Physicians challenge Canada to make children, youth a priority

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A coalition of 3 Canadian medical associations is challenging the country to make the health and well-being of all Canadian children and youth a priority.

"Let's be among the top 5 countries within 5 years in terms of all the [UN] indicators of child health and well-being in Canada," urged Dr. Ruth Collins-Nakai, past-president of the Canadian Medical Association.

Collins-Nakai spoke at a Child Health Summit that she co-chaired in Ottawa Apr. 26 along with representatives from the Canadian Paediatric Society and the College of Family Physicians of Canada. The associations convened the summit to promote a Child Health Charter that shines a spotlight on Canada's lagging performance when it comes to international indicators of child health.

After heated debate, it was decided to expand the focus to children *and* youth. The summit will result in 3 documents: a charter, a declaration and a challenge, (see www.ourchildren.ca and Box 1 for highlights).

"The summit and the Child Health initiative are the first steps in our journey towards implementing Canada's Charter for Child and Youth Health," Collins-Nakai told the physicians, policy-makers, bureaucrats and politicians who attended the summit. "It is our long-term and sustained commitment to following through on our promise and pledge to our young people."

The initiative was inspired by several pressing issues facing children and youth. Although infant mortality rates continue to drop in other countries that belong to the OECD, Canada's rates have stalled at 5.4 deaths per 1000 live births. In addition, obesity rates among children have tripled in the last 20 years; 5 out of 6 mentally ill children do not receive the treatment they require; and injury is a leading cause of children's death.

Health statistics for Aboriginal children and youth are more dire, as James Bartleman, Ontario's Lieutenant Governor, told the summit in a keynote address. In Northern First Nations communities, mortality rates are 18% higher than in the rest of Canada, and the Aboriginal suicide rate, especially among young people, is "at an epidemic level," said Bartleman. Infant mortality, type 2 diabetes mellitus and unintentional injury and deaths also occur at disproportionate rates in First Nations and Inuit communities.

Bartleman called the situation "a national shame."

The Child and Youth Health Challenge calls upon the federal government to appoint a children's health commissioner, the role Sir Albert Aynsley-Green holds in England. The commissioner would represent the views of children and youth and focus attention on their health issues.

Another of the Challenge's 5 pillars is to address Aboriginal child health, the focus of remarks by National Chief Phil Fontaine of the Assembly of First Nations, Mary Simon, president of the Inuit Tapiriit Kanatami, and Clément Chartier of the Métis National Council.

Although the UN Development Index consistently ranks Canada as one of the best places in the world to live, "if you isolate our situation, the Aboriginal people, we rank no better than a Third World country," Fontaine told the summit. "We should all rise up and demand that this situation be fixed."

Fontaine, who decried the demise of the Kelowna Accord signed under the previous Liberal government of Paul

Box 1: Canada's Child and Youth Health Challenge

The following are core elements of the action plan adopted at the Apr. 26, 2007, national Child Health Summit, which was convened by the Canadian Medical Association, the Canadian Paediatric Society and the College of Family Physicians of Canada

1. **Make children's health a priority**
   - Appoint a national children's health commissioner to serve as a voice and advocate for children and youth. Statutory responsibilities would include reviews of proposed federal legislation and annual reports to Parliament
   - Create an office of children's health to advise the minister of health and coordinate interdepartmental and intergovernmental initiatives and programs
   - Establish a cabinet committee on children
2. **Involve children in everything we do**
   - Appoint a committee of children to provide policy input
   - Conduct regular surveys of families on health needs and program effectiveness
3. **Address Aboriginal children's health**
   - Develop specific strategies to address the high incidence of infant mortality, suicide, diabetes, injury and obesity in Aboriginal populations
4. **Have a plan to improve children's health**
   - Develop a long-term plan for the funding, programming, integration, coordination and evaluation of children's health
   - Establish national health goals and targets, commencing in 5 priority areas: children in the early years (0-5), injury, obesity, mental health and Aboriginal children's health
   - Create a comprehensive health insurance plan for all health services, including mental health care, dentistry, vision care, pharmacare and chronic care
5. **Learn more about what affects children's health**
   - Develop an integrated child-health research strategy and provide resources for a cross-institute initiative at the Canadian Institutes of Health Research
   - Create new mechanisms to collect data on children's health (e.g., an annual report card) using an array of indicators, from crime rates to physical activity levels

Canada's Child Health Declaration, Charter and Challenge can be viewed in their entirety at www.ourchildren.ca

Martin, called on all who believe Canada is a country of fairness, equality and justice, to work to improve the lives of Aboriginal children and their parents. The Kelowna Accord would have provided $5.1 billion over 5 years for Aboriginal health, education, housing and economic opportunities, but the Conservative government of Stephen Harper has refused to endorse it.

Simon described the high smoking rates, overcrowding and alienation of children and youth in Inuit communities.

"There is no nice way to say this: most of our children are in crisis," she said. Like Fontaine, she called upon Canadians to help.

Bartleman went further in his address, urging physicians to look beyond medical programs to address the underlying issues affecting Aboriginal children's health, including lack of access to services and to the benefits other Canadians enjoy, such as safe drinking water and nutritious food.

"I think that what you are doing is wonderful, this medical initiative," Bartleman said. "But I hope you bear in mind that there are non-medical aspects to the problem in terms of community health, and the best way of tackling that is by making sure everyone is included and everyone is equal in Canadian society."

Health Minister Tony Clement attended the summit and witnessed what Collins-Nakai called "children's health champions" sign a declaration saying they would work together to ensure all Canadian children and youth have access to a safe and secure environment, an opportunity for optimal health and development, and access to a full range of health services and resources.

Although Clement did not sign the declaration, he said he would be the messenger to deliver it to his government.

During the summit, the results of an Ipsos Reid poll commissioned by the 3 medical associations revealed a "generation gap" in the perceptions of children and their parents. For example, 60% of the 1107 parents interviewed said the family participates in a common physical activity at least once a week, compared with 27% of the 631 children aged 10–17 who responded to the survey.

Similarly, 54% of parents said their children eat a minimum of 4 servings of fruit and vegetables daily, while only 23% of young people said they eat a daily minimum of 6 servings of fruit and vegetables. The poll is considered accurate within 3 percentage points, 19 times out of 20. — Laura Eggertson, Ottawa

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US children's study escapes knife

A massive study of the genetic and environmental causes of illness in American children is set to begin recruiting subjects next year after a late cash infusion from the US Congress.

The National Children's Study hopes to pinpoint causes of many diseases, including autism, asthma, diabetes and obesity, by tracking the health and environments of 100 000 children from the womb to their 21st birthdays.

Congress earmarked $69 million for the study in February, which exceeds the total amount spent on the project since its creation in 2000. The study was slated for termination under President George W. Bush's budget recommendations for the 2007 fiscal year.

Led by the US Department of Health and Human Services — through the National Institutes of Health and the Centers for Disease Control and Prevention — and by the Environmental Protection Agency, the study will cost an estimated $3.5 billion. Advocates say it is a bargain, considering the hundreds of billions spent annually to treat sick children in the United States.

Future funding is not certain. Bush's 2008 budget allocates no money to the study; Congress is funding it year to year.

Study participants have yet to be born. The study will be the first to examine prenatal exposures and then track offspring to adulthood. Researchers will start enrolling pregnant women and those of childbearing years in the summer of 2008.

Corbis/Magma

The ambitious US National Children's Study hopes to track over 100 000 children from the womb through their 21st birthday.

Sampling statisticians selected 105 locations nationwide to ensure the study would include rural and urban children from a wide range of ethnic, racial and economic backgrounds. Enrolment will begin first at 7 Vanguard Centers selected in 2005. Most participants will be recruited door-to-door. Others will be enrolled through health clinics, hospitals or their doctors.

In March, hospitals, medical schools and local health departments in the selected areas were asked to submit proposals to operate 20 more study centres. Researchers will archive tissue samples, including placenta and baby teeth, from each child, and regularly collect environmental samples, such as air, house dust, backyard soil and drinking water. Samples will also be collected at the children's day-care centres and schools. Families will even be asked to freeze portions of home-cooked meals, so they can be analyzed for composition and contaminants. How the children are cared for, how often they see a doctor and the safety of their neighbourhoods will also be tracked.

Researchers will analyze data as it is collected, releasing the first results 2–3 years after launch. New questions are likely to emerge from early findings and will be addressed as the study continues. Findings could answer age-old nature-versus-nurture questions and inform treatment of childhood diseases for generations. — Janet Rae Brooks, Salt Lake City, Utah

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