review of the Cannabis Act. It says in the legislation that three years after its coming into force we must do a review of the legislation. We will be undertaking that review of the Cannabis Act in the short term.

● (1610)

[*Translation*]

Mr. Jean-Denis Garon: Thank you very much.

I have a question for Ms. St-Aubin.

I know that you've worked with NGOs and that children's learning is very important to you. During the pandemic, schools had to remain closed to protect children, and these closures resulted in isolation. Was this a source of mental distress for children? I'm thinking of mental health, but also learning delays, in particular.

[*English*]

Ms. Candice St-Aubin: Yes. Previous to my time with the Public Health Agency of Canada and the Government of Canada, I worked in early learning and child care directly, as well as for NGOs representing the wellness of children and children's rights.

With regard to the impact, this is something we're still looking at. This is something the Public Health Agency of Canada is taking seriously. We're trying to ensure that we're investing in surveillance and surveys with partners at Statistics Canada and in the research that's happening, led by colleagues at the Canadian Institutes of Health Research, on what the impact is of COVID-19 on children and youth, in particular.

As we know, the impacts are felt across the life course. Certainly, it's felt by seniors, as well as adults, economically, socially and with mental health more broadly, but when it comes to children and youth, it will require additional research and additional surveillance and analysis.

Unfortunately, it would be pre-emptive of me to address any of those questions, but it is, again, something we're looking forward to returning to when we have a bit more information on what exactly those impacts are.

[*Translation*]

Mr. Jean-Denis Garon: Nevertheless, you could assume that it would have been better not to isolate children. That could be a logical conclusion, although we are waiting for the results of the research. We note that countries with higher hospital capacity were able to wait longer before closing schools.

Do you think that if the provincial governments had had a higher hospital capacity, it might have been beneficial for children, in the sense that it would have allowed them to stay in school longer with their peers and friends and to continue their education a little more normally?

[*English*]

Ms. Candice St-Aubin: Unfortunately, I'm not able to answer that, specifically, as addressed. What I can say, again, is that as the Public Health Agency of Canada works on providing jurisdictions with guidelines and guidance documents with respect to isolation and masking, etc., it is really up to the jurisdictions and the provincial and territorial partners to choose how they are put into place.

As it relates to health and human resources in hospital settings, I would have to look to my colleague, Jocelyne Voisin, to see if she has anything additional to provide in that area.

Ms. Jocelyne Voisin: We have closely monitored hospital capacity across provinces and territories throughout the pandemic to ensure, mainly, that people with COVID-19 can get the treatment they need.

In terms of the impacts it has had on children, that's a bit beyond what we can address at the committee today. It's a very interesting question. I think that's really worthy of future research, for sure.

[*Translation*]

The Chair: Thank you, Mr. Garon.

[*English*]

Next, I'd like to welcome Ms. Zarrillo to the committee and invite her to take the next six minutes.

Ms. Bonita Zarrillo (Port Moody—Coquitlam, NDP): Thank you, Mr. Chair. I am going to start with my question to Ms. Weber, and then hopefully I'll have an opportunity to talk about the impacts of changes in life at home for children. I know there was mention today of the changes to them in their communities, but I also was wanting to get some information about changes in their life at home.

I wanted to revisit something that Ms. Weber said around the legislation on cannabis and the fact that there was a commitment to a three-year review. We haven't seen it yet. I think it was October 2018, and I'm wondering when we can expect to see that three-year review on the Cannabis Act.

Ms. Kendal Weber: That will be starting very shortly. It is to start three years after the coming into force, so work has been under way over the past couple of months to look at public health data, public safety data and trends that we have been seeing, and to prepare for the launch of the review, which will be coming in the short term.

Ms. Bonita Zarrillo: Will that review involve the impact on youth and usage in youth and access for youth?

Ms. Kendal Weber: I'm sorry, I didn't hear the first part of the question, but I think you asked if we would be looking at the impact on youth and children. Is that correct?

● (1615)

Ms. Bonita Zarrillo: Yes.

Ms. Kendal Weber: Exactly. It's a huge part. It's so important, because protecting children and youth from accessing cannabis is one of the key objectives. Protecting public health and public safety are objectives within the act, and we will be looking at children and youth. Anything that this study can bring to that would be useful.

Ms. Bonita Zarrillo: I'm going to talk about vaping after, but while I have this opportunity on cannabis, I was a municipal counsellor when vaping came in, and we were allowing these businesses to open before it was legally allowed to be sold in Canada, because we had no ability to stop that, and enforcement was almost invisible.

On the cannabis file, there was some talk about labelling. I'm hoping labelling and packaging will be addressed in marketing to children.

I wanted to ask about product format. We know that edible cannabis is being marketed as candy, looking like candy, in formats that are like candy. Is that going to be addressed in the study, the reality of what's happening on the ground?

Ms. Kendal Weber: First, it is illegal, so it's prohibited to sell and label packaged cannabis products that are considered appealing to youth. It cannot look like candy.

Ms. Bonita Zarrillo: Between what's illegal and what happens on the ground and then the lack of enforcement and the fact that it falls on the cities, schools and school boards to handle it....

Ms. Kendal Weber: That was exactly my second point. Compliance and enforcement are so important. Working in the federal jurisdiction with federal partners, but also provincially and municipally, looking at the measures to make sure that we don't have illegal products on the ground is key, and that will be part of the study, the legislative review.

Ms. Bonita Zarrillo: I wanted to go into vaping in my last couple of minutes here. Again, with the vaping, we're looking for a three-year review. It was May 23, 2018, so can we expect to see that one?

We saw such a drastic doubling of the usage of vaping among young people between...I think it was 2017-18, and then 2019. Can you give us some update on what is happening now, what the statistics are now? I have to say this was devastating to school boards and to cities that knew this wasn't to be sold legally in Canada, hadn't been authorized by Health Canada, yet still was widely available for sale.

I can tell you that in my community of Port Moody-Coquitlam, there are kids getting hurt at school, passing out at school, ambulances having to come because of their consumption of nicotine, which is really heartbreaking. I'm sure on the public health side, we don't want a next generation of nicotine-addicted kids.

Can you share with me what's happening on that, and on the three-year review?

Ms. Kendal Weber: The first thing is that we have launched the three-year review of the Tobacco and Vaping Products Act.

I'm getting a bit of an echo, so I hope you're not.

We launched the legislative review of the Tobacco and Vaping Products Act earlier this year. We posted a consultation document for a couple of months. We've collected comments from a number of stakeholders, such as industry, Canadians, provinces and territories, consumers, health educators and public health. We're reviewing that input, and then we'll be coming out with a report and next steps on the outcomes of that legislative review.

The interesting thing about the legislative review on the TVPA—the Tobacco and Vaping Products Act—is that it happens every two years. As we finish this one, we will be kicking off the second review next spring. The focus of this first review has been on vaping.

Your questions on vaping and children are so important. Results from the 2021 Canadian Tobacco and Nicotine Survey indicate that vaping rates among Canadian youth have stabilized. The vaping rate was 13% among Canadians 15 to 19 in 2021. Now, that's not to say that we need to let up or that this is good news, because previously, as you noted, we saw a rapid increase, with 14% reporting past 30-day use compared to 6% in 2017. That was from 2017 to 2019, but in 2021, we have seen it stabilize.

I have a couple of observations that could account for that. We put in place promotion regulations that prevented youth from inducements to use vaping. There were prohibitions around where there could be promotions. They couldn't be visible to youth in the media or in physical locations. We also put in place nicotine concentration levels. That was a couple of years ago, where we put the max in at 20 milligrams per millilitre.

Then we also put out a consultation last summer to seek views on further restricting the promotion of flavours in vaping products to tobacco and mint flavour. I want to just be clear that we currently have prohibitions around confectionery flavours, dessert, cannabis, soft drink and energy drink flavours. This most recent consultation is looking at fruit flavours and others that exist.

Those are a couple of measures I wanted to share.

● (1620)

The Chair: Thank you, Ms. Zarrillo and Ms. Weber.

Next we have Ms. Goodridge, please, for five minutes.

Mrs. Laila Goodridge (Fort McMurray—Cold Lake, CPC): Thank you, Mr. Chair.

I am from Alberta. Recently the Government of Alberta put out the Alberta child and youth well-being action plan, which effectively was an exercise undertaken to understand the full scope of the psychological, social, educational and physical effects of children and youth from the COVID pandemic. I'm wondering if anyone who is participating here has heard of this and, if so, what their thoughts are.

Perhaps we'll start with Ms. Voisin.

Ms. Jocelyne Voisin: I don't have in-depth knowledge of Alberta's plan, but we can certainly take a look at it and get back to you. Obviously, the Government of Canada has taken several measures to support the mental health and well-being of children through the pandemic, including Wellness Together Canada, which is an online portal that provides 24-7 access to mental health services for youth. Then I think my colleagues at the Public Health Agency and at the Canadian Institutes of Health Research have also talked about significant measures within their portfolios, as well, in terms of mental health and wellness.

Mrs. Laila Goodridge: Wonderful. Does anyone else have anything to add?

As I'm reviewing everyone's titles, no one has youth or children specifically in their titles. Is it a problem that perhaps the Government of Canada has no department that is specific to children, and that therefore children don't necessarily get considered when it comes to health and Canadian policy creation?

Madame Voisin.

Ms. Jocelyne Voisin: I would say that while we don't have the word “children” in our titles, all of us definitely consider the needs of children in terms of our policy and in terms of consulting with stakeholders on various policy issues, including drugs for rare diseases, for instance, as well as mental health. I don't think that the fact that there is not the word “children” in our titles really means that those issues are not being considered.

Mrs. Laila Goodridge: Just for the record, in the Alberta child and youth well-being action plan, one of the recommendations, one of the actions, that came out of it was to make sure there was a consideration of children and youth separately when forming any pandemic responses, in order to use that as a way to limit the negative impacts of restrictions on children and youth.

Would you agree that considering children and youth separately is important in creating policy?

Ms. Jocelyne Voisin: I would agree that it's very important to consider the needs of children and youth in creating policy. In fact, I think several of our initiatives show that there is a priority on children.

I talked about children and youth mental health being one of the priority areas identified by the provinces and territories, including Alberta, as part of the common statement of principles. Integrated youth services and integrated mental health youth services are priorities for the provinces and territories in terms of rolling out access to mental health services for youth. They're certainly a priority.

We talked to stakeholders and experts in mental health. There is a great focus on youth, peer-to-peer support for youth, stepped care for youth and that integrated youth service model, which is growing in recognition across the country as a really winning model to serve youth and mental health.

Mrs. Laila Goodridge: Thank you.

Very quickly, we still have many restrictions and mandates on federal travel that impact youth. As an example, I was on a plane yesterday and watched a parent struggling to get their three-year-old to wear a mask through the plane ride, because it was required that anyone over the age of two wear a mask on a plane. It was very clear that this was a major struggle. A child under five has a hard time understanding some of these things.

Has any consideration been given to perhaps easing the restriction for federal travel mandates for all children and youth?

● (1625)

Ms. Jocelyne Voisin: I don't think we're in a position to answer that question for the honourable member, given that it's the prerogative of Transport Canada.

Mrs. Laila Goodridge: Perhaps the Public Health Agency of Canada has some comments? I believe that they provide recommendations to Transport Canada when it comes to creating restrictions.

Ms. Candice St-Aubin: Thank you, honourable member.

Yes, I would concur with Jo Voisin on that. While we provide information and recommendations, at the end of the day it is within the purview of Transport Canada to make the final decision on any changes or implementing any new guidelines on travel.

The Chair: Thank you, Mrs. Goodridge.

Next, we're going to Ms. Sidhu, please, for five minutes.

Ms. Sonia Sidhu (Brampton South, Lib.): Thank you, Mr. Chair, and thank you all for being with us today.

My first question is for Ms. Clifford.

Ms. Clifford, there's no cure for type 1 diabetes in children, but it can be managed. It can be overwhelming for families as they learn how to give insulin injections, count carbohydrates and monitor blood sugar. I'm wondering if you can update us on the work of the JDRF-CIHR partnership to defeat diabetes.

Dr. Tammy Clifford: It's wonderful to be able to talk about the partnership that CIHR has with JDRF.

It is a very strong, long and deep partnership that certainly predates my time with CIHR. If you're keeping an eye on CIHR's Twitter feed, you'll note some recent funding opportunities whereby we're providing joint funding for the academic community to build on the successes of the past and also look towards the future.

This has been a very special year in terms of 100 years of insulin. That is just a hallmark of this very strong partnership. I can indicate to you that the partnership is continuing thanks in part to the leadership of Dr. Norm Rosenblum, who leads our institute for nutrition, metabolism and diabetes. That is one of CIHR's 13 virtual institutes.

Ms. Sonia Sidhu: Thank you.

My next question is for Health Canada. Common chronic diseases of children include asthma, cystic fibrosis, diabetes, epilepsy, and developmental disabilities including ADHD and autism spectrum disorder.

What patterns of health issues and outcomes for young children are we seeing, especially as a result of COVID-19? Has there been any disruption in the data?

Ms. Jocelyne Voisin: I'm actually going to turn that over to my colleague, Candice, at the Public Health Agency, who has responsibility for those areas.

Ms. Candice St-Aubin: You're correct. What we are seeing through analysis conducted by Statistics Canada, particularly as it relates to physical activity, is that physical activity levels have dropped, certainly from the fall of 2018, which was prepandemic, to the fall of 2020.

In the fall of 2018, 50.8% of youth reported that they met physical activity recommendations within the week prior to reporting. However, in the fall of 2020, only 37.2% indicated that they had met those recommendations. If this decrease becomes pervasive, we can certainly anticipate that it will have some public health consequences.

The drop was primarily a result, obviously, of the significant decrease in the school base, but also in leisure physical activities, like sporting events, etc. You've certainly talked about issues around obesity. We are monitoring that through various child surveillance activities here within the Public Health Agency of Canada.

Ms. Sonia Sidhu: Thank you.

My next question is for you, Mr. Aziz. For low-income families, it is challenging to put meals on the table. School nutrition programs are one of the ways to improve the health of children. Budget 2022 commits to developing a national school food policy and to exploring how more Canadian children can access nutritious food at school.

How is the government working in collaboration with the provinces and territories on appropriate healthy food and physical activity programs in the schools?

● (1630)

Dr. Alfred Aziz (Director General, Office of Nutrition Policy and Promotion, Health Products and Food Branch, Department of Health): Thank you for this very important question.

As a matter of fact, in December 2021 the Minister of Agriculture and Agri-Food Canada and the Minister of Families, Children, and Social Development received a joint mandate to develop a national school food policy and to work towards a national school nutritious meal program.

Agri-Food and Agriculture Canada and Employment and Social Development Canada have begun working together to implement this commitment, including through engagement with key food stakeholders in Canada. The health portfolio will continue to work closely with both departments, ensuring that health considerations are included in this work and reflect the recommendations in Canada's food guide.

We also recognize the important role that schools play in creating environments that support nutritional health for children. This is why Canada's food guide recommends that food and beverages offered in publicly funded institutions align with our guidelines.

Ms. Sonia Sidhu: Thank you, Mr. Aziz.

The next question is for PHAC or—

The Chair: I'm sorry, Ms. Sidhu. That is your time.

[*Translation*]

Mr. Garon, you have two and a half minutes.

Mr. Jean-Denis Garon: Thank you very much, Mr. Chair.

My question is for Ms. Voisin.

Ms. Voisin, I'll use your words. You said that you are optimistic about the innovations currently being seen in the provinces to reduce the wait times for surgeries that were postponed during the COVID-19 pandemic.

The federal government has budgeted $2 billion for the provinces for this purpose, with virtually no strings attached. Do you think this could support the provinces' efforts to reduce the number of delayed surgeries?

I'd like a short answer, please.

[*English*]

Ms. Jocelyne Voisin: In fact, we think that the $2 billion will be enough to support provinces and territories in reducing the surgical backlogs. We've done some analysis that is proxy-based, looking at the health human resources that would be required—

[*Translation*]

Mr. Jean-Denis Garon: I'm sorry for interrupting you, Ms. Voisin. Basically, the short answer is yes, and I'm happy with that.

For many years, the provinces have been asking for an increase of $2 billion in unconditional health transfer funding to help them do exactly what has just been done, which is to increase their capacity.

So you can confirm that an increase in unconditional transfers would allow the provinces to increase their hospital capacity. That is what you have just done and that is what the 10 provinces are asking for.

[*English*]

Ms. Jocelyne Voisin: Yes, the provinces have been asking for that. Indeed they have. The $2 billion in the one-time top-up, as we said, will support them in addressing a surgical backlog.

[*Translation*]

Mr. Jean-Denis Garon: If this $2 billion was needed today to catch up, it means that there is a gap in health funding and that we should be improving this unconditional funding, rather than trying to rely on all kinds of conditional microprograms.

Can you confirm that giving the provinces more funding unconditionally through the Canada health transfer is something that works?

[*English*]

Ms. Jocelyne Voisin: What I'm saying is that the government provided a one-time top-up to deal with a very specific issue related to the surgical backlogs that were accumulated over the course of COVID-19.

[*Translation*]

Mr. Jean-Denis Garon: We're talking about an extremely large number of surgeries postponed because of a lack of funding. Is that what you call a small targeted issue? Is that the federal government's approach?

Thank you very much, Mr. Chair.

[*English*]

Ms. Jocelyne Voisin: I'm sorry. I'm getting an echo. Was I supposed to answer that question?

The Chair: Ms. Voisin, did you hear and understand the question?

Ms. Jocelyne Voisin: I did not hear and understand the question.

[*Translation*]

Mr. Jean-Denis Garon: I'll ask the question again very quickly.

You feel that the massive number of surgeries postponed in the provinces because of the lack of unconditional funding is a small, targeted issue. Is that the approach?

[*English*]

Ms. Jocelyne Voisin: I am saying that the government provided a $2-billion top-up to the provinces and territories to address the surgical backlogs created through the pandemic.

The Chair: Thank you, Ms. Voisin and Monsieur Garon.

Next is Ms. Zarrillo, please, for two and a half minutes.

Ms. Bonita Zarrillo: Thank you, Mr. Chair.

My question is for Madame St-Aubin. There was some mention of the statistics on physical activity. We already know that girls have different patterns from their boy counterparts.

I want to go back to the first thing I introduced, which was the changes in home life. I'm wondering if there is disaggregated data available through a gender-based analysis plus lens. Also, is there other disaggregated data about the impacts of COVID-19 on the family life of children in relation to their ability to have free time and maybe additional factors they took up in their home life?

I really want to understand if we're looking at that with a gender lens.

● (1635)

Ms. Candice St-Aubin: During the COVID-19 pandemic, we saw increased risks for the health and safety of vulnerable Canadians as children and families faced increased stress and may have had difficulty accessing supports and prevention programs. There was the survey of COVID-19 and mental health collaboration with Statistics Canada and the Public Health Agency that looked at risk factors for child maltreatment and family violence, such as alcohol consumption, depression and parental stress. We saw that about 5% of Canadians reported concerns about violence within their homes, certainly during the third wave of the pandemic.

What I will also say, though, is that the next cycle of the upcoming CHSCY survey—the Canadian health survey for children and youth—will include information on child maltreatment. The Public Health Agency is also developing a national child welfare-based information system. This system will be a national public health information system that is based on case-level data. It will be disaggregated and distinctions-based as well, but with non-indigenous, first nations, Inuit and Métis children.

We will be looking at future disaggregated data information and will be happy to come back to this committee with more information.

Ms. Bonita Zarrillo: Thank you.

Can I get some clarity? We had some recent news in the census data that youth overindexed for non-binary genders or for diverse genders. I'm wondering if there is a gender lens on the youth data that we are working on or that is being gathered, so that we can understand what's happening with girls, boys and gender-diverse youth, and how they have been impacted differently.

Ms. Candice St-Aubin: I'll have to come back in writing on that one, beyond the non-cisgender. That will be disaggregated to take into account those non-cisgender identities.

I will be happy to do so in writing.

Ms. Bonita Zarrillo: That would be so good, because we know on the physical activity side that girls tend to age out sooner than boys do. I would really be interested to know what the impact was on girls during COVID-19.

The Chair: Thank you.

Next is Mr. Lake, please, for five minutes.

Hon. Mike Lake (Edmonton—Wetaskiwin, CPC): Thank you, Mr. Chair, and thanks to the witnesses.

When we're talking about some of these important programs, I like to ask my questions straight up. Do we have a "blank"—whatever that program is—and how is it performing?

I wrote down a few notes here. Do we have a suicide prevention hotline, which we passed unanimously in Parliament about 550 days ago? I know the answer to that, so we won't use time on it. The answer is no, at this point.

Do we have a national autism strategy? That's been discussed since, I think, the Senate did a report in 2007. In 2017, there was a fairly specific budget ask that the government rejected. Here we are in 2022, so the answer is no, we don't have a national autism strategy.

I want to focus on this question. Do we have a Canada mental health transfer? That was promised in the most recent election campaign by the government. It promised very clearly in 2021-22, the last fiscal year, that it would deliver $250 million and that in 2022-23, the budget year we are in right now, it would deliver $625 million.

I noticed in the testimony that several of you have commented on budget amounts that have been allocated for specific programs. This is very specific. Was any of that promised money—the $250 million for last year and the $625 million for budget 2022—actually in the budget?

Ms. Jocelyne Voisin: I can tell you that the government has committed to creating a dedicated Canada mental health transfer and, in addition, has made unprecedented investments to improve access to quality and timely mental health supports.

We talked about these, but there is $45 million over two years to develop national standards for mental health, $100 million over two years to develop projects to develop mental health—

● (1640)

Hon. Mike Lake: Excuse me. I just want to break into that, because I know we could run the clock on those.

I'm looking at a statement from the minister's office in response to an interview the other day that was almost exactly, word for word, what you're saying.

The question is specifically to the Canada mental health transfer because the promise was for a Canada mental health transfer of $4.5 billion over five years, $250 million last fiscal year and $625 million in 2022-23.

It's a straight-up, yes-or-no question. Was that money in budget 2022?

Ms. Jocelyne Voisin: That money was not in budget 2022, but, as I said, the government committed to creating a dedicated—

Hon. Mike Lake: Did any of your organizations provide advice that this transfer shouldn't move forward on the promised timeline?

Ms. Jocelyne Voisin: I can't speak to the advice we provided. We continue to talk to experts and stakeholders on the best path forward. Minister Bennett is engaging extensively with experts and stakeholders in mental health to understand the lay of the land in Canada and the best way to proceed.

Hon. Mike Lake: Just to be clear, though, what was promised in the campaign wasn't engagement. I notice her statement talks about engaging with provinces and territories.

The Prime Minister in question period talked about jurisdiction and the Constitution.

Can any of you tell me: Did the Constitution change between the election campaign and today, in budget 2022?

Ms. Jocelyne Voisin: No. I don't think the Constitution has changed, if you would like an answer to that question.

Hon. Mike Lake: Thank you.

When the Prime Minister made that promise at the end of August 2021, during an election campaign, that his government would spend $250 million in 2021-22 and $625 million in budget 2022, he would have known what the jurisdictional arrangement in our Constitution was, and he would, you would think, have factored that in to the promise he made to get elected.

Ms. Jocelyne Voisin: I can tell you that the government is committed to creating a dedicated Canada mental health transfer.

Hon. Mike Lake: Okay, thank you. I'm good.

The Chair: Thank you, Mr. Lake.

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

Mr. Brendan Hanley (Yukon, Lib.): Thank you to all the witnesses for appearing today. It's been very interesting testimony so far.

I'm going to go first to Mr. Aziz again, on the subject of the challenges with rising food costs, particularly in the north. I know we have a nutrition north program, but, given the challenges, especially through the pandemic and with rising costs, I wonder, Mr. Aziz, if you could comment on how we can ensure access to nutritious food choices, especially of fruits and vegetables, and a variety of food choices, and how we continue to ensure access, particularly in rural northern and remote communities.

Dr. Alfred Aziz: Definitely the issue of access to nutritious food is an important issue. Canada's food guide recognizes that. There is a whole section in Canada's dietary guidelines that talks about the social determinants of health and of healthy eating, and the importance of governments working together and stakeholders working together to ensure access. The role of Canada's food guide is to provide information and the best advice on healthy eating, and to work collaboratively with partners and stakeholders to achieve that.

We talked about the school food program, which is under the jurisdiction of the Minister of Agriculture and Agri-Food and the Minister of Families, Children and Social Development. We continue to provide information to Canadians on how best to eat according to their budget. We have a web page on Canada's food guide that provides tips and actionable advice to support Canadians in making healthy food choices while living on a budget.

● (1645)

Mr. Brendan Hanley: Thank you.

Ms. Clifford, you mentioned a number of research projects under way. I think you mentioned emergency research to understand some of the pandemic's impacts on children's health. Can you comment on the research turnaround and how we can look forward to policy changes based on research findings on an accelerated basis, just because of the urgency of some of what we think has happened or understand from other sources has happened through the pandemic?

Dr. Tammy Clifford: Sure. If there's one thing I can say about the Canadian academic health research community, it's how quickly they mobilized in order to pivot—I know that's a word that perhaps has been overused in the past couple of years—to be able to do research that would support the needs of decision-makers.

What we've been able to do in addition to actually launching a number of rapid funding opportunities is build in requirements for the researchers to provide their data almost in real time. For example, with clinical trials, Canada is part of a G7 and WHO group that asked for data to be shared publicly in real time, via preprints, via briefings and whatnot, kind of...I don't want to say bypassing the typical academic process of looking for publication. All that is to say that the Canadian academic community has really rallied behind this. We are, again, two-plus years in, seeing the results of those projects that we funded early on in the pandemic. Suffice it to say, the commitment is there.

Mr. Brendan Hanley: Thank you very much.

Perhaps I have time to squeeze in one more question, for Ms. Weber.

You mentioned the stabilization of vaping, which is great to see and which is what I'm seeing, at least anecdotally, in high schools around here.

Very quickly, can you comment on the link between vaping and tobacco use and what you have seen so far, and whether there is any ongoing trend of there being a gateway from vaping to tobacco among children and youth?

Ms. Kendal Weber: Yes. I'll be very quick.

We are seeing youth smoking levels at all-time lows. Despite the rapid increase in vaping among youth and then its stabilizing, we have not seen that turn into smoking for youth.

Mr. Brendan Hanley: Thank you very much.

The Chair: Thank you, Ms. Weber and Dr. Hanley.

Next is Mr. Barrett, please, for five minutes.

Mr. Michael Barrett (Leeds—Grenville—Thousand Islands and Rideau Lakes, CPC): Thanks very much, Mr. Chair, and I'd like to thank all the officials who are joining us today.

I want to circle back to an answer that was provided to Monsieur Garon with respect to the $2 billion that's been included in the budget to address the backlogs for care, appointments, surgery and diagnostics. I'm not sure if I caught it all in that very quick back-and-forth, but I believe there was a reference to a study that was completed by the department on how much money was needed to address that backlog with each of the provinces.

Through the chair to Ms. Voisin, please, do I have that correct?

Ms. Jocelyne Voisin: Yes, we did a study to provide a proxy analysis based on the data that was available.

Mr. Michael Barrett: Thanks very much for that answer.

I'm wondering, is that study something the department would be able to provide to the committee in writing?

Ms. Jocelyne Voisin: I will look into that and get back to you.

Mr. Michael Barrett: Okay.

For clarity, is it just that the information may not be able to be shared publicly? Is that what you would need to check?

Ms. Jocelyne Voisin: I will have to get back to you.

Mr. Michael Barrett: Okay, so we'll look forward to that response.

We know that before COVID-19 we had a situation across our country in which hospitals operated on good days at 95% capacity and on other good days at 130% capacity, which is often referred to as hallway health care.

The provinces have asked for somewhere in the neighbourhood of $28 billion to $38 billion to help them catch up and address some of that. I think the misspeak in your opening comments, Madame Voisin, was maybe some hope for some of the provinces when they heard a $200-billion increase in transfers, though I think that may have required a longer budget conversation in the House.

I think that getting a look at that breakdown would be incredibly helpful, but it also has to be done in consultation with the provinces. They are looking for those increases. I'm just wondering if there's any framework for upcoming discussions, specifically with respect to allocations of funds to address the issues that we've seen arise with children as a result of COVID-19, when the first ministers gather for conversations about health transfers with the federal government.

● (1650)

Ms. Jocelyne Voisin: Essentially, we talk to the provinces all the time at the deputy minister level in terms of our engagement with them, speaking about priorities in health and how to improve the health care system—issues like health human resources, as discussed, and digital health, virtual care and how our health system is transforming.

I can say that the Government of Canada provides a significant amount of funding to the provinces and territories, with $41.9 billion in cash supports to provinces and territories through the CHT, growing to $43.1 billion in 2021-22 and $45.2 billion in 2022-23. This is stable, predictable funding for the provinces and territories, in addition to the $2 billion that I spoke about with respect to the surgical backlogs.

In fact, the government provided significant support to the provinces and territories throughout the pandemic. Eight out of 10 dollars provided came from the federal government to support provinces and territories.

Mr. Michael Barrett: I appreciate that answer.

I guess I'd just say, with respect to stable and predictable funding, that the provinces asking for $28 billion and getting $2 billion not in the form of ongoing funding, but just as a perhaps strings attached, perhaps not, one-time announcement in the budget when they're looking for an ongoing conversation.... The Prime Minister has said the conversation that they're looking for can happen after COVID-19, which we know persists. I think that with respect to stability and predictability and our responsibility to respect the make-up of this country and the provinces' right of jurisdiction over health care, it's important that we actually collaborate and that the government collaborate with them.

Unfortunately, with that, I think I ate up the rest of my time. Again, I want to thank all of the officials for taking our questions today. I look forward to the response with respect to that breakdown from the study on the needs by the provinces.

The Chair: Thank you, Mr. Barrett.

We have Dr. Powlowski, please, for five minutes.

Mr. Marcus Powlowski (Thunder Bay—Rainy River, Lib.): I'm a little unprepared here, because I didn't think it was my turn.

My question is for the Department of Health, and Ms. Voisin.

You mentioned in your testimony that the government had committed money—here, I hope I'm quoting you correctly—to help 11,000 foreign graduates to be more quickly credentialed. By way of explanation, you said that many provinces have been innovative in finding ways to more quickly license foreign graduates. The department was looking at how to get out the best practices of some of these provinces. I wonder if you can elaborate on that.

As you may or may not know, the committee has been studying this issue quite recently. Obviously, licensing for more foreign graduates is a good way of addressing the shortage of health care professionals. Can you tell us what are some of the innovative practices of some of the provinces that we're looking to emulate? Do you know?

Ms. Jocelyne Voisin: Yes, sure, I can speak to a couple. In Ontario, for instance, they're allowing some health professionals to work in the health care system while they're waiting for their credential recognition to come through, not necessarily at the level of credentials they are seeking, but to work within the health care system in support, for instance, of PSWs, as they work to get their credentials.

● (1655)

Mr. Marcus Powlowski: I'm sorry, can I just interrupt you there? When you are talking about health professionals and allowing them to work before they get their credentials, which kind of health care professionals are you talking about, doctors, nurses?

Ms. Jocelyne Voisin: I'm talking about professionals. I don't have specifics. I'd have to get back to you with this model in Ontario, but it's just one illustration of an innovative model, so, if there are professionals coming into the country who want to get credentialed as nurses, for instance, but that process takes time, then they can still work in the health care system as they work toward getting those credentials recognized from the colleges and regulating bodies. I don't have specifics about which type of profession that is.

Another example, for instance, is creating matching solutions between organizations that are supporting those foreign-trained professionals coming into the country and organizations where they are seeking to get more support and working with regulatory bodies to look at streamlining that process for them.

In terms of your question related to the government's investment, that's for the foreign credential recognition program, which is led out of Employment and Social Development Canada. That program provides support for programs that, for example, do training support for internationally trained health professionals who come into the service—navigator services, for instance—and help internationally trained professionals to understand the system and how to better get credentials.

Those are just a couple of examples.

Mr. Marcus Powlowski: I can't say I know the name of the organization, but there is.... I was contacted about this by a doctor in my riding regarding one of their children, who was trained as a nurse in the United States and was looking to come back to Canada to practise as a nurse. It isn't part of the government, but there is an agency, in my understanding, that looks at the training somebody has had overseas and then advises the provinces what would be required in order for them to get up to snuff to practise within that province. It only makes recommendations.

My understanding from him is that it's been six months since his son applied to this program. We heard in testimony from at least one person during a health committee meeting that this same organization.... I think the person was talking about a nurse trained in the United Kingdom who took years to get evaluated. I apologize for not having the name of that organization, but is this being looked at? It seems like a big bottleneck in foreign credentialing.

Ms. Jocelyne Voisin: I think you are speaking about the National Nursing Assessment Service. That organization is certainly something of interest, and we're talking to the provinces and territories about how to better support that organization.

The Chair: Thank you, Ms. Voisin.

Thank you, Dr. Powlowski. You looked eminently prepared.

[*Translation*]

Go ahead, Mr. Garon, you have two and a half minutes.

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

My question is for Ms. St-Aubin, but I will provide a brief preamble first.

I'm a researcher myself. The academics and researchers I work with tell me that it was because of the lack of hospital capacity, particularly in Quebec, that schools had to be closed earlier. Schools are obviously under provincial jurisdiction. As a result, the early closure of schools could have had a significant impact on children's mental health and learning.

As Ms. Voisin said, one way to increase hospital capacity is to increase funding. I have a hard time understanding why there is this kind of unease when we try to delve into this issue, particularly when we ask questions about what we know about the health consequences on children not going to school.

Ms. St-Aubin, is the *Canadian Journal of Public Health* a serious publication?

In the absence of an answer, I will tell you: yes, it's a serious publication.

In only five minutes, my assistant and I found the research done on this topic in 2022. There is this article, for instance:

[*English*]

"What is the effect of school closures on learning in Canada? A hypothesis informed by international data".

[*Translation*]

I took me two seconds to find this.

Here's a second example of an article:

[*English*]

"Understanding and attenuating pandemic-related disruptions".

[*Translation*]

This is the only time you'll hear a Bloc member speak English.

Voices: Ha, ha!

● (1700)

Mr. Jean-Denis Garon: There is also the American Academy of Pediatrics, which talks about the impact of school closures on children's health.

How is it that when we want to talk about this, we are suddenly told that there's no research? The federal government tells us that it knows the health sector, that it is able to tell us what to do, that it is able to impose conditions and that it is good at it. However, when we ask if there is any research on this, we're told that it doesn't exist. Yet, as I said, my assistant and I found some in just five minutes.

How is it you're not aware of this? If I'm mistaken, can you tell me what the findings of these peer-reviewed articles in serious journals are?

[*English*]

Ms. Candice St-Aubin: To clarify, I didn't say that I wasn't aware of any research. What I will say is that we know that school closures are areas within the jurisdictions of the provinces and territories, and various municipalities, as the honourable member said. The Public Health Agency of Canada does issue guidelines—

[*Translation*]

Mr. Jean-Denis Garon: I'm sorry for interrupting you, but I didn't ask you to specify what falls under one or the other.

In public health, from a scientific perspective, is it known that prolonged school closures can affect children's learning and mental health, yes or no?

[*English*]

Ms. Candice St-Aubin: We know that all areas of the determinants within a child's health have been impacted by COVID-19, including, I'm sorry—

[*Translation*]

Mr. Jean-Denis Garon: I'm interrupting you, but you'll understand that it's very difficult for a parliamentarian to get clear answers.

The truth is that the issue is one of funding and hospital capacity. Countries with higher hospital capacity, such as Switzerland, were able to wait longer before closing schools. Here, during the pandemic, it was repeated ad nauseam that one of the reasons for confining people was to protect the health care system.

I will close with an editorial comment. I deplore this kind of code of silence that exists in the federal government and in the federal Parliament on health funding and the Canada health transfer. This has been the case on your side and on Ms. Voisin's side, and I deplore it.

Financing is the crux of the issue. However, it seems that all those who manage health care systems in Canada and ask for unconditional funding are wrong, because their requests are being dodged. The federal government would be the exception, but it is obviously unaware of any recent research findings on the subject.

Thank you very much.

I'm finished, Mr. Chair.

The Chair: Thank you, Mr. Garon.

[*English*]

Ms. St-Aubin, I believe you were in the middle of trying to respond. If you want to finish your response, go ahead, and then we'll move to Ms. Zarrillo.

Ms. Candice St-Aubin: Thank you for that, Mr. Chair.

What I was going to say is I was going to address mask studies and ask colleagues from the Canadian Institutes of Health Research themselves, who conduct the research on areas related to child mental health and various public health measures, if they had anything specifically to add. I thank you for the opportunity.

The Chair: Ms. Zarrillo is next, please, for two and a half minutes.

Ms. Bonita Zarrillo: Thank you, Mr. Chair.

I am going to take the opportunity for my last two or two and a half minutes here to talk about baby formula supply and food sovereignty for infants. I know this is a children's study, but I'm also very interested in understanding the protection of baby formula supply in Canada as it relates to pandemic issues, global supply chain issues and even global crises.

Is there someone in the health products or food products who could speak to that today around food sovereignty for babies and infants in this country? Perhaps Madam McIntyre or Madam Lourenco could respond?

Ms. Karen McIntyre (Director General, Food Directorate, Health Products and Food Branch, Department of Health): Certainly, I can.

There's some feedback here.

I can certainly speak to that. This has been a very significant problem that we're facing. In Canada, as you probably are aware, we do not manufacture infant formula. However, the issue is not related to general infant formula. It's related to babies who have inborn metabolic disorders as well as babies with allergies to proteins in milk. The shortage is really focused on those particular products.

As you may have heard in the news, we're happy to hear that the Abbott manufacturer, which is a very large manufacturer of these products in the U.S., has just recently opened on Saturday. We should be seeing some progress in that area.

However, Health Canada has been working very closely with the industry, with the provinces and with the distributors of these products to ensure that infants who need the products have been getting access to them. We will continue to do that.

● (1705)

Ms. Bonita Zarrillo: I'm going to ask Ms. McIntyre another question, but perhaps she can lift the boom on her microphone a bit so we can get it louder.

I wanted to talk a little about lab testing. We know we have a critical shortage of health care professionals, and lab technicians have done a lot of work around COVID-19. On food testing in general—as we're thinking about kids and infants—I wonder if there have been any issues with food testing before it goes out of the lines of factories in Canada.

Ms. Karen McIntyre: Just to clarify our role, Health Canada establishes food safety standards for foods that are sold in Canada. It's the responsibility of the Canadian Food Inspection Agency to monitor compliance, and this includes laboratory testing. Any kind of food testing that is related to compliance and enforcement is undertaken by the Canadian Food Inspection Agency.

The Chair: Thank you, Bonita. That's your time, Ms. Zarrillo, I'm sorry.

Ms. Bonita Zarrillo: Okay, thank you.

The Chair: Next we have Mr. Lake for five minutes, please.

Hon. Mike Lake: Thank you again, Mr. Chair.

I'm going to start by expressing my appreciation to all of you. In my last round of questioning, I'm sure Ms. Voisin particularly would know I was not communicating directly with her, but to someone else who hopefully would be watching, some of whom might be staff members or MPs in the room right now.

I'm not going to apologize for being impatient when it comes to mental health, particularly kids' mental health. I'm not going to apologize for being impatient when it comes to kids who are experiencing increasing suicidal thoughts and when we're dealing with a raging opioid crisis.

When it comes to a lack of services for people with developmental disabilities, particularly people with autism, the impact of inaction on diagnosis and early intervention and education, and eventually participating in the workforce, and all of those different things, we should, as members of Parliament, be impatient about these things. Hopefully, the communications we have here drive action on some of these things. The Canada mental health transfer is a great place to start, and the suicide prevention hotline is a good place to start.

I'm going to turn my attention back to autism, though, if I could.

The government funded the Canadian Academy of Health Sciences—I think that's what it's called—study of a national autism strategy. I know it was chaired by Lonnie Zwaigenbaum, who is a global autism research rock star, and included phenomenal stakeholders, including many autistic Canadians.

I think the report that was put forward was over 400 pages. I'm wondering if someone could give us a bit of an overview or summary of what might have been in that report.

Is anyone here able to do that?

Ms. Candice St-Aubin: Chair, I'm more than happy to provide a bit of information, and of course provide anything in writing as well, if this is not sufficient.

Thank you.

That's true. We did provide $1.6 million to the Canadian Academy of Health Sciences. You are correct. It was a broad and inclusive evidence-based assessment on autism. Many Canadians participated through multiple venues—the autistic community, caregivers, those living on the spectrum and parents, etc.—to try to inform the development of a strategy. It was 400 pages, and we are currently looking through the multiple areas of interest. There was an economic component that was further explored, as well as the social component. Access to services was very much a part of the conversation and the information that was put forward.

Building on this, though, the Public Health Agency of Canada is also continuing to engage with provinces and territories, indigenous people, etc., through various mechanisms to build on this report that's come forward. We'll be organizing a national conference on November 15 and 16 in an effort to build consensus, or at least come to ground on some of those key priority areas of action that the member has so eloquently flagged in his interventions.

● (1710)

Hon. Mike Lake: Thank you very much.

I talked about measurability a bit before. In the interest of taking a look at that, I'll focus on one thing, the Wellness Together or PocketWell app. I'm going in a slightly different direction, but it gets referenced a lot in terms of mental health. I jumped on my app store, looked at the PocketWell app and noticed that it has, I think, all of 49 ratings. That doesn't seem like a very high number, relatively.

Can someone tell us how many individual Canadians have actually downloaded that app? Is that something that's measurable? Are we monitoring that?

Ms. Jocelyne Voisin: We are indeed monitoring that; however, I don't have that number in front of me directly. We can certainly follow up with that.

Hon. Mike Lake: Great. Thank you.

The Chair: Thank you, Mr. Lake.

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

Mr. Adam van Koeverden (Milton, Lib.): Thank you very much, Mr. Chair, and thank you to the officials for all the hard work you've been doing over the past two years. We appreciate that.

We have been talking about COVID-19 a lot and the impacts on the broader society, but I am glad that we're focusing in on children, given that children are naturally some of the most vulnerable people in society and don't often get invited to the decision-making table. I'm glad that we're focusing on this for a little while. My questions are going to focus on health and fitness, food nutrition and physical activity, those sorts of things.

Mr. Aziz, I see that you're online, and you and I have had a couple of discussions on this very important topic. There are three plans that I would like to focus in on, the national school food program, front-of-pack labelling and ending marketing to kids. Could you just elaborate on that and perhaps update us on any current initiatives being undertaken to help young Canadians and their families maintain healthy and physically active lifestyles?

I'll just note before I pass it along that the vast majority of children in Canada get most of their physical activity at school, and there's also a great opportunity to make sure that they get a healthy meal at school as well and improve the quality of the physical activity that they get at school. Please outline, if you could, some of our initiatives as a government and some of the work we've done to date on those.

Dr. Alfred Aziz: Sure. I'll speak mostly to the importance of healthy eating for children and some of the initiatives we're undertaking under Canada's food guide. I'll defer to my colleague, Ms. McIntyre, to talk specifically about front-of-package labelling and marketing to kids, and then Ms. St-Aubin to talk about some of the work on physical activity that falls under the mandate of the Public Health Agency of Canada.

We all know that good nutrition and healthy eating from a young age are fundamental to promote the healthy development of children and to reduce the risk of diet-related chronic diseases. We know also that childhood and adolescence are a time for learning and shaping food skills, attitudes and eating behaviours.

We also know that COVID-19 has really disrupted the routines of children and families and affected their meal choices and eating patterns. Health Canada pivoted to help people in the early days of the pandemic by adapting our messages to the new public health reality. In March 2020, we launched an at-home campaign to promote food skills and provide tips on healthy meals at home in order to help families eat healthily during this challenging time. To also help encourage healthy eating from childhood into adulthood, Canada continues to focus its efforts on finding effective ways to increase the reach of the food guide by promoting it directly to children and youth.

For example, over the last two years, we have established new youth engagement groups to promote awareness of the food guide through peer-to-peer engagement, and to seek their advice on how to make food guide resources more relevant to them. We launched social media campaigns targeting youth, including the first-ever Government of Canada TikTok challenge in March 2021, which encouraged teens to build food skills and share their own healthy snack ideas.

We tested immersive social marketing in schools across the country to raise awareness of food marketing, with a larger rollout being planned for online modules for the fall. We incorporated new child- and teen-specific food guide branding to make healthy eating information more appealing to these age groups, and as part of our work to promote food skills, we collaborated with stakeholders, including the University of Guelph, on a study designed to make it easier to cook healthy, plant-focused meals at home, with a particular focus on families.

We are also working to stimulate—

● (1715)

Mr. Adam van Koeverden: Mr. Aziz, I'm sorry. I don't want to interrupt, but I'd like to hear about some physical activity as well, so if we can move on, I think we just have one minute left.

Dr. Alfred Aziz: Yes, absolutely. I'll turn to my.... Go ahead.

Ms. Candice St-Aubin: Thank you for that. Yes, we agree that physical activity and healthy eating are a priority, and they certainly can reduce the risk of chronic disease.

We are working across sectors right now to ensure that we are promoting good health and well-being, which are key issues with the latest phase of the COVID-19 pandemic.

I also just want to highlight areas such as Wellness Together Canada or the Hopewell app. They have components in addition to mental health and substance use that also provide free physical activity resources to support Canadians in this area, because maintaining a healthy lifestyle is really critical.

We also have a $20-million annual fund to support community-based initiatives, called the Healthy Canadians and Communities Fund, which is improving health behaviours and addressing the health inequalities that we also have addressed—have flagged here in this conversation today—among those priority populations that are maybe at greater risk of developing chronic disease. That really supports those common risk factors like physical inactivity, along with healthy eating and tobacco use, etc., that are often associated with chronic diseases such as diabetes, cardiovascular disease and cancer.

The Chair: Thank you, Ms. St-Aubin and Mr. van Koeverden.

Mr. Barrett, go ahead, please, for five minutes.

Mr. Michael Barrett: Thanks very much, Mr. Chair.

Chair, I'd like to seek the agreement of the committee to formally request the study results, with the provincial breakdowns, from the Department of Health, as I requested from Madame Voisin.

The Chair: I thought it was done.

Mr. Michael Barrett: Instead of the request being from me individually, I'm looking for agreement, concurrence among the committee members, for that to happen.

The Chair: Is there any objection to Mr. Barrett's requesting that information?

I hear none.

Mr. Michael Barrett: That's terrific. Thanks very much, Chair.

I'll give the rest of my time to Dr. Ellis.

Mr. Stephen Ellis: Thank you, Mr. Chair, and thank you, Mr. Barrett.

To the witnesses, I have just a few comments. There's an interesting study from 2020, a UNICEF report, in which Canada ranks 30th out of 30 wealthy countries regarding children's physical health and 31st out of 38 countries with respect to children's mental health. We know very clearly that the children's mental health systems are stretched to their limits. There's a very interesting comment here from Children's Healthcare Canada that says—and I think this is very poignant:

> We have normalized rationing and waiting for mental health services to the detriment of children, youth and families, while we know that early intervention pays lifelong dividends.

That is very poignant, as I said, with respect to children.

There are a couple of other interesting things around the data with respect to surgical procedures:

> Data collected...by the Pediatric Surgical Chiefs in seven (of sixteen) children's hospitals shows that there is currently a waitlist of over 20,200 pediatric patients for elective and medically necessary surgery across surveyed children's hospitals.
>
> The average number of wait-listed patients per hospital surveyed is 2,891; 49.3 per cent of surgery patients have passed the window for timely intervention. Many children are experiencing backlogs of up to one year for elective (essential) surgeries, and in some cases, wait times for pediatric patients have exceeded 24 months.

Why did I read all that? I think it's important that folks here at the committee know that data does exist, even if the government doesn't have it, and I think data sharing is certainly something that perhaps we should think about getting better at.

Where does that leave us in terms of children's health? Certainly we can talk about some of those high-profile things, but when you listen to some of the experts, what's important now in children is that their literacy and their numeracy—or, as we might have said in the old days, their readin', writin' and 'rithmetic—are, obviously, falling behind.

I'm curious to know whether CIHR has any evidence of that, and if they do, or even if they don't, what we are going to do about it.

Dr. Tammy Clifford: What I can commit to doing is to look back at the number of research projects we have funded over the past little while. I will note that some of this funding has been in conjunction with that from our colleagues at the Social Sciences and Humanities Research Council.

Between those pots of funding, we can look to see which studies have been funded, whether they have data available and, if not yet, when those data will be available. I can certainly commit to sharing those with this group. That will be for me and CIHR to follow up on.

Thank you.

● (1720)

Mr. Stephen Ellis: Thanks.

Mr. Chair, if I might, you know, clearly Canada was falling behind before the pandemic, and I would say that we wouldn't need to spend much time or effort to understand that things have gotten only worse, not better. I guess the questions that then beg to be asked are, what are we going to do about it and when are we going to do it? How long are we going to study things before we go into action? The patient, unfortunately, is hemorrhaging on the table, and we're all watching it happen. What are we going to do about it?

That's for anybody who's in charge there. Department of Health, I would suggest maybe that's for you, or maybe it's for the Public Health Agency.

Ms. Jocelyne Voisin: I wasn't sure it was directed at us.

I can speak to actions that are already under way. For instance, the government is already providing funding to the provinces and territories to improve access to mental health services—$5 billion over 10 years—and, as I said at the beginning, youth mental health services and integrated youth services are one of the priorities under the framework of those bilateral agreements. That work is already under way.

The federal government has also initiated Wellness Together Canada, which provides 24-7 access to mental health services. We have seen, through the pandemic, that while mental health has become a greater issue for youth, access to virtual mental health services has increased exponentially as well, not only through the federal government but also through provinces' and territories' really leveraging virtual services to support mental health services and access and exploring issues like peer-to-peer support and these integrated youth services models, examples of which are expanding across the country.

The Chair: Thank you, Ms. Voisin.

Mr. Jowhari, go ahead, please, for five minutes.

Mr. Majid Jowhari: Thank you, Mr. Chair. I'll go back to Ms. Voisin.

I want to spend a bit of time talking about child poverty, what kind of data is available and what kind of data the government has, especially with a racialized and ethnic lens. If that data is available, I would appreciate if you could share it with us and if you could share what our government plan is to deal with that.

Ms. Jocelyne Voisin: We will have to get back to you. I need to consult with my colleagues at Employment and Social Development Canada, who really have the lead on child poverty as a policy issue. We can certainly consult with them and get back to you on available data.

Mr. Majid Jowhari: Okay. Thank you.

Next I will turn to pediatric cancer. As you know, cancer is one of the leading causes of disease-related deaths in Canadian children over the age of one month. While children's cancer accounts for less than one per cent of all the new cancers in Canada, it is estimated that about a 1,000 children and youth will be diagnosed with cancer.

Can you update us about what type of research on pediatric cancer is being done and what government program is there to help us deal with this issue?

Dr. Tammy Clifford: Many thanks. Perhaps I can start off with the research that CIHR is funding.

Budget 2021 committed $30 million for CIHR to fund targeted research into pediatric cancer. That funding is still active. We do not yet have specific projects or their results.

However, that being said, one of the very prominent opportunities that have arisen with this additional funding is the creation of a pediatric cancer consortium. The consortium is going to cover the entire cancer control continuum, from prevention to diagnosis, treatment and survivorship. What we envision is that this funding will improve the research pipeline, advance equitable access to care and, importantly, maximize the impact of research through knowledge mobilization.

Again, the funding opportunity that I mentioned just recently closed, so these applications are undergoing peer review and funding is expected to start this summer. I'd be very happy to come back to you and provide details as to the group that's been successful in being awarded the opportunity for the pediatric cancer consortium.

I wonder if one of my colleagues might be able to add something.

Candice, perhaps you would like to?

● (1725)

Ms. Candice St-Aubin: I would just say that PHAC continues to conduct surveillance in the area of childhood cancers. It is updated on an ongoing basis.

I would have to come back in writing with the most recent surveillance data on childhood cancers, but it is something that is part of PHAC's routine surveillance activities.

Mr. Majid Jowhari: Okay.

Let's talk about some of the drugs for rare diseases, especially for children.

I know there's some research going on, but can any of you briefly talk about the government agenda and what we've done over the last seven years as it relates to drugs for rare diseases, especially for children?

Ms. Jocelyne Voisin: We recognize that for many Canadians who require prescription drugs to treat rare diseases, the cost of these medications is astronomically high. To help them get better access to those treatments, we're working with provinces and territories and other partners to move forward and develop a national strategy for drugs for rare diseases, to be launched in 2022—this year.

Budget 2019 proposed investing $1 billion over two years, starting in 2022-23, with up to $500 million per year ongoing, to help Canadians with rare diseases access the drugs they need.

We held virtual public and stakeholder engagement in early 2021, which concluded in March. This included patients with rare diseases and their families, parents and caregivers. They were invited to provide their views on a national strategy and participate in a public town hall. We got to report what we heard and summarize the key themes and the feedback that emerged during those consultations.

Building on that and recognizing the importance of ongoing engagement, we did a second phase of targeted engagements, comprising stakeholder roundtables, which took place over the last two months, April and May, to seek feedback on a draft framework for this strategy and further inform the development.

The Chair: Thank you, Ms. Voisin.

Thank you, Mr. Jowhari.

[*Translation*]

Go ahead, Mr. Garon. You have two and a half minutes.

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

Ms. Voisin, I am appealing to your general knowledge of the health care system that you describe as Canadian, but which is that of the provinces and Quebec.

Factually, would you be able to list the premiers or ministers of health from the provinces and territories that have requested, over the last 12 to 24 months, that more conditions be attached to the Canada health transfer?

[*English*]

Ms. Jocelyne Voisin: I can tell you that the Prime Minister has made it clear that he wants—

[*Translation*]

Mr. Jean-Denis Garon: No, that's not my question. I don't have a lot of time, so I'll repeat it. I feel that there's a translation problem.

In the last 24 months, which of the provincial and territorial premiers have asked the federal government to attach more conditions to the Canada health transfer? This does not include the Prime Minister.

[*English*]

Ms. Jocelyne Voisin: The Prime Minister of Canada has made it clear that we need to see results for—

[*Translation*]

Mr. Jean-Denis Garon: Mr. Chair, the questions aren't being answered. Time is a scarce commodity and it's precious—

The Chair: You didn't give the witness a chance to respond. You interrupted her.

Mr. Jean-Denis Garon: Mr. Chair, I asked her to give me names. We know the answer: no provincial premier has asked for more conditions.

I'll move on to my second question. I'll have more chances of success, and I like to succeed.

Ms. Voisin, I'd like to talk about the idea that has been floated about holding a public summit on health care funding involving the provincial premiers and the Prime Minister of Canada. You just talked about it, which is why I'm bringing it up. This event would have been of public interest.

Has it been seriously considered by Health Canada?

[*English*]

Ms. Jocelyne Voisin: Health Canada engages regularly with colleagues at the deputy minister level and the ministerial level in terms of health ministers, and the Prime Minister has made it clear that he will—

● (1730)

[*Translation*]

Mr. Jean-Denis Garon: Mr. Chair, I'm getting the same answer again.

I'm going to ask one last question because I have a few seconds left.

So the premiers have made it clear to you that a phone call every three weeks is a good substitute for a public conference on funding. Is that what you're telling me? You're telling me that making a little phone call every now and then about the funding of the health care system, which is in the tens of billions of dollars, is a good method. This is what's happening at Health Canada.

[*English*]

Ms. Jocelyne Voisin: We are not privy to the conversation between the Prime Minister and the premiers. I can tell you that Health Canada engages regularly with...our health minister engages regularly with his colleagues, as we do at the deputy minister level.

[*Translation*]

The Chair: Thank you, Mr. Garon.

[*English*]

The last round of questions will come from Ms. Zarrillo for two and a half minutes.

Ms. Bonita Zarrillo: Thank you very much, Mr. Chair.

My question is for Madam Clifford in relation to research around gender-based analysis plus in research.

Could Madam Clifford share with the committee if there is a GBA+ analysis that happens on research that comes out of her department?

Dr. Tammy Clifford: Certainly, the work that CIHR itself does in terms of policy and processes is subject to a GBA+ analysis. What we are doing now with those who are funded by CIHR funds is building in, in the conditions of funding, a stipulation moving towards gender-based analysis plus.

We do have sex- and gender-based analysis as part of our research culture, but certainly we need to continue to do sex- and gender-based analysis and move beyond that, so that we're able to look at things through an intersectional lens. For sex- and gender-based analysis, you will see that requirement for those funded by CIHR and moving forward to be able to conduct research and report the results from an intersectional lens.

Thank you.

Ms. Bonita Zarrillo: Thank you, Madam Clifford.

Can I also ask, is that true with studies on children as well?

Dr. Tammy Clifford: It would be in terms of the research that we fund across the board.

Again, one of the challenges, though, with CIHR in providing grants to researchers is that a grant, compared to a contract, doesn't necessarily have the same controls, if you will, in terms of what is delivered. In certain cases, the researchers themselves, for example, if they're doing research that is in a petri dish, may not be able to do that in the same way as someone who is doing population-based research. Again, you will see much stronger language coming from CIHR in terms of our expectations for an intersectional approach to research.

The Chair: Thank you very much, Dr. Clifford and Ms. Zarrillo.

We have reached the end of our two hours, so I'd like to take this opportunity to thank all of our witnesses for your patient and thoughtful responses. This is the first briefing we've had in connection with this study. We're going to be getting into it in some extensive depth in the fall, but the background that you have laid out will be very helpful to us as we embark on our work, and we certainly appreciate your being with us here today.

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

Some hon. members: Agreed.

The Chair: The meeting is adjourned.