Physicians challenge
Canada to make children, youth a priority


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 yesterday, 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.

During 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. These are now being revised and will be posted at www.ourchildren.ca.

“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, policymakers, bureaucrats and politicians who attended the summit. “It is our longterm 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 deplored the demise of the Kelowna Accord signed under the previous Liberal government of Paul 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, over-crowding 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, singling out 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 to 27% of the 631 children aged 10 to 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 their daily minimum of 6 servings of fruit and vegetables. The poll is considered accurate within 3 percentage points, 19 times out of 20. — Laura Eggerton, Ottawa

DOI:10.1503/cmaj.070593