



12th Report

JOINT SELECT COMMITTEE ON

SOCIAL SERVICES

AND

PUBLIC ADMINISTRATION

On An

**Examination of the current level of childhood obesity
and the State's interventions to promote a healthy
lifestyle among children**

FIFTH SESSION (2018/2019) 11TH PARLIAMENT
OF THE REPUBLIC OF TRINIDAD AND TOBAGO

REPORT

OF THE

**JOINT SELECT COMMITTEE ON SOCIAL SERVICES AND PUBLIC
ADMINISTRATION**

ON AN

**EXAMINATION OF THE CURRENT LEVEL OF CHILDHOOD OBESITY AND
THE STATE'S INTERVENTIONS TO PROMOTE A HEALTHY LIFESTYLE
AMONG CHILDREN**

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The Joint Select Committee on Social Services and Public Administration

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THE COMMITTEE



Mr. Paul Richards
CHAIRMAN



Mr. Esmond Forde, MP
VICE-CHAIRMAN



Mrs. Glenda Jennings-Smith, MP
MEMBER



Brig. Gen. (Ret.) Ancil Antoine, MP
MP

MEMBER



Mrs. Christine Newallo-Hosein,

MEMBER



Mr. Rohan Sinanan
MEMBER



Ms. Khadijah Ameen
MEMBER



Ms. Allyson West
MEMBER

Committee Mandate and Establishment

- 1.1.1 Section 66 of the Constitution of Trinidad and Tobago declares, that not later than three months after the first meeting of the House of Representatives, the Parliament shall appoint Joint Select Committees to inquire into and report to both Houses in respect of Government Ministries, Municipal Corporations, Statutory Authorities, State Enterprises and Service Commissions, in relation to their administration, the manner of exercise of their powers, their methods of functioning and any criteria adopted by them in the exercise of their powers and functions.
- 1.1.2 Motions related to this purpose were passed in the House of Representatives and Senate on November 13 and 17, 2015, respectively and thereby established, *inter alia*, the ***Joint Select Committee on Social Services and Public Administration***.
- 1.1.3 Standing Order 91 of the Senate and 101 of the House of Representatives outline the general functions of a Committee of this nature. They are as follows:
- a) “To examine Bills and review all legislation relating to the relevant Ministries, departments or bodies or as may be referred to it by the House;
 - b) To investigate, inquire into, and report on all matters relating to the mandate, management, activities, administration and operations of the assigned Ministries, departments or bodies;
 - c) To study the programme and policy objectives of Ministries, departments or bodies and the effectiveness of the implementation of such programmes and policy objectives;
 - d) To assess and monitor the performance of Ministries, Departments and bodies and the manner of the exercise of their powers;
 - e) To investigate and inquire into all matters relating to the assigned Ministries, Departments and bodies as they may deem necessary, or as may be referred to them by the House or a Minister; and
 - f) To make reports and recommendations to the House as often as possible, including recommendations for proposed legislation.”

Powers of the Joint Select Committee

1.1.4 Standing Orders 101 of the Senate and 111 of the House of Representatives outline the core powers of the Committee which include *inter alia*:

- to send for persons, papers and records;
- to sit notwithstanding any adjournment of the Senate;
- to adjourn from place to place;
- to report from time to time;
- to appoint specialist advisers either to supply information which is not otherwise readily available or to elucidate matters of complexity within the Committee's or Sub-Committee's order of reference;
- to communicate with any Committee of Parliament on matters of common interest; and
- to meet concurrently with any other Committee for the purpose of deliberating, taking evidence or considering draft reports.

Membership

1.1.5 The Committee comprises the following members:

- | | |
|--|---------------|
| 1. Mr. Paul Richards | Chairman |
| 2. Mr. Esmond Forde, MP | Vice-Chairman |
| 3. Mrs. Glenda Jennings-Smith, MP | Member |
| 4. Brig. Gen. (Ret.) Ancil Antoine, MP | Member |
| 5. Mrs. Christine Newallo-Hosein, MP | Member |
| 6. Mr. Rohan Sinanan | Member |
| 7. Ms. Khadijah Ameen | Member |
| 8. Ms. Allyson West | Member |

Secretariat Support

1.1.6 The following officers were assigned to assist the Committee:

- | | | |
|--------------------------|---|-----------------------------|
| 1. Mr. Julien Ogilvie | - | Secretary |
| 2. Mr. Johnson Greenidge | - | Assistant Secretary |
| 3. Ms. Aaneesa Baksh | - | Graduate Research Assistant |
| 4. Ms. Janelle Mills | - | Parliamentary Intern |

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ABBREVIATIONS

DATT	Diabetes Association of Trinidad and Tobago
MALF	Ministry of Agriculture, Land and Fisheries
MoE	Ministry of Education
MoH	Ministry of Health
MSYA	Ministry of Sport and Youth Affairs
NAMDEVCO	National Agricultural Marketing and Development Corporation
NCD	Non-communicable disease
NGB	National Governing Bodies
NPTA	National Parent Teachers' Association
NSDSL	National Schools Dietary Services Limited
SNP	School Nutrition Programme

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EXECUTIVE SUMMARY

2.1.1. At its twenty-seventh (27th) meeting held on December 7, 2018, the Committee resolved to inquire into the current level of childhood obesity and the State's interventions to promote a healthy lifestyle among children. The Committee agreed on the following inquiry objectives:

1. **To examine the trends in obesity and associated illnesses amongst the student/child population;**
2. **To assess the services and facilities available to counteract and or alleviate childhood obesity; and**
3. **To examine the effectiveness of the School Nutrition Programme in the reduction of childhood obesity.**

2.1.2. The Committee acquired both oral and written evidence based on the objectives listed above. Oral evidence was received during two (2) public hearings held with various stakeholders (*See Appendix I*) on January 16 and February 20, 2018. Some of the significant issues highlighted during the public hearings were:

- i. Diet and exercise were the two major lifestyle factors implicated in childhood obesity, in addition to factors related to children's home and school environments;
- ii. According to the Global School-based Health Survey (GSHS), approximately half of a national sample of adolescents were either overweight or obese in 2017;
- iii. The rates of obesity and overweight increased in both Trinidad and Tobago between 2011 and 2017, with overweight showing a larger increase;
- iv. Despite the higher rate of physical activity reported by male students, they may be at higher risk of obesity than female students. Conversely, overweight appears to be more prevalent among female students;
- v. Data from the GSHS lacked information on trends in overweight/obesity among primary school students. This hindered a comprehensive understanding of age-specific trends in overweight/obesity;

- vi. The MOH was unable to provide primary data on the prevalence of obesity-related illnesses among children. This is concerning given the importance of morbidity data for informing prevention and intervention initiatives;
- vii. Commendable efforts have been made among the three major ministries to deliver health and obesity-related initiatives in schools and the community. The scope of these programmes includes: obesity and overweight screenings, education and skills training for students, school staff and parents, and healthy lifestyle camps for obese students;
- viii. Data on compliance rates indicated that the National Policy on the Sale of Sugar Sweetened Beverages in Schools appeared to be effective in reducing the sale of sugary drinks in schools;
- ix. The academic curricula appear to include a wide range of compulsory health, fitness and wellness-related content. However, notable challenges were reported relating to the availability of teaching staff for the administration of HFLE;
- x. There appears to be more emphasis on, and provisions for physical education (PE) in primary schools than in secondary schools;
- xi. The Committee received limited information regarding the monitoring and evaluation frameworks of the various initiatives described by the Ministries;
- xii. The MoE, MoH and MSYA indicated plans to execute 16 school- and community-based initiatives related to promoting healthy lifestyles, healthy eating and physical activity;
- xiii. The School Nutrition Programme's (SNP) objectives and monitoring framework do not specifically treat with the impact of SNP meals on overweight and obesity;
- xiv. Notwithstanding the reported nutritional adequacy of the meals, students' low consumption of certain meal items, particularly vegetables, and their preference for fast-food meals may offset potential nutritional benefits of the SNP;
- xv. The NSDSEC reported wastage of approximately 6,000 extra meals which represents both lost financial resources and wasted nutritious foods;
- xvi. The SNP has defined procedures for monitoring meal quality, students' satisfaction with meals and caterers' compliance with health and safety standards; and

- xvii. Oversight of the efficiency and effectiveness of the SNP is likely to be further strengthened through the NSDSEC and its forthcoming Steering Committee.

- 2.1.3. Based on these findings and other matters which arose during the inquiry, the Committee has proffered recommendations which it believes will address the issues highlighted. A summary of these recommendations follows this Executive Summary.

- 2.1.4. The Committee looks forward to reviewing the Minister's response to this Report, which becomes due, sixty (60) days after it is presented to the Houses of Parliament.

SUMMARY OF RECOMMENDATIONS

RECOMMENDATIONS FOR IMPLEMENTATION IN THE SHORT-TERM

(To be implemented within 3 to 6 months of the presentation of the report)

- I. That the MOH seek to extract and compile information from the database of 6,118 children diagnosed with obesity in public health facilities and schools in order to:
 - i. Disaggregate the statistics by gender, ethnicity and education district/Regional Health Authority (RHA); and
 - ii. Identify the obesity-related illnesses among this group.

This undertaking should be completed by the March 2020, and the database subsequently expanded to include new children diagnosed with obesity. This recommendation aligns with Priority Area 4 (Surveillance) of the CARPHA Plan of Action which promotes increased data collection for the monitoring of trends in childhood obesity, and for comparative data used in measurements and assessments of intervention outcomes;

- II. That the MoH in its Ministerial Response, provide the Parliament with an update on the status of the execution of the proposed study to track obesity, NCDs and children's consumption patterns (as outlined in paragraph 3.1.8 of this Report);
- III. That the MoH continue to provide sustained monitoring over the implementation of the Policy on the Sale of Sugar Sweetened Beverages in Schools to avoid losing progress made in combatting schools' obesogenic environments;
- IV. That the MoE, MoH and MALF continue their collaboration on strategies to combat childhood obesity, as aligned with the National Strategic Plan for Prevention and Control of NCDs (2017-2021) and the CARPHA Plan of Action for Health Weights. In their responses to the Committee, the Ministries should provide an update on the collaborative initiatives in their work-plans for the latter half of 2019 and first quarter of 2020;
- V. That by February 2020 the MoE should collate data from schools to determine the total number of sports coaches that are engaged, their sports fields and the number of students engaged. Information about sports areas and schools with insufficient sports coaches should be relayed to the MSYA for assistance with recruitment;

- VI. That the MoE increase its use of social media in existing and future wellness initiatives to disseminate health and nutrition information to parents and children;
- VII. That as a complementary initiative to existing efforts, including the National Healthy Lifestyle Reader and Quiz, the MoE refer parents to existing digital resources such as mobile Apps that can assist them in preparing healthier meals for their children;
- VIII. That by March 2020, the MoE and NSDSL should conduct an evaluation of existing SNP menu options to determine the extent to which they satisfy the special dietary needs of diabetic students and obese students;
- IX. That as part of the MoE's response to this Committee, the Ministry should indicate:
- i. The total number of diabetic students who are recipients of the SNP, from information collected on the SNP application forms; and
 - ii. A description of how SNP meals are adapted to meet the special dietary needs of diabetic students and obese students.
- X. If SNP meals do not cater specifically to the dietary needs of obese students, the MoE should consider:
- i. Determining the total number of obese students who are recipients of the SNP;
 - ii. Examining the feasibility of creating specialized menus for this group of students; and
 - iii. Calculating the estimated cost of catering meals specific to this group of students.
- This exercise should be completed before the beginning of the second school term in the academic year 2019/2020;
- XI. That the NSDSL continue its ongoing monitoring of the nutritional value of SNP meals to ensure that recipients are provided with the required dietary allowances. Particular focus should be given to the adequate provision of fruit and vegetables and restricted amounts of sweetened, processed, pre-packaged foods;
- XII. That in its response to the Committee, the MoE provide an update on the status of:
- i. the Steering Committee of the NSDSEC,
 - ii. the recommendations of the NSDSL Evaluation Committee regarding the alignment of the School Nutrition Education Programme with the HFLE curriculum; and

- iii. a copy of the Ministry's work plan for 2019 related to proposed anti-obesity initiatives for fiscal 2019/2020.

RECOMMENDATIONS FOR IMPLEMENTATION IN THE MEDIUM-TERM

(To be implemented within 7 months to 12 months of the presentation of the report)

- I. That the MoH seek to engage non-government/ private primary and secondary schools to develop a strategy for collecting data on the levels of obesity/overweight, and associated illnesses, among private school students.
- II. That as part of the MoH's research activities, adequate attention is given to children living in Tobago, given that its rate of overweight/obesity appears to be higher than that of Trinidad.
- III. Given the importance of environmental (e.g. access to healthy foods, marketing) and family factors (SES, consumption patterns) in childhood obesity, the MoH should give particular attention to the following macro-level interventions:
 - i. The planned policy initiative to treat with regulating snacks sold in schools;
 - ii. Creating incentives for local food manufacturers to create products with reduced sugar, fats and additives;
 - iii. The consideration of a "sugar tax" on sugar-sweetened beverages;
- IV. That the MoH evaluate whether the childhood assessment clinics require increased allocations in order to be adequately equipped with the resources, equipment and staff to treat with ill and obese children;
- V. That the MoE, in collaboration with the NPTA, NSDSL and MoH, increase its efforts to facilitate parental education sessions on healthy lifestyles and obesity prevention/treatment. The MoE can consider mandating principals to organize a minimum number of sessions for parents per academic term;
- VI. That the MoE, MoH and NSDSL seek to develop a standard, well-defined evaluation system for health and wellness campaigns, so that the following information is systematically recorded:
 - i. The estimated number of participants at each event; and

- ii. Feedback from participants post-intervention (which can be collected through short surveys) on the perceived usefulness of the event and suggestions for enhancing future initiatives.
- VII. That the MoE implement strategies to encourage the consumption of vegetables and traditional meals in the SNP menus. Consideration can be given to the use of peer advocates, social incentives and school campaigns to promote good eating habits. These strategies may be incorporated as part of the School Nutrition Education Programme and HFLE curriculum;
- VIII. That in an effort to reduce food wastage, the MoE and NSDSEC consider the introduction of a Register. It is recommended that each SNP recipient be required to sign the Register upon receipt of their meals. A measure can be introduced whereby students' repeated abstention from accepting SNP meals can result in their temporary or permanent removal from the list of recipients, further to a review by the school's administration.

RECOMMENDATIONS FOR IMPLEMENTATION IN THE LONG-TERM

(To be implemented within 2 years of the presentation of the report)

- I. That the MoH continue to facilitate national-level research studies on childhood obesity through the GSHS and other intra-regional and international collaborations. Particular emphasis should be placed on longitudinal studies for the purposes of tracking trends in obesity, as outlined in recommendation A above. The Ministry's agenda for future cross-sectional or longitudinal research should incorporate an investigation of obesity/overweight disparities by geographic location, ethnicity, age and socioeconomic status.
- II. That the MoE develop innovative strategies to encourage increased total participation in sports and PE in secondary schools. The MoE may consider the feasibility of instituting at least one mandatory PE period per week for students not pursuing PE for CSEC exams. Appropriate social incentives or "credits" may be used to encourage student participation;

III. That the MoE give consideration to partnering with the MoH to implement a pilot study in which a sample of obese SNP recipients and their families are monitored over time to examine how receipt of school meals impacts students’:

- i. Food preferences and attitudes;
- ii. Nutrition intake; and
- iii. BMI;

The outcomes of this initiative are likely to align with the Management and Control objective of the CARPHA Plan of Action for Healthy Weights which aims to, “provide children and families who are affected by overweight/obesity with the necessary care and support,” and the Strategic Information objective which aims to, “provide core data for tracking the movement and determinant of the epidemic.”

INTRODUCTION

Background

What is Obesity?

- 3.1.1. A person has traditionally been considered to be obese if they are more than 20% over their ideal weight. That ideal weight must take into account the person's height, age, sex, and physique. The BMI (body mass index), a key index for relating body weight to height, is a person's weight in kilograms (kg) divided by their height in meters (m) squared. Obesity has been more precisely defined by the National Institutes of Health (the NIH) as a BMI of 30 and above. (A BMI of 30 is about 30 pounds overweight).¹
- 3.1.2. Other sources define “obesity” as a BMI—for age of 95th percentile. On the other hand, “overweight” is defined by a body mass index (BMI)—for age of 85th percentile but <95th percentile in children and adolescents.²

Obesity and non-communicable diseases (NCDs)

- 3.1.3. Obesity is considered a chronic, non-communicable disease (NCD) and it is a major risk factor for a number of other chronic diseases including: diabetes, cardiovascular diseases, and cancer. Once considered a problem only in high-income countries, overweight and obesity are now dramatically on the rise in low- and middle-income countries, particularly in urban settings.

Trends in childhood obesity

- 3.1.4. Over the past three decades, the prevalence of overweight and obesity has increased substantially.³ Globally, it is estimated that prevalence of overweight and obesity among children and adolescents aged 5-19 years rose dramatically from just 4% in 1975 to just over

¹ “About Journal of Obesity and Eating Disorders”. Accessed on October 10, 2018. <http://obesity.imedpub.com/>

² Shivpuri A, Shivpuri A, and Sharma S. Childhood Obesity: Review of a growing Problem. Int J ClinPediatr Dent 2012; 5(3):237-241. https://www.researchgate.net/publication/265518629_Childhood_Obesity_Review_of_a_growing_Problem

³ Geneva, World Health Organization. 2010. Global status report on non-communicable diseases. Accessed on October 18, 2018. http://www.who.int/nmh/publications/ncd_report2010/en/

18% in 2016. The rise has occurred similarly among both boys and girls: in 2016, 18% of girls and 19% of boys were overweight.⁴

3.1.5. Locally and regionally, the Ministry of Health (MOH) and the Caribbean Food and Nutrition Institute (CFNI) data indicate that there has been a 300% increase in children that are overweight and obese over the past ten (10) years, from just over 8% in 2001 to 24% in 2010.⁵ Further, according to research done in 2009/2011 by the CFNI⁶:

- 23% of primary school children in Trinidad and Tobago were overweight/obese;
- 25% of students at secondary school were overweight/obese; and
- 14% of the children in secondary schools had been underweight.

3.1.6. In 2012 it was further revealed that the level of obesity among the nation's children jumped from 5% to a staggering 26% in less than a decade⁷.

Interventions to combat childhood obesity (including those here and adding more)

3.1.7. At the international level, government responses to obesity are guided by several policies including the WHO Global Strategy on Diet, Physical Activity and Health 2004 and the Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020.

3.1.8. Regionally, the Caribbean Public Health Agency's (CARPHA) Plan of Action for Promoting Healthy Weights: 2014 – 2019 was developed in response to the surge in obesity rates.

3.1.9. Moreover, the MOH provides a number of prevention programmes and nutritional services for overweight and obese children. These are administered by the Nutrition and Metabolism Division.

⁴ World Health Organization (WHO). Obesity and overweight. Accessed on October 15, 2018. <http://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight>

⁵ Ministry of Health (MOH). 'The Ministry of Health Assists Children in Fighting the Fat'. Accessed on October 23, 2018. <http://www.health.gov.tt/news/newsitem.aspx?id=341>

⁶ Ministry of Health (MOH). 'The Ministry of Health Assists Children in Fighting the Fat'. Accessed on October 23, 2018. <http://www.health.gov.tt/news/newsitem.aspx?id=341>

⁷ Trinidad and Tobago Newsday. Published on Sunday 14 August 2016. 'Too many fat children'. Assessed on October 23, 2018. <https://archives.newsday.co.tt/2016/08/14/too-many-fat-children/>

3.1.10. Additionally, the National Schools Dietary Services Limited (NSDSL), under the authority of the Ministry of Education (MOE), is responsible for the implementation of the School Nutrition Programme (SNP).

3.1.11. Currently, the Programme provides selected children throughout Trinidad with at least one nutritious meal per school day. The Tobago House of Assembly is responsible for a similar Programme in Tobago, but, for this Report, we have focused on the delivery of the Programme in Trinidad.

3.1.12. The Programme is one of the “Support Services” provided by the Ministry of Education for school children. It has been identified as one of the major ways of achieving the objectives of the Policy on School Nutrition.

Objectives of the SNP⁸

3.1.13. NSDSL has set three objectives for the Programme, based on the Government’s priorities and the Policy on School Nutrition:

- i. To provide, in the form of Recommended Dietary Allowances, approximately:
 - One-quarter of the child’s daily nutrient requirements for breakfast, and
 - One-third of the child’s daily nutrient requirements for lunch.
- ii. To contribute to the improvement of the nutritional status of the child, thereby enhancing his or her ability to learn.
- iii. To further stimulate the country’s agricultural and manufacturing sectors by utilizing local produce wherever possible in the meal plan.

3.1.14. The NSDSL operates the Programme through four geographic zones (East, North, South, and Central) and has 74 contracted caterers island-wide.

⁸ Auditor General. 2014. ‘Report of the Auditor General of the 1 Republic of Trinidad and Tobago on a Special Audit of The School Nutrition Programme managed by the National Schools Dietary Services Limited’. Accessed on October 23, 2018. <http://www.auditorgeneral.gov.tt/sites/default/files/FINAL%20SNP%20-%20Special%20Audit%20Report.pdf>

Conduct of the Inquiry

3.1.15. Prior to the commencement of the public hearings, the Committee issued invitations to specific stakeholders and to the public to present written submissions based on the subject of the inquiry and following objectives:

- 1. To examine the trends in obesity and associated illnesses amongst the student/child population;**
- 2. To assess the services and facilities available to counteract and or alleviate childhood obesity; and**
- 3. To examine the effectiveness of the School Nutrition Programme in the reduction of childhood obesity.**

3.1.16. The Committee conducted public hearings on Wednesday, January 16, 2019 and Wednesday, February 20, 2019, with the following Entities **(See Appendix I for details)**:

- Ministry of Health;
- Ministry of Education;
- Ministry of Sport and Youth Affairs;
- Ministry of Agriculture, Land and Fisheries, including officials of the National Agricultural Marketing and Development Corporation (NAMDEVCO);
- Diabetes Association of Trinidad and Tobago; and
- National Parent Teachers' Association.

3.1.17. Subsequent to these public hearings additional information was requested from specific stakeholders and was submitted accordingly.

3.1.18. Oral and written submissions received from the entities appearing before the Committee provided a frame of reference for the Committee's deliberations on the subject inquiry.

3.1.19. The **Minutes of the Meetings** during which the public hearings were held are attached as **Appendix II and III** and the **Verbatim Notes** as **Appendix IV and V**.

KEY ISSUES, FINDINGS AND RECOMMENDATIONS

OBJECTIVE 1: To examine the trends in obesity and associated illnesses amongst the student/child population.

Childhood obesity statistics

Children diagnosed with obesity in public health facilities

4.1.1. In a written submission dated January 14, 2019, the Ministry of Health (MOH) indicated that its officials conduct BMI screenings for children in public health facilities, and within primary schools for new, or school-leaving students.⁹ Between 2014 and 2018, the total number of children diagnosed through BMI screenings in the public health sector with obesity was 6,118.

Global School Health Survey (GSHS) 2011 and 2017 results

4.1.2. Research on a national level was conducted in collaboration with the Pan American Health Organisation (PAHO) and the Centre for Disease Control and Prevention (CDC). The GSHS collected data from representative samples of secondary school students aged 13-15 years in 2011 and 2017. The main findings are summarized below and in Table 1:

- i. Between 2011 and 2017, the national rates of overweight and obesity among adolescents increased by 7.3% and 5%, respectively (see Column 2).
- ii. In 2017, the combined national rate of overweight/obesity was 51.1%.
- iii. In both 2011 and 2017, the disaggregated rates of obesity and overweight were higher in Tobago (Column 4) than in Trinidad (Column 3). In 2017 the combined rate of adolescent overweight and obesity in Tobago was 58.2% compared to 50.7% in Trinidad.
- iv. Between 2011 and 2017 there was a greater increase in the rates of obesity and overweight in Trinidad (5.7% and 7.6%, respectively), than in Tobago (2.9% and 1.5%, respectively) (Columns 3 and 4).

⁹ Information received in a written submission dated March 6, 2019.

TABLE 1: GSHS CHILDHOOD OBESITY AND OVERWEIGHT STATISTICS IN TRINIDAD AND TOBAGO

1. Obesity	2. Trinidad and Tobago	3. Trinidad Only	4. Tobago Only
2011	11.9%	11.7%	16.9%
2017	17.6%	17.4%	19.8%
Overweight			
2011	26.2%	25.7%	36.9%
2017	33.5%	33.4%	38.4%

4.1.3. The MOH’s submission also referred to empirical research on the prevalence of childhood obesity in Trinidad and Tobago. More specifically, in a study by Batson et al. (2014)¹⁰ data was collected from a sample of 2,130 students aged 7-18 years across 32 schools in Trinidad. The researchers found that 15% of students qualified as obese while 17% qualified as overweight. The results submitted for recent empirical research on childhood obesity are summarized in Table 2.

¹⁰ Batson, Y. A., Teelucksingh, S., Maharaj, R. G., & Cockburn, B. N. 2014. “A cross-sectional study to determine the prevalence of obesity and other risk factors for type 2 diabetes among school children in Trinidad, West Indies.” *Paediatrics and International Child Health*, 34(3), 178-183.

TABLE 2: STUDIES FOR RECENT EMPIRICAL RESEARCH ON THE PREVALENCE OF CHILDHOOD OBESITY IN TRINIDAD AND TOBAGO.

Study Name	Study Location and Setting	Population	Methodology	Main findings/conclusion
<p>The Diabetes Research Program Trinidad and Tobago Health Sciences Initiative: Height, Weight, Body Mass Index and Waist Circumference Status of Primary School Children in Rural South Trinidad. (2012)</p>	<p>14 primary schools in rural south Trinidad (Point Fortin and Mayaro regions)</p>	<p>Data collected on 3,318 children. Primary School ages 7-12 and Secondary school ages 13-18,</p>	<p>Secondary Analysis</p>	<p>The results highlighted the public health burden of overweight and obesity among primary school children in Trinidad (see section 3 and Figure 1).</p>
<p>Batson et al. (2014)</p>	<p>A convenience sample of 32 schools from all editorial districts.</p>	<p>2,130 Participants</p>	<p>Questionnaires were administered</p>	<p>(1) Primary school children had a higher prevalence of obesity and overweight than secondary school children. (2) A greater proportion of males than females were determined obese as measured by BMI (see Section 3 and Figure 2 below).</p> <p>1) The levels of overweight and</p>

Global School-Based Health Services (2017)	41 Secondary Schools and targeted students 13-17years old	Student Population: 3,869	A two-stage cluster sample design	obesity in adolescents continue to rise. 2) The level of physically active students has decreased over the years (see Section 3 and Figure 1).
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Intra-regional comparison of childhood obesity statistics

4.1.4. The MOH also noted that rates of adolescent obesity and overweight identified by the GSHSs appeared to be higher in Trinidad than three other Caribbean countries. However, the statistics for Barbados and Guyana were not as recent as those for Trinidad, and thus may not represent the current prevalence of obesity in those countries (Table 3).

TABLE 3: THE GLOBAL SCHOOL HEALTH SURVEY (GSHS) COMPARISON OF COUNTRY DATA

	Trinidad 2017	Jamaica 2017	Barbados 2011	Guyana 2010
Overweight 13-15 years	33.3%	25.6%	31.9%	15.3%
Obese 13-15 years	17.4%	10.1%	14.2%	4.1%

Risk factors for childhood obesity

Lifestyle factors

4.1.5. In a public hearing on January 16, 2019, officials from the MOH and Ministry of Education (MOE) agreed on two major factors that contribute to childhood obesity:

- i. Decreased physical activity; and
- ii. Increased consumption of unhealthy foods.

The MOE further outlined three secondary factors that contribute to the above trends. These are illustrated in Figure 1 below.

4.1.6. Moreover, the MOH¹¹ cited statistics from the GSHS which noted a decline in the percentage of physically active students (from 29.2% to 20.5%), and an increase in sedentary behaviour (from 47.3% to 49%) among students aged 13-15 years between 2011 and 2017.

4.1.7. Additionally, data from a 2014 survey by the Ministry of Sport and Youth Affairs (MSYA) indicated that secondary school students (63.7%) had lower levels of participation in school- and community sports than primary school students (74.8%). Girls were also noted to have lower levels of sport participation than male students.

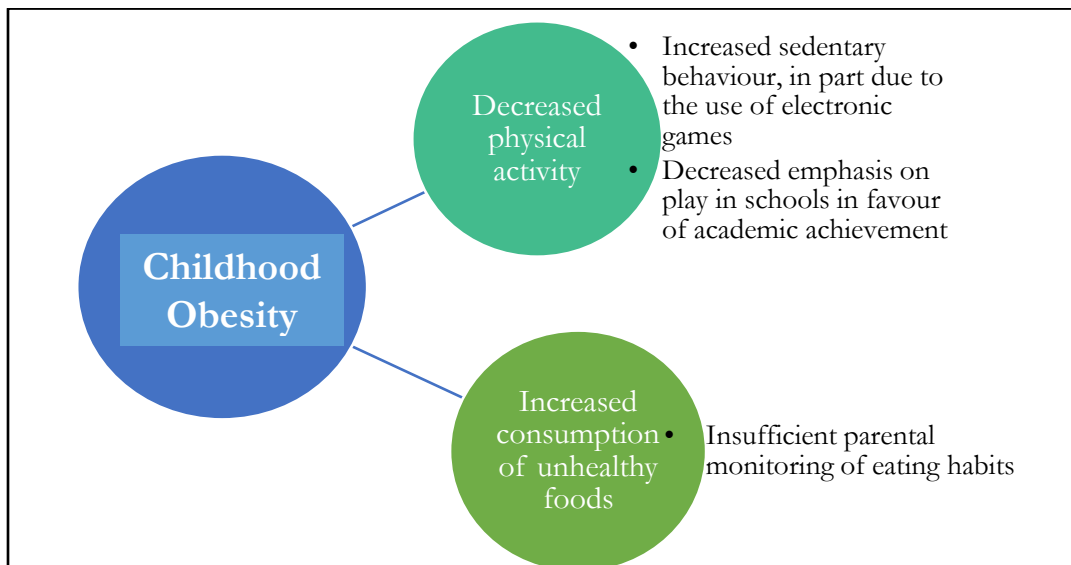


FIGURE 1: LIFESTYLE FACTORS CONTRIBUTING TO CHILDHOOD OBESITY

¹¹ Information received in a written submission dated January 14, 2019.

4.1.8. The MOH further indicated that, as part of its obesity initiatives, it intends to undertake a prospective study to track obesity, non-communicable diseases (NCDs) and children’s consumption patterns.

Gender differences

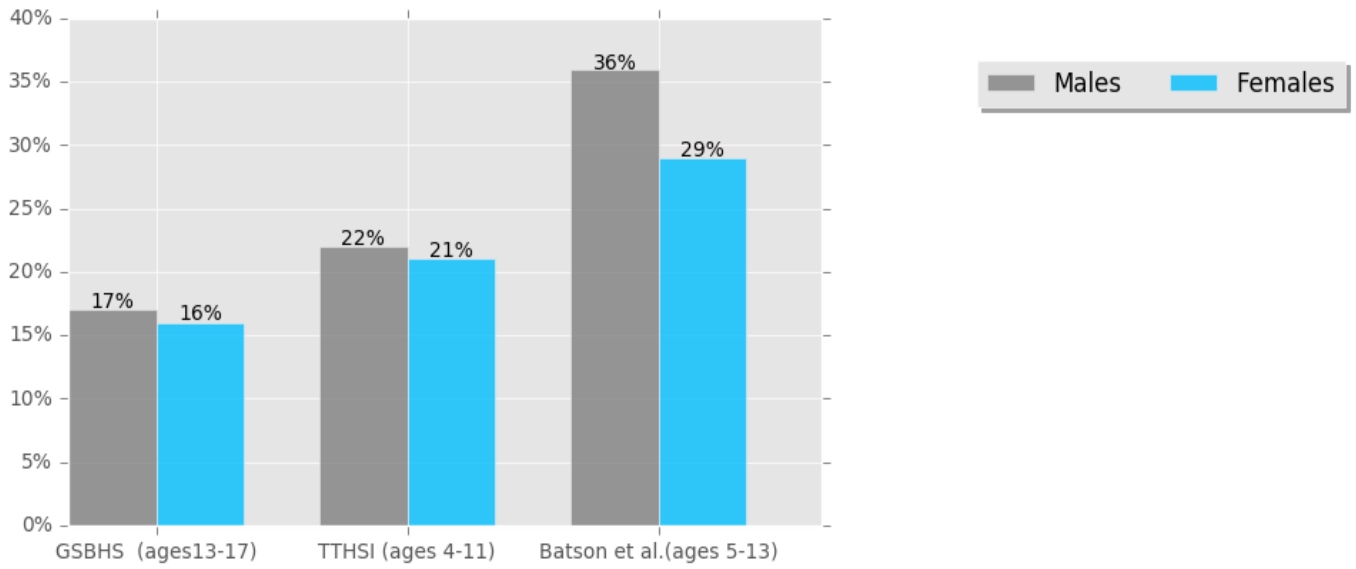


FIGURE 2: STUDIES REPORTING CHILDHOOD OVERWEIGHT AND OBESITY IN FEMALES VS MALES

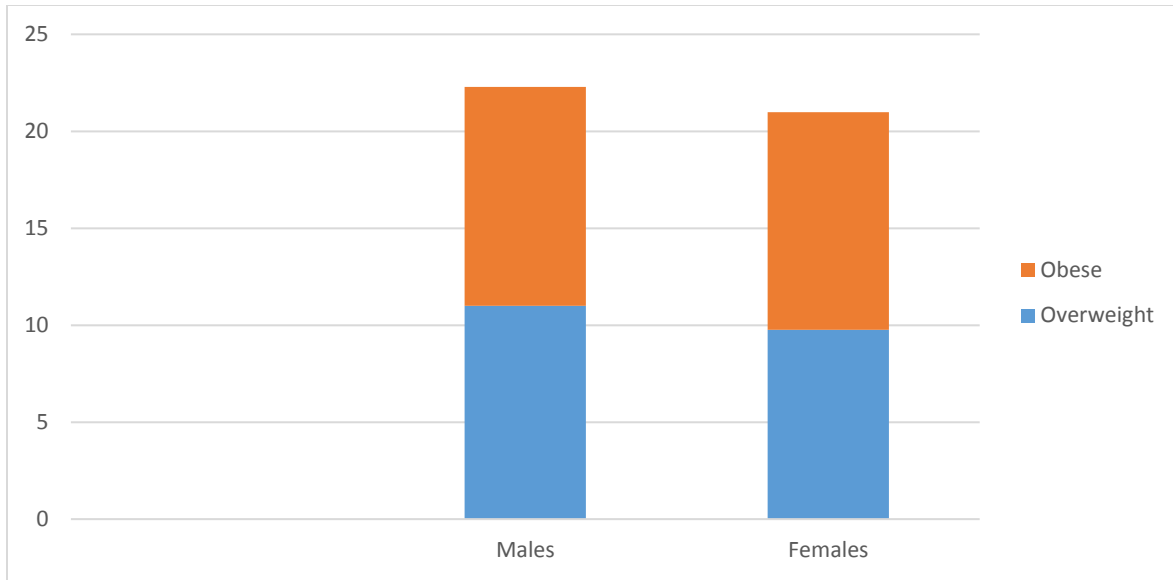


FIGURE 3: REPORT FROM THE DIABETES RESEARCH PROGRAM TRINIDAD AND TOBAGO HEALTH SCIENCES INITIATIVE INDICATING NO GENDER DIFFERENCES IN THE PREVALENCE OF OVERWEIGHT AND OBESITY IN MALES VS FEMALES

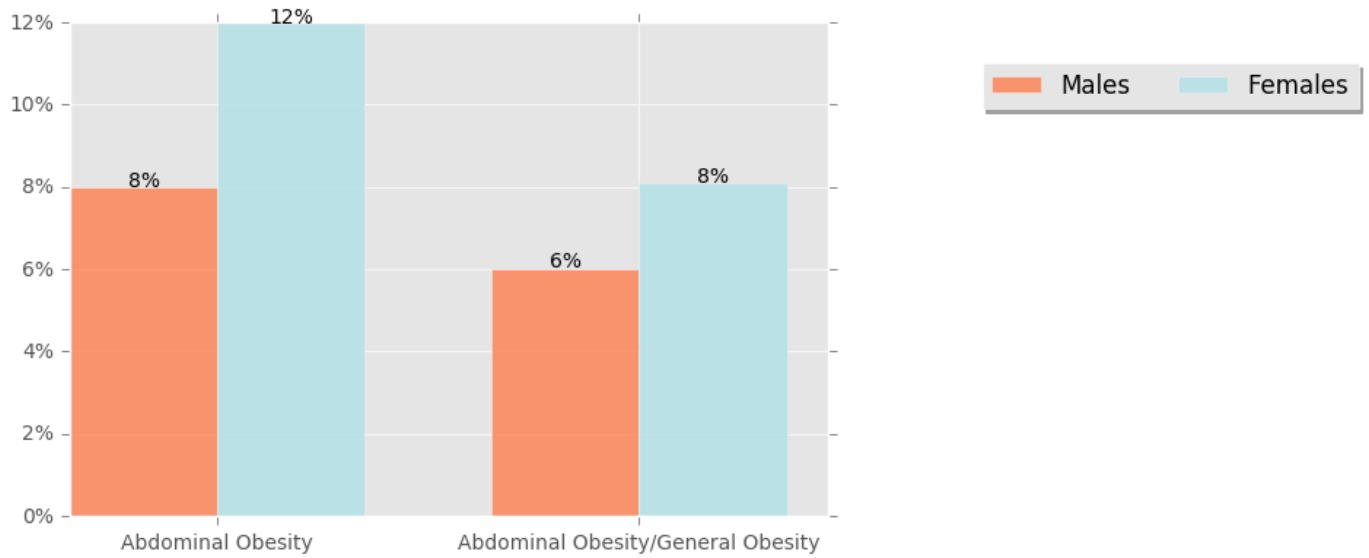


FIGURE 4: REPORT FROM THE DIABETES RESEARCH PROGRAM TRINIDAD AND TOBAGO HEALTH SCIENCES INITIATIVE INDICATING NOTABLE DIFFERENCES IN THE PREVALENCE OF ABDOMINAL OBESITY AND ABDOMINAL/GENERAL OBESITY IN MALES VS FEMALES

- 4.1.9. Data from the 2017 GSHS survey¹² revealed that among students aged 13-17 years, the prevalence of obesity in boys was 16.5 % and in girls 15.9%. The rate of overweight was 33.4% in females and 31.1% in males.
- 4.1.10. In another study by the Trinidad and Tobago Health Sciences Initiative (2012)¹³, it was noted that among 3,318 primary school children in rural south Trinidad (Point Fortin and Mayaro regions), the rate of overweight or obesity was 22.3% for boys and 21.0% for girls.
- 4.1.11. However, a study by Batson et al. (2014)¹⁴ reported a statistically significant difference in obesity between males (35.8%) and females (29.4%) students in primary and secondary schools.

Statistics on obesity-related illnesses among children

- 4.1.12. The MOH was unable to provide disease specific prevalence data on the NCDs associated with obesity among the child population. Nevertheless, the Ministry noted that data from research and clinical sources have identified hypertension and diabetes as the two most common NCDs among children.¹⁵
- 4.1.13. The Ministry referred to the study by Batson et al. (2013)¹⁶ which included urinary screenings of 67,000 students aged 5 to 17 in Trinidad. In this research, it was found that the prevalence of Type 2 Diabetes was 10.4 per 100,000 children, and the prevalence of impaired glucose intolerance was 7.5 per 100,000 children.
- 4.1.14. In the submissions by the Diabetes Association of Trinidad and Tobago (DATI), the organization indicated¹⁷ that it currently lacks the institutional capacity for conducting primary research on the prevalence of diabetes and other obesity-related illness among children. The

¹² Global School-based Student Health Survey. Trinidad and Tobago 2017 Fact Sheet.

¹³ Trinidad and Tobago Health Sciences Initiative. 2012. *Height, Weight, Body Mass Index and Waist Circumference Status of Primary School Children in Rural South Trinidad.*

¹⁴ Batson, Y. A., Teelucksingh, S., Maharaj, R. G., & Cockburn, B. N. 2014. "A cross-sectional study to determine the prevalence of obesity and other risk factors for type 2 diabetes among school children in Trinidad, West Indies." *Paediatrics and International Child Health*, 34(3), 178-183.

¹⁵ Information received in a written submission dated January 14, 2019.

¹⁶ Batson, Y. A. 2013. "Screening for Diabetes in Schoolchildren in Trinidad, West Indies." *Paediatrics and International Child Health*, 33(1), 37-41.

¹⁷ Information received in a public hearing on February 20, 2019.

association also did not provide any information on the numbers of children living with diabetes whose families are registered with the Association.

4.1.15. Moreover, the Diabetes Association of Trinidad and Tobago (DAT^T) has pointed out that children diagnosed with type 2 Diabetes, were observed to be either overweight or morbidly obese with BMIs over 30 and a body fat percentage of over 60 %. Further, the DAT^T observed a direct link between increased central adiposity and the development of Type 2 diabetes in children.

Findings

4.1.16. Based on the preceding evidence, the Committee's findings are as follows:

- i. The stakeholders identified two major lifestyle factors implicated in childhood obesity-exercise and diet. Factors related to children's home and school environments were also identified;
- ii. Some evidence exists to support the declining participation in physical activity among children, which is a likely contributor to the rise in obesity;
- iii. Between 2014 and 2018, the total number of children clinically diagnosed with obesity in the public health sector was 6,118. However, disaggregated data was not provided and this hindered further analysis of this statistic;
- iv. According to the GSHS, approximately half of a national sample of adolescents were either overweight or obese in 2017;
- v. The 2011 and 2017 GSHSs found that overweight was more common than obesity among adolescents. Whereas one third of adolescents were overweight, less than one fifth were obese;
- vi. The rates of obesity and overweight rates increased in both Trinidad and Tobago between 2011 and 2017, with overweight showing a larger increase;
- vii. Although the rates of childhood overweight/obesity in 2011 and 2017 were higher among Tobagonian youth, the rate appeared to increase faster among Trinidadian youth;
- viii. Despite the higher rate of physical activity reported by male students, they may be at higher risk of obesity than female students. Conversely, overweight appears to be more prevalent among female students;

- ix. Despite the usefulness of the GSHS, the data was restricted to secondary school students aged 13-17 years. Consequently, data was lacking on the trends in overweight/obesity among primary school students younger than 13. This hindered a comprehensive understanding of age-specific trends in overweight/obesity;
- x. There is a lack of local empirical research investigating sociodemographic differences in the rate of childhood obesity, particularly by ethnicity, socioeconomic status and geographic/community-level factors. These have all been implicated in childhood obesity according to North American research¹⁸;
- xi. The MOH was unable to provide primary data on the prevalence of obesity-related illnesses among children. This is concerning given the importance of morbidity data for informing prevention and intervention initiatives; and
- xii. The Diabetes Association of Trinidad and Tobago (DATT) noted an observed relationship between children diagnosed with type 2 Diabetes and overweight or morbidly obesity with BMIs over 30 and a body fat percentage of over 60%.

Recommendations

In light of the foregoing, the Committee recommends the following:

- A. That the MOH seek to extract and compile information from the database of 6,118 children diagnosed with obesity in public health facilities and schools in order to:**
 - i. Disaggregate the statistics by gender, ethnicity and education district/Regional Health Authority (RHA); and**
 - ii. Identify the obesity-related illnesses among this group.**

This undertaking should be completed by the March 2020, and the database subsequently expanded to include new children diagnosed with obesity. This recommendation aligns with Priority Area 4 (Surveillance) of the CARPHA Plan of Action which promotes increased data collection for the monitoring of trends in

¹⁸ McIntosh, James. 2015. "How do race and ethnicity influence childhood obesity?" <https://www.medicalnewstoday.com/articles/292913.php>

childhood obesity, and for comparative data used in measurements and assessments of intervention outcomes.

- B. That the MoH seek to engage non-government/ private primary and secondary schools to develop a strategy for collecting data on the levels of obesity/overweight, and associated illnesses, among private school students.
- C. That the MoH continue to facilitate national-level research studies on childhood obesity through the GSHS and other intra-regional and international collaborations. Particular emphasis should be placed on longitudinal studies for the purposes of tracking trends in obesity, as outlined in recommendation A above. The Ministry's agenda for future cross-sectional or longitudinal research should incorporate an investigation of obesity/overweight disparities by geographic location, ethnicity, age and socioeconomic status.
- D. That as part of the MoH's research activities, adequate attention is given to children living in Tobago, given that its rate of overweight/obesity appears to be higher than that of Trinidad.
- E. That the MoH in its Ministerial Response, provide the Parliament with an update on the status of the execution of the proposed study to track obesity, NCDs and children's consumption patterns (as outlined in paragraph 3.1.8 of this Report).

OBJECTIVE 2: To assess the services and facilities available to counteract and or alleviate childhood obesity.

Inter-agency collaborations between the MoH, MoE and MALF

- 4.2.1. The MoH and MoE coordinate several school- and community-based, obesity-related initiatives. Planning for these initiatives is facilitated through meetings held between the MoH representative and the Chief Education Officer every three (3) months.¹⁹
- 4.2.2. Moreover, a representative from the MoE is a member of the MoH’s NCD Oversight Committee, which also coordinates obesity-related programmes and leads the implementation of the National Strategic Plan for Prevention and Control of NCDs (2017-2021).
- 4.2.3. The Committee was informed of 8 major collaborative initiatives implemented by the MoH, MoE and Ministry of Agriculture, Land and Fisheries (MALF) within the last five years. Additionally, the Nutrition and Metabolism Division (NMD) of the MoH engaged 4 private sector entities in certain outreach projects. The programmes are briefly outlined in the table below:

TABLE 4: LIST OF CURRENT INTER-MINISTRY COLLABORATIONS

	Initiative	Ministry	Time-frame
1	School Health Services	MoE, MoH	Annually
2	School Health Education lectures	MoE, MoH	Annually
3	“Healthy Me” School Health Education Caravan	MoE, MoH, NSDSL NAMDEVCO, MALF	Annually
4	National Primary Schools’ Healthy Lifestyle Quiz	School Supervision Division, MoE, NSDSL CARPHA, RHAs, MoH	Annually
5	Distribution of Healthy Lifestyle Reader and Activity Booklets	MoH, NSDSL, MALF	2018

¹⁹ Information received in a public hearing on January 16, 2019.

	Initiative	Ministry	Time-frame
6	Sensitization workshop for key stakeholders	Health Education Division, MoH, NSDSL, MoE	October 2017 to September 2018
7	“Healthy Me” Childhood Obesity Camps	MoH, NSDSL	Annually
8	Rapid Assessment of the Physical Activity Capacity of (select) Primary Schools	MoE, MoH	2016

4.2.4. NMD collaborations with NGOs and private sector entities:

- i. Annual Children’s Camp July 15th-20th, 2018;
- ii. World Breastfeeding Week August 2018;
- iii. Caribbean Wellness Day September 7th-8th 2018;
- iv. Annual Health Walk/Health Ride and the Cardiac Burn events (date not provided).

Details of the aims of these programmes, their target audiences and programme participation rates are provided in **Appendix VI**.

Public health services for obese children²⁰

Clinics and Assessment Services

4.2.5. The MoH provides specialized services catering to obese/overweight children. These include:

- i. The Healthy Lifestyle Clinic at the Wendy Fitzwilliam’s Children Hospital, established in 2012, caters to obese children referred through the School Health Services;
- ii. Two Childhood Health Assessment Units in the North-West Regional Health Authority (NWRHA) at Barataria and St. James Health Centre; and
- iii. Pediatric Clinics in community health facilities in the South-West Regional Health Authority (SWRHA) screen, monitor and manage children with NCs.

²⁰ Information received in written submissions dated January 14, and March 6, 2019.

4.2.6. Between January and December 2018, a total of 700 obese/overweight children and 536 overweight/obese infants were referred to the Childhood Health Assessment Units and Pediatric Clinics. After screening and diagnosing obese infants and children, lifestyle interventions are encouraged in four main areas:

- i. Reducing fast food consumption;
- ii. Increasing healthy food consumption;
- iii. Reducing consumption of sugary drinks; and
- iv. Reducing sedentary lifestyle.

Public Education – The Nutrition and Metabolism Division (NMD)

4.2.7. A number of public education sessions were conducted by the NMD between 2018 and 2019:

- i. Between February and December 2018, nutrition education sessions by the NMD were held at 90 schools, businesses, faith-based organizations and community groups. Sessions were also delivered at 170 antenatal, child welfare, and chronic disease clinics;
- ii. A total of 142 community health fairs throughout all counties were also conducted during the aforementioned period. After reviewing a list provided by the MoH²¹, the Committee classified the number of community health fairs in each Regional Health Authority as follows:

1. North-West Regional Health Authority	69
2. North-Central Regional Health Authority	37
3. South-West Regional Health Authority	26
4. Eastern Regional Health Authority	7
5. Tobago Regional Health Authority	1
6. Unknown (insufficient information)	2

A nutrition education seminar for parents of children living with diabetes was held on July 28th, 2018. Five (5) families participated.

²¹ Information received in a written submission dated July 5, 2019.

Training Initiatives

4.2.8. The Ministry also indicated that it in November 2018 it provided “training to a cadre of persons from NGOs/FBOs, CBOs as NCD Lay Facilitators/Educators” to disseminate nutritional information to communities.

Challenges faced by the MoH’s health services²²

4.2.9. The MoH noted several key challenges in implementing its initiatives including:

- i. Understaffing in the child clinics and assessment units. Shortages exist in specialized fields such as Endocrinology, Pediatric trained doctors and nurses, dietetics, psychology and laboratory support staff;
- ii. The need to upgrade and replace specialized equipment and digital scales and stadiometers;
- iii. Significant staff shortages in the NMD; the staff comprises 8 officers although the sanctioned complement is 42. Requests were made to the Service Commission Department (SCD) to recruit additional nutritionists/dieticians and food demonstrators;²³
- iv. Minimal outsourcing of health outreach services due to budget constraints by the MoH and RHAs;
- v. The current procurement system does not allow for accessing cash to purchase food items in farmer’s markets and supermarkets for healthy cooking demonstrations;
- vi. There is a general lack of resources across areas of nutrition including: cooking equipment, office/cooking spaces for food demonstrations, office equipment, teaching aids, and access to secured transport of equipment to health outreach events; and
- vii. High crime rates in some districts present a security concern for outreach staff.

²² Information received in a written submission dated March 6, 2019.

²³ Information received in a written submission dated January 14, 2019.

Education sector initiatives to combat obesity

Policy initiatives

Health and Family Life Education Policy (HFLE 2001)

4.2.10. The HFLE Policy (2001) of the MoE guides the implementation of initiatives to promote students' physical, emotional and social wellbeing. One of its aims is to engage youth, parents, communities, NGOs and other stakeholders in health promotion efforts. The Policy guided the formulation of health-related content in the national curricula for primary and secondary schools (See section 3.2.12 below).

National Policy on the Sale of Sugar Sweetened Beverages in Schools

4.2.11. This policy was introduced in April 2017 as a collaborative effort between the MoH and MoE as part of the strategies “to reduce the growing burden of non-communicable diseases (NCDs) and to address the epidemic of childhood obesity in Trinidad and Tobago”.²⁴

4.2.12. The policy applies to all government and government-assisted schools and prohibits the sale of: soft drinks (sodas), juice drinks, flavoured water, sports/energy drinks, tea, coffee and milk based drinks with added sugars and/or artificial sweeteners.

4.2.13. In January 2019, the MoE conducted a policy impact assessment in 480 schools (106 Secondary, 374 Primary) with a total of 162,137 participating students. This assessment revealed that 97% of students were aware of the policy, and compliance rates at schools ranged from 79% to 98% across seven education districts regarding the specific categories of banned drinks.²⁵ Moreover, unauthorized vending of sugary drinks outside of school premises had been reduced to 5%.²⁶

4.2.14. Additionally, the Committee was informed that consideration is being given to expanding the current policy to target sugary foods consumed by children sold outside of schools.

²⁴ Information received in a written submission dated January 14, 2019.

²⁵ Information received in a written submission dated February 16, 2019.

²⁶ Information received in a public hearing on January 16, 2019.

Policy Recommendations for School-Based Diabetes Management - Diabetes Association of Trinidad and Tobago (DATTT)

4.2.15. In a written submission dated February 2019, the DATTT provided recommendations for inclusion in the National School Health Policy for the management of diabetic students. These recommendations promote increased measures and facilities to promote students' self-management of diabetes, as well as training for teachers and staff.

4.2.16. In a submission dated March 23, 2019, the DATTT informed the Committee that its recommendations were submitted to the MoH in May 2017 but to date no feedback had been given by the Ministry.

School-based interventions

4.2.17. Obesity, nutrition and other health-related content are addressed within the national education curricula and through sensitization workshops for parents. These are outlined in Figure 2 below:

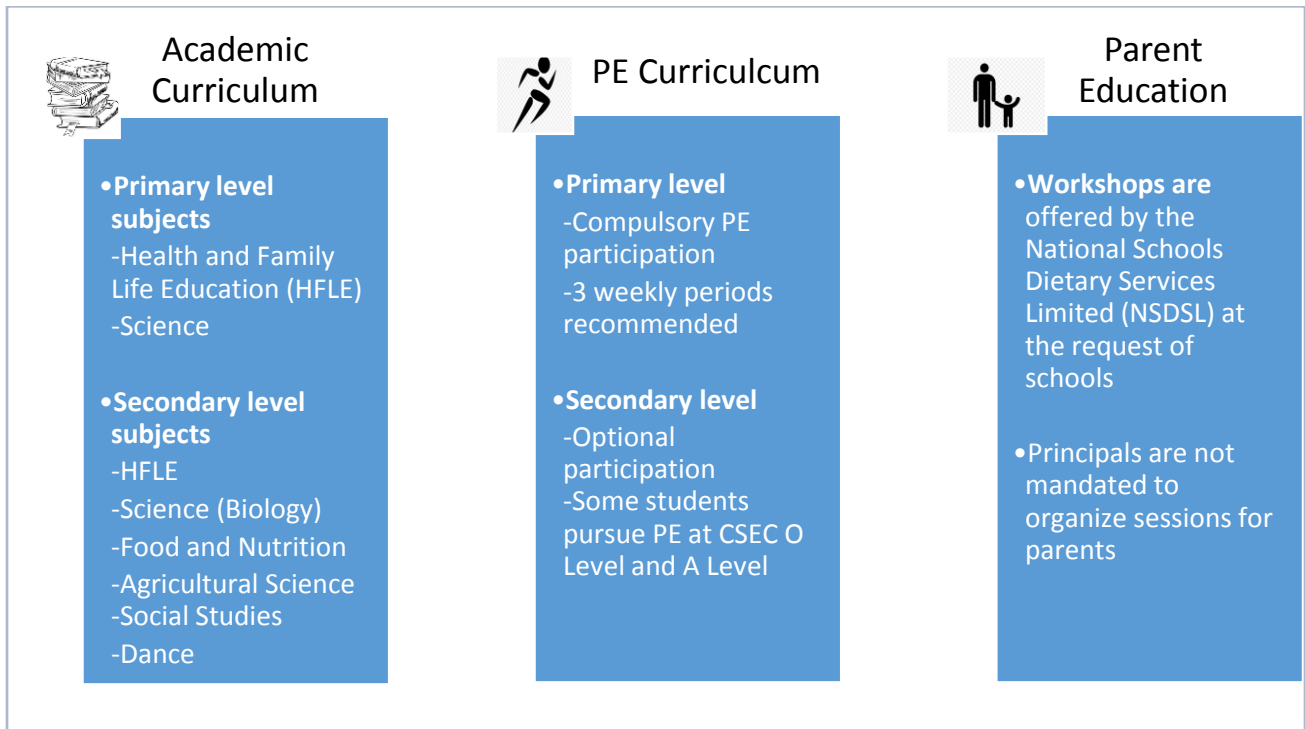


FIGURE 5: NUTRITION AND HEALTH CONTENT PROVIDED IN SCHOOLS

The HFLE curriculum

4.2.18. In addition to general health-related content in the subject areas outlined in Figure 5, the HFLE subject in both primary and secondary schools provides specific health education. The HFLE Curriculum contains four themes specific to nutrition and obesity:

- i. Our Nutritional Needs;
- ii. Physical Activity;
- iii. Understanding our Eating Habits; and
- iv. Nutrients and Health.

The aforementioned curriculum appeared to contain detailed, relevant information concerning choosing healthy eating habits and physical activity. Moreover, the content was indicated to be a compulsory component of the curricula.

4.2.19. However, the MoE²⁷ identified a number of challenges to implementation including:

- i. The lack of dedicated teaching posts for HFLE; teachers volunteer to administer the subject and are assigned based on workload;
- ii. Unwillingness and/or confidence of some teachers in delivering the Sexuality and Sexual Health (SSH) module;
- iii. Trained teachers not being timetabled to teach HFLE while untrained teachers are timetabled;
- iv. Insufficient Curriculum Officers to effectively monitor and support teachers; and
- v. In a minority of cases, HFLE is timetabled for one (1) period per week and not the recommended two (2) periods which would facilitate improved implementation.

Challenges in enforcing the PE curriculum

4.2.20. The MoE outlined several challenges in enforcing the PE curriculum in written and oral submissions dated January 11, and January 16, 2019, respectively. These included:

- i. *Low to moderate participation in secondary schools* - the limited number of contact hours and increased number of scheduled subjects in secondary schools prohibits PE from being

²⁷ Information received in a written submission dated February 15, 2019.

enforced as a compulsory subject. As a result, only a proportion of students voluntarily pursue PE for CSEC O Level and A Level exams. However, the number of these students was not provided.

- ii. *Implementation and monitoring* - Notwithstanding a policy which guides the supervision of PE within schools and districts, the MoE and Ministry of Sport and Youth Affairs (MSYA) were unable to satisfactorily explain the extent to which PE is implemented and monitored. Both Ministries acknowledged that more focus should be placed on implementation, monitoring and evaluation of PE.
- iii. *Staffing challenges* - The Ministry also indicated that there is need for increased numbers of PE Teachers and Coaches. A policy was implemented to recruit PE Coaches and Officers in the Curriculum Planning Division. According to the MSYA, recruitment efforts will be ongoing in 2019 to fill sports coach vacancies.
- iv. *Accommodation of Special Education Needs (SEN) students* – There are some provisions for students with SEN such as exemptions from strenuous PE activities and modified activities. However, nine challenges to including SEN students in PE were outlined, including: limited teacher training and specialized equipment, insufficient number of student aides, and parental and student reluctance towards PE participation.

Challenges in parental education

4.2.21. As outlined in the table in Appendix VI, between October 2017 and September 2018 approximately 1,506 parents of children attending 66 schools participated in nutrition sessions via PTA meetings, and through school fairs.²⁸ However, the NPTA cautioned that overall parental attendance at PTA meetings is low. The NSDSL further stated that there is concern that parents who do participate are already exposed to the nutritional information, and therefore the sessions may not be impacting uninformed parents. Additionally, the MoH indicated that no sensitization sessions were conducted with PTA chapters in Tobago schools.

²⁸ Information received in a public hearing on January 16, 2019.

Nutritional campaigns and initiatives

4.2.22. The MoH and MoE facilitate prevention and intervention programmes in schools through nutrition education and skills training to (primarily primary level) school students in four initiatives:

- i. Annual “Healthy Me” School Health Education Caravan;
- ii. Annual “Healthy Me” Childhood Obesity Camps;
- iii. Healthy Lifestyle Reader and Activity Booklets;
- iv. National Primary Schools’ Healthy Lifestyle Quiz;

Details on the objectives of these projects and the interagency collaborations are outlined in Appendix VI. However, limited information was provided on the numbers of students benefitting from the listed initiatives. Additionally, with regards to marketing of its nutritional campaigns, the MoE noted that social media is not currently used as a primary marketing strategy, despite its popularity among youth.

NAMDEVCO and School nutrition

4.2.23. In a public hearing on February 20, 2019, officials of the National Agriculture Marketing and Development Corporation (NAMDEVCO) indicated that, upon request, educational presentations are hosted at schools to raise awareness of healthy and locally produced food choices. Additionally, educational information is disseminated through the MALF’s website and social media platforms, e.g. the Know What You Eat brochure and educational videos on local produce substitutes.

4.2.24. However, the NAMDEVCO officials acknowledged that there is a need for increased efforts to promote local foods and host public education campaigns on healthy eating.

Diabetes Association of Trinidad and Tobago

4.2.25. The Diabetes Association of Trinidad and Tobago (DATT) indicated that it partners with the MoE to promote awareness of diabetes among primary school students. The DATT’s current initiatives include The Diabetes Awareness in Primary Schools Programme (DEAPS) which targets students in standard 3, and an educational programme which culminates in a school quiz. However, the DATT noted that expansion of its DEAPS programme has been stalled due to financial constraints. Moreover, it was noted that the requested funding from the MoH was not granted.

4.2.26. Nevertheless, the DATT indicated that in fiscal 2019 it intends to host a Child Lifestyle Camp for overweight children at risk of diabetes, as well as establish a Type 1 and Type 2 diabetes registry project to record the number of persons presenting with these diseases.

The Student Support Services Division (SSSD)

4.2.27. The SSSD provides psycho-social support to students to facilitate their educational achievement and general wellbeing. However, officials from the SSSD noted in a public hearing on January 16, 2019 that the SSSD had not received any reported cases from Principals of bullying linked to obesity. Additionally, no student had been referred for any obesity-related mental health concern.

Sports-based health initiatives

4.2.28. In its written and oral submissions of February 13, and February 20, 2019, respectively, the MSYA indicated that it partners with the MoE and communities to provide sports opportunities for youth. The following tables outline the current facilities and initiatives administered by the MSYA in the education system and in communities.

TABLE 5: SCHOOL-BASED SPORTS PROGRAMMES AND FACILITIES

	Programme/Facility	Description
1.	Coaches in School Programme	<ul style="list-style-type: none"> • Total sports participation and competitive sports are facilitated through coaches assigned to schools. Primary schools are given priority. • 15 coaches were assigned to an unspecified number of primary and secondary schools. • Recruitment efforts will continue in 2019. In April 2019 a new coaches programme will be launched.
2.	Competitive Sport Programmes	Inter-school competitions are facilitated by the MSYA and by the National Governing Bodies (NGBs). The MSYA grants waivers of fees for the use of facilities by the MoE.

3.	School Education Caravans (Eduvans)	A variety of interactive methods are used to educate students on a range of health and lifestyle issues. Approximately 7,770 persons participated over the last three (3) years.
4.	Adolescent Intervention Programme (AIP)	<ul style="list-style-type: none"> • This programme aims to prepare students who are entering secondary school. • Health topics discussed include nutrition, physical health and sports participation. Approximately 900 persons participated over the last three (3) years.

TABLE 6: COMMUNITY-BASED SPORTS FACILITIES AND INITIATIVES

	Facility/Initiative	Description
1.	Youth facilities	Six (6) facilities are located in: Port of Spain, California, Laventille, Los Bajos, Malick and St. James. These provide access to youths aged 12-29 to a range of sport and recreational activities.
2.	Learn to Swim Programme	This is implemented in six (6) community swimming pools in Cocoyea, Couva, Diego Martin, La Horquetta, Sangre Grande and Siparia. No information was provided on the success of this programme or participation rates.
3.	Community Based Sport Development Programme	Sport Development Officers work in communities to promote healthy lifestyles through PE and literacy programmes. Collaboration with NGBs.
4.	Youth Health Caravan	Approximately 3,000 persons participated over the past 3 years. Youth-friendly, interactive games and activities are used for sensitization of “health issues”.
5.	National Governing Bodies (NGBs) of sport	The MSYA collaborates with these governing bodies to facilitate general sport participation and inter-school sports competitions in areas including: table tennis, racquet, badminton, cricket etc. These Bodies also scout for talented athletes among the student population.

	Facility/Initiative	Description
6.	Vacation camps	Grants were provided to community organizations and NGOs for hosting of sports camps in 2017/2018.

School Sports Coaches

4.2.29. MoE indicated that the hiring of sports coaches is managed internally in each school. As a result, “there is a fluidity that exists with regard to the hiring of coaches and this is buoyed by the choices made at schools in terms of the sporting disciplines to be offered in a given school year. Accordingly, Principal and coaches have the option of ending or restarting the arrangement, depending on the circumstances at the school. Given that the retention of coaching services often occurs on a part-time basis and is subjected to the dynamics of individual school environments, it would be difficult to accurately state the current complement of coaches serving primary and secondary schools.”²⁹

4.2.30. These factors raised a concern regarding the level of monitoring and evaluation being undertaken by the Ministry. In the public hearing on February 20, 2019, the MSYA acknowledged that there is a need for increased monitoring and evaluation of the outcomes and effectiveness of its sports programmes. Additionally, it was noted that the staff complement at the Monitoring and Evaluation Unit is two (2) employees. The Ministry intends to recruit additional staff in this Unit but no specific timeframe for this undertaking was provided.

²⁹ Information received in a written submission dated February 15, 2019.

Proposed Initiatives

4.2.31. The planned programmes proposed for implementation by the MoE, MoH and MSYA (individually and collaboratively) related to promoting healthy lifestyles and obesity mitigation are outlined below:

TABLE 7: LIST OF UPCOMING HEALTH AND NUTRITION INITIATIVES BY THE RELEVANT MINISTRIES

Ministry of Education	Ministry of Health	Ministry of Sport and Youth Affairs
Revision of HFLE curriculum		Finalization of the Brian Lara Cricket and Sport Academy. Operations expected to commence in fiscal 2019/2020
National Secondary Schools' Healthy Lifestyle Quiz is being modelled after the Quiz at the primary school level. The Curriculum Division of MoE and the Health Education Division of the MoH are collaborating.		Second study on the rate of youth participation in sport and physical activity in 2019/2020
Assessment of Physical Activity Resources in primary schools as part of the Health Sector Support Program (HSSP), in collaboration with Inter-American Development Bank		Youth Health Committees and Youth Health Action/Advocacy Groups to be established within communities in the 3 rd quarter of fiscal 2019.
A Draft Food Labelling Policy is being developed by a Food Advisory Committee to treat with legislative provisions for nutritional labelling of packaged foods. The Committee will also consider standards established by Joint Food and Agriculture Organization (FAO)/World Health Organization (WHO) Codex Alimentarius Commission (CAC) and the Food/Nutrition Labelling and CARICOM Regional Organization for Standards and Quality (CROSQ) food labelling. Estimated time of completion for the amendments is in the end of 2019.		
Revision of the National Nutrition Standards for Food Offered to Children in Schools is a collaboration between the MoE, NSDSL, MALF, MoH and NMD, to align with the PAHO Nutrient Profile Model. Will be re-submitted to Cabinet for approval.		

Ministry of Education	Ministry of Health	Ministry of Sport and Youth Affairs
Revision of Healthy Lifestyle Reader and Workbook	The Healthy Youth TT initiative is currently in its conceptualisation phase. Through this programme communities will be given access to sporting equipment at youth/sporting facilities at minimal cost	
Analysis of the data from the January 2019 impact assessment of sugary drinks ban. Objectives include identifying schools with low compliance levels, review of the data collection instrument and assessing the impact of the policy on students' attitudes and behaviours.	National Food and Nutrition Policy development will include engagement of all sectors of society. As a precursor to the Policy, a National Food Consumption Survey will be undertaken by the 1st quarter of fiscal year 2020. The policy will address food labeling, salt and fat intake guidelines, improving school nutrition, nutrition education and physical activity.	
Development of "Physical Activity in Schools" policy and revision of "Physical Education" policy	A "sugar tax" on beverages with added sugar, similar to that in the UK, is under consideration	
Healthy Schools Project is to be implemented by September 2019, primarily in primary schools. It aims to: promote healthy lifestyles, conduct research on childhood obesity, train school staff, strengthen policy related to childhood obesity, promote physical activity and engage stakeholders in the process.	Policy to regulate the sale of unhealthy snacks in schools by September 2019	
	Seminar for parents of children living with diabetes in April 2019 and/or July 2019	
	Nutrition Month Observances in June 2019	

Ministry of Education	Ministry of Health	Ministry of Sport and Youth Affairs
	Childhood Obesity Prevention health fairs (July 2019 and/or November 2019)	
	World Breastfeeding Week in August 2019	
	Caribbean Wellness Month in September 2019	

Findings

4.3.32. Based on the preceding evidence, the Committee’s findings are as follows:

- i. The Committee was encouraged by the existence of a medium-term policy to combat obesity and other NCDs as outlined in the National Strategic Plan for Prevention and Control of NCDs (2017-2021);
- ii. Commendable efforts have been made among the three major ministries to deliver health and obesity-related initiatives in schools and the community. The scope of these programmes includes: obesity and overweight screenings, education and skills training for students, school staff and parents, and healthy lifestyle camps for obese students;
- iii. There was some collaboration with private sector entities and NGOs in delivering health services to children. Specifically, the NPTA and DAT^T were major stakeholders engaged by the MoE, while the MoH reported more stakeholder collaborations;
- iv. The MoH has several specialized clinics for the assessment and treatment of childhood illnesses and obesity. Notwithstanding these important services, several challenges were noted including staff shortages, the need for equipment and other resources;
- v. The Committee noted that 1,236 infants and children were diagnosed with overweight/obesity in the child clinics in 2018. However, there was insufficient information to contextualize this statistic, for example, to determine if the rate had increased or decreased over time, or if overweight/obesity was more prevalent among certain demographic groups;

- vi. The Committee commends the successful implementation of the National Policy on the Sale of Sugar Sweetened Beverages in Schools as a viable preventative measure for combatting childhood overweight and obesity;
- vii. Data on compliance rates indicated that the National Policy on the Sale of Sugar Sweetened Beverages in Schools appeared to be effective in reducing the sale of sugary drinks in schools;
- viii. The Committee commends and endorses the DATT's recommendations for the management of diabetic students for inclusion in the National School Health Policy;
- ix. The academic curricula appear to include a wide range of compulsory health, fitness and wellness-related content. However, notable challenges were reported relating to the availability of teaching staff for the administration of HFLE;
- x. There appears to be more emphasis on, and provisions for PE in primary schools. At the secondary level, it appeared that scheduled PE sessions were given less prominence relative to the other subjects on the curriculum;
- xi. Notwithstanding the assertion that some secondary schools students pursue PE for CSEC examinations, the MoE was unable to adequately describe secondary school students' actual engagement levels in PE;
- xii. The Committee was discouraged by the ambiguity regarding the total number of schools currently with sports coaches assigned by the MSYA, and the actual level of sports participation within schools;
- xiii. The numbers of participants over the past three years in the Adolescent Intervention Programme and Youth Health Caravan of the MSYA represent only a small proportion of the total school population;
- xiv. The MSYA provided a vague account of the purpose, activities and outcomes of community-based activities aimed at promoting a healthier and a more active lifestyle;
- xv. Regarding the MSYA's plans to implement Youth Health Committees and Youth Health Action/Advocacy Groups within communities in the 3rd quarter of fiscal 2019, the

Committee questioned the practicality of these initiatives without a clearly articulated operational framework;

- xvi. The Committee noted that a relatively modest sample of parents and students were targeted in sensitization campaigns by the NPTA and NSDSL in fiscal 2017/2018;
- xvii. The Committee commends the National Primary Schools' Healthy Lifestyle Quiz initiative. However, the Committee questions whether its delivery methods are best suited to the current generation of children given the popularity of social media;
- xviii. There appeared to be underutilization of social media in the marketing of nutritional campaigns by the MoE, despite its relevance to the youth population;
- xix. The Committee received limited information regarding the monitoring and evaluation frameworks of the various initiatives described by the Ministries. Additionally, in many instances data was lacking on the estimated numbers of students and stakeholders who participated in initiatives and their outcomes;
- xx. The Committee commends the intention of the MSYA to execute a second study on the rate of youth participation in sport and physical activity in 2019/2020; and
- xxi. The MoE, MoH and MSYA indicated plans to execute 16 school- and community-based initiatives related to promoting healthy lifestyles, healthy eating and physical activity. These plans were categorized as follows: curriculum development, research and data development, community-based initiatives, regulatory modifications and policy development.

Recommendations

In light of the foregoing, the Committee recommends the following:

- A. Given the importance of environmental (e.g. access to healthy foods, marketing) and family factors (SES, consumption patterns) in childhood obesity, the MoH should give particular attention to the following macro-level interventions:**
 - i. The planned policy initiative to treat with regulating snacks sold in schools;**
 - ii. Creating incentives for local food manufacturers to create products with reduced sugar, fats and additives;**
 - iii. The consideration of a “sugar tax” on sugar-sweetened beverages;**

- B. That the MoH continue to provide sustained monitoring over the implementation of the Policy on the Sale of Sugar Sweetened Beverages in Schools to avoid losing progress made in combatting schools' obesogenic environments;**
- C. That the MoH evaluate whether the childhood assessment clinics require increased allocations in order to be adequately equipped with the resources, equipment and staff to treat with ill and obese children;**
- D. That the MoE, MoH and MALF continue their collaboration on strategies to combat childhood obesity, as aligned with the National Strategic Plan for Prevention and Control of NCDs (2017-2021) and the CARPHA Plan of Action for Health Weights. In their responses to the Committee, the Ministries should provide an update on the collaborative initiatives in their work-plans for the latter half of 2019 and first quarter of 2020;**
- E. That the MoE develop innovative strategies to encourage increased total participation in sports and PE in secondary schools. The MoE may consider the feasibility of instituting at least one mandatory PE period per week for students not pursuing PE for CSEC exams. Appropriate social incentives or "credits" may be used to encourage student participation;**
- F. That by February 2020, the MoE should collate data from schools to determine the total number of sports coaches that are engaged, their sports fields and the number of students engaged. Information about sports areas and schools with insufficient sports coaches should be relayed to the MSYA for assistance with recruitment;**
- G. That the MoE, in collaboration with the NPTA, NSDSL and MoH, increase its efforts to facilitate parental education sessions on healthy lifestyles and obesity prevention/treatment. The MoE can consider mandating principals to organize a minimum number of sessions for parents per academic term;**
- H. That the MoE increase its use of social media in existing and future wellness initiatives to disseminate health and nutrition information to parents and children;**

- I. That as a complementary initiative to existing efforts, including the National Healthy Lifestyle Reader and Quiz, the MoE refer parents to existing digital resources such as mobile Apps that can assist them in preparing healthier meals for their children;
- J. That the MoE, MoH and NSDSL seek to develop a standard, well-defined evaluation system for health and wellness campaigns, so that the following information is systematically recorded:
 - i. The estimated number of participants at each event; and
 - ii. Feedback from participants post-intervention (which can be collected through short surveys) on the perceived usefulness of the event and suggestions for enhancing future initiatives.

OBJECTIVE 3: To examine the effectiveness of the School Nutrition Programme in the reduction of childhood obesity.

Mandate of the School Nutrition Programme (SNP)

- 4.3.1. The MoE noted that the original mandate of the School Nutrition Programme (SNP) did not specifically treat with the reduction of childhood obesity. Rather, the main objectives of the SNP are to enhance the nutritional intake and school attendance of students, particularly those of lower socio-economic status.³⁰
- 4.3.2. Additionally, the MoE noted that, “the impact of the SNP on childhood obesity has never been formally measured when the Programme was implemented to address poverty alleviation.” As a result, the Committee’s examination was restricted to the SNP’s contribution to students’ nutritional intake and the measures in place for monitoring and controlling meal quality.

Access to the School Nutrition Programme (SNP)

- 4.3.3. The MoH³¹ indicated that in 2018 the SNP provided meals to 30% of the student population across 854 schools. This represented 136,000 daily meals including 55,114 breakfasts and 80,956 lunches. However, in a written submission dated January 11, 2019, slightly higher figures were provided for the distribution of SNP breakfasts and lunches as at September 2018 (see Table 8 below).

TABLE 8: DISTRIBUTION OF SNP MEALS IN 2018 ACROSS SCHOOL TYPES

Type of School	Numbers of Schools	Breakfast Current Total	Lunch Current Total
ECCE Centres/Preschools	218	584	6,686
Primary	456	41,232	56,057
Secondary	138	11,939	16,692
Technical Vocational/Special	42	1,676	2,029
TOTALS	854	55,431	81,464

³⁰ Ministry of Education. 2007. *Policy for School Nutrition*. Received in a written submission dated January 11, 2019.

³¹ Information received in a public hearing on January 16, 2019.

Nutritional content of SNP meals

4.3.4. The MoE's Policy for School Nutrition (2007) cited the following nutritional objectives of the SNP:

- i. To ensure that meals include a variety of foods, vegetables and fruits, with less than 30% calories from fat and less than 10% calories from saturated fat;
- ii. To ensure that lunches provide, on average, over each week, at least 1/3 of the daily Recommended Dietary Allowances for proteins, iron, calcium, vitamins A and C; and
- iii. To ensure that breakfast meals achieve over each school week, at least 1/4 of the daily Recommended Dietary Allowances.

A list of sample meal menus provided by the SNP is attached in Appendix VII.

4.3.5. Notwithstanding the aforementioned objectives, the DATT³² cited a 2009 study by the Caribbean Food and Nutrition Institute³³ which collected data from 5,000 primary and secondary school children. The study examined multiple school meals options (SNP, canteens, truck shops, restaurants etc.) and concluded that "the availability of fruit, vegetables and to a lesser extent legumes in the school meals observed [was] inadequate. This [was] also a concern raised by teachers and some parents" (pg. 13). The DATT also agreed, stating that, "The meals [are] generally balanced however we do not believe that it helps children meet the minimum recommended daily servings of fruit and vegetables."

4.3.6. However, the MOE, in its submissions dated February 15, and July 9, 2019, cited a study conducted by the NSDSL between January and June 2016 which evaluated the differences in dietary intakes between a sample of 155 SNP lunch recipients and 164 non-recipients aged 8 to 10 years from 16 primary schools³⁴. The findings were as follows:

- i. With the exception of dairy products, SNP lunch recipients had higher intakes of all food groups, including vegetables, than non-recipients;

³² Information received in a written submission dated February 13, 2019.

³³ Caribbean Food and Nutrition Institute. 2009. *2009 Annual Report*. Retrieved from <http://iris.paho.org/xmlui/bitstream/handle/123456789/2786/AnnualReport09%20CFNI.pdf?sequence=1&isAllowed=y>

³⁴ A list of the participating schools is provided in Appendix IX.

- ii. SNP lunch recipients were more likely to meet the stipulated intake requirements for peas and beans;
- iii. SNP lunches were significantly higher in protein, dietary fibre and micronutrients than meals packed from home; and
- iv. SNP lunches contributed less than 1/3 of the Required Dietary Allowances for energy.

Based on this study the MOE concluded that SNP lunches were healthier than packed meals from home.

- 4.3.7. Nevertheless, the DATT indicated that the SNP does not offer “meals specially targeted to children with diabetes or with any other special dietary need.” The DATT subsequently indicated that it intends to raise this issue in a policy proposal to the MoE. However, the Committee reviewed the School Meals Application Form (Appendix VIII) and noted that there are option to indicate if a student has Diabetes or another “serious illness”, as well as any special dietary needs. However, no evidence was received to suggest that the dietary requirements stated on application forms for the SNP inform the daily menus offered.
- 4.3.8. The DATT also stated that, “we have noticed that pre-packaged iced buns and pastries have been served to children. These foods are sometimes high calorie and low in nutrients which is precisely the foods we need to have the children stay away from.”

Monitoring and Evaluation

Quality control measures by the NSDSL

- 4.3.9. The MoE outlined the following measures in place for quality control of SNP meals³⁵:
- i. An Incident and Accident Report Form was recently implemented (see item 3.3.11 below) to record any instances of food-borne illnesses contracted from SNP meals;
 - ii. Consumption surveys by the NSDSL’s Research Department are conducted at the request of managers of administrative zones. Surveys are done to monitor general satisfaction levels with

³⁵ Information received in a written submission dated February 15, 2019.

new and existing menu items and to examine reasons for low consumption of menu items. Approximately 12 surveys may be conducted per academic term;

- iii. Standardized meal plans are created by nutrition and dietetics professionals. Serving sizes are set for various items served on the menus. The Nutrition Department also completes computer-based analyses of the menus to determine the nutrient content of the meals;
- iv. Inspections of catering facilities are conducted by 30 Quality Assurance Officers on a daily basis. Findings are formally recorded and lodged with the caterers and the NSDSL. In response to the production of sub-standard meals, caterers may forfeit payments, have their products suspended (in serious incidents such as food contamination) and/or receive training sessions on food safety;
- v. Inspections of catering facilities are regularly conducted by the MoH Public Health Inspectorate to monitor compliance with food safety standards. Kitchens are also required to be certified with the MoH on an annual basis; and
- vi. Standard operating procedures are documented in a Caterer's Manual.

The National Schools Dietary Services Evaluation Committee (NSDSEC)

4.3.10. According to Cabinet Note 1933 dated November 08, 2018, that was submitted by the MoE, an Evaluation Committee was established by the NSDSL in February 2018 to conduct an evaluation of the SNP with regards to its efficiency and adequacy, as well as to identify methods of reducing the annual cost of the SNP for 2017/2018 by \$20 million due to a budgetary reduction.

4.3.11. The Committee's recommendations were in line with these objectives and therefore did not specifically address issues related to childhood obesity or the nutritional content of meals. The recommendations included:

- i. Standardizing the application and selection process for students based on need, at all school levels;

- ii. Implementing a robust monitoring system by the MoE to monitor the quality and quantity of meals. Specifically, it was recommended that a system be created to record critical incidents and allegations of foodborne illnesses;
- iii. Strengthening the SNP by “aligning the School Nutrition Education Programme with the HFLE curriculum, which addresses healthy eating, diet and exercise.” The MoE indicated in its February 15, 2019 submission that the curriculums are presently aligned with each other; and
- iv. The creation of a Steering Committee to foster closer collaboration among the following entities: the MoE, NSDSL, Association of Principals of Public Secondary Schools, The National Primary Schools Principals’ Association and the Trinidad and Tobago Unified Teachers’ Association. In a written submission dated February 15, 2019, the MoE indicated that invitations were sent to the aforementioned entities to form the Committee.

Student consumption patterns and food wastage

4.3.12. The MoE³⁶ referred to a consumption survey conducted by the NSDSL between January 2012 and December 2016 using a sample of 5,586 students (2,852 males, 2,734 females) aged 5 to 13 years from 61 primary schools³⁷. It involved the deployment of Quality Assurance Officers to selected schools to measure the weight and amount of leftover foods from SNP recipients. Adequate meal consumption was defined as consumption of $\geq 75\%$ of each meal component. The survey found the following:

- i. Vegetables had the highest amount of food wastage across age groups;
- ii. Older students had better consumption patterns whereas younger students wasted more foods (both staples and vegetables); and
- iii. Children preferred fast-food type menus rather than local, traditional healthy meals.

4.3.13. Additionally, the evaluation report by the NSDSEC outlined in section 3.3.11. above noted that approximately 6,000 extra meals were delivered to primary and secondary schools on a daily basis due to inefficient communication from schools about the changes to the number of meals required.

³⁶ Information received in a public hearing on January 16, 2019 and in a submission dated July 9, 2019.

³⁷ A list of the participating schools is provided in Appendix X.

- 4.3.14. With reference to encouraging the consumption of SNP meals, the DATT suggested in its submission of February 15, 2019, that, “Teachers should consume meals in from the school nutrition program with the children to encourage the children to consume these healthy foods. This is exactly what the U.S. Department of Agriculture (USDA) recently advocated in its Tips for Educators on Supporting Healthy School Meals. Among the tips, teachers and other school staff were encouraged to always speak positively about the school meals program and to serve as role models by occasionally partaking of school meals with the students.”
- 4.3.15. However, the MoE indicated in a written submission dated February 15, 2019, that “based on a recommendation” (presumably by the NSDSEC in reference to seeking avenues to reduce the expenditure of the SNP), teachers of primary schools no longer receive SNP meals, and this resulted in a cost saving of \$59,015.04 per day.

Obesity rates among SNP recipients

- 4.3.16. The study by the NSDSL referred to in section 3.3.6 above also compared the weights of SNP lunch recipients and non-recipients. In the former group, 27% (41) of students were obese, compared to 20% (41) of the non-recipients. The MoE did not offer a specific explanation for this finding but noted that multiple lifestyle factors account for obesity.

Findings

Based on the preceding evidence, the Committee’s findings are as follows:

- i. The Committee noted that the stated aims of the SNP primarily relate to enhancing the nutritional intake of economically vulnerable students. As a result, the programme’s objectives and monitoring framework do not specifically treat with the impact of SNP meals on overweight and obesity;
- ii. A study by the NSDSL found slightly higher rates of obesity within small samples of students receiving SNP meals, compared to students not receiving the meals. However, the MoE noted that factors unrelated to the SNP may have contributed to this finding. The Committee also noted that the study did not appear to have tracked the obesity rates in these

- two groups over time, nor did it control for demographic and environmental factors. This prevented any determination of the extent to which the SNP may influence obesity rates;
- iii. Given that the SNP is provided to approximately 30% of the student population, any potential impact of the programme on overweight and obesity would be restricted to this subset of the student population;
 - iv. The NSDSL's study found that the SNP satisfied most of its nutritional objectives and was healthier than packed lunches from students' homes. However, the Committee noted that the study used relatively small sample sizes. Additionally, the Committee noted with concern that limited information was provided on the methodology of this study used to examine meal quality;
 - v. Notwithstanding the reported nutritional adequacy of the meals, students' low consumption of certain meal items, particularly vegetables, and their preference for fast-food meals may offset potential nutritional benefits of the SNP;
 - vi. The DATT expressed concern regarding the adequacy of fruits and vegetables served in the SNP meal options;
 - vii. The NSDSEC reported wastage of approximately 6,000 extra meals which represents a significant loss in financial resources and nutritional input;
 - viii. The SNP may be deficient in its menu options for students with special dietary needs such as diabetic students. The DATT raised concerns regarding the provision of sugary pastries and snacks served to children. However, the Committee did not receive information from the NSDSL regarding the nutritional suitability of the meals for obese students;
 - ix. The SNP has defined procedures for monitoring:
 - a. the nutritional content of meals through oversight by nutrition specialists;
 - b. students' satisfaction with meals through consumption surveys; and
 - c. caterers' compliance with health and safety standards through inspections by officers of the NSDSL and MoH; and
 - x. Oversight of the efficiency and effectiveness of the SNP is likely to be further strengthened through the NSDSEC and its forthcoming Steering Committee.

Recommendations

In light of the foregoing, the Committee recommends the following:

- A. That by March 2020, the MoE and NSDSL conduct an evaluation of existing SNP menu options to determine the extent to which they satisfy the special dietary needs of diabetic students and obese students;

- B. That as part of the MoE's response to this Committee, the Ministry should indicate:
 - i. The total number of diabetic students who are recipients of the SNP, from information collected on the SNP application forms; and
 - ii. A description of how SNP meals are adapted to meet the special dietary needs of diabetic students and obese students.

- C. If SNP meals do not cater specifically to the dietary needs of obese students, the MoE should consider:
 - i. Determining the total number of obese students who are recipients of the SNP;
 - ii. Examining the feasibility of creating specialized menus for this group of students; and
 - iii. Calculating the estimated cost of catering meals specific to this group of students.

This exercise should be completed before the beginning of the second school term in the academic year 2019/2020;

- D. That the MoE implement strategies to encourage the consumption of vegetables and traditional meals in the SNP menus. Consideration can be given to the use of peer advocates, social incentives and school campaigns to promote good eating habits. These strategies may be incorporated as part of the School Nutrition Education Programme and HFLE curriculum;

- E. That in an effort to reduce food wastage, the MoE and NSDSEC consider the introduction of a Register. It is recommended that each SNP recipient be required to sign the Register upon receipt of their meals. A measure can be introduced whereby students' repeated abstention from accepting SNP meals can result in their temporary

or permanent removal from the list of recipients, further to a review by the school's administration.

F. That the MoE give consideration to partnering with the MoH to implement a pilot study in which a sample of obese SNP recipients and their families are monitored over time to examine how receipt of school meals impacts students':

- i. Food preferences and attitudes;
- ii. Nutrition intake; and
- iii. BMI;

The outcomes of this initiative are likely to align with the Management and Control objective of the CARPHA Plan of Action for Healthy Weights which aims to, "provide children and families who are affected by overweight/obesity with the necessary care and support," and the Strategic Information objective which aims to, "provide core data for tracking the movement and determinant of the epidemic."

G. That the NSDSL continue its ongoing monitoring of the nutritional value of SNP meals to ensure that recipients are provided with the required dietary allowances. Particularly focus should be given to the adequate provision of fruit and vegetables and restricted amounts of sweetened, processed, pre-packaged foods;

H. That in its response to the Committee, the MoE provide an update on the status of:

- i. the Steering Committee of the NSDSEC,
- ii. the recommendations of the NSDSL Evaluation Committee regarding the alignment of the School Nutrition Education Programme with the HFLE curriculum; and
- iii. a copy of the Ministry's work plan for 2019 related to proposed anti-obesity initiatives for fiscal 2019/2020.

Your Committee respectfully submits this Report for the consideration of the Parliament.

Mr. Paul Richards
Chairman

Mr. Esmond Forde, MP
Vice-Chairman

Mrs. Glenda Jennings-Smith, MP
Member

Brig. Gen. (Ret.) Ancil Antoine, MP
Member

Mrs. Christine Newallo-Hosein, MP
Member

Ms. Khadijah Ameen
Member

Mr. Rohan Sinanan
Member

Ms. Allyson West
Member

October 02, 2019

APPENDICES

Appendix I

Persons who appeared and provided oral evidence

Name of Official	Portfolio	Organization
Public Hearing Held on January 16, 2019		
Dr. Roshan Parasram Dr. Rohit Doon Ms. Yvonne Lewis Ms. Renee Franklin	Chief Medical Officer Advisor, Health Promotion, Communications and Public Health Director, Health Education Technical Director, Project Implementation Unit HSSP	Ministry of Health (MoH)
Mrs. Lenor Baptiste-Simmons Mr. John Roopchan Ms. Stacy Barran Professor Dennis Conrad Ms. Vanessa Martina Mrs. Simone Hayes-Noel Mrs. Mala Morton-Gittens Mr. John Thatcher Mrs. Theresa Neblett-Skinner Mrs. Leticia Rodriguez-Cupid	Permanent Secretary (Ag.) Chief Education Officer (Ag.) Chief Executive Officer, National Schools Dietary Services Manager, Student Support Services Division Programme Manager, Nutritional Services School Supervisor III Director, Curriculum Planning and Development Division Curriculum Coordinator (Ag.), Physical Education Curriculum Coordinator, Social Sciences Coordinator, Special Education Unit, Student Support Services Division	Ministry of Education (MoE)

Mrs. Irma Bailey-Reyes	Psychologist (Behavioural Specialist), Student Support Services Division	
Public Hearing Held on February 20, 2019		
Mr. Farook Hosein	Permanent Secretary (Ag.)	Ministry of Sport and Youth Affairs
Mrs. Marcia London-McKellar	Deputy Permanent Secretary (Ag.)	
Ms. Denise Arneaud	Deputy Permanent Secretary (Ag.)	
Mr. Gabre McTair	Assistant Director, Physical Education and Sport	
Mr. Earland Kent	Director, Youth Affairs	
Dr. Simone Titus	Chief Technical Officer	Ministry of Ministry of Agriculture, Land and Fisheries
Mrs. Nirmalla Debysingh-Persad	Chief Executive Officer, National Agricultural Marketing and Development Corporation	
Mr. Andrew Dhanoo	President	Diabetes Association of Trinidad and Tobago (DATI)
Ms. Asha Samaroo	1st Vice President	
Mrs. Raffiena Ali-Boodoosingh	National President	National Parent Teachers' Association (NPTA)
Ms. Kari-Ann Mejias	National 2nd Vice President	

Appendix II

MINUTES OF THE TWENTY-EIGHTH MEETING OF THE JOINT SELECT COMMITTEE OF PARLIAMENT APPOINTED TO INQUIRE INTO AND REPORT ON SOCIAL SERVICES AND PUBLIC ADMINISTRATION, HELD IN THE ARNOLD THOMASOS MEETING ROOM (EAST), LEVEL 6 AND IN THE J. HAMILTON MEETING ROOM, MEZZANINE FLOOR, OFFICE OF THE PARLIAMENT, TOWER D, #1A WRIGHTSON ROAD, PORT OF SPAIN, ON WEDNESDAY, JANUARY 16, 2019

PRESENT

Members

Mr. Paul Richards	Chairman
Mr. Esmond Forde, MP	Vice-Chairman
Mrs. Glenda Jennings-Smith, MP	Member
Brig. Gen. (Ret'd) Ancil Antoine, MP	Member
Mrs. Christine Newallo-Hosein, MP	Member
Ms. Allyson West	Member
Ms. Khadijah Ameen	Member

Secretariat

Mr. Julien Ogilvie	Secretary
Mr. Johnson Greenidge	Assistant Secretary
Ms. Sharla Elcock	Legal Officer I
Ms. Aaneesa Baksh	Graduate Research Assistant
Ms. Janelle Mills	Research Assistant

ABSENT

Mr. Rohan Sinanan	Member (excused)
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CALL TO ORDER AND ANNOUNCEMENTS

- 1.1 The Chairman called the meeting to order at 9:45 a.m. and welcomed those present.
- 1.2 Members were advised that Mr. Rohan Sinanan asked to be excused from the day's proceedings.

CONFIRMATION OF MINUTES OF THE TWENTY-SEVENTH MEETING HELD ON DECEMBER 07, 2018

- 2.1 The Chairman invited Members to examine page-by-page, the Minutes of the Meeting held on December 07, 2018.
- 2.2 The Committee approved the following amendment:
 - i. Page 8 – insert new item (ix) as follows:
“ix. The need for collaboration with insurance companies to introduce coverage for the payment of treatments using CAM.”
- 2.3 The Minutes were confirmed with amendments on a motion moved by Mrs. Christine Newallo-Hosein, MP and seconded by Brig. Gen. (Ret'd) Ancil Antoine, MP.

MATTERS ARISING FROM THE MINUTES

Follow-up on the responses to the Committee's Third Report on Geriatric Homes

- 3.1 **Item 4.3, page 2;** the Chairman advised that on January 15, 2019 the MSDFS submitted the Inspection Reports re: site visits to the Geriatric Care Facilities cited to cease operations. The Secretariat was granted additional time to review these reports and present a summary document to members at the next meeting.
- 3.2 **Item 4.1, page 2;** the Secretariat was instructed to:
 - i. analyse the Hansard record of the Minister of Social Development and Family Services' response to *Senate Question No. 37 re: measures taken to protect senior citizens against Abuse at Geriatric Homes* (Senate Sitting held on Tuesday January 15, 2019);
 - ii. cross reference the Minister's response with the information provided by Ministry's representatives at the Committee's follow-up hearing on Geriatric Homes; and

- iii. develop questions to the MSDFS regarding its follow-up work on Geriatric Homes the responses to which will feature in the Committee's Follow-up Report.

CONSIDERATION OF DRAFT 7th REPORT ON AN INQUIRY INTO THE MANAGEMENT OF THE TARGETED CONDITIONAL CASH TRANSFER PROGRAMME (TCCTP)

- 3.3 The Chairman reminded Members that the Draft 7th Report on TCCTP was circulated on January 11, 2019 for the consideration of members. Comments were received from Mrs. Christine Newallo-Hosein, MP.
- 3.4 The Chairman invited discussion on the draft Report. Members made suggestions and agreed to request additional information from the MSDFS to treat with gaps in the evidence and to inform the findings and recommendations of its Report.
- 3.5 The Chairman advised Members that the Secretariat anticipates a submission by the MSDFS by Friday January 18, 2019, which will assist in the finalization of the Committee's report. Members were invited to propose any further amendments via email by the abovementioned date.

PRE-HEARING DISCUSSIONS re: childhood obesity and the promotion of a healthy lifestyle among children.

- 4.1 Members were advised that Officials of the following entities were expected to participate in the day's hearing:
 - i. **Ministry of Education; and**
 - ii. **Ministry of Health.**
- 4.2 The Chairman confirmed that Members were in receipt of the following:
 - a. **Written submissions from the Ministry of Education and Ministry of Health; and**
 - b. ***Issues Papers* on these submissions which were prepared by the Secretariat.**

- 4.3 Members briefly discussed and agreed on the approach to be taken to examine the Ministry Officials during the hearing.

SUSPENSION

- 7.1 The Chairman suspended the meeting at 10:30 a.m.

PUBLIC HEARING re: An examination of the current level of childhood obesity and the State’s interventions to promote a healthy lifestyle among children.

- 8.1 The meeting resumed in public at 10:37 a.m. in the J. Hamilton Meeting Room, Mezzanine Floor.
- 8.2 The following persons joined the meeting:

Ministry of Health

Dr. Roshan Parasram	-	Chief Medical Officer
Dr. Rohit Doon	-	Adviser, Health Promotion, Communications and Public Health
Ms. Yvonne Lewis	-	Director, Health Education
Ms. Renee Franklin	-	Technical Director, Project Implementation Unit HSSP

Ministry of Education

Mrs. Lenor Baptiste-Simmons	-	Permanent Secretary
Mr. John Roopchan	-	Chief Education Officer (Ag.)
Ms. Stacy Barran	-	Chief Executive Officer, NSDS ³⁸
Prof. Dennis Conrad	-	Manager, SSSD ³⁹
Ms. Vanessa Martina	-	Programme Manager, Nutritional Services
Mrs. Simone Hayes-Noel	-	School Supervisor III
Mrs. Mala Morton-Gittens	-	Director, CPDD ⁴⁰

³⁸ National Schools Dietary Services

³⁹ Student Support Services Division

⁴⁰ Curriculum Planning and Development Division

Mr. John Thatcher	-	Curriculum Coordinator (Ag.), PE ⁴¹
Mrs. Theresa Neblett-Skinner	-	Curriculum Coordinator, Social Sciences
Mrs. Irma Bailey-Reyes	-	Behavioural Specialist, SSSD
Mrs. Leticia Rodriguez-Cupid	-	Coordinator, Special Education Unit, SSSD

8.3 The Chairman welcomed the witnesses present and introductions were exchanged.

8.4 The Chairman gave opening remarks and advised those concerned on the three (3) objectives of the inquiry:

- 1. To examine the trends in obesity and associated illnesses amongst the student/child population;**
- 2. To assess the services and facilities available to counteract and or alleviate childhood obesity; and**
- 3. To examine the effectiveness of the School Nutrition Programme in the reduction of childhood obesity.**

Opening Statements

8.5 The ***Permanent Secretary, Ministry of Education*** and the ***Permanent Secretary, Ministry of Health*** gave brief opening remarks.

Key Issues Discussed

8.6 The following are the key subject areas/issues discussed during the hearing:

Issues discussed with the Ministry of Health (MoH)

- i. The MoH aims to promote healthy eating and lifestyles among students by offering programs in partnership with the Ministry of Education and communities to promote active living.
- ii. Two (2) primary factors are attributed to the increase of childhood obesity: (1) a decrease in children's physical activity and (2) an increase in their consumption of unhealthy foods.
- iii. The MoH meets with the Chief Education Officer, MoE every three (3) months to discuss preventative measures against childhood obesity e.g. Healthy Schools

⁴¹ Physical Education

- Initiative, which focuses on food consumption, physical activity and the school curriculum.
- iv. A representative from the MoE is on the MoH's Non-Communicable Diseases (NCD) Oversight Committee. In December 2018, the MoE and MoH discussed a report on the assessment of physical activity in schools which was commissioned by both ministries.
 - v. The National School Feeding Programme provides meals to 30% of the student population (136,000 daily meals: 55,114 breakfasts and 80,956 lunches).
 - vi. 480 schools (106 Secondary, 374 Primary) with a total of 162,137 students participated in an impact assessment of the Ban on Sugar Sweetened Beverages in Schools ('the Ban').
 - vii. 97% of students were aware of the Ban while only 20% were aware of promotional posters displayed in schools.
 - viii. Unauthorized vending of sugary drinks outside of school premises had been reduced to 5%.
 - ix. Consideration is being given to expanding the current policy to target sugary foods consumed by children outside of the schools. There are also plans to undertake a study to examine possible correlations between obesity rates, NCDs and consumption patterns.
 - x. In 2016 there was a rapid assessment of the physical activity capacity of certain primary schools. Tiered procurement of PE equipment is upcoming for government and government-assisted schools. MoE intends to request the support of the MoH to increase schools' physical activity capacity.
 - xi. A Chief Nutritionist was recently hired and recommendations for the recruitment of additional Nutritionists has been lodged with the DPA.
 - xii. Clinic services are delegated to the Dieticians at Regional Health Authorities (RHAs), while District Health Visitors conduct community outreach on the prevention of NCDs.
 - xiii. The MoH is considering introducing a tax on beverages with added sugar similar to that imposed in the United Kingdom (UK).
 - xiv. The Ministry is open to considering formal incentives for businesses to reduce the sugar content of their products.
 - xv. On January 7th, 2019, the MoH resolved to adopt the PAHO Nutrient Profile Model to guide the types of pre-packaged foods which should be sold in schools.

- xvi. The MoH has developed a draft model to guide the introduction of nutritional labelling standards for prepared foods.
- xvii. The Ministry is considering adopting nutritional labels that adhere to the Caribbean regional standard. Such labels use special symbols to signal the presence or absence of sugar and other nutrients.
- xviii. Monitoring and evaluation of nutritional labelling is under the purview of the Chemistry, Food and Drug Division (CFDD). This function is outsourced through CARIRI as the CFDD's labs are non-functional.
- xix. It is envisioned that by September 2019 the MoH will introduce a policy to regulate the sale of unhealthy snacks in schools, similar to the sugary beverages ban.
- xx. In 2018, the Healthy Lifestyle Reader and Workbook were produced in collaboration with the National School Dietary Services Limited (NSDSL) and Ministry of Agriculture. Copies were distributed to approximately 350 to 400 primary schools to guide parents on meal planning. The Ministry is currently acquiring funding to disseminate a revised edition to schools and through social media.
- xxi. The Ministry conducts the 'Healthy Me' program in schools in collaboration with Ministry of Agriculture, Land and Fisheries and the NSDSL to promote healthy eating and living.
- xxii. Additionally, the MoH collaborated with the National Parents Teachers Association (NPTA) in 2017 to conduct sensitization sessions in the NPTA's chapters. No sessions have been conducted in Tobago.
- xxiii. In November 2018, the Ministry began training NGOs to disseminate nutritional information. The Ministry intends to support the NPTA to participate in the initiative.

Issues discussed with the Ministry of Education (MoE)

- i. The increase in childhood obesity appears to be linked to: low parental supervision of eating habits, decreased physical 'play' in favour of electronic games, and a greater emphasis on academic achievement in schools.

- ii. Initiatives to promote Health Education are carried out through established subjects on the curriculum and through collaboration on programs with the MoH's Health Education Division.
- iii. Teachers, Supervisors and Curriculum Officers are responsible for disseminating Health Education content via the curricula in schools. However, sensitizing parents depends on the level of parental participation in PTA meetings.
- iv. Circulars sent directly to parents and students appear to be more effective at raising awareness than the poster campaigns. .
- v. Social media is not currently used by the Ministry as a primary means of disseminating information about program initiatives, however, it is an option that will be considered.
- vi. PE is a compulsory subject area at the Lower Secondary level and a dedicated three periods per week are recommended.
- vii. PE is an optional subject at the Higher Secondary level. Notwithstanding, some students choose to pursue PE at the CXC O' level and A' level.
- viii. There exists a challenge to enforce PE as a compulsory subject due to a limited number of school contact hours and the increased number of scheduled subjects.
- ix. A policy exists to guide the supervision of PE programs at the school level (i.e. Principals, Heads of department) and at the district level (i.e. School Supervisors).
- x. Implementation of PE occurs within schools and through inter-school sporting activities and the recently re-established School National Sporting Organizations (SNSOs)
- xi. To address staffing challenges in the PE subject area, a policy was implemented to recruit PE Coaches and Officers in the Curriculum Planning Division.
- xii. Schools are outfitted with PE equipment through the Curriculum Planning Division.
- xiii. The Student Support Services Division (SSSD) works with the Curriculum Division to ensure that the curriculum is inclusive for students with disabilities through adaptive PE activities. However, there has been some reasonable reluctance by parents to allow their special needs children to participate in PE.
- xiv. The National School Dietary Services Limited (NSDSL) sensitizes parents about nutrition for children through the PTAs. 1,506 parents and 7,678 students were reached across 66 schools during the period October 2017 to September 2018.

- xv. Full participation by parents in PTA sessions is uncommon. There was also concern that parents who attend PTA meetings are not exposed to the nutritional information.
- xvi. Sensitization sessions are usually delivered on the request of schools and Principals are not mandated to organize these sessions for parents.
- xvii. A Consumption Survey for the School Feeding Programme was conducted using a sample of 5,000 students. Results indicated that consumption patterns and wastage varied by age group and the types of foods provided on the menus.
- xviii. The allocation for the School Feeding Programme for fiscal 2018/2019 is \$200 million.
- xix. SSSD has not received any reported cases from Principals of bullying linked to obesity.
- xx. The MoE acknowledges that more focus should be placed on implementation, monitoring and evaluation of existing policy and initiatives.

SUSPENSION

- 8.7 Closing remarks were made by the chief officials present.
- 8.8 The Chairman thanked all present and gave closing remarks.
- 8.9 The Chairman suspended the meeting at 12:27 p.m.

POST-HEARING DISCUSSION

- 9.1 The Committee reconvened at 12:33 p.m. and engaged in brief post-hearing discussions in relation to the issues raised during the public hearing. Members agreed to forward comments/recommendations to be included in the Committee's report.

OTHER BUSINESS

Proposed Date and Agenda for Next Meeting

9.2 Members agreed to meet next on **Wednesday February 20, 2019**. At this meeting the Committee will conduct its *2nd public hearing re: the inquiry on childhood obesity* with officials of the following entities:

- i. Ministry of Agriculture, Land and Fisheries;
- ii. Ministry of Sport and Youth Affairs;
- iii. National Parent Teacher Association; and
- iv. Diabetes Association of Trinidad and Tobago.

ADJOURNMENT

10.1 The meeting was adjourned at 12:42 p.m.

I certify that these Minutes are true and correct.

Chairman

Secretary

February 12, 2019

Appendix III

MINUTES OF THE TWENTY-NINTH MEETING OF THE JOINT SELECT COMMITTEE OF PARLIAMENT APPOINTED TO INQUIRE INTO AND REPORT ON SOCIAL SERVICES AND PUBLIC ADMINISTRATION, HELD IN THE A.N.R. ROBINSON MEETING ROOM (WEST), LEVEL 9, AND IN THE J. HAMILTON MEETING ROOM, MEZZANINE FLOOR, OFFICE OF THE PARLIAMENT, TOWER D, #1A WRIGHTSON ROAD, PORT OF SPAIN, ON WEDNESDAY. FEBRUARY 20. 2019

PRESENT

Members

Mr. Paul Richards	Chairman
Mr. Esmond Forde, MP	Vice-Chairman
Mrs. Glenda Jennings-Smith, MP	Member
Ms. Allyson West	Member

Secretariat

Mr. Julien Ogilvie	Secretary
Mr. Johnson Greenidge	Assistant Secretary
Ms. Sharla Elcock	Legal Officer I
Ms. Aaneesa Baksh	Graduate Research Assistant
Ms. Janelle Mills	Research Assistant

ABSENT

Brig. Gen. (Ret'd) Ancil Antoine, MP	Member (excused)
Mrs. Christine Newallo-Hosein, MP	Member (excused)
Mr. Rohan Sinanan	Member (excused)
Ms. Khadijah Ameen	Member (excused)

CALL TO ORDER AND ANNOUNCEMENTS

1.3 The Chairman called the meeting to order at 10:14 a.m. and welcomed those present.

1.4 Members were advised that the following Members asked to be excused from the day's proceedings:

- Brig. Gen. (Ret'd) Ancil Antoine, MP
- Mr. Rohan Sinanan
- Mrs. Christine Newallo-Hosein, MP
- Ms. Khadijah Ameen

CONFIRMATION OF MINUTES OF THE TWENTY-EIGHTH MEETING HELD ON JANUARY 16, 2019

- 2.4 The Chairman invited Members to examine page-by-page, the Minutes of the Meeting held on January 16, 2019.
- 2.5 The Committee approved the following amendment:
- ii. Page 7 – insert new item (v) as follows:
“v. Social media is not currently used by the Ministry as a primary means of disseminating information about program initiatives. However, it is an option that will be considered.”
- 2.6 The Minutes were confirmed with amendments on a motion moved by Ms. Allyson West and seconded by Mrs. Glenda Jennings-Smith, MP.

MATTERS ARISING FROM THE MINUTES

Follow-up on the responses to the Committee’s Third Report on Geriatric Homes

- 3.1 **Item 4.1, page 2;** the Chairman advised that by email dated February 18, 2019, a ***Summary of the MoSDFS Inspection Reports on Geriatric Homes*** produced by the Secretariat was circulated to Members.
- 3.2 **Item 4.2, page 2;** the Chairman advised that by letter dated February 05, 2019, the Secretariat forwarded requests for information to the MSDFS regarding the Committee’s follow-up work on Geriatric Homes.

CONSIDERATION OF DRAFT 7th REPORT ON AN INQUIRY INTO THE MANAGEMENT OF THE TARGETED CONDITIONAL CASH TRANSFER PROGRAMME (TCCTP)

- 3.6 The Chairman reminded Members that:
- i. the Updated Draft 7th Report on the Committee’s inquiry into the management of the Targeted Conditional Cash Transfer Programme (TCCTP) was circulated by separate email dated February 05 and 11, 2019 for the consideration of Members; and
 - ii. Members were invited to propose any further amendments prior to the day’s meeting. New insertions were made based on feedback received from Mrs. Newallo-Hosein, MP and Mr. Forde, MP.
- 3.7 Ms. West and Mrs. Jennings-Smith, MP committed to propose further amendments by Friday February 22, 2019.

- 3.8 The Committee agreed that, subsequent to any amendments made by Friday February 22, 2019, the Committee's *7th Report* will be presented at the earliest occasion by the Chair in the Senate and by Mrs. Glenda Jennings-Smith, MP in the HOR.

CONSIDERATION OF DRAFT FOLLOW-UP REPORT ON THE CURRENT LEVEL OF VIOLENCE IN SCHOOLS

- 10.1 The Chairman reminded Members that the 1st Draft Follow-up Report on the current level of violence in schools was circulated by email dated February 15, 2019 for the consideration of members. Discussion commenced on the contents of the draft report.

- 10.2 Members agreed to submit final comments/amendments by Friday March 08, 2019.

CONSIDERATION OF THE WORK PROGRAMME

- 6.1 The Committee revisited the Proposed List of Inquiry Topics and Members shared their views on the next topic for examination. The Committee agreed on the subject and order of inquiry topics as follows:

1. **An inquiry into the prevalence of teenage pregnancy and the State's capacity to prevent teenage pregnancy and provide services and assistance to teenage parents;**
2. **An examination of the challenges of prisoner re-entry into society and prisoner reintegration services in Trinidad and Tobago;**
3. **An inquiry into the system of rent regulation in Trinidad and Tobago;**
4. **An inquiry into the measures in place by the State and other relevant agencies to address gender development and gender inequality;**
5. **An inquiry into the potential expansion of state run/supported Technical/Vocational institutions as a strategic, economic development strategy; and**
6. **An inquiry into the preservation of cultural diversity and cultural practices.**

- 6.2 The Committee noted the following in relation to the agreed upon topics:
- i. Mrs. Jennings-Smith, MP committed to submit comments to inform the drafting of the terms of reference for the proposed inquiry into 'Teenage Pregnancy' by Friday February 22, 2019.
 - ii. The Secretariat was instructed to consult with the JSC on Human Rights, Equality and Diversity to ensure that this Committee has not commenced similar inquiries in respect of Topics Nos. 2 and 4 above;

- 6.3 The Chairman enquired whether any Member wished to raise any other matter for the Committee's consideration.

- 6.4 Mrs. Jennings-Smith, MP proposed that, as a follow-up to the school violence inquiry, the Committee commence post-legislative scrutiny on the proclamation and enforcement of legislative provisions to prohibit Corporal Punishment in schools. The Secretariat was instructed to conduct research into the matter.

PRE-HEARING DISCUSSIONS re: 2nd Public hearing on childhood obesity and the promotion of a healthy lifestyle among children.

- 7.2 Members were advised that Officials of the following entities were expected to participate in the day's hearing:
- i. Ministry of Agriculture, Land and Fisheries;**
 - ii. Ministry of Sport and Youth Affairs;**
 - iii. National Parent Teacher Association; and**
 - iv. Diabetes Association of Trinidad and Tobago.**
- 7.3 The Chairman confirmed that Members were in receipt of the following:
- c. Written submissions from the of the abovementioned entities; and**
 - d. Issues Papers on these submissions which were prepared by the Secretariat.**
- 7.4 Members briefly discussed and agreed on the approach to be taken to examine Officials during the hearing.

OTHER BUSINESS

Proposed Date and Agenda for Next Meeting

- 8.10 Members agreed to meet next on **Wednesday March 20, 2019**. At this meeting the Committee will conduct its *1st public hearing re: an inquiry into the prevalence of teenage pregnancy and the State's capacity to prevent teenage pregnancy and provide services and assistance to teenage parents.*
- 8.11 The Secretariat was instructed to conduct research and circulate a Draft Proposal on the above inquiry for Members consideration.

SUSPENSION

- 9.1 The Chairman suspended the meeting at 10:43 a.m.

PUBLIC HEARING re: 2nd Public hearing on the current level of childhood obesity and the State's interventions to promote a healthy lifestyle among children.

10.1 The meeting resumed in public at 10:52 a.m. in the J. Hamilton Meeting Room, Mezzanine Floor.

10.2 The following persons joined the meeting:

Ministry of Sport and Youth Affairs

Mr. Farook Hosein - Permanent Secretary (Ag.)
Mrs. Marcia London - McKellar - Deputy Permanent Secretary (Ag.)
Ms. Denise Arneaud - Deputy Permanent Secretary (Ag.)
Mr. Gabre McTair - Assistant Director, Physical Education and Sport
Mr. Earland Kent - Director, Youth Affairs

Ministry of Ministry of Agriculture, Land and Fisheries

Dr. Simone Titus - Chief Technical Officer
Mrs. Nirmalla Debysingh-Persad - CEO, NAMDEVCO

Diabetes Association of Trinidad and Tobago (DATT)

Mr. Andrew Dhanoo - President
Ms. Asha Samaroo - 1st Vice President

National Parent Teachers' Association (NPTA)

Mrs. Raffiena Ali-Boodoosingh - National President
Ms. Kari-Ann Mejias - National 2nd Vice President

10.3 The Chairman welcomed the witnesses present and introductions were exchanged.

10.4 The Chairman gave opening remarks and advised those concerned on the three (3) objectives of the inquiry:

- 1. To examine the trends in obesity and associated illnesses amongst the student/child population;***
- 2. To assess the services and facilities available to counteract and or alleviate childhood obesity; and***
- 3. To examine the effectiveness of the School Nutrition Programme in the reduction of childhood obesity.***

Opening Statements

10.5 The following Officials gave brief opening remarks.

- **Mr. Farook Hosein - Permanent Secretary Ag., Ministry of Sport and Youth Affairs**
- **Dr. Simone Titus - Chief Technical Officer, Ministry of Agriculture, Land and Fisheries**
- **Mr. Andrew Dhanoo - President, Diabetes Association of Trinidad and Tobago (DATT)**
- **Mrs. Raffiena Ali-Boodoosingh - President, National Parent Teachers' Association (NPTA)**

Key Issues Discussed

10.6 The following are the key subject areas/issues discussed during the hearing:

Issues discussed with the Ministry of Sport and Youth Affairs (MSYA)

- i. The MSYA supports the Ministry of Education (MoE) by providing technical assistance and guidance in the development of school sports programmes.
- ii. The MSYA also liaises with the Curriculum Division of the MoE to assign sports Coaches to schools through its coaching programme, as the need arises.
- iii. The MoE is directly responsible for the implementation of the Physical Education (PE) curriculum and assignment of PE Teachers. The MSYA must seek approval from the MoE before introducing sporting programmes in schools.
- iv. There is a need for increased focus on the implementation of physical education in schools.
- v. Approximately 15 Coaches were assigned to an unspecified number of Primary and Secondary schools throughout Trinidad and Tobago.
- vi. In addition to facilitating participation in sports by the general student body, the coaches scout for talented student athletes who may progress further in Sport.
- vii. The respective national governing bodies of Sport liaise with the MoE to provide other general sporting opportunities to students. These opportunities also allow the governing bodies to scout for talented athletes.
- viii. The MSYA selects schools from a list of at-risk schools published by the MoE to participate in its intervention programmes that promote a healthy and active lifestyle. The criteria for determining "at-risk schools" is not limited to childhood obesity and includes various lifestyle/health factors which may be evident among the student population.
- ix. The Ministry's intervention programmes address general healthy lifestyle topics. The Ministry is giving consideration to incorporating the elimination of childhood obesity as a specific objective in future intervention programmes.

- x. Presidents of the PTA units at the selected schools assisted with planning of the Ministry's intervention programmes. The National President of the NPTA was not directly engaged in these projects.
- xi. Over the past three (3) years, approximately 3,000 persons have participated in the Youth Health Caravans initiative, 7,770 persons in the School Eduvans (Education Caravans), and 900 persons in the Adolescent Intervention Programme.
- xii. The Inter-American Development Bank (IDB) provided a loan to the Ministry of Health (MoH) for the Health Services Support Programme.
- xiii. The MYSA is assisting the MoH to: identify sporting equipment to be purchased through the IDB loan; evaluate bids for the provision of the equipment; and to select relevant youth/sporting facilities where the equipment will be utilized.
- xiv. The *Healthy Youth TT* initiative is currently in its conceptualisation phase. Collaboration will commence with the MoH. Through this programme communities will be given access to sporting equipment at youth/sporting facilities at minimal cost.
- xv. Trainers will be assigned to the youth/sporting facilities to supervise and guide sporting activities.
- xvi. The National Racquet Sports Centre is primarily used for the training of national sport teams by the respective national governing bodies of Sport.
- xvii. Some of the governing bodies also offer in-school programmes for total student participation e.g. the National Badminton Association programme at select schools.
- xviii. The Table Tennis Association promotes general participation in table tennis at community facilities.
- xix. There is a need to evaluate the effectiveness of the sports programmes offered by the MSYA.
- xx. The staffing complement at the Monitoring and Evaluation Unit, MSYA, is two (2) members. Additional staff will be recruited to facilitate the effective evaluation of the sporting programmes.
- xxi. The Ministry intends to enhance its future initiatives by establishing community-based health groups to continue the health activities that are introduced by the Ministry in respective communities.
- xxii. Youth Facilities are situated at six (6) locations: Basilon Street (POS), California, Laventille, Los Bajos, Malick and St. James.
- xxiii. Social media is used to promote the Ministry's sporting programmes. There are plans to recruit staff in the Communications Unit to improve the Ministry's social media strategy.
- xxiv. In 2019 the Ministry intends to commence the rehiring of Coaches and Sports Development Officers in schools and at community facilities, to develop programmes for school-aged children, young adults and the communities at large. Consideration will also be given to providing technical assistance to community sports clubs.

- xxv. Consideration will also be given to providing greater assistance to the national governing bodies of Sport to facilitate their development programmes.
- xxvi. Notwithstanding financial constraints, the MSYA has provided grants to community organizations for the hosting of vacation sports camps.

Issues discussed with the Ministry of Agriculture, Land and Fisheries (MALEF)

- i. Representatives indicated that the Ministry has acknowledged that there is a need for increased efforts to promote local foods, host public education campaigns on healthy eating and to collaborate with the MoE with respect to the operations of the SNP.
- ii. Field officers of the National Agricultural Marketing and Development Corporation (NAMDEVCO) provide caterers of the School Nutrition Programme (SNP) with a list of certified farmers and descriptions of the produce sold at the Macoya Wholesale Market.
- iii. Previously, NAMDEVCO provided produce to the MoE for use as substitute ingredients for items on the SNP menus (e.g. green papaya as a substitute for Irish potatoes).
- iv. In the past, NAMDEVCO also provided ready-to-cook produce items such as pumpkin, dasheen and ochros to SNP caterers.
- v. Produce items recommended by NAMDEVCO were sourced from farms that are certified and monitored on a monthly basis by the Ministry. These farms are guided by Good Agricultural Practices (GAP).
- vi. However, farm certification and monitoring is not mandatory. Approximately 2,300 farmers voluntarily participate in monitoring.
- vii. The Ministry cannot verify the extent to which unmonitored farms conform to GAP standards.
- viii. Upon request, the NAMDEVCO hosts educational presentations at schools and other institutions to raise awareness of healthy and locally produced food choices.
- ix. Educational information is also disseminated through the Ministry's website and social media platforms (e.g. the Know What You Eat brochure, educational videos on local produce substitutes).
- x. NAMDEVCO manages nine (9) farmers markets across the island in an initiative to facilitate the sale and consumption of locally-grown produce.

- xi. There is currently no contractual obligation for SNP caterers to use local produce in their menu items.
- xii. The CEO also stated that, in collaboration with the MoE, consideration can be given to mandating SNP caterers to use local produce in their menu items.
- xiii. Although the MALF encourages agricultural activity through several incentives such as grants, free training and Youth Apprenticeship programmes, it appears that young people are generally disinterested in farming.

Issues discussed with the Diabetes Association of Trinidad and Tobago (DATT)

- i. Statistics on childhood obesity from the Ministry of Health (MoH) are published in the Global School Health Survey (GSHS) of 2007, 2011 and 2017.
- ii. The GSHS 2007 survey indicated that the total obesity and overweight rate among school-aged children was 1 in 3 children. The 2017 survey indicated that the rate increased to 1 in 2.
- iii. The DATT does not have the institutional capacity to collect primary data on child health.
- iv. The DATT has increased its efforts to target children at risk for diabetes. For example, social media is used for educational purposes, recruitment for programmes and for advocacy.
- v. Initiatives aimed at children include the Diabetes Awareness in Primary Schools (DEAPs) programme for students in Standard 3, and an educational programme with a school quiz.
- vi. Plans for a subsequent DEAPs programme included the training of volunteers to disseminate information about diabetes to students, parents and school personnel.
- vii. A programme budget was submitted to the MoH approximately three years ago. However, no funding was provided and the programme was stalled.
- viii. The DATT receives a government subvention of \$5,000 per month which is used for salaries and utility expenses. Other funding is sourced from corporate sponsors.
- ix. The DATT has produced and submitted to the relevant Ministries, a policy on students living with diabetes in schools.

Issues discussed with the National Parent Teachers' Association (NPTA)

- i. Workshops by Health Educators from the MoH between March – April 2017 sensitized PTA units on the health effects of sugary drinks consumption, following the sugary drinks ban in schools.
- ii. A Health Fair in June 2017 was held in Arima.
- iii. There is low parental attendance at PTA meetings.
- iv. The NPTA is collaborating with the MoH on the *TT Moves* programme and *Healthy Me TT* initiative.
- v. The National President suggested that schools can partner with the Ministry of Community Development, Culture and the Arts and community clubs to host physical activities at community recreational facilities and school grounds.
- vi. The NPTA is pursuing greater collaboration with the National Principals Association and district School Supervisors in Primary and Secondary schools.
- vii. Insufficient attention is given to non-testable subjects such as Agricultural Science and 4H clubs, particularly in Primary schools.
- viii. Schools in rural areas tend to promote in-school agricultural activities more than schools in urban areas.
- ix. There are plans to host health camps during the July/August vacation period in 2019.

Requested information

10.7 The Committee requested the following information from the MSYA:

- i. With reference to the establishment of Youth Health Committees and Youth Health Action/Advocacy Groups within communities in the 3rd quarter of fiscal 2019; what is the proposed criteria to be used to select the Communities in which these Committees and Actions groups are to be established?
- ii. The MSYA to provide:
 - a. the criteria used for selecting schools for sporting initiatives; and
 - b. the plans/initiatives related to youth development and sporting activities for fiscal 2018/2019, together with a status update on the implementation of each plan/initiative.

SUSPENSION

11.1 Closing remarks were made by the chief officials present.

11.2 The Chairman thanked all present and gave closing remarks.

11.3 The Chairman suspended the meeting at 12:50 p.m.

POST-HEARING DISCUSSION

12.1 The Committee reconvened at 12:55 p.m. and engaged in brief post-hearing discussions in relation to the issues raised during the public hearing.

ADJOURNMENT

13.1 The meeting was adjourned at 12:58 p.m.

I certify that these Minutes are true and correct.

Chairman

Secretary

March 13, 2019

Appendix IV

VERBATIM NOTES OF THE TWENTY-EIGHTH MEETING OF THE JOINT SELECT COMMITTEE ON SOCIAL SERVICES AND PUBLIC ADMINISTRATION, HELD IN THE J. HAMILTON MAURICE ROOM (MEZZANINE FLOOR) (IN PUBLIC), OFFICE OF THE PARLIAMENT, TOWER D, THE PORT OF SPAIN INTERNATIONAL WATERFRONT CENTRE, #1A WRIGHTSON ROAD, PORT OF SPAIN, ON WEDNESDAY, JANUARY 16, 2018 AT 10.37 A.M.

PRESENT

Mr. Paul Richards	Chairman
Mr. Esmond Forde	Vice-Chairman
Mrs. Christine Newallo-Hosein	Member
Mr. Rohan Sinanan	Member
Ms. Khadijah Ameen	Member
Mrs. Glenda Jennings-Smith	Member
Ms. Allyson West	Member
Brig. Gen. Ancil Antoine	Member
Mr. Julien Ogilvie	Secretary
Mr. Johnson Greenidge	Assistant Secretary
Ms. Vahini Jainarine	Legal Officer

MINISTRY OF EDUCATION

Mrs. Lenor Baptiste-Simmons	Permanent Secretary
Mr. John Roopchan	Chief Education Officer (Ag.)
Ms. Stacy Barran	Chief Executive Officer, National Schools Dietary Services
Professor Dennis Conrad	Manager, Student Support Services Division
Ms. Vanessa Martina	Programme Manager, Nutritional Services
Mrs. Simone Hayes-Noel	School Supervisor III
Mrs. Mala Morton-Gittens	Director, Curriculum Planning and Development Division

Mr. John Thatcher	Curriculum Coordinator (Ag.) Physical Education
Mrs. Theresa Neblett-Skinner	Curriculum Coordinator, Social Sciences
Mrs. Irma Bailey-Reyes	Behavioural Specialist, Student Support Services Division
Mrs. Leticia Rodriguez-Cupid	Coordinator, Special Education Unit, Student Support Services Division

MINISTRY OF HEALTH

Dr. Roshan Parasram	Chief Medical Officer
Dr. Rohit Doon	Adviser, Health Promotion, Communications and Public Health
Ms. Yvonne Lewis	Director, Health Education
Ms. Renee Franklin	Technical Director, Project Implementation Unit HSSP

Mr. Chairman: Good morning once again everyone, and welcome to our viewing and listening audience to this the 28th meeting of the Joint Select Committee on Social Services and Public Administration. This meeting is being broadcast live and, of course, online at *ParlView*. It is pursuant to the examination of the current level of childhood obesity and the State's interventions to promote a healthy lifestyle among children. We advise our viewers and listeners also, that they can submit their comments and questions to the Parliament social media platforms.

Thank you at all for joining us this morning once again. At this time, I would like to invite members of our Committee to introduce themselves and starting with member on my right.

Introductions made.

Mr. Chairman: I would like to invite the members of the two groups—members of both ministries who are represented here today, to please introduce themselves starting with the officials for the Ministry of Health.

Introductions made.

Mr. Chairman: And we would just like to note that the PS, Ministry of Health, is unable to be with us today. Is that so?

Dr. Parasram: That is right.

Mr. Chairman: Thank you. Could we have officials of the Ministry of Education to please introduce themselves, starting with the Acting Permanent Secretary?

Introductions made.

Mr. Chairman: Everyone has introduced themselves?

[Assent indicated]

Thank you for that. Just to remind you, feel free to pull the microphone closer so we can hear you. All right? Let me just outline the objectives. We have three objectives of the enquiry: One, to examine the trends in obesity and associated illnesses among the student/child population in Trinidad and Tobago; two, to assess the services and facilities available to counteract and/or alleviate childhood obesity; and three, to examine the effectiveness of the School Nutrition Programme in the reduction of childhood obesity in Trinidad and Tobago.

At this point I would like to remind members, to our guests represented here, to the officials, to direct their questions and concerns through me, the Chair. We would also remind members and officials to kindly activate your microphones when you are ready to contribute and acknowledged by the Chair, and to turn it off when you have concluded your contribution. And, of course, we will continue with that.

Let me just start by saying that we are all well aware of the most important aspect of life in any jurisdiction, certainly I can speak for Trinidad and Tobago, and that is human capital, which is the people of a country. It is the most important asset we have. And out of that cohort of persons in any jurisdiction, to me, the most important in terms of where we need to focus is our children, the younger population.

And just to give a bit of a background, worldwide the adoption of industrialized western society lifestyles is now being associated directly with increasing obesity. The shift towards what has been described as a westernized dietary pattern and lifestyles habits, has brought about a nutritional scenario in many developing countries. These countries are now faced with the twin problem of either malnutrition, under-nutrition among some segments of the society and problems of obesity and associated disorders in groups.

The burden of chronic non-communicable diseases or NCDs: cardiovascular disease, Type 2 diabetes, cancer, respiratory diseases, is increasing in developed and developing countries globally, in 2005. Now, these diseases accounted for 60 per cent of all deaths and 80 per cent of

these deaths occurred in low and middle-income countries. Data from 2004 showed in Trinidad and Tobago, 74 per cent of all deaths among men can be attributable to NCCDs. Among women the estimate is even higher, 81.7 per cent. Non-communicable chronic diseases are characterized by the relatively long natural history. At the individual level most of the disease progress starts at very young ages and, of course, progresses through one's life course, which means that the alarming rates of obesities—and we will quote some data later on in our discussion, hopefully, to show that we in Trinidad and Tobago are leading in statistics regarding 15- to 13-year-olds in a category titled as Overweight, and also obesity. We are leading Guyana, Barbados and Jamaica in these categories, and it is not something that we need to be proud of, because it is affecting the lives and the health and the well-being of children, and it is developing lifestyle habits and nutrition habits that children are taking into adolescence, early adulthood and the rest of their lives.

I do not have the exact statistic and I am sure the CMO can give me the exact statistic that the Minister of Health is on record—and the past Ministers of Health—as saying that more than 55 per cent of the Health Ministry's budgetary subvention goes toward interventions for non-communicable diseases driven by lifestyle patterns, and that needs to be addressed because we can save so much money and redirect it and have better wellness in the country if we are more preventative in our approaches to these issues, particularly where it relates to our children.

So let me open the discussion with you good people. Thank you once again for joining us, with brief comments from both heads of delegations. We will start with the Ministry of Health.

Dr. Parasram: Good morning again. I take this opportunity to recognize the importance of our children's health and to reaffirm the commitment of the Ministry of Health in creating an environment to develop and implement strategies in dealing with the prevention, treatment and care of childhood obesity. Towards this end, the Ministry of Health has adopted the whole of Government and whole of society approach as the main strategy for reducing the growing burden of NCDs and its determinants, being cognizant of the fact that the control of factors which facilitated and continue to facilitate the development of NCDs and the epidemics are both within and external to the health sector. To complement these interventions aimed at promoting healthy eating and the creation of healthy food environments in schools, the Ministry has developed an NCD strategic plan that includes an initiative to support the schools and communities. At its core, this plan requires children and their families to engage in regular physical activity and active living with the goal of reducing the prevalence of childhood obesity in the short and medium term.

It must be noted, at a previous Joint Select Committee held on December 14, 2016, which recommended, one, the ban on sugar-sweetened beverages and on unhealthy snacks at schools and, two, the development of programmes to educate parents on the promotion of a healthy lifestyle. To this end, the Ministry of Health is proud of the fact that in September of 2017 we fully implemented the ban on SSBs in school and we are 90 per cent complete with regard to the unhealthy snacks, looking to implement in September of 2019.

With regard to development of programmes to educate parents, that occurred and started in the first quarter of 2017 and continues. It is envisaged that today's proceedings will be insightful towards promoting greater synergies with the Ministry of Education and other stakeholders both in the public and the private sector, including the NGOs and civil society, towards the improvement of children's health. Thank you.

Mr. Chairman: Thank you, Dr. Parasram. Can we have the opening statements from the Acting Permanent Secretary, Ministry of Education, please?

Mrs. Baptiste-Simmons: Thank you, Mr. Chair. In keeping with the strategic goal of providing quality education, the Ministry of Education is committed to the promotion of health and wellness for all learners. In addressing the issue of obesity and healthy lifestyles, the approach of the Ministry is both holistic and collaborative.

The holistic approach incorporates the work of the divisions of curriculum, planning and development, the Student Support Services and the National Schools Dietary Services Limited. Through a curriculum planning and development, we design, develop, implement, monitor and evaluate the national curriculum in subject areas such as physical education, health and family life education, science and food nutrition and health. Through our Student Support Services Division we seek to promote healthy lifestyles and support students in making informed choices for personal safety and well-being regardless of their personal challenges.

At the National Schools Dietary Services Limited, we are responsible for the management of the School Nutrition Programme in Trinidad. This programme provides safe and nutritious breakfast and lunch meals to approximately 30 per cent of our school population.

As we treat with matters regarding life choices and healthy lifestyles in schools, the Ministry of Education works collaboratively with several stakeholders, including the Ministry of Health through their Health Education Division. It is important to note that the overall aim of all initiatives of the Ministry of Education is to help learners move beyond mere knowledge

acquisition to lasting behavioural lifestyle changes that will result in healthy and happy living. With those few words, Chairman, I will stop to allow your Committee to take lead on the discussion. My team and I will be happy—yes.

Mr. Chairman: Thank you so much to both of you. We appreciate you being here again. There had been two surveys commissioned by the Ministry of Health, and commendations in that: The Global School Health Survey, GSHS in 2017, and the Evaluation of School Food Options and Surveys of Body Mass Index, BMI. And despite our best efforts—and I say, “our”—as a country, and the really clearly articulated vision for the Ministries of Health and Education in trying to deal with this burgeoning problem of childhood obesity among young people, the data from the GSHS survey in Trinidad and Tobago over the past five years indicates that nationally, the level of overweight and obesity in adolescents 13 to 15 was 51.1 per cent, which represented a 13 per cent increase in overweight/obesity among this population over the five-year period, 2011—2017. The level of obesity increased by 5.7 per cent, from 11.9 per cent in 2011, to 17.6 per cent in 2017, and the level of overweight increased by 7.3 per cent, from 26.2 per cent in 2011, to 33.5 per cent in 2017.

And I know there are many components that go into a child’s nutrition. It is not only what the child eats at school. The home is a very important part of it—the home circle—and the community, and the playgrounds and the interactions in social circles. But with that said, let me ask Dr. Parasram, what do you think are the main contributing factors, despite the efforts of the Ministry in the last seven or so years, that is driving these alarming statistics in overweight and obesity levels?

Dr. Parasram: Basically, I mean—and not only in Trinidad, worldwide there has been an increase as well. And I think the two main factors are decrease in physical activity, one, and increase in consumption of unhealthy foods. So those—bearing in mind, those have been the targets of the Ministry of Health in most of the programmes. So we are trying to do, one, get physical activity up and decrease the consumption of unhealthy foods and drinks. And those are our two main activities. So I think those two factors have led, over the previous seven years or even a little bit longer than that, to increasing rates—as the two main overarching factors.

Mr. Chairman: Mrs. Lenor Baptiste-Simmons, from your perspective.

Mrs. Baptiste-Simmons: Again, I would like to endorse Dr. Parasram, what he has said in terms of physical education and in terms of the fact that a lot of our parents probably are not at home,

our students are left to probably fend for themselves in terms of meals in the afternoon. At school, again, we are noting that students are not playing as much.

Mr. Chairman: What does that mean?

Mrs. Baptiste-Simmons: Playing in terms of, at school. When I went to school there were times when you were allowed to play. For example, during the break times it was a time for play.

Mr. Chairman: Why I ask you “play”, because my nephew plays on his video game. [*Laughter*] So you need to classify “play”.

Mrs. Baptiste-Simmons: Let me, let me—okay—

Mr. Chairman: You mean physical play?

Mrs. Baptiste-Simmons: Physical play, sorry, and apologies; physical play as opposed to playing on a play station. Again, probably that is the gap sometimes. When I say play, I did not—anyway—

Mr. Chairman: You see, if we do not specify it, the children will say, “Well, I am playing”.

Mrs. Baptiste-Simmons: Yes. I must specify clearly, physical play as opposed to—you find most of our children, again, as you said, they are playing with hand-held devices as opposed to going out and playing on a field that allows for mobility. So, I think from my perspective—but, again, I can ask Prof. Dennis Conrad to elaborate further in terms of what they have seen in the school environment.

Mr. Chairman: Certainly. Could you pull the microphone closer, please?

Prof. Conrad: Okay, certainly. I will endorse the need—we have limited classroom space also. The typical classroom is going to be smaller than I have expected, and we have—our students are also with a lot of other stresses that they are experiencing that may not—because of the focus of academic achievement, we have many of our students who are trapped to the desk, trapped to the chair and, as such, being able to have activities that bring out their best, burn up that energy, get them to engage with others, these are all elements of physical activity that would enhance their well-being. So for me, it would be an endorsement of the role of physical activity.

Mrs. Newallo-Hosein: Thank you. I am a little bit confused. I am kind of switching the questions around now. Because, Professor, you indicated that the classrooms are small, but for me to play moral and hopscotch and pitch, I do not do that in a classroom. I need to do that outside, and therefore the space of the classroom does not really come into question here. It is really the availability of the space outside, and whether the children are being given the time, or are they

being told, “We doh want yuh sweaty and we doh want yuh smelling, so therefore we are going to cut off this time for you to be able to concentrate on your work and to be at ease”.

But before you say that, I just want to come back to the opening statement of Dr. Parasram and, of course, of Deputy PS, and I am wondering is there—because you both have policies but you are hoping. I am asking here, do you have a relationship with each other where you all actually meet and discuss the way forward? And how often do you meet? Because, you know, the Government schools have not really been the ones who have been able to implement the policies that are put forward by the Ministry of Health in terms of reducing the sugary content being sold, as opposed to the denominational schools that are actually implementing it. So, what sort of relationship do you have with each other in terms of going forward to address this situation here?

Dr. Parasram: We will just ask Ms. Lewis of the Health Ed division to speak to that question.

Ms. Lewis: Thank you very much, Dr. Parasram. With respect to the relationship between the Ministry of Health and the Ministry of Education on issues relating to childhood obesity, we have formalized and improved that relationship over the last three or four years. We meet with the Chief Education Officer every three months and we meet around the issues relating to childhood obesity and actions to prevent that. Particularly we are looking at what we call the healthy schools initiative which looks at creating supportive environments in schools for children to adopt and maintain a healthy lifestyle in relation to nutrition.

We are also looking at in relation to physical activity and also the supportive environment with respect to the curriculum. We have also added to the NCD oversight committee that looks at the implementation of the National Strategic Plan for preventing and controlling NCDs in Trinidad and Tobago, a component of which addresses childhood obesity. We have a formal member of the Ministry of Education on that committee, and that committee—

Mrs. Newallo-Hosein: Ms. Lewis, you indicated that you all meet every three months. When was the last time you met?

Ms. Lewis: We met in December. So we would have met in December because we have a series of actions that we have jointly undertaken. In December we met to share the report on the assessment of physical activity in schools. That activity was implemented as part of the NCD plan and the Health Sector Support Programme, and there was a consultant that was hired to do an assessment of physical activity. That was done with the support of the Ministry of Education. That report was prepared and currently the Ministry of Education, they are preparing their proposal on

how we go forward with the recommendations.

Ms. West: Thank you, Mr. Chair. My concern—let me first congratulate the Ministry of Health with respect to this. When I read your report I thought we were certainly on the right track. What I am concerned about is implementation of the various initiatives. And in this regard, I would like to hear from the Ministry of Education, in particular, because what we found when we did an earlier review on another subject matter, was that even at the Ministry of Education level, you had a lot of plans but filtering it down to the schools was where we fell short. So how do we ensure that all of these plans and initiatives are actually filtered down to the benefit of the children in the schools?

Mr. Roopchan: If I may, through the Chair, member, the school curriculum is designed to address all the needs of the child, and that is the intention of the document and the implementation process. As indicated by our colleagues from the Ministry of Health, we work collaboratively. Certainly, there are some aspects of health education that we do not have the technical expertise in the Ministry of Education and therefore that re-enforces the need for us to have that close collaboration so that whatever we are doing is synchronized.

That being said, the curriculum that we implement in school is a policy document and the areas of health and family-life education, physical education, food and nutrition and even the sciences, our intention is to reach the student population through curricula implementation.

Mr. Chairman: Go ahead, member West.

Ms. West: I appreciate that at this level there seems to be adequate communication and planning. What we learnt on the last occasion was that implementation through the schools was done via the school supervisors and down to the principals of the schools. But when we spoke to the head of the National PTA, it was evident that that filtering down did not occur. So how do we ensure that things are actually filtered down and implemented? That is my concern.

Mr. Roopchan: Okay. I apologize for misreading—

Mr. Chairman: What is a feedback mechanism?

Mr. Roopchan: What I am saying, though, is that the implementation of curricula and the sensitization of stakeholders are really what we try to get through as a Ministry of Education. While implementation of the curricula would be the responsibility of the teachers and the supervisors, curriculum officers more particularly, you know, the sensitization and awareness by getting through to PTAs and things like that, that is really optional on the part of the PTA. When

I say, optional, the parents normally that you want to see are the ones who would not attend PTA meetings. Yes? And, therefore, what we do, we have tried by putting up posters, advertisements of what our initiatives are, albeit that some of the data collection reveals to us that the awareness through posters and what not, has not been working as we hoped. But, clearly, awareness for parents and students in terms of sending out circulars and things like that, that has been a little more successful.

Mr. Chairman: Can I ask a question? You say you have used the poster mechanism in your attempt to disseminate information. Have you heard of a little thing called social media?

Mr. Roopchan: Yes, Chair.

Mr. Chairman: Has that been employed?

Mr. Roopchan: I cannot say that we have taken that totally on board, but it is being considered.

Mr. Chairman: The cohort that you are trying to reach in terms of children and certainly their parents if they are toddlers and 8- or 9-year-olds, it is going to be social media, and web-based platforms. So if you are not targeting that and you are putting up posters like 15/20 years ago, maybe that is the start of your problem.

Mrs. Newallo-Hosein: Chair—

Mr. Chairman: Let me just go with member Jennings-Smith.

Mrs. Jennings-Smith: I want to follow-up on that question. I want to stay there and ask, what about the mechanism that the Ministry is using to determine the success and feasibility of the programme?

Mr. Roopchan: Of which programme, if I may, member?

Mrs. Jennings-Smith: The same programme we are talking about.

Mr. Roopchan: Okay. Well, in terms of the Ministry and our initiatives that we have put forward, it is being rolled out, as I say, through the curriculum, one, and our collaboration with Ministry of Health. In our collaboration with Ministry of Health, permission and approvals have been granted for officers from the Ministry of Health to access schools and access children, so that they can effect the aims and objectives, or the initiatives, as I say, of the programme.

Mr. Chairman: Thank you. Member Newallo-Hosein, you had a follow-up question.

11.05 a.m.

Mrs. Newallo-Hosein: Coming back to utilizing the social media, I mean, instead of putting forward a documentation that you will read, which most persons really do not look at, you could

probably put an animated form of exercise or a way of communicating with each other so that, you know, it is more impactful. And therefore, at that rate, you could probably hope to penetrate the homes with more success and, of course, you can have some sort of survey where parents can actually respond to you that they like it, or it has improved, or things like this because you must have a monitoring and evaluating system to be able to determine how successful your programme is. But I just want to come back to something that Acting PS had indicated regarding the supply of meals. You said that you ensure that 30 per cent of the schools population is in fact provided with meals. How much does 30 per cent represent?

Mrs. Baptiste-Simmons: Ms. Barran, can you respond?

Ms. Barran: Good morning, again. The 30 per cent that we provide equates to 136,000 meals per day. So what we provide now is 80,956 lunches and 55,114 breakfast meals.

Mr. Chairman: Thank you. Member Ameen.

Ms. Ameen: Thank you. Mr. Chairman, I am listening to the suggestions in terms of the initiatives you have engaged so far and I appreciate the suggestion for the use of social media, but I am a mother as well and I think there are schools that tell parents “Do not send sugary drinks”. They do not sell those drinks in their cafeteria. Even in preschools, children must bring a fruit in their lunch kit whether they like fruits or not and it is a part of their rules. Have any of your initiatives been in that direction? In terms of making rules, we have state-run early childhood care centres, preschools, we have the infants’ departments so that these children can be trained—their taste in snacks can be trained from a young age. Have you taken any initiatives in that direction?

Mr. Roopchan: Yes, member, through the Chair, to respond to that, the sugary beverages policy is being implemented. We collected some data in terms of the impact so far, but what we have collected so far is incomplete. As I am saying it is preliminary, but I can give you some information here that we have so far collected data on 480 schools comprising 374 primary and 106 secondary schools. The responses came from about 162,137 students so far, and what we realized is that the awareness of the programme has been led by over 97 per cent of the respondents. But again if we go back to posters, there was a low visibility of posters, just about 20 per cent and unauthorized—

Mr. Chairman: Just about how much per cent?

Mr. Roopchan: About 20 per cent.

Mr. Chairman: Twenty per cent visibility of posters?

Mr. Roopchan: Posters altogether.

Mr. Chairman: And where were the posters located?

Mr. Roopchan: Well, the posters concerned, it would be in the school's area for people who would be coming to collect their children and so forth at school and to drop them off, but the average of about 20 per cent covers different types of posters. Posters that talk about sugar sweetened beverages, reduced sugar poster as well as no sugar added posters, different posters that we have put out there. But the essence of this is that even as you talk, Chair, about social media, you will recognize that the awareness is over 97 per cent as I quoted and that may be as a result of the younger folks, and the children themselves through social media would have been making themselves available to those kinds of message. But significant in all of this is that unauthorized vending at schools—outside the school—is down to 5 per cent and we feel that there is some level of success as we go along with this initiative.

Mr. Chairman: Member Jennings.

Mrs. Jennings-Smith: I want to know what you measure your success by. Is it awareness, or is it compliance, or it change of behaviour? Because you alluded to the fact that you had an increase of 7.3 per cent, so what do you measure success by at this point in time?

Mr. Roopchan: If I may, we are at the point of just introducing this initiative and, therefore, the impact or that level of success we are looking for it is to be done over a period. What we are looking at right now is just the awareness. How effective are we at getting the message out there?—and that is what we can measure as a Ministry of Education. In terms of the other technical things that we will need to our collaboration with the Ministry of Health, we will be able to spin that off as we move in time.

Mrs. Jennings-Smith: Can you please briefly outline to me the short, which will be the awareness, the medium and your long-term targets for what is going on with respect to obesity?

Dr. Parasram: If I may, Chair?

Mr. Chairman: Absolutely.

Dr. Parasram: With regard to the sugar sweetened beverage, we looked at compliance. It was a policy directive that all public sector schools by September of 2017 no longer sell SSBs in their schools. So that was the policy directive. We looked at compliance thereafter, looking at all the schools to make sure they comply with the policy, and our figures have been for 2017. It was in our report that we submitted to the Joint Select. 2017, soft drinks for primary schools, 97.6 per

cent; secondary schools, 100 per cent. 2017, primary schools for juice drinks 80 per cent and 66 per cent for secondary schools. Sports and energy drinks, 2017, 96 per cent for both secondary and primary. Favoured waters, 91 per cent for primary, 98 per cent for secondary. And with regard for 2018, I think we did a little bit better, 99 per cent for soft drinks for primary, 97 for secondary schools; 84 per cent and 70 per cent, respectively, primary and secondary for juice drinks. Sports and energy drinks went up a little bit, 99 per cent, primary; 94 per cent, secondary; and flavoured water is 94 per cent and 83 per cent, secondary.

And that is an ongoing process of monitoring and evaluation that would continue to ensure that they not sell, but I mean, that takes care of the bit. In school, sometimes it does not capture, as member Ameen would have indicated, that some parents will still send sugar sweetened beverages in their lunch kits. That is something that we have to look at in terms of compliance. How do we in terms of policy direct that? And, of course, what happens outside of school is another target that we hope to get to.

Mr. Chairman: Just before I go to member West and member Ameen in that order, and member Forde, has there been any attempt by the Ministry of Health to dovetail the persons—the parents bringing their children in for obesity-related issues, diabetes, et cetera, and doing some sort of study whether it be short-term and/or longitudinal to find out if the awareness in education programme is having the desired effect?—and also, where the children or the parents may be actually acquiring the sweetened juices and their eating or nutritional habits.

Dr. Parasram: The only way we can do a study of that nature—because it started in September 2017 is that we have to do a prospective study. So the prospective study will be done in the coming years, but with that start point we have to see as we go forward and it would be a good target to look at the cases of NCD once we establish our registry. We can have a registry of all the cases of NCD and then link them back to the consumption patterns, but that will have to be prospectively over a number of years.

Mr. Chairman: Member Forde and then member West.

Mr. Forde: I want to sort of slightly concentrate on the physical activity that you all spoke about, all right? We are talking about children basically between the ages of 13 to 15. That is the discussion, or we are dealing generally with children?

Mrs. Jennings-Smith: Primary and secondary.

Mr. Forde: Primary and secondary. We know from early childhood, we know from primary

schools activity is very heavy with regard to children running around the school, doing various things, but then when we go into the secondary school system there, it seems to be more sort of structured, in that we go to physical activity and you have generalized classes along those lines. Now in terms of the curriculum, are all secondary schools tabled with regard to having physical activity throughout our educational system?

Mr. Roopchan: Yes, we have, Vice-Chair, and I would ask Mrs. Morton-Gittens, the Director of Curriculum to respond.

Mrs. Morton-Gittens: Yes. So with regard to physical education, physical education is among the core curricula at the lower secondary level. So it is on the timetable for all of our schools. And with regard to physical education, it is recommended that per week that there are three periods of Phys Ed per week across schools at the lower secondary.

Mr. Forde: And that takes place?

Mrs. Morton-Gittens: Physical Education, yes. I will also ask the contribution of our Phys Ed coordinator with the permission of the Chair.

Mr. Chairman: Yes, but Member Forde is asking—it being in the curriculum is one thing. I used “to duck” Phys Ed all the time, so that does not guarantee that students are actually engaging in the Phys Ed. You know I would go and play my basketball but not in the school, and there must be some mechanism to—like math, like chemistry, like physics, to be able to determine if students are actually engaging and at what level they are engaging. So I think that is the member’s direct question.

Mr. Forde: In terms of it being compulsory, participation of the students on—you said three days a week?

Mrs. Morton Gittens: Three periods.

Mr. Forde: Three periods for the week. So again, you said you were going to refer it to the physical education coordinator. So I am interested in knowing exactly what takes place, and then I am going to reference with regard to the manual you provided in terms short staffing and so on. Go ahead.

Mr. Thatcher: Good morning, again. Thank you, Mr. Chairman. Physical Education is core to the curriculum at the lower secondary level, that is to say, Forms 1 to 3. So it is core, it is mandatory. That is our policy. It is in our policy document. The question I believed that you are asking is whether or not implementation is taking place.

Mr. Forde: Definitely.

Mr. Thatcher: What systems do we have in place to ensure that? One, we have a school-based management system and we have a district-based management system. So we have something you call a DLT; District Leadership Teams which are headed by schools supervisors, and also it is an interdisciplinary team, curriculum coordinators and people from SSSD. They have a responsibility to ensure that in the district, implementation is taking place. At the school level, we have the principals, and I believe it was 10 years ago we introduced officially heads of departments and they also have a responsibility in terms of instructional leadership at schools including supervision of the implementation of the curriculum by teachers. They are allotted time in most schools to have the departmental meetings. They are expected to review plans of work for physical education. They are also expected to do clinical supervision—

Mr. Chairman: That is the policy. The member is asking about monitoring and documentation of participation.

Mr. Forde: The actual physical activity that would take place at these particular—You said three periods per week and—okay, let me reference it to the document you have here. According to Appendix VIII, it is said that you all have a short staff of coaches.

Mr. Thatcher: Agreed.

Mr. Forde: Right, agreed. So I am saying during these three periods what transpires?

Mr. Thatcher: Okay, member. Mr. Chairman, let me first indicate that we have basically four programmes of—we should have four physical education programmes at schools. The first one is called the basic programme. The basic programme is the core programme where teachers are employed to teach that programme. It is timetabled. Then we have the intramural programme. You will know it as the inter-house school, interschool, interclass programmes. They are competition based programmes and they occur within the walls of the school. The third programme is the interschool programme. Coaches are employed for the interschool programme. Physical education teachers are employed and they have to teach basic or instructional programme for which three periods are provided, but they teach both theory and practical.

Mr. Chairman: Can I interrupt you? It is commendable that you are extremely well versed on the Ministry's policy. That is clear. You come prepared, but what the member is asking is what actually happens in those three periods, and my additional question is: How is it documented? Like you have a math test, we know a student participates in the curriculum, the exposure to the

information it is done, it is assessed in a test, it is documented at the end of the term so we know that the student participation in class is X, student score is X, we need to do X work. So that the physical education part of the curriculum is as measurable as any other part of the curriculum. That is what the member is asking.

Mr. Forde: And if I may add to that, Mr. Chairman, we can be very specific. The Chairman and myself attended the same college, Hillview College, and back then when we had PE period we go out in the Honeymoon Savannah. We would have the particular coach there and we would have different activities, cricket, football, rugby, basketball, volleyball as the case may be, and from there different individuals would be identified for futuristic prospect in being able to say you can be an athlete to represent the school as the case may be. So we would start off jogging, we would start off stretching. Are those things taking place presently, 2019 in schools?

Mr. Thatcher: Mr. Chairman, we have teachers and they are expected to deliver the—

Mr. Chairman: One second, I am sorry to interrupt you. The member is asking not what is supposed to happen. He is asking if those things happen.

Mr. Forde: If those things happen.

Mr. Thatcher: Yes, the teachers—

Mr. Forde: Jogging, and running, and playing football in a structured way to a point, and then you know after that we will know well you could represent the school later. Go to the running coach. We suggest to your parents that listen, this child should pick up running, this child should pick up—along those lines.

Mr. Roopchan: If I may, Chair?

Mr. Chairman: Absolutely.

Mr. Roopchan: I think what my colleague is alluding to is that we have the structures in place. The degree to which we have it actually taking place is contingent on what happens at the specific schools.

Mr. Chairman: And how do you monitor what is happening at the specific schools?

Mr. Roopchan: Yes. So we continue to monitor what is taking place in school, but I just want to slip in one thing here. The nature of physical education today in school is different somewhat to what physical education was defined at your day in school if I may. You see, what is happening now in days of old Physical Education was not an assessed programme. Physical education, you had a PE teacher there and you just go out and you do PE, and PE back in those days was seen as

just playing, running on the field—

Mr. Chairman: Actually, you referenced back in my day and by extension—

Mr. Roopchan: In our day. [*Laughter*]

Mr. Chairman: Back in our day and I will tell you I will have to counter that because just as I was given a grade in math and English and physics and chemistry, I was given a participation grade in my physical activity. So it was assessed back in my day.

Mr. Forde: But then added to that, Mr. Chairman, we now have physical education at CSEC level, at CXC level, and as case may be. So therefore, emphasis should be more placed on it now than even back then in our days as the case may be. And you see why I am able to say that is because the most you hear from most schools is a sports day. As the MP for my constituency, I am invited to a sports day. I am very active. You do not see children running around in the school yard. There is no sort of physical activity with regard to primary schools, with regard to secondary schools taking place. There is an annual sports day and that is about it. So again, I do not know if you all care to say something—

Mr. Chairman: Let me ask you—I know what the policy is. You have been very good at identifying the policy and what is supposed to happen. From your vast experience, do you get a sense that equal or enough emphasis is placed on ensuring that this physical activity component is as important as we feel it should be in terms of actual practical application from primary and to secondary schools? Because if it does not start in the primary school, you do not develop the habit and the love for physical activity.

Mr. Roopchan: Yes, Chair. If I may? The fact that physical education and sport has now become compulsory on our curriculum is a signal of the importance that we have placed on physical activity. We are severely challenged in dealing with a population where the technology has isolated children from interacting with their peers. Even sitting in the same space and they are on their phones, or whatever they are on, and they are not communicating physically. That has sort of encroached on the time that students would have otherwise been spending out on the playfield doing something physical. But to say as a Ministry of Education, the fact that we have put it as a compulsory programme on our curriculum, it means that we are there now to make sure this happens. How? We have a formulized curriculum, we have it being taught. Yes, the issue of staffing has been a challenge and we have put out policies on employing and bringing back coaches from outside of the school to help us along those lines.

But really and truly it is not fair to say it is only sports day we have because we have interschool programmes. We have recently started also with the establishment and reestablishment of a series of SNSOs (School National Sporting Organizations) and we have revived them. The Physical Education and Sport Unit of the Ministry of Education has been mandated to revive all those who were sleeping. That has happened because over the last few years the Curriculum Planning and Development Division was severely understaffed in the area of physical education, and since over the last three or four years we have been beefed up to now have 12 officers serving in the Curriculum Planning and Development Division and we are working feverishly to ensure that physical education and sport, incorporating all sporting activities in school are structured and well engaged.

Mr. Chairman: An additional question before I go to member West. With reference to the equipment that is also needed to augment the physical education programmes in the school, can you give us a sense of the status of how schools are evaluated by the Ministry to ensure that they are furnished with the necessary equipment and auxiliary stuff needed, and how are requests from principals dealt with?

Mr. Roopchan: Yes, Chair. Upon establishment, schools would be outfitted with the physical establishment and facilities. A request will come to the Curriculum Planning and Development when a school has been established to make our recommendation of what are the kind of equipment that they should be outfitted with, with regard to physical education. These things are determined by the number of classes, the number of students at the school and so forth, and, therefore we make that recommendation. It is passed on to, I think the planning—

Mrs. Baptiste-Simmons: It is passed through to our Education Facilities Planning and Procurement Division. It is also incorporated into what we referred to as our architect and users brief; that determines how schools are going to be designed and so on. So all of those things are taken into consideration when we are doing it. But before we move ahead, there is a programme that is being initiated along with Ministry of Health that my colleague would answer.

Ms. Ameen: Mr. Chairman, I just want to complete the issue of equipment, and you spoke about equipment in terms of the facilities, but in terms of the rackets, balls, things for them to actually use in the day-to-day play, sometimes it takes very long when they send the requisition to get those things in the school and they have broken rackets, deflated balls for a long time—some schools.

Mrs. Newallo-Hosein: Also, I am listening to you speak and you speak about the school, but if

you are looking at the family I would look at continuity. So when you leave school there is continuity and the savannahs can be one of the ways that you can have the families incorporated. Have you looked at the Ministry of Rural Development and Local Government in terms of having the savannahs that are close by, upgrade it, maintained, equipment put in so that there is some sort of continuity from school into the home environment?

Dr. Parasram: If I may, Chair? The Ministry of Health, as you may have known, previously, we entered into an IDB loan in 2016. That actually has components dedicated to the procurement of physical equipment, education equipment for schools. It is quite a large component, so I will ask Dr. Doon to speak about how the assessment was done. So we did a rapid assessment of all schools that were earmarked in terms of the space, the capacity, and we tiered the procurement based on the size of space available. So Dr. Doon could begin the conversation and then Ms. Franklin can continue and tell you where we are at in terms of procurement of the equipment to be placed in the schools.

Mr. Chairman: Thank you.

Dr. Doon: Yes, morning again. The Ministry of Health in conjunction with the Ministry of Education—because we are very, very close partners, we realize that we cannot do this thing together, each working in silos. And so, we engaged a consultant and the consultant conducted a survey of physical activity capacity. Capacity being people, the teaching side of physical education, and the equipment side which you mentioned. So both components were examined and found to require—what we decided was that from the study results that there was going to be need for a whole suite of actions.

The Ministry has, with the Ministry of Education, created this equipment list that you spoke about. So that is only for primary schools. We are going to be moving into the secondary arena soon as we tidy up this part of the programme. That list is complete and the tenders' documents are also complete, so shortly it should be going out for public tender to acquire the equipment. Again, I emphasize, we are working with the Ministry of Education on this aspect.

The other issue is the insufficiency of physical education teachers in the whole educational environment. And again, through our health sector support loan, the Chief Education Officer and our team there, we have been having serious discussions so that they are at the position where they are going to make a proposal to the Ministry of Health to increase capacity in physical education so we could fund this, so we could build both components at the time and have a robust physical

activity programme throughout the educational environment.

Mrs. Jennings-Smith: I want to shift a bit. In your submission you had stated here an establishment of staff for your Nutrition and Metabolism Division, and I want to ask you what is the Ministry's time frame for the commencement of the recruitment process for the four nutritionists, dietitians and eight food demonstrators? I am asking you this because when we have obesity and we have a child who is obese and you have a parent and we give them rules to follow, they go into a stage of confusion. They do not know what they can eat, they do not know what they can prepare, they do not know in what quantity. We will tell them do not eat sugars so they feel they cannot eat anything at all. So that is why I am asking you the question specifically for the nutritionists, the dietitians. Can you give us an answer on that?

Dr. Parasram: Yes. So the three nutritionist posts were recently filled not more than, I would say, six months ago at the Ministry of Health, and since she has been in office she has already sent in a plan, through my office, to the Permanent Secretary, asking for the full establishment or part thereof to be filled. It has been recommended from my office and sent to the PS. The process has already been initiated. These are public sector posts. So they are established posts, they have to go through the Public Service Commission. So we have already initiated the process through Public Service Commission to ask for the positions to be filled. That is public service side of it.

That is a bit outside out of our hands because when we initiate that discussion, the public service then takes over in terms of the recruitment part of it. So I cannot give you an exact time frame as to when that section of it will be completed. But having said that, there are 32 RHA dietitians which are outside of their structure, which function. RHA are contractual positions and they sort of fill the gap from the Regional Health Authority side. So this is a somewhat old establishment at the Ministry of Health, and what we are seeking to do to some extent is devolve some of the clinical services delivery to the RHAs—which is one of the main reasons the RHAs were set up in the beginning—and retain the policy function in this division at the Ministry.

Mrs. Jennings-Smith: One last question. You know, I remember we talk about in our days, and now days, and things like that. So I remember in my day when I would see those brown uniform people from RHAs visiting homes. So is it part of your programme to target homes and have these persons, as you say 32 of them, visit? Because sometime you have to go to the people's home and help them out. Do you have that as part of your plan?

Dr. Parasram: I think you would be happy to know the people in brown are still there. They are

DHVs, District Health Visitors, and part of their core responsibilities is really not to be based at the health centre alone, but to be responsible for the community as it serves because NCD care does not occur at a health centre. It starts at the home and starts at the community. That is where prevention begins. So the DHV is a part and they lead the health centre thrust together with the nutritionists.

Mrs. Jennings-Smith: Well, I would like some kind of emphasis to be played on visibility because—

Dr. Parasram: Maybe we could change the colour of their uniform.

Mrs. Jennings-Smith: No, the colour is good. [*Laughter*] No, the colour is good, but somehow maybe we do not see them as we used to see them long ago in the communities.

11.35 a.m.

Mr. Chairman: I want to add another component to our conversation this morning and I am glad member Jennings took us back to the nutrition aspect of it because in doing research for this interaction, looking at best practice around the world, there is a quad that works in terms of four main components: education and awareness, health services and interventions, education system and also the issue of exercise.

Let me just ground my next question which may be considered quite controversial. I know we have to be careful in how we tackle it. With another bit of statistics from the Global School-based Student Health Survey, GSHS, where there was a comparison by country in terms of data, and the four countries or the three other countries compared to Trinidad and Tobago—in the document, it actually says Trinidad, I do not know if Tobago was included—were Jamaica, Barbados and Guyana and they were considered comparative countries in terms of socio-economic and demographics, and the two categories were overweight 13 to 15 and obese 13 to 15.

And we have a wonderful statistic that puts Trinidad and Tobago ahead in all categories where overweight, 13 to 15: Trinidad—I am presuming Tobago is included in that because I would hate to think we left out Tobago—33.3 per cent; Barbados, second, 31.9 per cent; Jamaica, third, 25.6 per cent; and Guyana fourth with 15.3 per cent. In terms of obesity, 13 to 15: Trinidad and Tobago leading 17.4 per cent; Barbados 14.2 per cent; Jamaica, third, 10.1 per cent; and Guyana, 4.1 per cent. And something occurred to me—because my brain likes to make intangible associations and connections—that it may be posited that the countries with the higher GDPs and are able to import more are leading. Is that a wrong posit? Incorrect?

Dr. Parasram: If you look at the data on the table, you will note as well that the data for Barbados was 2011 and the data for Guyana was 2010, so it is quite old data.

Mr. Chairman: Yes.

Dr. Parasram: So I think comparatively, we could look to Jamaica in terms of having a more realistic figure compared to us.

Mr. Chairman: But we are still ahead.

Dr. Parasram: But we are still ahead.

Mr. Chairman: And it leads the question about we spoke a lot about the school nutrition programme but a large part of it also is what children and families consume at home and outside of the school context, and the availability of healthy alternatives and the availability of cheaper, poor- nutrition, high-sugar alternatives at retailers, and I am not going to demonize the private sector here but it is a consideration and a conversation we must have. Because I know in developed countries, there has been a strong, strong lobby by parent groups and teachers groups to deal with the supersize syndrome and the over-sugared saturated syndrome because you could exercise all you want, if you are consuming 700/1,200 calories in sugar juices, which are cheaper and placed in retail outlets where you are exiting and you can grab, it is going to be part of the component. So the question to the Ministry of Health first and then the Ministry of Education is: What are we doing to combat this? And I do not even want to start with the fast-food outlets and the fried foods, you know. And let me add another component to this: And what is your collaboration with the Ministry of agriculture/food production in healthier local alternatives which could help reduce our food import bill also?

Dr. Parasram: I will start it and then Ms. Lewis will take over. With regard to what we are doing, we are looking into the sugar tax. When you focus on the disparity and saying the cost of eating unhealthy foods is actually less than eating healthy foods.

Mr. Chairman: And more convenient.

Dr. Parasram: And more convenient. What we have noted in other territories, including the UK, is that they have imposed a sugar tax. So for instance, it will become more expensive to consume a sugar-sweetened drink than a natural drink.

Mr. Chairman: Just explain for the purposes of our viewers and listeners what is the sugar tax mechanism? The perceived or proposed sugar tax mechanism.

Dr. Parasram: Right, it is basically based on the amount of sugar in—it is proportional. So it is

proportional to the amount of sugar in a beverage, added sugar. So for instance, a soft drink will have a certain percentage of added sugar so the tax will be greater if you have a higher proportion of added sugar, and your tax will be less in the opposite direction.

Mr. Chairman: So it is going to cost more?

Dr. Parasram: Yes, it will cost more. The more added sugar you have in a beverage, the higher the cost, so it will actually be inversely proportional to it. The other initiative we have—

Mr. Chairman: What is time frame on that proposed sugar tax which I am sure you will get a lot of pushback for unfortunately? A lot of pushback.

Dr. Parasram: It is something that is—it is a very difficult—we are working the actual figures to see what it will look like in Trinidad in this model. So we have looked at the UK model in terms of the taxation schemes, we are looking at what level we could actually introduce it at. But having said that, the implementation will be difficult because we have manufacturers in Trinidad and Tobago so we have to do a lot of stakeholder analysis and consultation prior to going forward and of course, it will have to go to Cabinet for consideration.

Ms. West: Chair, thank you. Going back to the physical education aspect of this—two things. One, my recollection is that you indicated that the compulsory physical education programme ran up to Form 3. What concerns me is that that seems to coincide with the start of the biggest group of obesity and overweight children because we are talking about children 13 to 15. So we are saying to them that you only need to get into the physical education programme until you get to Form 3 and then the obesity problem really skyrockets.

If we are talking about creating lifestyle changes, should we not be discouraging children from thinking that when things get difficult, they can throw exercise to the side because it is not as important as their academics or their work?—because we all do it. The work becomes difficult, we stop exercising. We have to study more, we stop exercising. It seems to me that is sending a wrong message. So is that something you are looking at? And secondly, what provisions do you have in place to deal with physical education as it impacts the physically and mentally challenged in society?

Mr. Roopchan: I will answer the first part and I will pass on the other one to Prof. Conrad. What is actually happening at the school level, you know the curriculum is a packed curriculum and every time we hear something that becomes topical, the cry is to get it on the curriculum and there are only so many school contact hours that we have and so many subject areas that we can treat

with. Therefore, to deal with the span of subjects that are offered at the upper secondary level, which is CSEC as we will say, there are over 30-something subject areas—not to mention the Caribbean Vocational Qualifications subjects that are on the curriculum as well—that we have to put into that same school day or school week and the subjects become optional.

So, in order to cater for children who are coming out of our education system and talking about qualifications and certification to move forward, there is the option that they can choose which area of specialization they want to go, if I should put it that way. And therefore, you have some of them not choosing physical education as one of their programmes of choice.

But coupled with that, I would want to add that because physical education is a subject that is assessed at CXC at the ordinary level and within the last year or two, it is now offered at the advance level, we have students now subscribing to it because, I mean, and this is better than what it was before when it was, as we acknowledge, it was assessed with just a participation grade and nothing else serious being done in terms of assessing physical education.

Now it is assessed formally, it is seen as a formal subject on the curriculum. Children are now getting passes at the ordinary level and now pursuing it at A level. So there is that introduction at the upper school level in a formal sense but in terms of how we can get physical education compulsory at the upper school level, again, it becomes a challenge because of the limited time and contact hours we have at the upper school level.

Ms. Ameen: Chairman, I just want to go back to the nutrition and policy.

Ms. West: They have another question; they have a part 2 to answer.

Ms. Ameen: Oh, sorry. Yes, after you answer your part (b).

Prof. Conrad: Thank you, Mr. Chairman. The Ministry of Education is committed to recognizing the right of physical education for all its learners, including those with disabilities. However, we are impacted and influenced by the well-being and the physical health of the students, so we have to be advised by medical practitioners, by our psychologists, et cetera, in terms of what we do. We articulate a very rich philosophy of inclusive practice and we strive to ensure that during the use of adaptive physical education and encouraging our practitioners, our teachers, to take seriously the role of physical education activity with our students.

We acknowledge that when we talk about—again, to make that point I referred to earlier about class. In that particular sense, I was talking about not the physical classroom space but the learning context, a sense of the learning space of the typical school. So we have a lot going on in terms of

articulating the inclusive curriculum, the sensitization and capacity building of our various teachers and we are collaborating with the curriculum officers in PE to ensure that their officers are also benefiting from the options they have at their universities where they are doing physical education and adaptive physical education and bringing that into the school context. I will ask Mrs. Cupid as the Special Ed Coordinator if she has anything she would like to add to that.

Mr. Chairman: And I might add that in terms of special needs cohort, physical education and physical interaction is one of the most productive forms of engagement with that cohort in terms of their education and their psychosocial well-being.

Prof. Conrad: Definitely. Definitely endorse that. No issue with that at all. Not only that, but many of our learners who are engaged in physical activity, it ignites a passion for learning. It is about being valued, it is about self-esteem, it is about activities, endorphins—a lot of the stuff that comes out from physical activity to the child, whether that child is wheelchair bound, whether that child is blind, whether that child is hearing impaired. But I would still like Mrs. Cupid to give the option of adding anything you would like to add to what I said.

Mrs. Rodriguez-Cupid: Good morning, everyone. I would just like to endorse what Professor is saying and to move on. We are actively engaged in working with the curriculum department to ensure that those students were identified. It is a challenge because our unit is a very small unit. However, we work collaboratively with the senior professionals through curriculum to ensure that those children who are identified with physical challenges that their needs are met through the curriculum as well. So adaptive recommendations for differentiating instruction and how we really treat with including them in activities. So modifying the curriculum, modifying down to the activity level. We are more concerned with what actually happens to the child in the classroom. So the class is doing basketball, football skills, whatever. There are skills that our children can be included and we work with the curriculum department to ensure that that is happening as far as we can.

There are challenges, we acknowledge that. There is a reluctance in terms of attitude. Generally, our society is not an inclusive society so we have to, you know, acknowledge that and we work along with teachers, very frequently, to change their attitudes and parents. There is a lot of resistance among the parents to have their children—due to concerns of safety and their general lack of confidence that there are enough trained professionals to deal with their children and to avoid accidents, to avoid any damage to the child. So those are some of the challenges that we

have but we are as far as possible, trying to encourage that.

I just want to pick up on a point that Prof. Conrad mentioned that very often, not just our children with physical disabilities but all our children who are challenged in any way, physical education is oftentimes the best avenue for them to express themselves and to avoid some of the mental health challenges such as depression, anxiety that we see so prevalent now in our nation's children because we are a very exam-oriented society. It is not just the problem of the Ministry of Education, it is the problem of our culture, that we want higher achievement and we want this; and therefore our children get that message and that message is actually translated into the choices that they make in terms of subject choice, as Mr. Roopchan was saying, in terms of subject choices and the fact that we put so much emphasize, as parents, on exams rather than on the well-being and health of our child from early childhood right through the school system. So I will pause there to facilitate any further questions.

Mr. Chairman: Just before we go to member Hosein, I am extremely heartened to hear someone speaking my language when it comes to special needs and special education and the fact that we traditionally have not made a philosophical shift in understanding that the resources needed for special needs and children with learning disabilities need to be expanded significantly because we keep thinking that it is them or “those children”, as opposed to as why it is really in terms of an actual cohort that needs to be addressed. So thank you very much. Member Hosein.

Mrs. Newallo-Hosein: Thank you, Chair. And going on that, I am listening to both Professor and yourself, it comes back to the question that I am about to pose to Dr. Doon. You indicated that equipment, this IDB loan would have purchased a number of equipment for the primary schools. Does any of the equipment that have been sourced include for the special needs? Because you have like you could play cricket but the ball has a sound so that the visually impaired can actually hear it. So I mean, are you considering equipment for the special needs child and also with this purchase of equipment, would all primary schools benefit or only government schools?

Dr. Doon: Well, it will be government schools as a start—government and government-assisted, and in terms of whether there are special needs, I cannot answer that but the consultant who worked alongside the Ministry of Education, physical education folks, so whether it is included or not, we could always check and verify that.

Mrs. Newallo-Hosein: And Dr. Parasram, you spoke about a tax for the sugar products, you know, high content and so forth. Now, there is a global thrust for this tax and I was wondering, I

mean, our manufacturers, sooner or later, will not be able to penetrate the markets unless they reduce it. Why not look at an incentive for our manufacturers to reduce it as opposed to a tax? Everything is always about, you know, a tax, but if we look at an incentive, we can actually have our manufacturers given a head start on producing drinks and other products that are much healthier and, therefore, be able to penetrate the markets out there in the very near future.

Dr. Parasram: I believe implicit in the sugar-sweetened beverages policy, what we saw is that producers went ahead and actually dropped the actual content on their own, voluntarily, through consultation with the Ministry of Health. So I would not say it was an incentive per se but it would have been something in terms of if they could not comply, they would not be able to sell to that market. So to maintain their market share, they would have had to comply with the policy. So in terms of that, there was that sort of—it would not be an incentive but we can definitely look into incentives as we go forward.

The other bit we did not get a chance to speak about was the nutritional labels that are ongoing and the nutritional standards which Ms. Lewis could expound upon.

Mr. Chairman: If she could also expand upon the collaborations or the possible collaborations with the Ministry of Agriculture, Land and Fisheries and a possible “buy local, eat healthy” campaign.

Ms. Lewis: Thank you very much, CMO and Chair. With respect to the participation of the Ministry of Agriculture, Land and Fisheries, they actually were a member of the nutrition standards working committee along with the Ministry of Education who is here with us today and the National Schools Dietary Services Limited with wide participation from public sector, private sector, the university and civil society. So that working committee encompasses and comprises persons from Ministry of Agriculture, Land and Fisheries.

With respect to the nutrition standards committee, we have worked to developing the standard that would improve the school nutrition environments to make it healthier, school food environments. There was an agreement by Caricom that was passed on to the Government of Trinidad and Tobago and when we had the last JSC on childhood obesity, that was raised and we looked at the six-point policy package that was approved by the COTED and COHSOD. The Ministry of Health engaged its partners and we looked at the recommendations of that six-point policy package and began the development of that nutrition standard.

Where are we in the standard? One of the recommendations is that we adopt the PAHO nutrient

profile model as the standard for assessing whether food or snack or drink should be offered for sale or served in schools. And we completed actually that process on the 7th of January this year where we agreed that for all pre-packaged food, we would utilize the PAHO nutrient profile model and that would depend on the label; and PAHO has standards in terms of what should be allowed or not, so that is the recommendation going forth. And we are developing Trinidad and Tobago cut-offs for foods that are prepared.

With respect to nutrition labelling, the Ministry is also working on that. The Food Advisory Committee of the Chemistry, Food and Drugs Division has developed a draft policy and the Ministry is also looking at—CROSQ, sorry, is working on finalizing nutrition labelling standards that the Ministry of Health will adopt. So we are working on both of them collaboratively.

Mr. Chairman: Just before I go to member Jennings because she has a different point—because I did a lot of research before I came here today. It is one thing to have a labelling regime in the place where nutritional value, sugar content and levels, et cetera, is placed on drinks; it is another thing to monitor and ensure that what is actually in the container is commensurate with what is on the label. Because what has been happening in some countries, the really forward-thinking countries like Sweden, et cetera, is that they test and they impose severe fines on people who flout those. Because let us not pretend, the reason the sugar is there is because it is addictive, so the manufacturers know—and I am not demonizing the private sector—that the more sugar you put, the more likely the child will ask for that particular product and it also goes, we are talking about sugar, but salt content in fast foods which leads to cardiovascular disease later on. The more salt you put, the more addictive it becomes.

So let us not think that this is a benign component of the foods that are proffered for sale. It is business at the expense, in many instances, of the health and well-being of our young people and our population at large. So if we are putting policies in place, we also need to put monitoring mechanisms to ensure that people comply with them and do not just feel that because it is on the bottle, that that is so. Right?

Dr. Parasram: Right.

Mr. Chairman: Member Jennings.

Mrs. Jennings-Smith: I have a question—I will give way.

Dr. Parasram: No, I just want to finish the discussion on the labelling. Basically in terms of the monitoring and evaluation, two divisions are really charged with it: one of Ministry of Health,

Chemistry, Food and Drugs Division is charged with monitoring.

Mr. Chairman: Is that operational?

Dr. Parasram: It is.

Mr. Chairman: Fully?

Dr. Parasram: The laboratory aspect of it, no, but we have been able to outsource the—

Mr. Chairman: So how are you testing if the lab is down?

Dr. Parasram: We have been outsourcing the laboratory capacity through CARIRI and—

Mr. Chairman: And why is the lab down?

Dr. Parasram: The lab had been down for a number of years. It is actually due to be back up and running within, I think, the first half of this year.

Mr. Chairman: At what cost?

Dr. Parasram: I do not have the cost offhand, but in terms of the labelling issue, in other territories what they do is they do a label on the package that says “no sugar, no salt, no triglycerides, no cholesterol” and that is in the form of a traffic sign and that is CROSQ standard which is the Caribbean regional standard. That is what we are looking at to adopt in Trinidad and maybe take it a little further instead of having—it is a black and white no sugar, no salt. We are trying to get it to maybe a green if you have good levels and red if you have bad levels. So we are trying to put in a visual cue to it.

Mr. Chairman: And I do not want to belabour the point, eh, but very often—the evidence provided in the research papers that I have had a chance to read is that countries like Trinidad and Tobago are easy targets for international manufacturers who cannot stay in their own jurisdictions of origin so they dump into developing countries at the expense of our population. So if the food and drug lab is down and we have to outsource, how vigilant are we with those labels?

Dr. Parasram: Well, I think the first thing is getting the standards in place. Without standards, there are no standards to hold anyone to even if you test, so the standard has to be there first. Once the standard is there, the testing part of it—even through CARPHA. CARPHA has regional labs that we have utilized in the past in other territories in the Caribbean and we can test through them while we await our lab to be up and running, but the vigilance at the market end is very important.

Mr. Chairman: Thank you. Member Jennings.

Mrs. Jennings-Smith: I have a question to pose to Ministry of Education but from listening to you all this morning, I must say I am very impressed with the level of collaboration and

synchronization I am seeing from the answers so feel free, anyone could answer. Your submission, that is Ministry of Education's submission, you indicated that the Ministry intends to develop community-wide stakeholder involvement and the commitment to childhood obesity reduction. Given the eating habits of children at home, the eating habits at home also significantly affect a child's state of health and I want to know what specific initiatives is the Ministry of Education pursuing to educate parents about health and wellness? I have two more questions but I want the questions to be answered.

Mrs. Morton-Gittens: Yes, member. Chair, we have spoken a lot today about physical education. We need to look at the curriculum as a holistic offering to a student—all of the experiences that a child has and their attitudes and dispositions that are formed as a result of that. We have, as a Ministry, when we think about the curriculum, the focus is on getting children to really think about their own selves, their own fitness and wellness, et cetera and the curriculum fosters that. We have not as yet spoken about our HFLE curriculum which has a huge component on eating and fitness. Parallel with that is the science curriculum and from infants all the way up, we have—I will quote here from the actual curriculum: the infants, the babies, discuss consequences of food and eating, not eating and justify making healthy choices. So we are looking at forming habits from the early years throughout primary and secondary school. And if we take seven years of primary and three years of secondary, we have 10 years of interacting with children and getting them to think about their own behaviours.

The Phys Ed curriculum which we spoke a lot of about and did not really present sufficiently is really promoting fitness and wellness of the students, and we did not tell you all earlier that really it is a structured organized programme that is compulsory. And yes, Phys Ed happens across secondary and primary schools.

And I want, therefore, to let the Committee know that the content—it is a structured programme and the content, you might be interested in really, of the Phys Ed programme which really—the six themes that are mandatory: the body system, so they have got to understand themselves and their peers and how they are made; healthy lifestyle practices, inclusive of responsible personal behaviours; movement, because movement is so important, sport skills; and safety practices. That is also repeated in the science curriculum and in the HFLE curriculum.

And we have not also—because we should really say it—the curriculum makes sense beyond this to actually the drama programme, the dance programme, even the strategies for teaching and

learning across subjects and the interactivity that comes through that. So the whole focus, Chair, is on getting children to be aware of their—

Mr. Chairman: That is wonderful and it is commendable but what the member had asked is you could teach the child all you want at home, particularly in the primary level, when I get home, “what mummy and daddy buy is what ah ha to eat”, and all of that will go down the drain because particularly in the lower socio-economic demographics, they grab what they can and you could say, “Well, Miss in class tell meh that that is not good fuh me, yuh better eat that” and that is the challenge—sorry?

12.05 p.m.

Mrs. Morton-Gittens: And the child can influence the parents—

Mr. Chairman: Sorry. Let us be practical here. And that is a great utopian thought, but in most cases the parent will say “eat that, that is what I could afford”.

Mrs. Jennings-Smith: And Chair, I was concerned as to the level of the parent-teachers’ body. Because we are talking about stakeholders, and the parent at home must be one of highest stakeholders. What happens at home? What do they cook? Are they aware of how they could cook, what is important, what affects the health of the child? And I asked the question, I spoke about community-wide stakeholder involvement and I was very happy to hear that. But then I spoke about the educating of parents, about health and wellness as it affects the child. What is the Ministry doing about that? Because we already have a parent-teachers’ body, a very active one, I dare say.

Ms. Barran: Hon. Member, through you Chair. On our board, we have a board of directors; the President of the National PTA, she sits. So the involvement—we basically meet the parents and we do some intervention.

I will ask my colleague to give some statistics on the amount of sessions and how many parents and teachers we have touched.

Ms. Martina: For the fiscal year 2017/2018, we would have touched 1,506 parents and this would be at PTA meetings and sometimes when there are fairs at the school. Most of the persons we would have touched would have been students, 7,678 students.

Now, the challenge we have at PTAs—

Mr. Chairman: Just to be clear. What is the time frame and how many students?

Ms. Martina: So, the time frame would have been October 2017 to September 2018; those were

the figures.

Mr. Chairman: And you were able to contact, to have 1,506.

Ms. Martina: Fifteen hundred and six parents, yes. And that would have been through your PTAs. The challenge, again, and I know that would have been brought up—

Mr. Chairman: And how many schools would that be? Sorry to interrupt.

Ms. Martina: In all, it would have been 66 schools throughout the seven educational districts.

Mr. Chairman: Sixty-six into 1,500 is very few parents per school.

Ms. Barran: Right, very often the sessions are done at the request of the schools, that is one. And it is a small unit, we have a manager and two nutrition officers, all qualified dietitians, who would spearhead the sessions to go out to schools.

I know the numbers are small and part of it, as well, is the fact that you do not always have full participation of parents at PTAs. Very often when you go to PTA meetings you are preaching to the converted. Those are the parents who come out are not always the ones that you would necessarily need to reach. But we do the request at the level of the school and even though the School Nutrition Programme, there are a list of students who qualify for the programme, we do the sessions for all parents who appear at the sessions.

Mrs. Jennings-Smith: I want to ask a further question.

Ms. Martina: Sure.

Mrs. Jennings-Smith: Are principals mandated to organize sensitization exercises with parents and guardians with a view to improving the awareness about health and wellness?

Ms. Martina: That would have to be answered by the Ministry of Education. Yes.

Mr. Roopchan: Principals are mandated to do what it takes to ensure that we have the child develop holistically and that they are healthy and happy. And, therefore, this will incorporate a whole list of things which we have not prescribed, so to speak. There is not a prescribed—

Mr. Chairman: So, no.

Mrs. Jennings-Smith: So the answer is no?

Mr. Roopchan: Well, I am not saying that—mandated, but it is encouraged.

Mr. Chairman: So, the answer is no. Member Ameen has been waiting a while.

Ms. Ameen: Yes. Thank you very much, Chairman. I was waiting a while. But I am happy to see the discussions. Because apart from you—and this has to do with nutrition and your policies. You have had the opportunity to explain what actually happens in the school, but you give so much

information on your policies. And I was happy for Mrs. Morton-Gittens' comments with regard to the holistic approach in terms of what is in the curriculum.

But if you take your achievements so far with regard to sugar drinks, you made a decision to stop the sale of sugar drinks in the schools and that in turn had a chain reaction—parents become more aware, because in some instances they are less likely to give their children these drinks. The companies are now producing drinks with less sugar, and I am asking if you can take that a step further with regard to, for instance, snacks. Can we reach to the point where as a policy we must have a certain amount of fruits, for instance for sale at the cafeteria? You must have other healthy snacks as well as, particularly, I think at the preschool level where everything is in the lunch kit. Can we reach to the point where we make it a part, or a policy approach, that parents must provide a fruit in the lunch kit or something like that?—without infringing on people's right to choice. But make it a policy in the school just as we did with the soft drinks.

Dr. Parasram: As we said in the opening remarks, when you had the JSC in December of 2016, one of the recommendations was to do just that. So, after you turn to SSBs we were going to look at unhealthy snacks, which was the second phase. And in terms of getting that policy ready, we are 90 per cent and I think we can look to the new school term in September as a date to implement the new policy going forward.

So the first one, having gone through that, we already know what we need to put in place in terms of monitoring and evaluation. We would know how we do the stakeholder analysis, so a bit of the work would have been done beforehand. So, I think the second policy will be a little bit easier to implement; once we take away the unhealthy snacks, something has to replace it. So hopefully we can look to including in the policy, maybe not only through collaboration with the Ministry of Agriculture, Land and Fisheries, not only fruits that are in the bag, but fruits that are from Trinidad and Tobago as a policy.

Mrs. Jennings-Smith: I have a follow-up question before you leave that point. Have you ever thought of giving, like to parents or the children at school, giving them a plan, a meal plan for a week, like what they can bring to school in their baskets or in their lunch kits?

You see, I have been recently thrust into a position where I have to deal with somebody who is diabetic. And the biggest problem was to determine what we should eat, what we should cook and in what quantities. And we are talking about obesity, and we are just hoping that somebody there would know what to do, but people out there do not know what to do.

So that we have children coming to school and the same way we send letters to the parents to pay for some kind of a donation, for some kind of thing. It is the same way we can send slips of paper to assist the parent, you know, into how they can plan meals for their kids Monday to Friday, and ensure that they have the correct nutritional balances and stuff like that. So, did it ever come across that we had, or in your discussions, to do something like that?

Dr. Parasram: So, we already have something called the healthy reader. And Ms. Lewis could actually go into detail as to what we have developed already.

Ms. Lewis: Thank you very much, CMO, Chair and members. We developed a healthy lifestyle reader for primary schools that speaks to exactly what you are speaking about, and we also have a workbook. Again, this was developed collaboratively with the Ministry of Education, NSDSL who is here with us, CARPHA, PAHO. What we did in 2018, we circulated that reader to all schools. I know it was interrupted in Victoria and St. Patrick because of the flooding, but it would have gone to between 350 and 400 schools; we also sent it as e-copies to a little less. So we have that reader.

We have a School Health Education Programme called the Healthy Me School Health Education Programme that is implemented with support from the Ministry of Agriculture, Land and Fisheries, NSDSL, the Nutrition, Metabolism Division and we go to the schools where we focus specifically on healthy lifestyle education, healthy eating, active living and we have included also growing a fruit or vegetable at home. So the Ministry of Agriculture, Land and Fisheries participates in that way.

Along with that, one of the recommendations of the JSC in 2016 was the development of a parent education programme, and we met with the NPTA, we felt that we would work with the National Parent Teachers Association. We met with them in 2017, and from about April 2017 we have engaged them. What we have done so far, we have done the sensitization of their various chapters and they have assisted us in hosting meetings to parents in seven education districts; we have not done Tobago. I will be transparent to say that, we have to get across to Tobago to that NPTA chapter.

Further to that, in November of this year we began the training of NGOs and CBOs as lay facilitators to take the message in terms of healthy lifestyles for prevention of NCDs and childhood obesity; NPTA participated in that; we did that with the support of the Pan American Health Organization, and right now we are waiting on the NPTA to submit their proposal.

The next step is that the Ministry of Health, its partners, we would now support the implementation of that proposal, empowering the NPTA to be part of taking the message forward, because we know we alone cannot do it, education alone cannot do it. So, we are engaging the NGOs to do that. So that is what we have done in terms of the parent education programme that was mandated as a recommendation coming out of the Joint Select Committee.

Mr. Chairman: Ms. Lewis, I can listen to you all day, you have a beautiful voice. We are running short on time. I just want to get member Forde and then member Newallo-Hosein, and then we will have some closing comments.

Mr. Forde: According to your report, Ministry of Education, in September 2018 the School Nutrition Programme, you all would have touched a total of 854 schools, breakfast served 55,000 plus, lunch served 81,000 plus. In terms of any findings with regard to student satisfaction, any survey done with regard to student satisfaction on the breakfast and meals provided?

Ms. Barran: Hon. member, we have the findings of the survey. We did 5,000 children and generally the findings are as follows:

- Consumption of meals was influenced by age group with evidence showing better consumption patterns among the older-age children for most food groups.
- Wastage for staple items such as rice, cassava, and paratha occurred amongst the younger-age group.
- Vegetable consumption was lowest among all items when observed by age group, and that includes the local vegetables, because we try to use as much local as possible.
- Students were generally satisfied with the overall taste of most meals provided. However, there was a preference for fast-food type menus to be included more frequently on the menu when compared to that of our local traditional healthy meals.

So those were the findings.

Mr. Forde: With regard to cost, do you have an item what it cost for the 2017 to 2018 period, total expenditure?

Ms. Barran: The expenditure for the fiscal year 2016/17 we would have had \$156.7 million; 10million went into local agriculture, that is the measures that we have. This year we have been given \$200million and basically that will cover expenditure.

Mr. Forde: And again from the PS's point of view, money well spent?

Mrs. Baptiste-Simmons: Yes, Sir.

Mr. Forde: I just want to just change the topic slightly, and again with regard to your report, page 11. In terms of, based on feedback received from principals, how is obesity connected to incidents of school violence and bullying in primary and secondary schools? Is there a correlation?

Mr. Chairman: Or maybe the Manager, Student Support Services can also chime in.

Prof. Conrad: Mr. Chair and member, there is no reported case, there has been no reported case as linking obesity with incidents of school violence and bullying— from principals.

Mr. Forde: So, simply put. I am a greedy guy and I would like to bully a guy to get his meal. At all?

Prof. Conrad: While we might be aware—

Mr. Chairman: Even with anecdotal evidence, you are telling me that you have no reports—

Mr. Forde: You want to go high tech, I want to break it down to the brass-tacks level.

Mr. Chairman: What I want to know is that I am Rubenesque, I am overweight, and nobody is teasing me.

Mr. Forde: Okay, right, that is another point.

Mr. Chairman: Nobody is teasing me, and you have no evidence of that; that is very impractical.

Prof. Conrad: No; well, the statement asked about if we have received any feedback from principals. We do not have feedback from principals. I mean, we may be aware that this is—we have to be alerted. But we have no data at this point.

Mr. Forde: So I think that added to that, that is probably a line item we can include when we are doing our letter surveys in terms of the point I mentioned, and also what the Chairman has identified also from that point of view. I am good, Mr. Chairman.

Prof. Conrad: Thank you.

Mr. Chairman: We will take one more question from member Newallo-Hosein.

Mrs. Newallo-Hosein: Thank you, Chair. Just coming back to the school feeding. You spoke about the healthy reader—is the School Feeding Programme a part of this healthy reader committee? And also, what progress has been made into introducing the school nutrition programme at the preschool level?

Ms. Lewis: Thank you very much. I would speak to the healthy lifestyle reader. Yes, the National Schools Dietary Services Limited has been a part, in fact, in developing it and we have reached the stage—we did a first distribution, as I said, to about 350 to 400 schools. The PA(E)C also, they requested or recommended, mandated—one of those words—us to produce it and circulate

to all schools.

What we have done, with support from the NSDSL, we have reviewed it and revised it, so we are at the point of getting funds for producing and sending it to schools or, as was suggested by Chair Mr. Richards, we are also looking at sending it through social media.

Mrs. Newallo-Hosein: Wait, just a sec. You said you are in the process of doing it.

Ms. Lewis: No, no, no. This is a document, it was produced with support from NSDSL, Ministry of Education, Ministry of Agriculture, Land and Fisheries, et cetera. It was printed, it was utilized as the basis for our school health education on healthy lifestyle and healthy nutrition.

We utilized the National Primary School Nutrition Quiz to assess children's understanding of the information and content and that was very successfully held. And we are at the point now, where we are revising it because we want to strengthen certain components. For instance, reading food labels, beginning from young to teach them to do this. Issues around sugar-sweetened beverages, et cetera. So what we have done in 2018, we completed a revision. So there would be, if you could say, a second edition coming up, and this is the point at which we have completed that revision now. So the point that we are at is producing the new version and then that would be distributed, either hard copy of send in via e-methods to schools. Thank you.

Mr. Chairman: All right, just one quick question from me to the Chief Medical Officer, it may not be related, but I saw it come up in one of the documents you sent. How concerned are you about the unregulated level of energy drinks particularly in secondary schools?

Dr. Parasram: It is not unregulated any more in terms of the policy. So as of September 2017 it is included in terms of the policy, but we were very concerned prior to that.

Mr. Chairman: Thank you. All right, I am just going to open the floor for the Chief Medical Officer and the Acting Permanent Secretary in the Ministry to make closing comments, please.

Dr. Parasram: So, Mr. Chair and members of the Committee and colleagues, thank you for the questions and feedback. Our team at the Ministry of Health will continue to collaborate with key stakeholders including the Ministry of Education towards promoting a healthy environment for children with supporting programmes and initiatives, both at schools and in their homes. Thank you.

Mrs. Baptiste-Simmons: Thank you, Chair and members. We at the Ministry of Education and the team that is represented here, we have noted your concerns and we note that the emphasis is that the Ministry of Education must move away from policy, and look more at implementation and

monitoring, and ensuring that what the outcomes that we have identified are in fact being realized. But the Ministry also recognizes that if we have started an initiative or policy in 2017, impact is not going to be noticeable until around probably five to eight years. But we recognize, and the questions that were being asked, is it happening? And the Ministry—we would be able to—well next rounds, and we will be revisiting, in that we should know definitively that physical education is taking place, our children are participating. And in fact if we say there are to be no sweetened drinks, that they are not available, and in fact that our parents are involved. I think, coming out of it, those are the messages that we will take and seek to put in place. Thank you.

Mr. Chairman: For my part, I want to commend you both for what is no doubt an excellent relationship and collaboration between both Ministries. We have had many people come before, many committees before, and this level of organic communication is extremely commendable because you seem to be on the same page in terms of your collaborative effort. I hope the Ministry of Agriculture, Land and Fisheries is as is involved. I know it was indicated here at a committee level but certainly in terms of providing the alternatives that are locally grown, it is going to be an addition.

My suggestions and concerns come with understanding that we sell parties and we sell entertainment and we sell foods, but we do not sell mindsets as effectively. We do not sell themes. Many, many years ago in our generation there was a “buy local” campaign and it was very, very successful. There was a “chase Charlie away” campaign that was very, very successful nationally. And we need to tap into that sort of national paradigm shift through very creative themes and advertising, not through posters, but through social media and digital platforms, where the target audience in terms of children and their parents and families and communities basically reside and communicate these days. If you look at any of the research papers coming out, 85 per cent of communication in the poorest countries in the world, 85 per cent is through WhatsApp, digital means. So if we are still at posters, we miss the boat. And not only that, it is cost effective, and you can make it consistent.

WhatsApp group between a teacher and parents to disseminate, as member Ameen and others have suggested, dietary plans and meal plans. It is not about paper any more. It is instantaneous digital communication and consistent messaging that will augment and support the policies that you are extremely well versed in. But my concerns is the practical application and measurement on the ground and that is not to say I do not think that you are making significant progress because you

certainly are. But we have to take it to them, the population, in areas and domains where they reside, which is the digital domain, to make the effect.

And I am really concerned about the monitoring of the sugar levels in the juices and hoping that as you suggested Chief Medical Officer that the lab is up and running because that is also a significant component.

So on behalf of the Committee we would like to thank you very much for being with us here today. And for being so well researched and prepared and again for your collaboration in the interest of the children and people of Trinidad and Tobago. And we would like to thank our viewing and listening audience and those who have been watching online at *ParlView*. We are going to suspend and we will have a short meeting after this. Thank you so much.

12.27 p.m.: *Meeting adjourned.*

Appendix V

VERBATIM NOTES OF THE TWENTY-NINTH MEETING OF THE JOINT SELECT COMMITTEE ON SOCIAL SERVICES AND PUBLIC ADMINISTRATION, HELD IN THE J HAMILTON MAURICE ROOM (IN PUBLIC), OFFICE OF THE PARLIAMENT, TOWER D, THE PORT OF SPAIN INTERNATIONAL WATERFRONT CENTRE, #1A WRIGHTSON ROAD, PORT OF SPAIN, ON WEDNESDAY, FEBRUARY 20, 2018 AT 10.50 A.M.

PRESENT

Mr. Paul Richards	Chairman
Mr. Esmond Forde	Vice-Chairman
Mrs. Glenda Jennings-Smith	Member
Ms. Allyson West	Member
Mr. Julien Ogilvie	Secretary
Mr. Johnson Greenidge	Assistant Secretary
Ms. Vahini Jainarine	Legal Officer

ABSENT

Brig. Gen. Ancil Antoine	Member
Mrs. Christine Newallo-Hosein	Member
Mr. Rohan Sinanan	Member
Ms. Khadijah Ameen	Member

MINISTRY OF SPORT AND YOUTH AFFAIRS

Mr. Farook Hosein	Permanent Secretary (Ag.)
Mrs. Marcia London-McKellar	Deputy Permanent Secretary (Ag.)
Ms. Denise Arneaud	Deputy Permanent Secretary (Ag.)
Mr. Gabre McTair	Assistant Director, Physical Education and Sport
Mr. Earland Kent	Director, Youth Affairs

MINISTRY OF AGRICULTURE, LAND AND FISHERIES

Dr. Simone Titus Chief Technical Officer
Mrs. Nirmalla Debysingh-Persad Chief Executive Officer,
National Agricultural Marketing and
Development Corporation

DIABETES ASSOCIATION OF TRINIDAD AND TOBAGO

Mr. Andrew Dhanoo President – Diabetes Association of
Trinidad and Tobago
Ms. Asha Samaroo 1st Vice President – Diabetes Association
of Trinidad and Tobago

NATIONAL PARENT TEACHER ASSOCIATION

Mrs. Raffiena Ali-Boodoosingh National President
Ms. Kari-Ann Mejias National 2nd Vice President

Mr. Chairman: Good morning everyone, and welcome to the second public hearing on an examination of the current levels of childhood obesity and the State’s interventions to promote a healthy lifestyle among children in Trinidad and Tobago. We would like to welcome the viewing and listening audience to this, the 29th meeting of the Joint Select Committee on Social Services and Public Administration. These proceedings are being broadcast live on *ParlView* and of course, on our social media platforms. We would like at this time to invite members of this Committee to introduce themselves.

[Introductions made]

Mr. Chairman: Thank you, members, and there are other members of the Committee who are either absent or unavoidably detained. We thank you for being here. Of course, we have representatives from the Ministry of Sport and Youth Affairs, the Ministry of Agriculture, Land and Fisheries, the Diabetes Association of Trinidad and the National Parent Teacher Association (NPTA) of Trinidad and Tobago. And, of course, once again, the meeting is the second hearing pursuant to the Committee’s examination of the current level of childhood obesity and the State’s interventions to promote healthy lifestyles among our nation’s children. The enquiry has three main objectives: one, to examine the trends in obesity and associated illnesses amongst the

student/child population; two, to assess the services and facilities available to counteract and/or alleviate childhood obesity; and three, to examine the effectiveness of the school nutrition programme in the reduction of childhood obesity in Trinidad and Tobago.

Of course, the stakeholder groups are before us. We have present from the Ministry of Sport and Youth Affairs, the Acting Permanent Secretary, Mr. Farook Hosein. Good morning, Mr. Hosein, thank you for joining us. The Chief Technical Officer, the Ministry of Agriculture, Land and Fisheries, Dr. Simone Titus; thank you for joining us, Dr. Titus. President of the Diabetes Association of Trinidad and Tobago, Mr. Andrew Dhanoo, thank you for being with us. And also Mrs. “Raffenia”—did I pronounce it right? [*Interruption*] “Raffiena”, sorry—Ali-Boodoosingh, President of the National Parent Teacher Association, the NPTA. We also have other persons from the various Ministries who at this time I will invite to introduce themselves and those who I just introduced can also do so officially for the record. Thank you for joining us. Let us start with Mr. Farook Hosein, the Permanent Secretary Acting, in the Ministry of Sport and Youth Affairs.

[Introductions made]

Mr. Chairman: Thank you for joining us, taking time to be with us today. And we would also like to welcome members of the media and those in our audience, on radio and television and online. We would like to remind you, both Committee members and officials and stakeholders, to direct your questions, concerns and comments through me, the Chair. I would also like to remind officials to activate your microphones when you are about to make a contribution when you are acknowledged by the Chair, and please turn it off when you have concluded your contribution.

And as we start now, let me just indicate, this is the second part of the enquiry. We met a couple of weeks ago with the officials of the Ministry of Health and the Ministry of Education, who gave us some quite interesting commentary on the startling levels of childhood obesity in Trinidad and Tobago which are not going in the right direction, to put it mildly, and that is because of a number of factors in Trinidad and Tobago. Of course, diet being high on the agenda; inactivity; the issues of inactivity related to school curriculum and, I think the policy or practice of the—I think it is Standard 3 or—Form 3, sorry—where it is no longer mandatory for students to participate in PE or what is described as extra-curricular activity, and a tendency for younger people in Trinidad and Tobago to be more and more inactive, opting for more and more video games and more inside activity, and also a general philosophy in Trinidad and Tobago that—and this is a discussion the Committee had before we came on here—academics in the classical sense,

takes precedence after a particular stage in life, to sport and healthy activity, or activities that promote health and reduction in non-communicable diseases, et cetera.

And I hope some of our discussions will revolve around that this morning and how we can come up with interventions and policies that will facilitate not only healthier nutritional choices in schools, but in homes and generally, because of what is, unfortunately, available as we describe as junk food that are not contributing to healthy lifestyles and metabolisms, but also having a different kind of philosophy in Trinidad and Tobago towards sporting activities, outdoor activities, not in a sense of everyone being a Brian Lara or a Dwight Yorke, but just maintaining some level of activity through primary and secondary school and university in our adult lives, so that it contributes to our health and reduces our national health bill, and increases our quality of life into adulthood and into elderly life, et cetera.

So I would just like to open the commentary from the Ministry of Sport, then the Ministry of Agriculture, Land and Fisheries, and the Diabetes Association and the National Parent Teacher Association in the context of what we hope to achieve today in our discussions related to the obesity levels in Trinidad and Tobago. Let us start with Mr. Farook Hosein, Acting Permanent Secretary in the Ministry of Sport and Youth Affairs.

Mr. Hosein: Chair, permit me to express my appreciation to the Joint Select Committee on Social Services and Public Administration for convening this dialogue on childhood obesity and for having extended an invitation to our Ministry to join in this discussion. The Ministry of Sport and Youth Affairs is responsible for the monitoring, oversight and facilitation of the development of youth affairs, sport and recreation in Trinidad and Tobago. The Ministry collaborates with stakeholders towards ensuring the successful pursuit of youth development, active lifestyle, and sporting excellence. Our services span the areas of policy, institutional structures and projects, inclusive of the development and upgrade of sport and youth infrastructure. At the Ministry we believe that sport and active recreation can make a significant contribution towards improving the physical activity levels of our population. In this light, the Ministry commits itself to support, encourage and promote sport and active lifestyles throughout Trinidad and Tobago.

Chair, the Ministry looks forward to a productive meeting and sharing our information and ideas on this important issue being addressed by the Committee. I thank you.

Mr. Chairman: Thank you, Mr. Hosein. And if we could have Dr. Titus next, Chief Technical Officer, Ministry of Agriculture, Land and Fisheries.

Dr. Titus: Thank you, Chair. I want to say a pleasant good morning to all again, and indicate that the Ministry of Agriculture, Land and Fisheries is pleased to participate in this Joint Select Committee on this very interesting topic and I would like to say it created a lot of dialogue within the Ministry. And my colleague and I will make all efforts to clarify any questions that may arise in this regard. Thank you.

Mr. Chairman: We would also like some contributions without question-soliciting. Thank you so much, Dr. Titus. Mr. Dhanoo, from the Diabetes Association of Trinidad and Tobago.

Mr. Dhanoo: Good morning again, everyone. Thank you, on behalf of the Diabetes Association and thank you for including NGOs and civil society in these discussions. The Diabetes Association's primary aim is to improve the lives of persons living with diabetes through education, advocacy and research. However, we are also invested in initiatives which are directed at decreasing the amount of cases of diabetes. This puts our focus on the primary cause of diabetes, which is obesity.

Obesity reduction tactics have been at the centre of our prevention initiatives, as we know that excess body fat is one of the primary determinants of diabetes development. The Diabetes Association of Trinidad and Tobago has noticed a shift towards younger and younger persons being diagnosed with diabetes. Previously, recommendations of persons at the age of 45 being screened no longer is acceptable, as we are now seeing persons under the age of 30 being diagnosed with diabetes Type 2. We have seen that far more children in schools show indicators of pre-diabetes, of impaired glucose tolerance. Besides being overweight, which may now describe about 50 per cent of our population in all schools, collectively, other indicators of diabetes risks have now been more apparent in children. One of these manifestations of hyperinsulinemia is acanthosis nigricans. It is a darkening of the skin; behind the neck, in particular.

The Diabetes Association of Trinidad and Tobago believes that significant changes in the landscape in schools as it relates to a healthy environment should be adopted sooner rather than later. We are now seeing children developing diabetes and other lifestyle-based non-communicable diseases before their parents, in some cases. It is a notion that is accepted by many health professionals that, for the first time in human history, we are now seeing children who may die before their parents, from NCDs.

Thank you.

Mr. Chairman: Thank you very much. And Mrs. Ali-Boodoosingh, from the National Parent

Teachers Association.

Mrs. Ali-Boodoosingh: Good morning, again, Mr. Chairman, and other members of the Committee, stakeholders. It is indeed a pleasure for us to be here this morning as we are addressing this important topic of obesity and what we can do to rectify this problem with our children as early as possible. Health and wellness of our children is important in ensuring that they have the capacity to learn well and obtain their maximum potential. Good parenting provides the conditions in which a child can realize his or her full potential, therefore, the well-being and welfare of our children should be our focus. To this end, we can safely say prevention should be our first practice rather than intervention.

However, childhood obesity has grown exponentially in our nation. In fact, it has, as I heard—it has been a 400 per cent increase from 2009, and has become a societal issue, and the factors leading to this condition can be traced in large part to the lack of exercise and poor diet. It is a parent's responsibility to provide proper nutrition for their children and the NPTA, as a responsible organization, seeks to offer this kind of empowerment to our membership by establishing partnerships with the relevant stakeholders, in this case, the Ministry of Health.

These programmes are concomitant with our objectives as outlined in our Constitution: one, to promote the welfare of children and young persons at home, school, church, and in the community; and two, to develop among educators, parents and the general public, such united efforts as will secure for every child the highest advantages in physical, mental, social, cultural and spiritual education. Let me quote Frederick Douglass who stated that “it is easier to build strong children than to repair broken men”.

Realizing the significance of nutrition, the Ministry of Health conducted sensitization workshops in our PTA regions on non-sugary beverages and obesity and we, in turn, communicated this information to our PTA units in our respective schools. Health educators from the Ministry of Health were invited to many individual units. They compared the sugar content of the beverages our children consumed and explained the detrimental effects on our children's health, namely NCDs. Many children sitting in our schools exhibit symptoms of diabetes hypertension and, of course, obesity.

These workshops occurred between March to April 2017 and the NPTA culminated this series of workshops with a health fair held on the Arima Promenade in June 2017. We chose this venue because the research showed that Arima had the highest registered cases of child obesity.

The most recent statistics presented to us on obesity showed that childhood obesity increased from 2.4 per cent in 1999, to 13 per cent in 2009; and in 2017, 55 per cent, ages five to 18 years. This phenomena is frightening and this situation should be of serious concern for us parents.

Due to inadequate attendance to our PTA meetings, the dissemination of this vital information is not widespread. At present, this new NPTA executive has been working on the ground to increase our membership and forging partnerships with significant stakeholders in the education system. Efforts are made to inform parents through pamphlets, brochures, et cetera. However, physical presence affords meaningful discussion, collaboration and sharing of ideas together and so much benefit can be derived in changing lifestyles and various meal choices. A great idea was suggested at one of our meetings and, notably, to prepare recipes cost effective for parents, for circulation. You see, our parents do not realize their influence and importance in their children's lives. School feeding plays a significant role in nourishing our children. However, these children are selected on socio-economic criteria, not one considering health, and there is no assessment instrument to measure the benefits of the meal. RDA allowance supplies 25 per cent in breakfast and 33 per cent in lunch. NDSCL provides 25 per cent of our children with breakfast and 33 per cent with lunch.

Mr. Chair, we are ready and willing to work along with our parents because parent education is key to the success. Our theme for this year, "Educate Parents: Empower the Community", we are doing the groundwork for more parent participation and engagement and, hopefully, we will make a difference. We are now partnering with the Ministry of Health in their "TTT Moves" and "Healthy Me" initiatives.

Mr. Chairman: I am going to ask you to put a pause. I know you gave a lot of information and we thank you for the information because—

Mrs. Ali-Boodoosingh: Okay. I am finished.

Mr. Chairman: Oh, that was the end?

Mrs. Ali-Boodoosingh: Yes. I just have one sentence.

Mr. Chairman: Go ahead.

Mrs. Ali-Boodoosingh: So a whole generation is at risk through obesity. Thank you for this opportunity and I hope we will have some success from these deliberations.

Mr. Chairman: We will, based on your start there. *[Laughter]* You have hit the ground running. How long have you been at this post now?

Mrs. Ali-Boodoosingh: Since November 2017.

Mr. Chairman: Well, you obviously have hit the ground running and we appreciate the statistics and the information you brought already and what seems to be a very thorough examination of the paradigm that we have before us.

Mrs. Ali-Boodoosingh: Thank you.

Mr. Chairman: You indicated 2.4 to 13 per cent and 55 per cent between 2009 to 2017?

Mrs. Ali-Boodoosingh: Yes.

Mr. Chairman: Wow. That is a—Allyson, you are better at Math than me. [*Laughter*]

Mrs. Ali-Boodoosingh: It is about four times, 400 per cent.

Mr. Chairman: Four hundred per cent increase in prevalence. That is frightening. Let me start with the Ministry of Youth Affairs. How much collaboration is presently done with the Ministry of Education in terms of the insertion or maintenance of sporting activities at primary and particularly secondary level schools, given the fact that it is only mandatory up to Form 3? And we see a sharp fall-off in participation of sporting activity, not necessarily competitively, just participation after that Form 3 benchmark, because there is a tendency towards focusing by parents and teachers in some instances, on attaining grades—and nothing is wrong with that, doing well, but at the expense of physical activity.

Mr. Hosein: The Ministry of Sport and Youth Affairs provides technical assistance and also we have a coaching programme. I would ask Mr. McTair to give us some details in terms of these two activities.

Mr. Chairman: Just—and not meaning to be rude in any way. I know we are going to get a lot of technical information in terms of what the policies are, and what the programmes are. We have the documentation. What we want to know is actually what is happening; what the participation levels are like. We have all the information about what the policies are; what the frameworks are. We really want the public to get a sense of what is happening so that they make decisions about their children's participation in lives that will positively impact them, particularly where this, what I would describe as a health concern is. Okay? So thank you.

Mr. McTair: Good morning again, Chair and members. The Ministry of Sport and Youth Affairs and the Ministry of Education, we do collaborate with respect to the development of sporting programmes, as the Permanent Secretary would have mentioned. However, where physical education is concerned, that falls under the strict responsibility of the Ministry of Education and

how they implement their physical education programmes stays with the Curriculum Division. We liaise with the Curriculum Division in terms of the provision of coaches, based on what the needs are and what it is we can provide. However, when it comes to physical education, that definitely remains with the Ministry of Education.

Mr. Chairman: When you say the provision of coaches, how many coaches would have been provided to primary and secondary schools? And it is only coaches that you supply in terms of the competencies necessary for, maybe, teachers engaging in information about physical activity and how important it is in their lives outside of a curriculum setting?

Mr. McTair: The coaching programmes, we have, over the years, had up to 15 coaches at different schools throughout the various districts.

Mr. Chairman: Now, 15 coaches at how many schools?

Mr. McTair: That would have been—I do not have the statistics at this particular point in time.

Mr. Chairman: This is 15 in primary and secondary schools, across the board.

Mr. McTair: Yes, it would have been primary and secondary schools. There would have been at least one interaction with the coach for that particular time period that the coaches would have been on contract.

Mr. Chairman: I have a fair understanding of how many primary and secondary schools we have in Trinidad and Tobago, so when I hear there are 15 coaches being spread for contact hours, it does not give me a lot of hope. And I am not blaming you. I am just saying that is what exists. So then we start to get a sense of what the challenges are. Go ahead, please.

Mr. McTair: Of course, each school should have, well, with the Ministry of Education—physical education teachers which would provide a general level of physical activity for children in the school at school age, and during the school curriculum. Of course, what we would provide with respect to coaches would be more supplemental. It is really in terms of being able to provide two things: one, some total participation opportunity for sport itself, not just physical education, but also to provide a means by which it is we can support our national governing body with respect to talent identification for the development of national athletes in the future.

So, in terms of general physical activity participation levels, that should really take place at school level with a mandatory physical education programme across all age groups, all classes. It should not, as would have been mentioned, probably stop at a particular age or Form, but it really should last throughout the school career of the student to be able to ensure that you have a

maximum possibility of participation in physical activity.

Mr. Chairman: I am glad you mentioned the curriculum aspect of it, but do you get a sense from your interactions in the Ministry of Sport and Youth Affairs, that Trinidad and Tobago—because you mentioned the identification of talent which suggests there is a dichotomy here. Not everyone wants to be an athlete; not everyone wants to be Brian Lara, Dwight Yorke, Russell Latapy, Keshorn Walcott, but everyone should be, as a philosophy—a national philosophy—understand the importance of physical activity from a young age, from the time you can walk, all the way through your adult life into the older years in your life. Do you think we have that national ethos towards sport? Or is sport just seen as competitive?

Mr. McTair: I do not have any empirical data to support that. However—

Mr. Chairman: Sport/physical activity.

Mr. McTair: I think there needs to be more emphasis on the implementation of physical education at school level. Physical education is where you have that ability to instruct a child as to how it is you go about treating your body, managing your body and allowing the individual to develop certain habits that would last throughout the rest of their lives. So that is where physical education becomes very, very important, because it is an actual subject. It is a curriculum. There are stages for that. Where sport is concerned, from the Ministry of Sport and Youth Affairs side, what we would offer, as I mentioned before, would be opportunities for total participation. Not all the students who would participate in our coaching programmes are doing so just for the sake of being able to become an athlete, but they would participate for the sake of. However, from the pool of those persons participating, you will find one or two, or more, who would be able to graduate to other levels of sport participation.

Mr. Chairman: I am opening the floor to accommodate member West and then member Jennings.

Ms. West: Thank you, Mr. Chair. To the Ministry of Sport and Youth Affairs: I get the sense that you see your role in terms of promoting physical activity within the schools as being a facilitative one. So that if and when the Ministry wants support in terms of coaches and so on, you will supply them to the extent that you can. I am wondering whether, as the Ministry in charge of Sport and Youth Affairs, whether you think you need to be more proactive in trying to promote physical activity and sport among the youth, and therefore, get more involved in working with the Ministry to devise curricula around that and to help them ensure that they have the equipment and other services that they need to promote it.

Mr. McTair: In terms of how the Ministry of Education is structured and how physical education is implemented via policy, it falls strictly, and very strictly, under the Ministry of Education.

11.20 a.m.

We are not able to necessarily just do sports programmes or implement sports programmes in schools without that approval from the Ministry of Education. There are structures to take care of that, and as a result we take a more supportive and facilitatory role in that regard.

Another—if I may?—another element where sport participation is possible would be through our national governing bodies. For sport, they would liaise with the Ministry of Education as well in terms of providing opportunities for students to participate in sport with, of course, the dual purpose of being able to find talent for their own elite and high performance purposes.

Ms. West: It is evident that what we are doing now is not working, because as the President of the NPTA would have indicated, we are moving in the wrong direction in terms of increase in non-communicable diseases and, therefore, what I am suggesting to you is that we may need to change the way we do what we do, and since my understanding of your role is to promote sport and youth affairs throughout Trinidad and Tobago, I am suggesting that you may want to give consideration to playing a more active role. I know you cannot intervene in the education system, but playing a more active role in seeking to influence what is happening there.

Mr. McTair: Noted. Thank you very much.

Mrs. Jennings-Smith: I want to first ask the President of the Diabetes Association: Now, you gave us a figure of a 50 per cent of the population in all schools are overweight, and then we heard from the President of the parents/teachers body hinted about 57 per cent—as the President do you have more specific information as to where that 50 per cent of the population lies in terms of geographical areas?

Mr. Dhanoo: Firstly, in terms of the geography of where that percentage would have lain, that information is not really published. The information that we would have had was from the global school health survey which was present in 2007, 2011, 2017. I think what the President of the NPTA would have alluded to, I think something was mixed up there in her presentation, whereby 2011 she would have mentioned obesity rates, while 2017 would have mentioned total obesity and overweight rates. So that is where she got 400 per cent increase, but it is not that bad. If it was then we would be in a terrible position.

Mrs. Jennings-Smith: The reason why I am asking you—and I will stop you—because she

referred particularly to the area of Arima and I wanted some further clarification from you being the Chairman of Diabetes Association of Trinidad and Tobago. So hence the reason why I am asking you to tell me in your collection of data and information, did you give any consideration to determining where in Trinidad and Tobago we have the highest amount of that problem?

Mr. Dhanoo: So again, we do not have the capacity to collect that data. That data was collected by the Ministry of Health, and the Ministry of Health would have presented, through the global school health survey, that statistic. So really and truly in 2007 the total obesity and overweight rate in children, in primary schools and secondary schools, would have been one in three. From the 2017 data we now have one in two. So half our children are either overweight or obese. So it is really like a 45 per cent increase, not a 400 per cent increase.

Mrs. Jennings-Smith: And you know why I bring you to a point. Now, when we talk about tackling health problems or public health problems, the first thing you try to do is to determine the hot-spot areas. It is like crime. You first determine where you need to have specific interventions. So you need to target who, where, and how you would engage it. So I will ask the next question to—and I just rest with you a bit to come back to you if you could seek to find some clarification on this issue. But now I will now go to the Ministry of Sport and Youth Affairs.

In our questions that we submitted to you, we had asked you to tell us what you are doing about implementing these programmes because the PS quite clearly outlined that the functions of the Ministry of Sport and Youth Affairs, when we talk about childhood obesity, was monitoring and developing and engaging youth development for active lifestyle. So that you gave us four programmes—the Ministry of Sport and Youth Affairs—you had the community-based sport development programme, youth health caravan, school education caravan education, adolescent intervention programme, but I want to find out what method or what selection process you engaged to select the areas to have these programmes done? Bearing in mind we do not have the statistics as to where, the who.—What methods did you use to select the places you did your intervention programmes?

Mr. Hosein: The programmes would have—

Mrs. Jennings-Smith: So I would make it easier. How are schools or communities selected to benefit from these programmes?

Mr. Hosein: Okay. At the time that these programmes or over the period of time, the last three years, Mr. Kent would have been our Director of Youth Affairs and I would ask him to give some

details.

Mr. Kent: Through you, Mr. Chair, the Ministry of Education would have published a list of at-risk schools across the education districts, and these were at-risk for various reasons. And—

Mrs. Jennings-Smith: Could you—please?—keep it to obesity? I think that is what we are talking about this morning. So if you are talking about at-risk, how did you come about with that information?—because I asked the question before. I tried to get clarification. Did you get that information from the Ministry of Health?

Mr. Kent: Ministry of Education. As I was just saying, through you, Mr. Chair—

Mrs. Jennings-Smith: How did you determine the at-risk schools?

Mr. Kent: Well that is what I was explaining. The Ministry of Education would have published a list of at-risk schools and they categorized at-risk based on a wide spectrum including healthy lifestyles as well.

Mr. Chairman: If I could just interject and I understand member Jennings-Smith's enquiry. She is asking what is the methodology used to target these resources, and if you are using a matrix of at-risk as supplied by the Education Ministry, the prerequisites for at-risk may have several different variables and the health aspect may have a lower loading than other components. So is it that it is an overall approach you are taking to at-risk, or is it because you are the Ministry of Sport and Youth Affairs? So I am understanding the line of questioning in that context as to—is it that you look at the loadings for obesity or health-related issues as opposed to other components which may form the gamut of the spectrum at at-risk as supplied by the Ministry? What is the methodology, what is the target, what is the matrix you used for determining eventually what areas that were targeted?

Mr. Kent: From the list we would select schools, and our programmes are generic. So it is not specific to childhood obesity, but it falls within that whole area of healthy lifestyle, promoting healthy lifestyle among young people and children. So we select from this list and we rotate in all the educational districts.

Mr. Chairman: To cut a long story short, you just choose some schools and decide to intervene. There is no scientific method. That is fine to say that.

Mr. Kent: Yes, based on the Ministry of Education's published list of at-risk schools.

Mr. Chairman: Thank you.

Mrs. Jennings-Smith: So in completion, I want to ask you because I noticed that you had a lot

of community programmes—did you find it necessary to consult or to work along with the National PTA in engaging these programmes?

Mr. Kent: Well, through the PTAs at the individual schools that would have been selected, the parent body within that school would have also participated on like planning committees for these activities.

Mrs. Jennings-Smith: So are you telling us that you worked along with the President of the National Parent Teachers' Association?

Mr. Kent: No, the President of the PTA in the particular school.

Mrs. Jennings-Smith: So you worked with the persons in the particular schools?

Mrs. Jennings-Smith: In the particular schools. Okay, last question. What was the level of participation from children and adolescents, and the feedback from the parents from each of these programmes that you had? In particular, the parents.

Mr. Kent: The data that I have has not been disaggregated into the categories of participants, but we have general data. In terms of the youth health caravan, over the past three years we would have reached out to approximately 3,000 persons. The school edu vans 7,770, and the adolescent intervention programme, which is a post-SEA programme, we would have reached out to approximately 900 persons.

Mrs. Jennings-Smith: So great. So if we had ended up in 2017 with an increase of over 400 per cent, clearly you would have reached 7,000 students, as you said a while ago, but your advocacy programme—because I looked at what you had submitted, you talked about an advocacy programme which is a programme geared to engaging persons to engage a healthier lifestyle. In going forward, as the Ministry of Sport and Youth Affairs—and I dare say it is a Ministry that I see working diligently to engage young people, and I have seen movements in that area and I want to compliment the Ministry of Sport and Youth Affairs at the same time, and, yes, this is indeed a new area that you are challenged with this morning by our questioning.

So, in going forward, because of the dynamism of your Ministry, I want to ask you what are the plans you have set in train to go forward, seeing that what would have been done in the past year you did not get the kind of success that you would have required or desired, what is your plan in going forward in terms of this programme? Because we have before us some startling revelation of the increase in the number of obese children in our society.

Mr. Hosein: In looking at our programmes and reviewing our programmes, we realized that it

was not a specific objective of the programme to address the issue of childhood obesity. It was in effect a benefit of the programme. In reviewing our programmes now, we are looking at putting a greater focus on childhood obesity and trying to make it one of the objectives of the programme.

Mr. Forde: Thanks, Mr. Chairman. Mr. PS, Acting, you mentioned in your opening statement that part of your mandate is basically to encourage sport, and active lifestyle and participation, well generally, but then we are zeroing it down to schools—primary and secondary—because I think this is part of the topic that we are on today. But I am hearing from Mr. McTair in terms of that mandate that you all have, there seems to be not a proactive approach in dealing with ensuring that we will have the active lifestyle among the school population as the case may be, whereby Mr. McTair is saying that they basically depend on information from the Ministry of Education in order to determine how many coaches they may need, how much equipment they may need as the case may be, and I am thinking from the Ministry of Sport and Youth Affairs point of view that you all should be more proactive in setting up guidelines and plans to the Ministry of Education even though they may have their particular curriculum.

What I am thinking is that based on your mandate you all should be putting programmes in place in order to enhance the whole curriculum activities at the particular Ministry—have any approaches been done along those lines? Not just with regard to talking about supplying coaches and equipment. I am talking about programmes because you all have a ready-made market in place at the various schools, whether primary schools, whether secondary schools, whether in particular zones—east, west, north, south—what programmes are there in order to showcase healthy lifestyles, sporting programmes, cricket, football, tennis, swimming? Give us some sort of trend.

Mr. McTair: Through the national governing bodies for sports, we do encourage the planning and implementation of sporting programmes in schools. Also, the Ministry of Sport and Youth Affairs is within this fiscal year moving towards the rehiring of coaches and the rehiring of sport development officers for that purpose of being able to work with students at school level, as well as the sport development officers work within communities for development of participation programmes for school-aged children as well as for young adults and the community in general.

Mr. Chairman: Thank you. Maybe I could just interject, Vice-Chair. I know you are at a bit of a disadvantage because your purview is not necessarily specifically to deal with issues of obesity and that is a side effect of the success of what your Ministry is mandated to do, but what I am

getting from the members is that maybe there needs to be a more active role in terms of your matrices for success with your programmes including collaborations with the Ministry of Health, et cetera, to factor that into your success or your measurement matrix for your programmes because I do not get a sense that there is a documented measurement approach to the success of many of these programmes. We put resources into them as a State and we are seeing less and less participation, and it does not seem to be an analysis of why the participation rates are dropping and what we can do in the future to mitigate that and to change the trend or the directions to what we would like in terms of increased participation rates, not only in schools, which is a natural catchment, but certainly at the community level. Vice-Chair.

Mr. Forde: It is stated in your documentation, that is on page 7, the Inter-American Development Bank agreement with regard to the health services support programme where a loan has been granted. Could you care to share the figure of that loan; what is the amount of that loan?

Mr. McTair: The details of the figure I do not have because the loan was really granted to the Ministry of Health. What the Ministry of Sport and Youth Affairs has been doing since mid-2018 is working along with the Ministry of Health with regard to identifying youth facilities and sport facilities where the equipment that would be purchased by the loan could be placed according to where our facilities are located, and also working with the Ministry of Health in terms of the evaluation of bids—which is the stage that the process is at now—for the purchase of such equipment. We also would have identified what types of equipment would be required within the sport facilities and youth facilities.

Mr. Forde: Right. So these will be sporting and youth facilities. Schools will be covered, catered in this particular aspect?

Mr. McTair: No.

Mr. Forde: Right, no schools. With regard to the healthy youth TT initiative that you all are planning to implement, how will that work? How will that help us in what we are discussing today? How will it assist us with obesity, healthier lifestyles and so on? What is the plan of that? What is the purpose? Give us a little hint on what is the plan on that.

Mr. McTair: While there has not been a concrete plan put in place just yet in terms of our liaisons with the Ministry of Health, the discussions that would have been held are going towards the youth, or the youth of these gyms or facilities where equipment would be placed by the communities, members of the communities especially, of course, by young people. Of course, the usage of these

facilities would be done at if not no cost, at a very low cost to the participant. We will have trainers placed at these facilities as well, certified instructors placed at these facilities as well, to be able to assist the young persons who will be utilizing the facility to maximize the use of such for the safe participation in exercise at the various locations.

Mr. Forde: All right. Mr. McTair, I want to be very specific now. Up in the east there is an indoor racquet centre where lawn tennis, table tennis, badminton are played, has that facility been utilized to the fullest potential as we speak?

Mr. McTair: The National Racquet Sport Centre, the programmes that are put on at the facility would be operated by or implemented by the national governing bodies for those relevant sports. So in other words, coaching programmes for their national youth teams into their high-performance and elite teams and athletes, would take place at those facilities. There are other facilities where badminton is played at a total participation level.

The National Badminton Association at a point in time would have had programmes in schools utilizing the indoor facilities at those schools to be able to encourage youth participation in badminton. The Table Tennis Association, through their club system in communities, also would encourage the participation of table tennis throughout Trinidad and Tobago. And in terms of tennis, there are a number of tennis facilities around the country where tennis is offered as a sport for the participation of various communities and persons who can do so. The racquet sport centre, however, is more so a training hub for national teams, youth teams as well as senior teams. Well, individuals and teams because it really—

Mr. Forde: But, Mr. McTair, why I asked the particular question, because there is the caption area, that caption area has a lot of schools, both secondary and primary, along that area of the East-West Corridor, and from information coming to me is that they are not being able to utilize the facility for whatever purpose in order to get the children training as the case may be, and scheduling, and programming and so on. I know we may be probably a little off topic, but the point is that we have the facilities but I am thinking that they are not utilized and being maximized for what the purpose of what has been spelled to you. So it is something that I think that you need to look into—

Mr. McTair: We will have to have a discussion with—

Mr. Forde:—because I had discussions with the badminton association as well as the lawn tennis association, and there seems to be some little grey areas along the lines there.

Mr. McTair: We will have to have a discussion with the national governing body for those—

Mr. Chairman: Before I go to member Jennings-Smith, let me just apologize to Dr. Titus and Mrs. Debysingh-Persad, we have not left you out. I know you have been sitting there, and I apologize. We are going to come to you with a lot of questions in a short while, so just hold on. Member Jennings-Smith.

Mrs. Jennings-Smith: I will continue and I will eliminate the Ministry of Education as I move on, and I will focus clearly on the Ministry of Sport and Youth Affairs. We had asked you a question to outline initiatives and activities from your Ministry to promote healthy and active lifestyle aimed at combating obesity among children and adolescents, and in your response, by your very admission, you admitted that in fiscal 2019 you will continue the programmes such as the community-based sport development programme which I alluded to earlier, the community health caravan, adolescent intervention programme—if you look on page 9 you would see your answer so I would not have to see the entire answer that you provided us—and you did say that these programmes are geared towards promoting healthy and active lifestyles, and you did say again that it would not only educate the youth of the danger and effects of obesity but also promote a sound platform for combating lifestyle diseases, and I will revert to my former question to Mr. Andrew Dhanoo. Because here you are, utilizing government funding, engaging in a programme, and I actually asked you the question prior and gave you an open end to tell me what you intend to do in the future knowing fully well that you had given an answer to and you have us with a lot of details here of how you intend to continue, but what we are not seeing is an evidence-based approach to doing what you have to do. Because clearly, you speak also youth facilities and where are those youth facilities? What are the criteria you are using to select the communities and who are you targeting?

So is there a collaboration between you and the Ministry of Health and as well as the President of the Diabetes Association of Trinidad and Tobago—who I feel need to do much more research—to provide you with that information that when you make a decision to do something utilizing taxpayers' money, government funding, that you are really on board to make a difference and not just to give us a lot of narrative here for an answer? I need to get some clarification on this particular issue from the Ministry of Sport and Youth Affairs, and I need to get some more involvement from Mr. Andrew Dhanoo on statistical data, because you are the persons that we will all look to, to provide us with that kind of information along with the Ministry of Health.

We need to have programmes that are specific to our needs especially in a time when we have limited funding. So I need to get a specific answer from you, Ministry of Sport and Youth Affairs. And bearing in mind you know what you wrote here, and we saw that we did not have any success because we still continue to see a rise in obesity, and you are saying to us here that you are going to continue with these programmes. So what different are you going to do?

Mr. Kent: Through you, Mr. Chair, the programmes have not been evaluated to the extent that we would have liked because we do have a Monitoring and Evaluation Unit at the Ministry with two members of staff. I know that efforts are in place as we speak to recruit additional staff to assist us with the monitoring and evaluation of the programmes to produce that kind of data that will put us in a better position to implement in a more effective way. Now, what was put forward here in terms of the future was ways in which additional things that we can put in to the programmes that we think were lacking from our point of view in terms of sustainability as it relates to promoting healthy lifestyle among youth and children in the community, and one of the major ingredients there is for the establishment of the community-based health groups that will continue.

After we go in and we disseminate the information, and we collaborate with the Ministry of Health, and do the testing and that sort of thing, we thought that there was a need to have some sustained activity in the community. Because we have our youth facilities at seven locations—Basilon Street, California, Laventille, Los Bajos, Malick, and St. James—and we may promote one of these health caravans at one of these facilities. But there are neighbouring communities from which participants will come, and as a result of that we thought that establishing this community health group to follow up and work with them in terms of developing additional programmes and projects that they can implement to sustain based on the initial intervention that we would have made.

Mr. Chairman: One of my concerns is not the intention of the Ministry, but the data and information upon which you are making decisions, and follow-up data that you are gleaning from it to decide, well is it working, why is it working, why is it not working, what data are we using to decide we are going to X, Y, Z community, what is the strategic roll-out plan, why those areas for strategic roll-out and what are the components, what are the factors that are playing into making those decisions which I think is one of the enquiries that member Jennings-Smith is trying to get—what is driving the decision?

And just as an aside, we know that Mr. Dhanoo is President of the Diabetes Association, is an NGO, so we appreciate your presence here, but I think also the concern is that maybe—the suggestion, I should say—maybe is that there would be more collaboration with the Ministry itself so that the data that is being disseminated to the public is more on the stream so the public is not confused between data coming from the Diabetes Association, and data coming from NPTA, and data coming from the Ministry of Health, and there is a collaborative effort in terms of understanding we are all working towards alleviating the same issue.

11.50 a.m.

I want to jump to the Ministry of Agriculture, Land and Fisheries and thank you for your patience, Dr. Titus. As the Chief Technical Officer, give us a sense of the fruit that the MOU between the Agriculture Ministry and the Ministry of Health to more effectively streamline the efforts between most Ministries is bearing fruit. And also, why is there no longer a rep from the Ministry of Agriculture, Land and Fisheries on the board of management for the School Nutrition Programme given the obvious synergies that we would imagine should be happening between the Ministry of Agriculture and the produce in Trinidad and Tobago, the healthy produce and its possible impact on the School Feeding Programme, and using that school cohort as an option for local producers and healthier nutrition options?—and I might add, local.

Dr. Titus: Chair, you have asked several questions in one, can you, please, take it step by step? Can you repeat slowly, please?

Mr. Chairman: All right. The first one is about the collaboration between the Ministries of Agriculture and Education to more effectively streamline the efforts of both Ministries in this regard.

Dr. Titus: Sorry, so your question is what can be done to do—

Mr. Chairman: What is being done in terms of your collaboration between the Ministry of Education and your line Ministry?

Dr. Titus: Well frankly speaking, really and truly, as we have indicated, there is no memorandum of understanding. There is very little that is taking place now to strengthen the collaboration between the two Ministries and so that is something that we have indicated we need to work on. As I indicated before, being invited to this Joint Select Committee caused a little discussion because it highlighted a lot of things that the Ministry of Agriculture—it brought it to the fore that there are certain things that we just really may have fallen away and it is something that we really

need to work on. So that is where we are now.

Mr. Chairman: So presently, the School Nutrition Programme has little or no collaboration between the Ministry of Agriculture, Land and Fisheries in terms of the possible synergies and the accessing of local produce to create those meals for the nation's children?

Dr. Titus: Okay, so with that question, I will ask my colleague to respond please.

Mr. Chairman: Thank you.

Mrs. Debysingh-Persad: Good morning, again. So previously, based on the menus that are being served on the School Nutrition Programme, there would be some level of collaboration with NAMDEVCO being responsible for the operations of the Macoya wholesale market to make available a list of our certified farmers and the volumes that they potentially bring to the market to members of the programme. So there would be some level of collaboration between our field officers and officers at the School Nutrition Programme to identify what is at the wholesale market available for sale and as it relates to the menu options at the programme.

Mr. Chairman: Next question is: Does your collaboration extend to even advising the Ministry of Education and the School Nutrition Programme of the possible availability of healthier local choices? Even if it is not presently used, advising them, “well, pommerac better than imported apple”, “local Julie mango is better than”—in the interest of healthier choices, lower food import bill, et cetera.

Mrs. Debysingh-Persad: So if I may, there were previous programmes in the past where we would not have advised, where we would have collaborated to provide certain menu items as substitutes for items on the menu. One in particular being using green papaya as a percentage substitute for Irish potatoes in some of the menus and meals prepared for the schoolchildren. So that was one initiative in the past. NAMDEVCO would have been instrumental in providing the item as a ready-to-cook item to the caterers in the programme. That would have been initiated through collaboration with the School Nutrition Programme and NAMDEVCO. NAMDEVCO, being the marketing arm of the Ministry of Agriculture, Land and Fisheries and we are also responsible for development of the markets. That sort of collaboration took place specifically from the packing house facility in Piarco which is set up as a facility to facilitate export and local agro-processors. Therefore, we were able to successfully collaborative on that initiative. Other initiatives included the provision of ready-to-cook items such as pumpkin, dasheen bush, ochros, and from time to time, other small items of local origin.

So from a collaborative point of view and from the availability of nutritious and might I add at this point, Chair, safe, because the produce that would be sourced and recommended by NAMDEVCO would have been sourced from our certified and monitored farms, and our farms are monitored against good agricultural practices guidelines. The farms are not certified GAP but they are guided by good agricultural practices. And so NAMDEVCO monitors, on a monthly basis, a cadre of farmers where we can recommend, based on their practices, a certain safe food availability for consumption.

Mr. Chairman: Does that suggest that there is a cadre of producers in Trinidad and Tobago that may not be meeting those benchmarks, safety guidelines, and how is that factored into the national produce matrix? Because if we are asking the Ministry of Education/the food nutrition programme to be an integral part in our nutrition for our nation's children, there must be a sense of, well, there are benchmark practices nationally to support a drive to using local produce.

Mrs. Debysingh-Persad: So our farm certification and monitoring programme is purely voluntary, it is not mandatory so presently we have approximately 2,300 farmers on our programme. Those are the farmers we would monitor on a monthly basis. For those who have chosen not to join us, we cannot identify exactly what is happening on the farms. So unless we have a presence on the farms, we cannot say at this point in time.

Mr. Chairman: But you can say X and Y farms are certified and approved by the Ministry and A and B farms are not certified. You can do that because I think it is in the national interest for people to know what farms the Ministry is approving as a health concern and a safety concern. Would you agree?

Mrs. Debysingh-Persad: That is true. We definitely can say which farms are certified by the Ministry of Agriculture, Land and Fisheries.

Mr. Chairman: Finally before I go to member West and then member Forde, is there a programme by the Ministry of Agriculture, Land and Fisheries that seeks to either in collaboration with the Education Ministry and the Food Nutrition Programme to identify, one, the local healthier options and the preparation?—because nutrition for particularly children is a tricky issue as we all know. It is not just about give them and they will eat because they become weaned on foreign stuff and in many cases, unhealthy foreign stuff and their tastes have been socialized in that way. So if we want to change the trends to healthier and in addition to local options, there needs to be an education programme and a public awareness programme about one, these are the local options

available that are safe, two, this is the preparation that will appeal to younger demographics. Is that part of what your mandate or approach is?

Mrs. Debysingh-Persad: It is not a part of our mandate at present. However, from time to time, we are asked to make presentations at various schools and other institutions on where your food comes from so that children are better able to understand where their food comes from and to make healthier food choices. Also, that type of information is shared on our media platforms about Know Your Food. We do have a brochure that we share with many of our stakeholders, it is called Know What You Eat". So that we identify foods by their various colours and in an attempt to educate you on the nutrient benefits of various foods according to colours because we understand that colours appeal to people and they appeal to the person who is eating the meal. So in a bid to be able to tell you, you know, what you should be eating and what you should not be eating, that is the only programmes that we engage in, in training and educating the public, schoolchildren also, about what you should eat.

Mr. Chairman: And this brochure is digitally available?

Mrs. Debysingh-Persad: They are on our website.

Ms. West: Thank you, Chair. Just to follow up on that, as I would have asked the Ministry of Sport and Youth Affairs, do you see it as your role to be more proactive in promoting these programmes that either existed and no longer exist in the robust manner, or that you have available but that you do not promote? Because I get the sense that you have the knowledge certainly and you should have the interest but there is no active promotion of these things. So substitution of foreign foods with local foods, educating the schoolchildren, school feeding facility to focus more on the healthy lifestyles and local foods. Do you see it as your role to be more proactive in that area?

Mrs. Debysingh-Persad: Yes, we should be more proactive. I would like to, at this point, also indicate that NAMDEVCO manages and operates nine farmers' market facilities throughout the length and breadth of our country, from Debe to Port of Spain and in-between. These farmers' markets, the premise of it is based on the availability of local foods to the persons who reside in and around the area of the farmers' markets. Having said that, while it provides an economic benefit to the farmers who sell their produce at the markets, it also provides the benefit of, one, reducing post-harvest losses where foods have to be transported from the farms far distances, so that appreciate that nutritive benefits are gained and maintained in the food from the time the

farmer harvests it to the time the consumer takes it home and probably prepares it.

Also, too, it provides the advantage of people being educated about where their foods come from. So through our farmers' market initiatives, we are currently at nine farmers' markets throughout the island. We are continuing to look at bringing more nutritious foods of local origin to the tables of our consumers. So that is our little role that we are doing right now in promoting healthy lifestyles and the use of more local foods in reducing the incidence of non-communicable diseases.

Ms. West: While I applaud the NAMDEVCO approach to introduce the farmers' markets and so on and their very useful facilities, I still believe and I do not get the sense that you have accepted that the Ministry of Agriculture needs to just get more proactive. So for example, you should have a programme in place where you are collaborating with the Ministry of Education as to what their meal programmes are, what facilities they use to secure their produce, how do they substitute all their foreign imports with local produce and so on.

Mrs. Debysingh-Persad: So I take your point, we will definitely try to be more proactive in the future, you know, whenever their menus are planned. There was a bit of collaboration before but, of course, you know, there are many challenges in planning production with menu planning. So while we recognize that there are challenges, it is something that we will, in the future, be re-establishing, working with the School Feeding Programme when they are planning their menus and to work collaboratively with our local farmers to have more local, nutritious and safe foods on their menus.

Ms. West: And one further question to both the Ministry of Agriculture and Ministry of Sport, do you use social media at all to promote your programmes in terms of local substitute foods and also in terms of getting people moving? Because the focus of young people is on social media and I do not get the sense that we use it sufficiently to promote these things. So do you?

Mrs. Debysingh-Persad: So we do. We hosted a series of video productions from NAMDEVCO maybe about two years ago where we would have one-on-one talks with our food technologists promoting certain food groups and how to best maintain the nutritive value of such foods during menu preparations, so yes we do. And then we continuously promote, through our Facebook page, the farmers' markets and you know, the wide range of menu applications that some of the basic foods that we have coming to our markets, based on their varietal characteristics, they lend themselves to various menu applications. So in that way, we encourage cooks at home to be more creative based on the variety of fruits and vegetables that are available at the farmers' markets and

the wholesale markets by extension.

Mr. Chairman: Vice-Chair.

Mr. Forde: Thanks, Mr. Chair. Again, from your documentation provided by the Ministry of Agriculture, Land and Fisheries, the CEO of NAMDEVCO, in item two, again, the School Nutrition Programme does purchase from local markets, however, while their exact numbers are unavailable, the caterers do shop at these particular markets. Now, you mentioned earlier in your submission the collaborative approach, you spoke about the guided approach and monitoring, but I am thinking, even in following up with member West, that there should be a compulsory approach and also a mandatory approach with dealing with these particular contractors and at the School Nutrition Programme.

Because, again, we are operating in silos as the Chairman mentioned, because these contractors under the School Nutrition Programme are contracted to the Ministry of Education. The Ministry of Agriculture is also an arm of the Government, we have local produce and we are saying that, “listen, we would like you all to use these local produce”, not “if yuh want to”. Can it be mandatory? Can it be compulsory that we mandate that these local contractors purchase our local agricultural supplies?

Dr. Titus: Through you, Chair, I think that may be a possibility if it is part of their contracts. So if they are contracted with the Ministry of Education, the Ministry of Education in their contract could say, okay, a certain percentage of the ingredients must be of local origin.

Mr. Forde: No, but I think this is where you come in, right, in terms of being the Chief Technical Officer, in that—has a paper been provided? Is it documented? Has it been forwarded to your PS in order to get it to the PS of the Ministry of Education? Have those things been documented?

Dr. Titus: Through you, Chair, no.

Mr. Forde: Right and then we could go on further. The Ministry of Agriculture does not have direct relationships with the local contractors for the School Nutrition Programme. Why? Care to answer? Meat, poultry, fish—where are those things purchased? Are they purchasing the frozen stuff that we are saying that may not be ideal for consumption? Where are they getting it from? Those are statistics that you all have to get, Madam Chief Technical Officer, Madam CEO from NAMDEVCO, in order to ensure that our children are eating healthy. Care to comment?

Mrs. Debysingh-Persad: So yes, those statistics, I am sure, can be made available to us and there

is room for a lot more collaboration, I do agree with you, in terms of some function that stipulates a certain percentage of local production should be on the menus of the School Feeding Programme.

Mr. Chairman: Can I interject? One of the trends that is evolving in many of these JSCs is the siloed approach in problems that are so common or challenges that are so common and a lack of proactivity, as member West is suggesting, between agencies that have so much to gain from working more closely together, because you are, in some instances, duplicating, you are contradicting each other's efforts, you are not taking advantage of obvious synergies in the interest of effectively solving issues. And I know you are just the representatives here today, so we apologize and we did say Ministry of Agriculture, we are coming to you soon. But there seems to be an abject lack of will or structure or facility for effective collaboration between agencies that have common objectives as we are seeing; and many times, it takes coming before these Joint Select Committees to almost force these collaborations which, to me, is quite counterproductive.

The Ministry of Sport and Youth Affairs, member West asked a question about the use of social media. Is that something that you have done effectively in terms of getting your information out about the availability of programmes in communities in particular, et cetera?

Mr. Hosein: Yes, we use social media in terms of the details Mr. McTair will provide.

Mr. McTair: Yes, social media is used to promote any programmes that we would have. What also is going to be done in the future is that moves are being made to hire persons in the Communications Unit. That will specifically address the gaps with regard to more innovative use of social media and I think that is it. I think it is a case where while we do use it, it can be done better so we have identified gaps and persons are going to be hired that will specifically address those gaps.

Mr. Chairman: I think all the agencies need to stop printing stuff and send their stuff through social media. Let me just bring in Mrs. Ali-Boodoosingh before I go to member Jennings-Smith and then member West—and I loved your presentation earlier on when you started. Do you see yourself in the new iteration of the National Parent Teachers' Association as a conduit for facilitation of joining these many seemingly disparate groups in the interest of what the mandates are, one, nationally for our nation's children in schools regarding—in this instance we are talking about obesity and health, but certainly other issues such as behavioural issues et cetera, and how do you see that moving forward, given your limited resources, but your obvious connections to many of these agencies that should be really working more closely together collaboratively?

Mrs. Ali-Boodoosingh: We have always partnered with any agency that can help us and help our children to improve, whether it is behavioural change or academic, whatever, we have—

Mr. Chairman: Let me suggest that you speak from the point where you took up tenure because there may be some discrepancy in that statement and what may have occurred before you.

Mrs. Ali-Boodoosingh: Okay. So what we have been doing in moving around, we have realized that we have many problems in our schools, we have schools closing down, we have schools where students just go to school for two days a week and so on, and we have been dialoguing with principals to start solution centres in these schools so that we can make up for the loss of teaching time, especially in the secondary schools. We are also expanding our After School Study Centre Programme which we partner with Student Support Services in the Ministry of Education.

Mr. Chairman: Right, and all that is great but can we focus it on the obesity issue in this instance, please?

Mrs. Ali-Boodoosingh: Okay. On the obesity issue, what I observed is that we have many recreational facilities in our communities. I see them “real lit up” late but there is no one in these recreational facilities, and I think that this is where Ministry of Community Development and clubs and schools and other groups in these areas can come together and use these facilities.

I have listened to Ministry of Sport and Youth Affairs and I am getting the sense that we feel that obesity and sports have to be skill training but it could just be freestyle. So you use the spaces there and on afternoons or even in the schools playground—you do not close a school after three o’clock but you use the schools for different reasons, and one could be recreational facilities where all your stakeholders come—just have an aerobics session, have the children coming together. Their social skills will also be improved. You have people—whenever you have people coming together, you have better village life, better communal life and I see that as an avenue of getting the people on the ground involved in physical activity. And this message could be transmitted through the schools, through village councils, because we do have village councils, and the various clubs. Even cricket season, I am not seeing anybody playing cricket and I think a reason, too, is a safety issue. People do not feel safe to be in these open spaces and—

Mr. Chairman: Can I ask a related question? How strong is the NPTA now, in your assessment since your tenure? Because I know it was very strong 15, 20 years ago and it had waned in numbers and participation and it can be such a strong instrument for the elimination of many of the issues facing our school-aged children in Trinidad and Tobago. How strong is the NPTA now in terms

of participation? And I understand that there are 50 or so non-affiliated PTA groups in Trinidad and Tobago. What is your collaboration like with them, between the denominational schools and non-denominational schools?

Mrs. Ali-Boodoosingh: So what we have been doing in recent time, we have been going to different education districts, we are making linkages with the National Principals' Association, both in primary and secondary schools. We are dialoguing with the School Supervisors in each district. So that we will have more say in the schools, we will have more collaboration, we will have more buy-in from the parents because, you know, the parents' voice is a strong voice. They have to realize the power they have to make changes, to bring about changes and this is what we are doing. Because most of our PTAs in the schools are not affiliated to us so we have to market ourselves. So we have been going, we have been working the ground. We realize that supervisors and principals are important stakeholders to influence, for influence, and of course, we have a good relationship with the Ministry of Education and the Ministry of Health.

Mrs. Jennings-Smith: I want to have a double question, both for the Ministry of Agriculture and the President of the NPTA. First I want to ask the Ministry of Agriculture, you alluded to the fact that you have had no new programmes or initiatives in the Ministry which deal with promoting healthy lifestyles and dietary habits of children and I want to let us focus that this enquiry really focuses on to the current level of childhood obesity and the State's intervention to promote healthy lifestyle among children. There is a common saying: To whom much is given, much is expected; and all of us in this room here, we have been given certain responsibilities, and when we sit and we give answers to questions, it suggests how we accept our responsibilities, but to the common man on the street and to the people who look at these programmes, they have a lot of expectations from all of us.

I want to ask the question—so okay, there has been no new initiative in the Ministry with respect to the programmes. But I want to ask both the President—because you visit schools? Tell me, have you seen anymore additional schools engaging in these 4-H Programmes? And if you see, do you see empty spaces looking as though it is a little backyard, garbage bag or something like that, or do you see things happening, like plants growing and children being very active? What do you see?

Mrs. Ali-Boodoosingh: Just last week, I was speaking to a PTA about 4-H clubs and getting the school involved in the 4-H clubs. But what we realized, especially in our primary schools where

the foundation is laid, you find that if a subject is not testable, it is hardly done. So agricultural science is not testable so you find that energies are not put into that. If in the past—I know there used to be environmental competitions, so you find that schools will place a lot of emphasis on how their grounds look and they have various vegetables planted and so on because you had different categories.

12.20 p.m.

But I would say that 4-H as an extra-curricular activity is not being done as it used to, agriculture is not—agricultural science is not promoted as far as we see going from school to school.

What I have observed also is that you find the schools in the villages are more engaged in teaching children to plant things, to nurture and grow vegetables and so on. But in the town schools? No, I have not seen that—

Mrs. Jennings-Smith: Are you looking at Sangre Grande as a town?

Mrs. Ali-Boodoosingh: No, I would say suburban.

Mrs. Jennings-Smith: Well right, because I do not see it happening there either. So, I want to kind of cut on time, and ask the Ministry of Agriculture, Land and Fisheries: Given that this programme was introduced in 1960, when was the syllabus last reviewed to ensure that the topics related to obesity are adequately addressed?

Dr. Titus: I am sorry, I cannot give that information; I do not have it now. I will try to provide it.

Mrs. Jennings-Smith: So, could I take it that you admitted earlier to this joint select meeting being a wake-up call for maybe your Ministry, or your section, and maybe you would consider looking at this particular—because a lot of people speak to me in my constituency about the 4-H club. Teachers tell me about how interested students were with the 4-H club and how you can give them an appreciation of what they can grow, and what were the benefits of what they can grow. And it is about engaging children to start thinking along a particular course.

I remember sometime, you know, public figures spoke about eating of fast foods and, you know, not utilizing the benefits of these home-grown foods and stuff like that. So you have young minds and you have the areas assigned to the schools, and I know that they used to have some agricultural officers assigned to schools some time ago. So, would you promise us that you all will look into that and have that programme be re-engaged? Because, I know for a fact the Minister of Agriculture, Land and Fisheries always speaks about the good intentions and the values of eating healthy and stuff like that. So it is not that he is not directing and leading in that direction, but

what are these sections within the Ministry doing about it in terms of following up on his lead?

Dr. Titus: Okay, through you Chair, well, that was a lot that was said, but some of it was really encouraging because just from a Ministry standpoint, what we have realized is that a lot of times, we are trying to make agriculture attractive. If you tell persons—somebody might say, “Oh, I want to be a doctor, I want to be a lawyer”, but how many persons say I want to be farmers or we want to be interested in agriculture. And generally we find not many young people are interested in agriculture and we have had even youth apprenticeship programmes and over times the numbers have decreased and that is part of the challenge that we are having.

So, you are even indicating that there are—we have had 4-H, we have 4-H, that there is interest in 4-H, is really encouraging to us in the Ministry. And as I said this was a wake-up call so it is something that we are really going to start working on.

But, I just want to say that over some time we have generally found that, you know, agriculture and farming has generally not been of interest to many—

Mr. Chairman: May I interject? The issue of what is (sexy) to that demographic is all about marketing. And if you are marketing agriculture as agriculture of 25 years ago, as in any other sector it is not going to be as attractive. Because I know there was a programme about three or four years ago where there was a campaign about using a lot of young farmers, and what agriculture had done for their lives and it was quite successful.

When you go to the University of the West Indies, and their faculties Open Day and you go to several of the schools who have taken it upon themselves to have “agriculture” or “planting day”, you see how interested young people are. So, I do not agree that it is not as attractive, it is not attractive because of the way it is being marketed or promoted to them. And I think that is the creativity that needs to come from the Ministry in terms of how we attract a different demographic to planting food. And not only a different demographic, but to me the country at large, the nation at large in terms of plant a home garden, and plant a backyard garden, or even if you are living in an apartment complex plant a tomato box—

Dr. Titus: Grow boxes.

Mr. Chairman:—so that there are ways to get people interested on a national level and certainly on a level of the school-aged children in Trinidad and Tobago. And that to me is the challenge the Ministry should have in working with other agencies in showing there are benefits across the board, not only in food production but in health, in commerce, in the economy. So there are synergies

and even up to primary, secondary and tertiary level. Because the tertiary level institutions particularly UWI, because of its history has a big role to play.

Food production is cocoa plantation; it is chocolate manufacturing; it is global money. But we are not emphasizing the value chain in these industries or sectors effectively enough.

Dr. Titus: Chair, I agree with all that you have—however, I agree with everything you said, it is just when we look at our farmers, it is an ageing population, that is what we see, and we do agree we have to market it. We—in a particular way it has become attractive, we are seeing some things, for instance, we are seeing some persons, younger persons importing drones to look and utilize in agriculture. So like I say, it is encouraging, there may have been a stop but then we are seeing a little increase. So, I agree with what you are saying and I am saying it is on the pick-up, it is on the rise.

Mr. Chairman: And the Vice-Chair was asking what incentives are provided, and when you look at what is happening in Brazil, for instance, and the approach taken with innovative farming, vertical farming, for instance, it is not always about huge land spaces, although some crops are amenable to that. But, sometimes people are in a room with innovative PVC piping, and they are doing vertical farming, and that is more appealing to a different type of demographic. What incentives are there now to encourage younger people—I know the ADB is there and it has some challenges but what other incentives are there?

Dr. Titus: So we have the grant facility of up to \$100,000 per person, we have free training in the Ministry, we give seeds and plant seedlings at subsidized prices and we have an Agricultural Incentive Programme where persons involved in agriculture can get literally rebates on the wheel tractors, motor vehicles, machinery and equipment, water, soil conservation, integrated pest management, post-harvest operation. We have a special incentive for youth in agriculture, and agro-processing and so forth.

Mr. Chairman: And quickly, are you working—because I know there were some gaps you identified earlier on. Coming back to the original topic and dovetailing the issue of healthy lifestyles, and children in primary and secondary schools growing produce in the schools. So they have a firsthand feel for it as to what actually will go into their plates to help with their lifestyle and nutrition choices. Is that kind of synergy and dovetailing happening currently with the Ministry of Agriculture, Land and Fisheries and the Ministry of Education, and the Ministry of Health?

Dr. Titus: Well, the 4-H Programme and the “clovertines” were meant to be the gap. But as I said we are re-looking at our programs so that we get more on impact.

Mrs. Jennings-Smith: So, therefore, I had a last question for you on that topic. How many schools are in this programme at this point in time?

Dr. Titus: I cannot say at this point in time. I have to provide that information.

Mrs. Jennings-Smith: Do you have anybody assigned in your Ministry to oversee this particular programme?

Dr. Titus: I think this programme is overseen by the Agricultural Planning Division.

Ms. West: If I can bring in the neglected Diabetes Association of Trinidad and Tobago. I would like to get a sense of what role you see your association playing in addressing the issue of childhood obesity? Whether you have made any efforts and encountered any challenges?

Mr. Dhanoo: Again through the Chair, thank you for asking that question. The Diabetes Association of Trinidad and Tobago has always extended an arm to reach out and collaborate with Ministries and other NGOs. We have had a long history of collaborating with the Ministry of Health and the Ministry of Education, even the Ministry of Sport and Youth Affairs, and the Ministry of Agriculture, Land and Fisheries, through our events and some of our initiatives. I just note that our capacity is limited simply because we are a volunteer organization and half of the time that we have to spend is raising money. If it is that it is a little bit easier for us to get the funds to do the work, then we would be able to do a lot more work because again, we have the volunteer capacity.

We have been doing quite a lot for childhood obesity in the recent years because we have noticed the trend of increasing childhood obesity and increasing children with diabetes. The Diabetes Association of Trinidad and Tobago for quite a long time has focused on adults with diabetes because, of course, diabetes was an “old-people” disease probably 10 years ago, 15 years ago. Now, however, we are shifting our focus a little bit and we are even increasing how we reach, and how we get the messages out there. So using the social media is one of the main platforms that we get messages out there, main platforms through which we advertise, recruit members, recruit volunteers and also bring about advocacy.

So in terms of schools, we have for quite some time started a Diabetes Education Awareness in Primary Schools programme, DEAPS programme, where we have started with Standard 3 students. And then we have rolled out an education-type programme which ended in a quiz.

Further to that we have planned a “compre-DEAPS programme” which is kind of version two of the DEAPS programme where we actually came up with the entire plan, budgeted everything. What the programme entailed was training lay-educators which would be volunteers, retirees, retired nurses, retired teachers and we had this plan to train these persons and then send these persons out into schools and educate children, and parents, and staff about diabetes, about diabetes prevention.

The budgeted programme was put forward to the Ministry of Health, probably about three years ago and nothing has come out of that. So that is one of the instances where the Diabetes Association of Trinidad and Tobago has done the groundwork, we have assessed what needs to be done but we reached out, we stretched out our hands and said, “this is what we need to do, this is what we can do, we just need your help”. And, of course, some of these issues are echoed by other NGOs as well in that we have the capacity to do the work, we have the volunteers—because that is the heart of the NGOs—but we need the assistance. So that is the limitation that we have had.

Ms. West: Can you provide us with that paper that you would have sent to the Ministry of Health?

Mr. Dhanoo: The paper is attached as an amendment—

Ms. West: Okay, thank you. I wanted to check if it is the same thing.

Mr. Chairman: Okay, we are running out of time, Member Jennings-Smith and Vice-Chair.

Mrs. Jennings-Smith: Many times we hear about NGOs and NGOs are usually supported by funding, either government, locally, or internationally. Can you tell this Committee, what type of funding you have received over the past three years?

Mr. Dhanoo: Well, we do receive a small government subvention, which is just enough to pay light bills and—

Mrs. Jennings-Smith: Could you tell us the figure?

Mr. Dhanoo: Twelve thousand—

Mrs. Jennings-Smith: Per month?

Mr. Dhanoo: No, no. No, not \$12,000 per month, sorry. It is about \$5,000 per month, about that. Because it is \$60,000 per annum, about. So about \$5,000 per month which is just enough to pay light bills, phone bills and we have two staff, so to pay the secretary.

Mrs. Jennings-Smith: Have you received international funding over the past year?

Mr. Dhanoo: We have not, simply because we have not reached out to international funders. However, we have had lots of events and we have had significant amount of funding from

corporate Trinidad. And that is really where the bulk of our funding comes from, we reach out, we plan initiatives, we have competitions, we have expositions, we have symposiums, and we reach out to corporate sponsors and then they come and support us. And that is where the bulk of our funds come from.

Mrs. Jennings-Smith: Do you make that funding which you receive public afterwards through reports, annual reports?

Mr. Dhanoo: Yes. So every two years, we have our annual conventions where our reports are presented and are made available to the public.

Mrs. Jennings-Smith: So could you tell us what is your—what have been your budgeted costs for 2019?

Mr. Dhanoo: What—could you repeat that?

Mrs. Jennings-Smith: Could you advise this Committee on your budgeted costs for 2019?

Mr. Dhanoo: So, we have not—simply because the organization has not been in a position where we have set out what we want to do in particular for 2019. We are in the process of doing initiatives for 2019, the main initiative would have been what we want to plan for world diabetes month in November. Right now, we are budgeting and putting those things together. So, we have not reached to the point where we could start at the beginning of a year and say, “This is all of the money that we need”, simply because things are evolving and we keep adding to the story and we keep adding to what we want to do.

So, it is not as though we have a budget for the entire year simply because we do not know what we are going to get. And it depends on how much we can beg, how much we can raise funds, how much corporate sponsors are going to feel sorry for us, and give to us. So we cannot really budget for the year, simply because we do not know what we are going to get. If it is that we are receiving—what we can budget for is the subvention from the Ministry of Health which as I said goes towards paying our phone bill, paying our light bill and paying a secretary. So, that is the extent to which we could budget simply because we do not know what is coming.

Mr. Chairman: All right, we have one more question from Vice-Chair and then we are going to have closing comments.

Mr. Forde: Chair, the Ministry of Sport and Youth Affairs, with regard to being proactive, you know, we have been hearing that word a lot during this JSC this morning. With the amount of recreational facilities, play parks, open spaces that have been floodlit by the Ministry of Public

Utilities and T&TEC over the last number of 10, five years as the case may be, right, I know I can speak for the East-West Corridor also.

What plans, what objectives do you all have in terms of making active lifestyle how it used to be long ago? You know, like, I remember when I was a young man, you know what I mean, coming in after school and running to the little play park next door that was not lit, but going there for the whole evening and just doing all kinds of things: jumping, climbing, playing “pitch”, playing “marbles” and stuff. But we now have these facilities well lit, you know what I mean, exorbitant bills, right, underutilized probably except for say, let us say Eddie Hart Grounds in Tacarigua, right?

What plans do we have—and we are probably going outside of the youth obesity, we are just talking about in general. What plans do we have for the youths? What plans do we have for the elderly in terms of utilizing all these grounds throughout Trinidad and Tobago for some sporting activity to minimize crime, to minimize, you know what I mean, just the whole idea of having a healthier lifestyle and so? A quick gist, you know, or probably you all could provide it in writing, Mr. Chairman, because, you know what I mean, we could have a whole plan on that facility. What do we have?

What can we see coming from the sporting facility to say that listen, we are going to revive Burnley sports club. We are going to “incentivate” all these sports clubs and youth clubs in the areas. We are going to give you all a subvention of \$10,000 a year to say look, find the youths in the area, bring them back to running, jumping, things as the case may be. You know, what plans do we have?

You can just give us a little gist, and we could probably get it in writing. But I would like the public to know well, look, you know what I mean, what is happening? You know what I mean, the recreational facilities in the Eddie Hart facility, the equipment has now used its time. It is dilapidated, it is “mashed-up” it is rusted, you could tear up your track pants, you could get cut, no toilet facilities in order to utilize. Come on.

Mr. Chairman: A quick synopsis of the plans.

Mr. Forde: A quick synopsis and provide it for us in writing, Mr. Chairman.

Mr. Hosein: So the work plan for 2019 is structured in terms of the activities under youth development and sports. So I will ask the both Directors to give a gist of their work plan.

Mr. Chairman: A very quick work plan, please.

Mr. McTair: Where the Sport Division is concerned in the Ministry of Sport and Youth Affairs, as mentioned before, we are going to hire coaches, we are going to hire sport development officers that would look towards the utilization of these facilities and also maximizing participation at these facilities where those officers and coaches would be assigned. That is one.

Two, we also have to look towards how it is we work with the clubs in communities. You would have mentioned incentivizing which in itself is a bit difficult within the overall financial situation. However, that is one of the areas that we need to revisit, how do we at least provide some level of technical assistance towards clubs, community clubs in various communities? And give them the opportunities to be able to function in a more meaningful manner towards the benefit of sport participation, “a total participation in sport”, as we say.

Also we need to work a little bit closer with our national governing bodies in terms of their development programmes. One of the things that the national governing bodies have been able to do over the last couple of years in collaboration with the Trinidad and Tobago Olympic Committee is understanding how to develop long-term athlete development programmes. That would cater to both general sport participation as well as high performance and elite sport development. We need to really activate those programs and help to facilitate better, how it is those programmes are actually implemented. Those would be the main things that we would have planned.

Mr. Chairman: All right, thank you.

Mr. Forde: Mr. Chairman, just one other thing. Like for instance, we used to have these vocational camps during Easter vacation, during August vacation, you know what I mean, up at the indoor facility, Eddie Hart Grounds, all the different disciplines, and lunch was being provided, and children were running around the park and so on. What has become of those things? I know we may be economically strapped—

Mr. McTair: But that is it. That is the situation.

Mr. Forde:—but we still need to provide, because we need to find avenues for those youths.

Mr. McTair: What we have done with the very restricted economic resources that we have, is actually given grants to various organizations that are hosting such camps, one example is a camp that would have been held at St. Anthony’s College for various members of the public to be able to attend. That really and truly, incidentally measured in on, or zoned in on childhood obesity and youth obesity. So that camp would have run last year from July 9th to August 17th, I think it was, and we would have granted them \$10,000 to be able to host that particular initiative. And that is

what we have had to do right now with respect to any sort of vacation camps because for us to be able to have them, we do not have the necessary financial resources to do so.

Mr. Chairman: Thank you. What would be helpful is that if you can provide the question the Vice-Chair asked in writing in terms of your work plan for the year and all the initiatives you plan to engage more effectively, particularly younger people in sporting activities throughout the country. Member Jennings-Smith, you had a request in writing?

Mrs. Jennings-Smith: Yes, I will request in writing.

Mr. Chairman: Okay, fine.

Mrs. Jennings-Smith: Based on the criterion used to select your committees and those action groups—committees you intend to do throughout the country. And I really want to stress that the rural areas, they really need additional help from the Ministry of Sport and Youth Affairs because in those areas there is lack of sponsorship and companies who could help with social responsibilities, and I really wish that you all could consider rural areas such as mine, like Sangre Grande, Toco, Matelot, all those areas. Because you have a lot of activities going on there with little support from the Ministry of Sport and Youth Affairs.

Mr. McTair: If I may, the main focus of the hiring of sport development officers is to look at supplying those officers to rural communities. But again, I mean, we have certain constraints that we are trying to work within.

Mr. Chairman: Thank you, can I just ask Mr. Hosein, Dr. Titus, Mr. Dhanoo and Mrs. Ali-Boodoosingh to give us very succinct, 60-second closing comments, please.

Mr. Hosein: Chair, I want to reiterate the expression of thanks of the Ministry for being invited to engage us in this important exercise. We recognize that it is not only the role of parents, but all those stakeholders that have a significant role in the development of children, to play in this issue of preventing and managing childhood obesity. What we recognize is that we need to a greater extent, adopt the whole of government multi-sectorial approach that has been advocated during this meeting. And I think that is one of the major lessons that we learnt through this exercise. I thank you.

Mrs. Ali-Boodoosingh: In closing, Chair, I would like to say that parental involvement is a strong determinant for effective holistic development of our children and young people. And I want to urge parents to see the importance of being part of the decision-making collaboratively with the school. And now it is facilitated through the school-based management from the Ministry of

Education and, you know, PTAs feel that they are just about fundraising but there is so much more to do for the welfare of our children.

And I am glad I am here, because I am hearing all the funds that the Ministry of Sport and Youth Affairs, you know, they help NGOs because last year we made connection with the NBA basketball players in Canada to come and do a programme with—and we were looking at our secondary school leavers, that time they have, July/August. We wanted to do a programme with them so now I know where I can get some help. And we have also planned camps, health camps for the children for the July/August. So I know, I can get some funds somewhere to do the programme.

Mr. Chairman: We really hope so.

Mrs. Ali-Boodoosingh: Okay, so I want to pledge the NPTA's support to look at obesity and really make, you know, a change, a dent in it so that we can have healthier children, a healthier nation. Thank you.

Dr. Titus: Thank you, Chair. I would like to thank you for this opportunity for my colleague and I to be here today at this Joint Select Committee. As I indicated, being here has highlighted that the Ministry itself has to review some of our operations and look towards dealing, or more aggressively putting forth more initiatives in terms of dealing with the issue of childhood obesity, and also working collaboratively with other organizations and institutions. Because, as has come out here, it is not a one person issue or a one institution issue, it is a collaborative effort, and it will take a collaborative effort for us to even put a dent or actually address it. So we will take this message back and see how—and aggressively try to make amends. Thank You.

Mr. Chairman: Thank you so much. And Mr. Dhanoo.

Mr. Dhanoo: Thank you again, Chair and Committee, on behalf of the Diabetes Association of Trinidad and Tobago and the 200,000 people in Trinidad living with diabetes. Thanks for involving us in this conversation and I hope that we would continue to be involved in the conversation as it goes along. The Diabetes Association of Trinidad and Tobago will continue to pledge to work with people with diabetes and to prevent diabetes.

We also did not really touch on it today, but we also have submitted a policy for children who are living with diabetes in schools, and I hope that will be something that we will look into because we have quite a lot of children now with Type 1 and Type 2 diabetes in the schools. We also want to look into other policies within the schools which involve water consumption, and

which involve free play in schools, physical play, in schools. And those discussions, I think we need to expand upon and I hope that the Diabetes Association of Trinidad and Tobago can be a part of that because we have those resources and we have done that work and we can contribute significantly.

So again thanks, and I hope that these talks go towards actual physical statistics where we can see the reduction in the increasing trend of childhood obesity. So thanks, again.

Mr. Chairman: Thank you. Thank you all for being here. In closing, I just want to say that very often NGOs and the public at large, there are challenges facing Trinidad and Tobago like any other jurisdiction. And people are not—or they are working in a siloed mentality, not realizing that the help you need, or the support you need is just a phone call, or a meeting away. And all it takes is a sense of passion and a proactive spirit to collaborate in the interest of the people of Trinidad and Tobago who we all are charged with serving.

And I do not think it is good enough to have to come before a committee to say we will work—we will take what we heard here to work more collaboratively together in the future. I think when you sit down in your meetings and you go back to your offices, you need to think of what can I do, or what can we do, or who can we reach out to, to pool our resources in the interest of solving problems in a measureable way.

It is great to get funding and put resources into communities, but if you are not measuring the effects it is having, and you are not collaborating and exchanging data, we are as we say in Trinidad and Tobago colloquially, “spinning top in mud”, and we are going to come back here in six months and have the same conversations. And people are suffering, people are getting sicker, and there are angles and opportunities for success if we are proactive and we work together and understand the mandate is not necessarily always to sit and do it by ourselves, but to collaborate in the interest of the people of Trinidad and Tobago.

So on behalf of the Committee and the Secretariat, I thank you all for coming, and your contributions. And this meeting is now suspended.

12.50 p.m.: *Meeting adjourned.*

Appendix VI

The Table below outlines the specific actions taken by the MoH in collaboration with the MoE and Ministry of Agriculture (MALF) in relation to the Plan of Action for Promoting Healthy Weights in the Caribbean: Prevention and Control of Childhood Obesity 2014 – 2019.

TABLE 9: INTER-MINISTERIAL COLLABORATION ON ACTIONS TO REDUCE CHILDHOOD OBESITY

	Initiative	Description	Target audience	Impact/ Number of students receiving the services	Inter-Ministerial Collaboration
1.	School Health Services	This service included measuring weights and heights of children and screening of primary school Entrants and Primary School Leavers for overweight and obesity. Children with NCD risk factors, including obesity, are referred to primary Health Care Centers.	Primary School Students	Not provided	<ul style="list-style-type: none"> ● MoH ● MoE
2.	School Health Education lectures	Delivered in schools on child health, nutrition education lectures by members of the Community Health Team of the RHAs.	Primary School Students	Not provided.	<ul style="list-style-type: none"> ● MoH ● MoE
3.	“Healthy Me” School Health Education Caravan	Education sessions focus on healthy eating practices, daily physical activity, and a healthy sense of self. Activities include lectures/school health fairs,	Primary School Students, parents, school staff	Not provided “Healthy Me” School Caravan – 25 schools visited by the NMD	<ul style="list-style-type: none"> ● MoH ● MoE ● NSDSL ● NAMDEVCO

	Initiative	Description	Target audience	Impact/ Number of students receiving the services	Inter-Ministerial Collaboration
		screening of education staff for NCDs, student BMI screenings, seminars for parents, teachers and cafeteria staff, promotion of backyard gardening.			<ul style="list-style-type: none"> • MALF • MoE
4.	National Primary Schools' Healthy Lifestyle Quiz	The quiz is a mechanism to promote health literacy of primary school age children and foster the development of healthy lifestyles for the prevention of chronic diseases.	Primary School Students	Not provided	<ul style="list-style-type: none"> • School Supervision Division, MoE • NSDSL • CARPHA • RHAs, MoH
5.	Healthy Lifestyle Reader and Activity Booklets	The Reader was developed by the Health Education Division as a learning aid for the National Primary Schools' Healthy Lifestyle Quiz.	Primary School Students	A written submission indicated that in 2018, it was printed and distributed to 130 Primary Schools. However, in a public hearing on January 16, 2019, officials indicated that 350 - 400 schools were in receipt of copies. This revised number may include soft copies of the Readers.	<ul style="list-style-type: none"> • MoH • NSDSL • MALF
6.	Sensitization workshop for key stakeholders October 2017 to September 2018	Workshops delivered on i. Healthy Children and the prohibition of sale of sugar sweetened beverages in schools; and ii. childhood obesity.	Parents through the National Parent Teacher Association (NPTA), School Principals and	1,506 parents 7,678 students across 66 schools	<ul style="list-style-type: none"> • MoE • Health Education Division, MoH • NSDSL

	Initiative	Description	Target audience	Impact/ Number of students receiving the services	Inter-Ministerial Collaboration
			Cafeteria Operators		
7.	“Healthy Me” Childhood Obesity Camps	Activities included education sessions on nutrition e.g. sugar, fat and salt content of foods and beverages, and demonstrations on healthy recipes and proper food handling and preparation.		“Healthy Me” Vacation Camp- 50 children in 2018 Approximately 625 children participated in 25 camps held between 2013 and 2019.	<ul style="list-style-type: none"> • MoH • NSDSL
8.	Rapid Assessment of the Physical Activity Capacity of (select) Primary Schools 2016	A report on this assessment was produced in December 2018. Following the assessment, tiered procurement of PE equipment will commence for selected government and government-assisted primary schools.	Primary schools	N/A	<ul style="list-style-type: none"> • MoE • MoH

Nutrition and Metabolism Division (NMD) of the MoH Collaborations with NGOs and Private Sector Entities

	Initiative	Description	NGO/Private Sector Collaboration	Target audience	Impact
1.	Annual Children’s Camp July 15 th -20 th , 2018.	A residential camp was hosted for diabetic children, with special foods prepared by chefs during the camp.	Trinidad and Tobago Diabetes Association	Children aged 4 to 16 years diagnosed with diabetes.	Not provided

2.	World Breastfeeding Week August 2018	Breast Feeding Walk by TBATT Met with TBATT to discuss prioritization of breastfeeding activities and national policy.	Breastfeeding Association of Trinidad and Tobago (TBATT)	Mothers, TBATT	Not provided
3.	Caribbean Wellness Day September 7 th -8 th 2018	Adults were encouraged to get tested in various areas of health while children were greeted with interactive and educational games that encouraged making healthier food choices and increased physical activity. Other activities included Zumba, aerobic sessions and the launch of Nestle Trinidad - Healthy Kids TT (www.healthykidstt.com), a child-friendly website for children, parents and teachers that encourages healthy eating and healthy lifestyle.	UWI Health and Wellness Fest	Adults and children	Not provided
4.	Annual Health Walk/Health Ride and the Cardiac Burn events		Prevent Obesity in Youth Worldwide	Not provided	Not provided

Appendix VII

Sample breakfast and lunch menu options provided by the School Nutrition Programme⁴²

Breakfast

- Chicken and vegetables served in a whole-wheat bun;
- Cassava Pumpkin Muffin;
- Hot Tuna salad with vegetables in Corn Bake;
- Creamy Cheese spread whole-wheat sandwiches, watermelon, portugal and oranges or bananas.
- Water is served on the breakfast menu cycle.

Lunch

- Roasted Chicken or Split peas Roast with Creole Sauce, Ochro Rice with pumpkin & Hot Cassava Salad with vegetables;
- Pink Beans with pumpkin, Spaghetti Delight with vegetables and Corn on the Cob;
- Stewed Chicken/Red Beans, Callaloo, Steamed Rice & Steamed Plantain;
- Curried Chicken, Thick Dhal with Carrots, Pumpkin Rice & Amchar Mango;
- Chicken Supreme Sandwich – Chicken breast strips, Hot Slaw and BBQ Sauce served on a whole-wheat bun; and
- Veggie burger – a veggie pattie served with Hot Slaw and BBQ Sauce on a whole-wheat bun.

Efforts are always made to increase the dietary fibre of the menus. For example whole-wheat flour is incorporated in the pizza dough.

Vegetarian meals are generally served twice per week.

Emphasis is placed on the use of local fruits and vegetables on the menus.

⁴² Information received in a written submission from the MoE dated January 14, 2019.

Appendix VIII

Appendix III

**Ministry of Education
NATIONAL SCHOOLS DIETARY SERVICES LIMITED
SCHOOL NUTRITION PROGRAMME
SCHOOL MEALS APPLICATION FORM (One per child)**

No. _____

Part 1 - CHILD'S INFORMATION			
Child's Name (First, Middle Initials, Last)	Date of Birth (dd/mm/yyyy) ____/____/____	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Form / Class _____
Child's Religion (Please tick one of the following): <input type="checkbox"/> Anglican <input type="checkbox"/> Pentecostal <input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Presbyterian <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Spiritual Baptist <input type="checkbox"/> S.D.A <input type="checkbox"/> Full Gospel <input type="checkbox"/> Rastafarian <input type="checkbox"/> Other (please state) _____			
Has a doctor ever told you that your child has any serious illness(es)? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, name them:</i> 1. Diabetes <input type="checkbox"/> Yes <input type="checkbox"/> No 2. High Blood Pressure <input type="checkbox"/> Yes <input type="checkbox"/> No 3. _____ 4. _____		Is your child allergic to any food?: (Milk included): <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, name them:</i> 1. _____ 4. _____ 2. _____ 5. _____ 3. _____ 6. _____	
Is your child vegetarian? (that is <u>never</u> eats foods from animals e.g. eggs & fish) <input type="checkbox"/> Yes <input type="checkbox"/> No		Which of the following foods can your child <u>NOT</u> eat? (Please tick) <input type="checkbox"/> Chicken <input type="checkbox"/> Fish <input type="checkbox"/> Beef <input type="checkbox"/> Soya <input type="checkbox"/> Pineapple <input type="checkbox"/> Nuts <input type="checkbox"/> Eggs <input type="checkbox"/> Other: _____	
Mother's Name (First, Surname) _____	Father's Name (First, Surname) _____	If applicable, Guardian's Name (First, Surname) _____	
Occupation _____	Occupation _____	Occupation _____	
If applicable, which of the following best describes your occupation? <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Casual <input type="checkbox"/> Daily Paid <input type="checkbox"/> Self Employed	If applicable, which of the following best describes your occupation? <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Casual <input type="checkbox"/> Daily Paid <input type="checkbox"/> Self Employed	If applicable, which of the following best describes your occupation? <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Casual <input type="checkbox"/> Daily Paid <input type="checkbox"/> Self Employed	
No. of Persons in Household _____		No. of Children/Dependents _____	
Does either parent, or if applicable, the child's guardian receive any of the following? (Please tick) <input type="checkbox"/> Old Age Pension <input type="checkbox"/> Survivor Benefits <input type="checkbox"/> Social Welfare/Assistance <input type="checkbox"/> Disability Grant <input type="checkbox"/> None			
For which meal(s) are you applying? <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Both			
<i>I certify that all information on this application is true.</i> Parent's/Guardian's Signature: _____ Date: _____			
Part 2 - SCHOOL INFORMATION (To be filled out by School Principal)			
Name of School		Type of School (Please tick one of the following) <input type="checkbox"/> Preschool <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Tech/Voc. <input type="checkbox"/> Special <input type="checkbox"/> Other (please state) _____ Is it? <input type="checkbox"/> Government Assisted <input type="checkbox"/> Public <input type="checkbox"/> Private	
Address of School		Tel No: _____	Fax No: _____
Email: _____			
Educational District (Please tick one of the following) <input type="checkbox"/> St. Patrick Victoria <input type="checkbox"/> St. George (East) <input type="checkbox"/> Port of Spain & Environs <input type="checkbox"/> North Eastern <input type="checkbox"/> Caroni <input type="checkbox"/> South Eastern			
Do you refer this student to be eligible for free school meals? <input type="checkbox"/> Yes <input type="checkbox"/> No		Comments _____	
Principal's Name (BLOCK LETTERS)	Principal's Signature:		Date:
Official Use only			
Is the student eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No	School Supervisor's Signature:		Date:
<i>The MINISTRY OF EDUCATION is committed to ensuring that all information remains confidential.</i>			

Appendix IX

List of primary schools that participated in the 2016 School Nutrition Programme intake survey by the NSDSL⁴³

- 1) Agostini KPA
- 2) Arima New Government
- 3) Avocat Vedic
- 4) Cunapo (St. Francis) RC
- 5) Edinburgh Government
- 6) Freeport Presbyterian
- 7) Guaico Presbyterian
- 8) La Horquetta North Government
- 9) Macaulay Government
- 10) Princes Town Presbyterian #2
- 11) Sangre Grande SDA
- 12) Siparia Union Presbyterian
- 13) New Grant Government
- 14) St. Michael's AC
- 15) Point Fortin RC
- 16) Fifth Company Baptist

⁴³ Information received from the MoE in a submission dated July 9, 2019.

Appendix X

List of primary schools that participated in the 2012 - 2016 School Nutrition Programme consumption survey by the NSDSL⁴⁴

- | | | |
|------------------------------------|-----------------------------------|-----------------------------------|
| 1) Union Presbyterian | 23) Las Cuevas Government | 43) Chinapoo Government |
| 2) Tunapuna Hindu | 24) La Horquetta North Government | 44) Caranage Boys' Government |
| 3) Tulsi Manas Hindu | 25) La Brea RC | 45) Biche RC |
| 4) Suchit Trace Hindu | 26) Guapo Government | 46) Arima West Government |
| 5) St. Theresa's RC | 27) Guaico Presbyterian | 47) Arima Girls' RC |
| 6) St. Mary's Government | 28) Freeport Presbyterian | 48) Guaico Government |
| 7) St. Margaret Boys' AC | 29) Febeau Government | 49) Pepper Village Government |
| 8) St. Joseph Girls' RC | 30) Erin RC | 50) Inverness Presbyterian |
| 9) Cunapo St. Francis RC | 31) Enterprise Government | 51) Lochmaben RC |
| 10) Santa Maria RC | 32) El Socorro Central | 52) San Fernando Girls' AC |
| 11) San Juan Girls' AC | 33) Dinsley/Trincity Government | 53) San Fernando Boys' Government |
| 12) San Fernando Girls' Government | 34) Debe Hindu | 54) Reform Hindu |
| 13) Sacred Heart Boys' RC | 35) Curepe Presbyterian | 55) Maraval RC |
| 14) Rampanalagas RC | 36) Curepe AC | 56) Longdenville Government |
| 15) Point Fortin ASJA | 37) Cunaripo Presbyterian | 57) Riversdale Presbyterian |
| 16) Penal Rock Road Presbyterian | 38) Couva South Government | 58) Eccleville Presbyterian |
| 17) Nelson Street Boys' RC | 39) Couva AC | 59) Gasparillo Hindu |
| 18) Mc Bean Hindu | 40) Claxton Bay Senior AC | 60) Iere Village Government |
| 19) Marabella Government | 41) Claxton Bay Junior AC | 61) Eckel Village AC |
| 20) Macaulay Government | 42) Clarke Rochard Government | |
| 21) Laventille Boys' Government | | |
| 22) Las Lomas RC | | |

⁴⁴ Information received from the MoE in a submission dated July 9, 2019.