CMA wants National Children's Health Strategy

Published at www.cmaj.ca on August 22, 2006

The "epidemic" of child obesity and poor health among Aboriginal children are among compelling reasons for the federal government to commit to national health goals and targets, as well as a national children's health strategy, the CMA says.

In all, 21 motions urging children's health measures were approved by the 248 physician delegates at the CMA General Council in Charlottetown, PEI, on Aug. 21-23.

Issues surrounding childhood obesity will also be front-and-centre at a Children's Health Summit, co-sponsored by the CMA, the Canadian Paediatric Society, and the College of Family Physicians of Canada, to be held Nov. 20 in Ottawa. Federal Health Minister Tony Clement promised to attend.

"We are killing our children with kindness by setting them up for a lifetime of inactivity and poor health," then-president of the CMA Dr. Ruth Collins-Nakai said.

Adopted motions included calls for the federal government to establish a Canadian Children's Health Charter; to implement a national childcare program; and move with measures to improve the health of Aboriginal children.

Delegates were also updated on the House of Commons' Standing Committee on Health's plans to commence hearings into childhood obesity in September. Committee chair MP Rob Merrifield (Yellowhead) observed that the percentage of overweight or obese Canadian children increased from 15% in 1978/79 to 26% in 2004.

The CMA's annual National Report Card on Health Care in Canada, released Aug. 21, found that parents often think their own children are healthier than others. A CMA-commissioned Ipsos-Reid survey of 1007 adults, 593 parents of children under 18 and 129 parents of special-needs children found that parents "seriously underestimate their children's weight." Only 9% said their children were somewhat or very overweight. But Statistics Canada pegged the prevalence at 26% among children aged 2 to 17 (Canadian Community Health Survey, Nutrition 2004). Ten percent of survey respondents said their children are underweight.

Louise Vessey, CMA

In an address to delegates, Olympian Silken Laumann, whose "Silken's activekids" initiative advocates increasing physical activity among children, said only 15% of children get enough exercise to remain healthy.

Clement argued that children's health must start at home. "The first line of support is the parents themselves," Clement told a media conference. He added that federal responsibilities include re-developing Canada's Food Guide and promoting healthy eating.

"Parents are not complacent," said Collins-Nakai. "Partly they need more information. Partly, they have to believe they can make a change in their child's life."

The CMA survey indicated parents agree there's a need for mandatory physical activity in schools (92%) and health warnings on junk food (72%). But they're less supportive of a ban on junk food advertising aimed at children (61%) or a new tax on junk food (43%).

Parents of special-needs children overwhelmingly agreed (74%) that there aren't enough mental health services; and that they're unaffordable (56%).

Some children have to wait 2 years to see a social worker or psychiatrist, observed Dr. Robert Issenman of the Canadian Paediatric Society.

CMA delegates called for wait-time monitoring of these treatments.

Meanwhile, injury continues to be a serious children's health issue, causing more deaths than all other causes. Canada ranks 8th of 29 member-states in the OECD for injury mortality. For infant mortality, Canada's ranking fell from 5th in 1990 to 22nd in 2003, partly due to variable statistical analysis. — Barbara Sibbald, *CMAJ*

DOI:10.1503/cmaj.061094

Clement: Set wait-times or the courts will

Published at www.cmaj.ca on August 22, 2006

Although establishing wait-time guarantees was quietly lifted from the Conservative government's list of five priorities in recent months, federal Health Minister Tony Clement told delegates to the 139th CMA Annual General Meeting in Charlottetown, PEI, Aug. 21, that the Canadian government must make progress in setting wait-time guarantees "lest Canadians turn to the courts to oversee the management of our health care system."

The Supreme Court of Canada's landmark Chaoulli decision last June has introduced a new legal dimension to providing timely health care, explained Clement.

"If we don't get our act together there will be litigation-based prescriptions ... a process that is slow, adversarial and expensive."

Clement argued that the federal wait-time strategy aims to offer publicly funded "recourse" mechanisms to Canadians lingering on wait-lists. It would allow patients to seek "alternative sources of care — either by another provider, another facility or another jurisdiction" in the event of delays. Patients can trigger such recourse by consulting an ombudsperson or an administrative tribunal.

Clement envisions a system where patients are put on a centralized waiting list, appointments are clustered together, electronic callbacks are automatic, and patients have access to a patient navigator.

A navigator is intended to "remove some of the burden" from physicians but if it proves ineffective, it'll be abandoned. — Barbara Sibbald, *CMAJ*

DOI:10.1503/cmaj.061093