Growing up well – Priorities for a Healthy Future: CPHA's review of the 2009 Report by the Chief Public Health Officer on the State of Public Health in Canada

It is particularly fitting that Canada's Chief Public Health Officer's 2nd report, released in late October 2009, should focus on children, defined as those under 12 years of age.[1] November 2009 marked the 20th anniversary of adoption of the Convention on the Rights of the Child (CRC) by the United Nations (UN) General Assembly which Canada ratified in 1991. The CPHO's report preceded by a few weeks the release on November 20 of the Government of Canada's report on the CRC to the UN.[2]

The CPHO report uses a life-course approach to discuss the lifelong impact of the conditions and factors that influence and have an impact on the health of our country's children. It provides information about the health status of Canadian children and a description of initiatives and programs in place at the federal, provincial/territorial and local levels that contribute to promoting and protecting their health. This includes a presentation of a myriad of policies, programs and special initiatives that make up a comprehensive approach to addressing child health issues.

As the report states at the outset, most children in Canada are healthy. Nevertheless, the report also points out that progress in achieving "health for all children" has stalled. In some cases, Canada's record is only better than the United States in a comparison with other higher income countries. Omitted from the report are other international comparisons such as those found in the 2008 UNICEF report card on early childhood education and childcare provision, which showed that Canada tied for last among 25 affluent countries, achieving only 1 of 10 benchmarks for access, quality and financing.[3]

The CPHO's report draws attention to several disturbing trends:

- About 15% of children and youth are affected by a mental health disorder at any given time;
- Child obesity is rising quickly;
- Rates for non-communicable diseases, such as asthma and diabetes, are rising;
- Although Canada has made progress in lowering rates of injury during childhood, unintentional injuries remain the leading cause of death and disability for young children.

The report also notes that Aboriginal children and those living in low income households appear to be at greater risk and more vulnerable that others to certain health outcomes, many of which are contingent on factors that are unrelated to health services.

The CPHO's report suggests that the adoption of a life-course strategy with early intervention is needed to address these "problems". While rarely referring to the determinants of health *per se*, this report, as did the 2008 CPHO report, urges consideration of and action on the social and physical influences on child health. Some of the influences cited in the CPHO's 2009 report are adequate household income, food security, adequate shelter and access to clean water and sanitation, healthy and safe homes, healthy school and community environments, early care and development, protection from abuse and violence, and access to primary health care. The report then proposes an intersectoral approach for coherent and comprehensive policies which would serve to create a framework for action on these social and physical influences.

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[1] Public Health Agency of Canada. The Chief Public Health Officer's Report on the State of Public Health in Canada 2009. Growing up well – Priorities for a Healthy Future. October 2009. http://www.phac-aspc.gc.ca/publicat/2009/cphorsphc-respcacsp/cphorsphc-respcacsp03-eng.php, downloaded November 3, 2009.

[2] Government of Canada. *Convention on the Rights of the Child. Third and Fourth Reports of Canada covering the period January 1998 – December 2007.* November 20, 2009. http://www.pch.gc.ca/pgm/pdp-hrp/docs/pdf/canada3-4-crc-reports-nov2009-eng.pdf, downloaded November 20, 2009

[3] UNICEF. *The child care transition: A league table of early childhood education and care in economically advanced countries.* Report Card 8, 2008.

This report is an important and valuable public health contribution to furthering understanding of the optimal conditions for childhood health and development and provides many excellent examples of policies, programs and other promising initiatives that appear to work   It stresses that a long-term horizon is required and that investments need to be made now to prevent unhealthy life trajectories for children. The report looks well beyond the health care system as a means of addressing unhealthy exposures and improving outcomes. CPHA applauds the CPHO for his personal commitment articulated in the report to work with federal colleagues and other sectors to promote and develop policies that support healthy child development.

At the same time, much of the information contained in the report is not new. Nor are the challenges, particularly those associated with the health inequities among First Nations, Inuit and Metis and child poverty. These have been well-documented in many studies and reports, including Canada's CRC progress reports.

The health issues and factors affecting Indigenous people's health have been described for many years. These include several recent reports, including the Senate Subcommittee's report on Population Health as well as the background materials and reports related to the WHO Commission on the Social Determinants of Health.[4] A recent publication of the results of an international study on the issue affecting Indigenous peoples' health highlighted the huge gaps between the health and risks to health between Aboriginal children and non-Aboriginal children in Canada:

- Sudden Infant Death Syndrome rates for First Nations with status in British Columbia and Inuit in Nunavik are three to 12 times higher than non-First Nations and/or non-Inuit rates respectively;
- The obesity rate for First Nations children living on reserve is 36 per cent, compared to eight per cent for Canadian children overall;
- Approximately one-third of Aboriginal children come from low-income households and food-security is a serious concern;
- Aboriginal children are at much higher risk than non-Aboriginal children for injury, accidental death and suicide; and,
- Vital registration, health care utilization, and surveillance data are nearly non-existent for First Nations without status, Métis, and urban Aboriginal children.[5]

This last point is particularly disturbing, for it reveals that Canada is unable to assess accurately the state of health of our country's Aboriginal people. In effect, the lack of data for Aboriginal peoples without status, Métis, and urban Aboriginal people makes this population "invisible".

And we have been talking about child poverty for decades. In 1989 the House of Commons voted unanimously to pass an, albeit non-binding, resolution to end child poverty in Canada by the year 2000. We have failed to achieve this goal. The most recent federal government statistics indicated that in 2007, before the recession, 637,000 children, or 9.5% of all children in Canada, were living in poverty. The child poverty rate has been targeted for numerical quibbling rather than action. The Government of Canada's CRC report claimed that the percentage of children in low-income families fell from a peak of 19% in 1996 to 13% in 2004. This contrasts with the statistical information published by Campaign 2000, which reported that between 1989 and 2008, the child poverty rate rose to a peak of nearly 25% in 1996, before falling to virtually the same rate of 15.8% in 2008.[6] What seems clear is that the number of children living in poverty has

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[4] World Health Organization, Final Report of the WHO Commission on the Social Determinants of Health, *Closing the gap in a generation: Health equity through action on the social determinants of health*. 2008

[5] Janet Smylie and Paul Adomako (eds). *Indigenous Children's Health Report: Health Assessment in Action.* 2009. http://www.stmichaelshospital.com/pdf/crich/ichr_report.pdf

[6] Campaign 2000, *2008 Report Card on Child and Family Poverty in Canada*. http://www.campaign2000.ca/reportCards/national/2008EngNationalReportCard.pdf, downloaded November 17, 2009.

likely increased as over half a million Canadians have lost their jobs over the past twelve months. The impact that this will have on child health will be seen in future years.

We should also take into consideration and address the conditions and factors that influence the degree of "wear and tear of daily life" and how this affects child health. Social inequality and health gradients exist as the economically disadvantaged fare worse not only because they face more challenges but because they have fewer "buffers" to protect them from this wear and tear of daily survival and living.[7] The WHO Commission on the Social Determinants of Health emphasized this as well in its first recommendation, to improve daily living conditions. And it is here that the CPHO Report is perhaps not as strong as it might be. For while it does propose four broad areas where 'we can do more' these areas are extremely high level. The report's contribution to ongoing efforts would have been enhanced by a little more analysis into some of the major factors that influence children's health and by moving beyond the comforting calls to 'education and awareness', 'supportive environments' and 'multi-pronged strategies' to propose some specific – and bold, strategic actions.

For example, we know that the labour force participation rates of women with children have risen significantly over the last 25 years in Canada. In 2005, 76% of mothers with a youngest child aged 3-5 years were in the paid labour force. When compared to other OECD countries, Canada's labour force participation rate of mothers is high. Working mothers face a double workload in society as they face the difficult challenge of balancing work and family responsibilities. Many of these women represent single-income households. The proportion of lone -parent families in Canada, most of these headed by women, has doubled to 11% over the past three decades. As John Myles, Canada Research Chair and Professor in the Department of Sociology and in the School of Public Policy and Governance at the University of Toronto, has pointed out, parents who become lone parents lose the economies of scale associated with a partnership, as well as the insurance of having a potential second income. Of all families living in poverty, more than 40% are led by a lone parent.[8] The issue here is about 'supportive environments' and specifically, labour market policies and programs.

The challenge is to put in place the policies, programs and intersectoral partnerships that will promote and facilitate the capacity of individuals, households and communities, and all levels of government to take action to effect change on behalf of children and their families. What is needed, and needed soon, is an enhancement of labour market policies and programs that will strengthen household incomes and reduce the present earnings inequities. We need government tax and transfer policies that redistribute income and support towards low-income earners and that expand national child benefit support, especially to lone-parent households and lower-income households. We need improved and expanded day care and early childhood development programs. We also need to eliminate the need for food banks and homeless shelters.

As well, the federal government, despite its increased investment in Aboriginal health and social services and programs in recent years, should ensure, as identified in the CPHO's report, that data and information about the health of all Aboriginal peoples are available and complete. It also needs to work closely with Aboriginal communities, wherever they are located, to design, support and assess the effectiveness of policy and programmatic interventions that are needed to address the issues that affect the health of all Aboriginal peoples.

As Maxwell Yalden, the former Commissioner of Official Languages and head of the Canadian Human Rights Commission, states in his recently published book, Canada is one of a handful of nations characterized by a high level of human rights protection.[9] As Mr. Yalden notes in his book, there is no going back with respect to the human-rights commitments made by our federal,

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[7] Peter A. Hall and Michèle Lamont, The wear and tear of our daily lives, Globe & Mail, November 16, 2009, page A-17

[8] Ending child poverty: a promise unfulfilled. *Globe and Mail*, November 23, 2009. p. A3.

[9] Maxwell Yalden. *Transforming Rights: Reflections from the Front Lines.* University of Toronto Press, 2009

provincial and territorial governments. Canada must move forward to fulfill the guarantees of equal rights for its children and indeed for all people living in Canada.