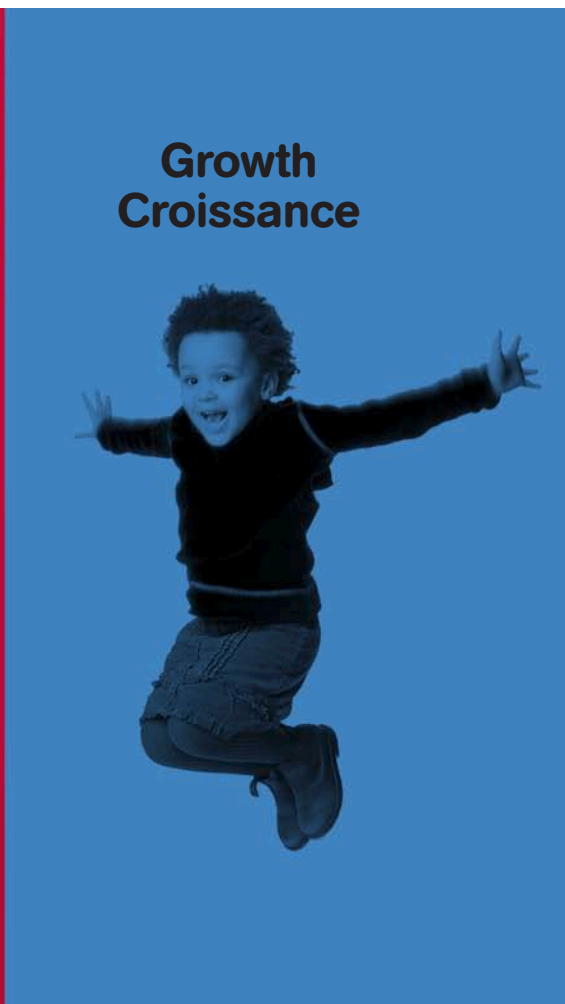


# Child Health: Our Challenge

## La santé de nos enfants : le vrai défi



Life  
Vie



Growth  
Croissance



Health  
Santé

## Canada's Child Health Challenge

Draft for discussion at the Child Health Summit, April 2007

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The College of  
Family Physicians  
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Le Collège des  
médecins de famille  
du Canada

# Canada's Child Health Challenge

## Introduction

Canada's Child Health Challenge is a call to action on children's health to all segments of Canadian society — governments, non-governmental organizations, health care providers, parents, teachers, corporations, communities and children. The challenge is the action plan for the charter.

Once complete, the challenge will be a blueprint for action to ensure Canadian children are among the healthiest children in the world. It is currently made up of five key components or "pillars" with specific actions, strategies and responsibilities. The pillars are intended to be interdependent and mutually supportive of the vision. Sequencing and phasing of the components will be built into a master implementation plan.

The core principles behind the challenge are that:

- a) it respects children and is based on substantive dialogue and consultation with them;
- b) it is driven by the health charter;
- c) it is based on evidence, evaluation and excellence;
- d) there will be accountability for results.

## The five pillars of Canada's Child Health Challenge

The following is background information for discussion of the five pillars. The information is by no means comprehensive and is intended to support discussion and consultation.

### 1. **Make children's health a priority**

Create:

- a) A children's commissioner
- b) An Office for Children's Health, with a children's health advisor for the minister of health

### 2. **Involve children in everything we do**

### 3. **Address Aboriginal child health**

### 4. **Have a plan to improve children's health**

Include:

- a) A national child-health strategy
- b) National health goals and targets for children
- c) Improve Access to Care for Children and Youth: A Children's Comprehensive Health Insurance Plan

### 5. **Learn more about what affects children's health**

Develop:

- a) An integrated children's health research strategy
- b) An annual report card on children's health

## 1. Make children's health a priority

Create a children's commissioner and office for children's health with a children's health advisor for the minister of health.

### a) Children's Health Commissioner

#### Objectives

- To create the role of a commissioner for Canada's children and youth.
- To ensure the commissioner and the office have a mandate from the federal government to act independently and have the financial resources to guarantee the rights and needs of children and youth in Canada are taken into account when Parliament is considering legislation or program funding.
- To establish an inter sectoral committee with representatives from all pertinent federal departments<sup>1</sup> as well as key non-governmental and professional organizations as well as children and youth, to provide guidance and advice to the commissioner and federal government on priorities for children and youth.

#### Rationale

Most government programs are delivered in a fragmented manner with no holistic view of children or youth and without an overall approach based in child development, despite the fact a quarter of the Canadian population is under 18 years of age. Because children and youth do not have the right to vote, their views and best interests are not necessarily reflected in federal government priorities. Yet many government services are supposed to contribute to their development.

A commissioner for Canada's children and youth would help focus federal government attention on children and youth, resulting in a more integrated approach to developing policy and delivering services.

#### Description

The commissioner should be a leading Canadian child and youth professional or advocate who is well respected by government and non-governmental and professional sectors. The commissioner should act as a channel for the views of children and youth while encouraging government and the public to give them proper respect. The commissioner should prioritize child and youth health issues in consultation with the inter sectoral committee on child and youth health. The commissioner should work collaboratively with provincial and territorial child advocates to establish pan-Canadian approaches to issues.

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<sup>1</sup> Federal government departments might include, but are not limited to Health Canada, Public Health Agency of Canada, Indian and Northern Affairs, Human Resources and Social Development Canada, Environment Canada, Justice Canada and Industry Canada.

The commissioner should have independent statutory powers to:

- Ensure the voices and opinions of children and youth are heard and their rights and needs are respected;
- Research federal government legislation and policy and how it will affect children and youth;
- Publish reports on key issues and an annual report to Parliament on the health and well-being of Canada's children and youth;
- Demand information on the status of Canada's children and youth.

The commissioner should work to ensure that the UN Convention on the Rights of the Child — which Canada has signed — is fully implemented. *A Canada Fit for Children* should also guide the commissioner's work. The commissioner should represent the children and youth of Canada by:

- Promoting a higher priority for children and youth at all levels of government;
- Improving public attitudes toward children and youth;
- Influencing legislation, public policy and practice by commenting on government proposals and by recommending changes in consultation with children and youth;
- Promoting effective coordination of government resources and programs for children and youth;
- Promoting awareness of the human rights of children and youth among all Canadians.

The commissioner should be appointed by and responsible to Parliament, with the power to work with all federal government departments that affect the health and well-being of children and youth.

The commissioner and office for children and youth must be founded on respect for all of Canada's peoples and cultures. In particular, views of First Nations, Inuit and Métis children and youth must be sought out and reflected in the commissioner's work. The office must have adequate funding to for the staff and premises required to be independent of government. It must not be subject to fiscal control that might interfere with its independence.

Children and youth should play an active role in the design of the office of a child and youth commissioner. They should be consulted to ensure that their views and needs are reflected in the terms of reference and be involved in all key decisions. The office should have well-defined jurisdiction and powers and be:

- independent
- accessible
- cooperative
- accountable.

#### **Primary responsibility**

- children and youth
- federal government
- non-governmental and professional organizations.

## **b) Office for Children’s Health/Children’s Health Advisor to Minister of Health**

### **Objectives**

- To create a focal point for children’s health.
- To coordinate and integrate policy, programming and resources for child health through a joined-up government approach.

### **Rationale**

Several federal departments develop or influence health policy and programming for children. Structures and processes to encourage co-operation among them and reduce fragmentation of policy and planning are needed to achieve the vision of Canada’s children and youth being among the healthiest in the world.

### **Description**

Achieving excellence in child health and well-being in Canada demands a more holistic and integrated approach to policy development, program delivery and resource allocation by all levels of government and across the public and private sectors.

The concept of “joined-up government” originated in the United Kingdom. It focuses on improving coordination horizontally within government to improve program outcomes through innovative structures and processes<sup>2</sup> that focus on coordinating strategy, policy development, program delivery and resource allocation. Theoretically, joining-up can be extended from one level of government to include federal, provincial and territorial governments and the private sector (for profit and not-for-profit).

In Canada, there are very few examples of joined-up government initiatives. A case study in the area of defence, development and diplomacy is illustrative of the challenges and benefits associated with better coordination and integration of security, development and diplomacy resources.<sup>3</sup>

There are three key areas where the federal government could join up around children’s health. First, the creation of an office for children’s health at Health Canada could lead better coordination and integration across federal departments involved in children’s health. The office would be run by the minister of health’s advisor on children’s health.

Second, the office of child health would run an interdepartmental coordinating committee on children’s health and develop a “pool of resources for joined-up planning and management.”<sup>4</sup>

Third, at the political level, there would be a cabinet committee on children, which would relate to both the office for children’s health and the children’s commissioner.

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<sup>2</sup> Joined-Up Government in the Western World in Comparative Perspective: A Preliminary Literature Review and Exploration (2004), *Journal of Public Administration Research and Theory*, Vol. 14, no 1, pp. 103-138

<sup>3</sup> Ann M. Fitz-Gerald (2004). Addressing the Security-Development Nexus: Implications for Joined-up Government, *IRPP*, Vol. 5, no. 5.

<sup>4</sup> *Ibid*, p.14

Beyond internal federal integration, joined-up government should also be extended to a federal–provincial–territorial committee on children’s health, comprising assistant-deputy-minister-level representatives reporting to the Conference of Deputy Ministers of Health.

The final “join” would be an inter sectoral link between all three levels of government, the not-for-profit, for profit and voluntary sectors. The venue could be an annual summit or roundtable meeting or some other mechanism for cross-sectoral dialogue and collaboration.

#### **Primary responsibility**

- federal government
- office for children’s health
- children’s commissioner.

## **2. Involve Children in everything we do**

We must ensure there is always meaningful dialogue with children and youth

#### **Objectives**

- To ensure the voices and opinions of children and youth are listened to and guide the process of developing the health charter and strategy to improve their overall health and well-being.
- To include children and youth in setting annual goals and objectives for their health and the creation of programs aimed at them.

#### **Rationale**

The charter and strategy are intended to ensure Canada’s children and youth are among the healthiest in the world. To identify problems and suggest solutions without their ideas and perceptions of what should and can be done would not show children and youth the respect they deserve. It would exclude an important source of information on child and youth health and miss a valuable source of insight into which programs and policies work and which don’t.

#### **Description**

The views of children and youth should be sought in the following manners:

- Through the creation of the Office of the Children’s Commissioner:
  - Within the Commissioner’s office there needs to be a committee of children and youth representing the breadth of Canada’s geography, languages, and ethnic backgrounds. There needs to be assurances that First Nations, Inuit, and Métis children and youth are represented.
  - There should be a network of children’s commissioners at the provincial and territorial level.
- Regular surveying of families, children and youth on key legislation, policy and programs that are meant to improve their status and health.

- An annual poll of Canada's families, children and youth to seek their opinions on their health status and the effectiveness of the programs created to support their well-being.
- All elected officials should be encouraged to meet with parents, children and youth in the areas they represent and to seek their input and advice.

#### Primary responsibility

- all levels of government
- children's commissioner
- non-governmental organizations
- families
- children and youth.

### 3. Address Aboriginal child and youth health

#### Objectives

- To develop an Aboriginal child and youth health strategy to address the special challenges that face Inuit, Métis and First Nations Children and Youth, which is focused on the goal of achieving the health status envisioned in Canada's Child Health Charter.
- To have Aboriginal people, including children and youth, develop this strategy, with support from health professionals and government departments and agencies.

#### Rationale

Aboriginal children and youth face disproportionate and multi dimensional health risks, which have been described by both the Royal Commission on Aboriginal Peoples and *A Canada Fit for Children*. The health problems of children are of particular importance in the Aboriginal population because it is very young; 35% of First Nations people were under 14 in 2001, compared to 19% of non-Aboriginal people. Between 1996 and 2001, the Inuit population grew by 12%. The 2001 census<sup>5</sup> found 29% of the Métis population was under 14. Among the health and medical issues facing Aboriginal children and youth are:

- Although accurate statistics are often lacking, known infant mortality rates are 2 to 3 times as high in First Nations and Inuit communities (CPHI, 2004). The overall infant mortality rate was 5.5 per 1,000, compared to 25.5 in Nunavik and 24 in Nunavut (figures for Nunavik and Nunavut are for the total population, including non-Inuit) (Archibald and Grey, 2000).
- The suicide rate among Aboriginals is 2 to 6 times that of the overall Canadian population (CPHI, 2004).
- Aboriginal children are at a higher risk for unintentional injuries and early deaths from drowning and other causes. Injuries are the biggest contributor to premature death among First Nation people on reserve; the rates are 4 times that of the overall Canadian population (CPHI, 2004).

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<sup>5</sup> <http://www12.statcan.ca/english/census01/home/Index.cfm>

- Access to care is limited in many areas. Parents of Aboriginal children are less likely to obtain medical attention for their children (including information over the phone) from doctors (including pediatricians and other specialists) or nurses than parents of all Canadian children (Statistics Canada, 2004).
- The rate of high-birth weight among First Nations is twice that of the overall Canadian population. (Sources: Statistics Canada, Health Canada, *Healthy Canadians, A federal Report on Comparable Health Indicators*, 2002)
- Rates of diabetes and obesity are higher among Aboriginal youth than other adolescents. (CPHI, 2004).
- Living conditions for First Nations people rank 63<sup>rd</sup> in the world — comparable with developing countries — and are the root causes of poor health. Overcrowded housing, mould and unsafe drinking water help spread communicable diseases at a rate 10 to 12 times higher than the national average. Over 40% of homes are considered inadequate shelter (Department of Indian and Northern Affairs, 1999, and Health Canada, 2003).
- With the exception of Hib vaccine, immunization rates among First Nations children are lower than other children in Canada. (Health Canada, 2003).

#### Description

Aboriginal children and youth need a strategy, which takes into account culture and geography, to achieve the goals and objectives of Canada's Child Health Charter. The strategy must be based on these equally important, interdependent principles:

- self-determination: communities will define the problems and develop solutions
- intergenerational: looking to the past and the future, involving elders and youth
- non-discrimination: ensuring equitable access
- respect for culture, language, identity
- holism: integrating the emotional, physical, cognitive and spiritual needs of children
- shared responsibility: linking the best of Aboriginal and non-Aboriginal systems.

#### Primary responsibility

- aboriginal people
- aboriginal leadership
- health professionals
- federal government (First Nations and Inuit Health Branch; Indian and Northern Affairs)
- provincial and territorial governments.

## 4. Have a plan to improve children's health

We need a national child health strategy, national health goals and targets for children and improved access to a continuum of care for children

### a) A national child health strategy

#### Objectives

- To develop a long-term master plan and strategy for the funding, programming, integration, coordination and evaluation of child health in Canada.
- To create horizontal links among the pillars of Canada's Child Health Challenge.

#### Rationale

The pillars of Canada's Child Health Challenge support a vision of the children of Canada being among the healthiest in the world. To achieve that, we need a master plan to direct integration, coordination and evaluation of all sectors and stakeholders in child health in Canada.

#### Description

Planning to develop a national child health strategy should include discussions of:

- strategies, tactics and work plans for each pillar
- long-term dedicated funding
- the role of research and evidence
- central coordination
- decentralized delivery and programming
- health care, health promotion, prevention and early intervention
- the broader determinants of child health
- accountability and evaluation.

#### Primary responsibility

To succeed, a national child health strategy will require strong leadership and commitment in its early stages. The federal government should take primary responsibility for its developmental stages, then migrate toward a cross-sectoral enterprise with funding provided by all levels of government, non-governmental organizations and the private sector.

### b) National health goals and targets

#### Objectives

- To raise awareness about scope of children's health issues in Canada.
- To provide a common focus for stakeholders and governments to improve children's health in Canada.
- To facilitate setting priorities for activities and investments to improve children's health.

- To provide a focus for measuring and reporting on the health determinants, risk factors and outcomes for children.

### Rationale

Health goals are considered a valuable tool to help decision-makers allocate resources, develop programs and generate political will to address health problems. When the performance and effectiveness of different aspects of the system can be measured and evaluated, areas for improvement can be identified and governments, organizations and providers held accountable for the quality of care.

### Description

Despite the relative health and prosperity in Canada, much can be done to improve the health and well-being of our children. For example:

- Unintentional injuries are the leading cause of death for children aged 1 to 14, accounting for about 40% of deaths in that age range.<sup>6</sup> Canada has a death rate of 9.7 per 100,000 children, 18th of 26 nations ranked by UNICEF. Sweden, with a rate of 5.2 per 100,000 ranks first — and at least 12,000 child deaths per year in OECD nations could be prevented if we all had the same rate as Sweden.
- Despite major improvements over the past several decades, Canada’s rate of infant mortality has not improved recently. In 2002, there were 5.4 deaths during the first year of life for every 1,000 live births. This puts Canada 21<sup>st</sup> out of 28 reporting OECD countries.
- In just two decades, the combined prevalence of obesity and overweight has almost tripled for Canadian children. In 2004, 26% of Canadian children and adolescents aged 2 to 17 were overweight or obese; 8% were obese.<sup>7</sup> The proportion of overweight children has also soared; from 15% overall to 35.4% for boys and 29.2% for girls.<sup>8</sup> In 1981, 5% of both boys and girls were obese. In many cases of children with obesity, the condition is treatable; a significant proportion of cases are preventable.
- Only 76.8% of Canadian children have been immunized for DPT (diphtheria, pertussis and tetanus), placing Canada 26th out of 27 reporting OECD countries.
- Canada produces the fourth-highest levels of carbon dioxide emissions per capita and the second highest levels of sulphur oxides emissions per capita among OECD countries.
- Children living in poverty: new immigrants and especially many of Canada’s Aboriginal peoples (First Nations [on and off-reserve], Métis and Inuit) are disproportionately affected by poverty.
- The prevalence rate of mental health problems in children and youth is approximately 20%. “Significantly distressing and debilitating” mental health problems affect 15% of 4- to 17-year olds. Five percent suffer from extreme

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<sup>6</sup> Innocenti Research Centre: Child Deaths by Injury in Rich Nations. UNICEF, Issue No. 2, Feb. 2001.

<sup>7</sup> Tjepkema M, Shields M. Measured Obesity: Overweight Canadian children and adolescents. Nutrition: findings from the Canadian Community Health Survey Issue No.1, Statistics Canada, July 2005.

<sup>8</sup> Canning P, Courage M, Frizzell L. Prevalence of Overweight and obesity in a provincial population of Canadian preschool children. *CMAJ*; Aug. 3, 2004; 171 pp. 240-242.

impairment.<sup>9</sup> The mental illnesses they suffer range from anxiety and depression to attention deficit disorder, conduct disorder and substance abuse.

Canada, one of the wealthiest and most secure nations in the world, should not fall short on so many measures of child and youth health. These statistics are among many that could be used to set goals and targets in the health system, which will greatly help efforts to make Canadian children and youth among the healthiest in the world.

Indeed, the concept of setting goals to provide “a united and reinforced sense of direction for those who work in the health field” comes from a 1974 report *A New Perspective on the Health of Canadians*. Although it inspired health planning efforts worldwide, there has never been a successful attempt in this country to establish meaningful health goals and targets. Federally and provincially, health goals (except on individual issues such as reducing tobacco use) are generally broad, high-level statements with little impact on health policy or programs and few measurable targets or timelines. Monitoring and evaluation have been minimal.

To make Canadian children among the healthiest in the world, we need concrete goals and targets to measure progress and evaluate programs. Establishing meaningful goals and targets requires consultation with all stakeholders, especially children, youth and their parents so we can reach a consensus on valid, time-limited targets that would focus efforts to improve child and youth health in Canada.

Given that the development of national health goals and targets is a large and complex undertaking, the question of prioritization or where to start is often raised. For discussion purposes, it is proposed that the following five priority areas be considered: children in the early years (0 – 5), injury, obesity; mental health and Aboriginal child health.

#### **Primary responsibility**

- federal government
- health-care providers
- stakeholders in child and youth health.

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<sup>9</sup> Canadian Collaborative Mental Health Initiative. Establishing collaborative initiatives between mental health and primary care services for children and adolescents. Retrieved from: [www.ccmhi.ca](http://www.ccmhi.ca) May 18, 2006.

### c) Improve Access to Care for Children and Youth: A Children's Comprehensive Health Insurance Plan

#### Objectives

- To ensure all children and youth in Canada have access to all the health services they need (including mental health care, dentistry, vision care and pharmacare among others).
- To develop a comprehensive health insurance system covering a continuum of health services for children and youth.

#### Rationale

The health and well-being of children and youth are affected by access to a range of health services beyond core medical services, such as mental health care, dental care, vision care, long-term care, public health care and immunization and pharma care. Because these services are not included in the definition of insured services under the *Canada Health Act* (CHA), the provinces–territories are not required to cover them. Consequently, large numbers of children and youth — some of Canada's most vulnerable citizens — face barriers in accessing this care. Proper access to essential care in early stages of life has the potential to mitigate the need for future interaction with the health care system when levels of disease are more advanced. By expanding the scope of insured health services for children and youth, this population can enjoy improved health outcomes during their early years and beyond.

#### Description

Because the province–territories have the authority to make health care funding decisions as they individually see fit, there are discrepancies among jurisdictions as to which additional services are insured. Some provinces–territories have elected to provide partial insurance for certain health care services for children not considered medically necessary. This creates inconsistent access to care across the country. In the interest of equality and fairness, it is imperative that a uniform continuum of insured care for children and youth be established across Canada. Some key areas of concern are highlighted below. Other critical areas to be addressed include acute care access, primary care, community supports and medical devices.

#### Chronic care

Between 15% and 20% of children and adolescents live with a chronic physical, developmental, behavioural or emotional condition.<sup>10</sup> Systematic efforts are needed ensure that the needs of children with chronic health conditions and their families are incorporated into policies and practices for their care.<sup>11</sup> Care needs to recognize the social, developmental and emotional needs of individual children, the need for family centred care and the needs for interdisciplinary team work.

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<sup>10</sup> Newacheck PW, Strickland B, Shonkoff JP, Perrin JM, McPherson M, McManus M, et al. An epidemiologic profile of children with special health care needs. *Pediatrics* 1998; 102 (1 Patient 1): 117-23.

<sup>11</sup> Miller AR et al. 2004.

### **Mental health care**

The prevalence of mental illness far exceeds treatment capacity in most Canadian jurisdictions.<sup>12</sup> As many as 15% of children and youth are affected by mental illness severe enough to interfere with development and impair functioning.<sup>13</sup> Fewer than 25% of these children receive specialized treatment.<sup>14</sup> The shortage of mental health professionals, as well as a lack of unified strategy to screen and treat mental illness in community-based settings is a major impediment to implementing a national screening strategy.

In a recent proposal by Senators Kirby and Keon for a community-based mental health care system, the needs of children and youth are acknowledged, however they are overshadowed by the needs of adults, further accentuating the relegated status of child and youth mental health.<sup>15</sup>

### **Dental care**

Tooth decay is the most common chronic disease affecting Canadian children.<sup>16</sup> Much of the burden of disease is concentrated in disadvantaged groups, namely First Nations, Aboriginal, northern dwelling and low socioeconomic status individuals — those who often have limited or no access to dental care or third-party dental insurance.

Oral health has been traditionally regarded as separate from mainstream health, which may account for the lack of government spending in this area. With respect to public oral health spending, Canada lags far behind other OECD countries at 4.6% of total oral health spending. In comparison, Germany spent 68% and France 36%. Australia, New Zealand and the UK have universal, national publicly funded children's oral health programs, while Canada has provincial-territorial programs that vary in level of coverage. Two provinces — Manitoba and New Brunswick — have no children's oral health programs at all.

### **Vision care**

Vision care provided by physicians and hospitals is more likely to be publicly funded than that provided by privately employed optometrists and opticians. In some provinces-territories, public funding covers the cost of routine eye exams for some children depending on age, but most provinces-territories have delisted this service.

### **Primary responsibility**

Ensuring the health and well-being of Canadian children is a collective responsibility involving parents, caregivers and others in the community. Federal and provincial-territorial governments have the biggest role to play as they are primarily responsible for the financial control of most health care services.

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<sup>12</sup> Waddell et al. A public health strategy 227

<sup>13</sup> Standing Senate Committee on Social Affairs, Science and Technology. (November 2004) Report 1 – Mental Health, Mental Illness and Addiction: Overview of Policies and Programs in Canada, Chapter 5, Section 5.1.2, p. 86.

<sup>14</sup> Waddell C, McEwan K, Shepherd CA, Offord DR, Hua JM. A public health strategy to improve the mental health of Canadian children. *Can J Psychiatry* March 2005 (50:4): 226-233.

<sup>15</sup> Standing Senate Committee on Social Affairs, Science and Technology. (May 2006) *Out of the Shadows at Last*.

<sup>16</sup> Halstrom W. Let's put the mouth back in the body. *CMAJ*; January 16, 2007; 176 (2).

Canada requires a children's comprehensive health insurance plan that would ensure access to a broad range of essential health services for all children and youth across the country. For some time, there has been debate about expanding the basket of publicly funded health care services. Targeting the needs of children and youth with a federal health transfer would be a much needed initial move. The on going role of third party insurers should also be considered.

## **5. Learn more about what affects children's health**

We need an integrated child-health research strategy and an annual report card on children's health.

### **a) Integrated child health research strategy**

#### **Objectives**

- To provide evidence for policy and program development in child health.
- To encourage and coordinate multi disciplinary research on child health issues.
- To develop and implement knowledge-translation programs for child health research.
- To increase the capacity of information and data collection systems to improve surveillance of children's health.

#### **Rationale**

Children and youth comprise more than 25% of Canada's population and the future of our country. While significant progress has been made in recent decades toward improving the health and well-being of our youngest citizens, many of the problems still facing this population require rapid and efficient development of new knowledge in areas of national importance.

Significant additional investment in child health research is required to increase cross-institute research initiatives at the Canadian Institutes of Health Research, longitudinal research, community-based action research and large-scale knowledge translation to move the findings into practice.

#### **Description**

Canada is a world leader in child health research. Additional investment in CIHR's Institute of Human Development, Child and Youth Health (IHDCYH) could mean solutions to some of the major health issues facing Canadian children. Research priorities would include:

#### **Physical environment**

- Effects of low-level exposure to a wide range of environmental substances on pre-natal development.
- Effects of indoor air quality on the risk of developing of asthma and allergies.

#### Social environment

- Evaluate infancy and early childhood intervention programs.
- The impact of daycare on brain development and behaviour.
- The origins of child and youth mental health and addiction.

#### Intentional and unintentional injury

- Improve children's car seat design and use.
- Improve playground design, and testing of sports and athletic equipment.
- Study risk factors for child abuse and child and youth suicide.

#### Obesity and physical inactivity

- Study of neighborhood, community and regional characteristics associated with obesity and decreased physical activity and fitness.
- Develop home, school and community-based programs to prevent obesity and promote physical fitness.

#### **Canada as a world leader in child health research**

The true promise of CIHR could be demonstrated through ground breaking research in child health. The IHDCYH has the potential to launch an ambitious research program involving a prospective national cohort (follow-up) study that will help address the first two of the priorities outlined above — the physical and social environments. The knowledge and evidence could have far-reaching beneficial impact in terms reaching the vision of the children of Canada being among the healthiest children in the world.

A cohort design is essential when studying effects of physical or social environmental exposures because those exposures are not routinely recorded and cannot be measured retrospectively (i.e., after the outcome develops) without substantial error or bias. The study cohort will comprise approximately 10,000 pregnancies — perhaps beginning even prior to conception — and will follow the resulting children over 8–10 years. Because of its large sample size, the costs of repeated assessments of the physical and social environments and the need for prolonged follow-up, such a study will represent a significant investment in the range of \$75–100 million.

Canada and its excellent child health research community are uniquely poised to fill these gaps in knowledge and apply that knowledge to improve the health of its children — and thereby secure its own future.

#### **Aboriginal children**

The particular health problems of Aboriginal children — Canada's fastest-growing child population — need specialized research. The advisory boards of CIHR's IHDCYH and the Institute of Aboriginal People's Health (IAPH) have demonstrated the required leadership over this research by identifying the special needs of Aboriginal children within their cultural context.

The advisory boards of the IHDCYH and the IAPH have discussed the importance of a health research strategy that focuses on the special needs of Aboriginal Children within their

cultural context. Both institutes have committed to meet with Aboriginal stakeholders to establish priorities for this process.

This commitment follows a recently published (2006) report developed by Health Canada *Aboriginal Children's Health Research Agenda Project* that recognizes to move an Aboriginal child health research agenda forward there must be:

- a clear and comprehensive articulation of the research priorities
- the development of an action plan to facilitate implementation
- the development of strategies for reducing the impact of barriers to research
- support of crucial stakeholders and decision-makers throughout the process of agenda setting and implementation.

Overall, to address Aboriginal child health research priorities, there is a need to bring together Aboriginal cultural values with more traditional academic research models to ensure effective translation of knowledge. Initiating this process, recent CIHR–IAPH funded research efforts utilizing community-based research partnerships and participatory action research methods have been successful in effectively engaging Aboriginal communities in health knowledge sharing activities that impact on child health.

The Aboriginal child health research agenda is inextricably connected to pillar 3 of Canada's Child Health Challenge. Effective knowledge translation will provide for evidence-informed strategies, policies and interventions.

#### **Primary responsibility**

- federal government
- CIHR's Institute of Human Development, Child and Youth Health
- CIHR's Institute of Aboriginal People's Health
- provincial governments
- academic health organizations
- aboriginal community.

#### **b) Annual report card on children's health**

##### **Objectives**

- To measure Canada's performance in achieving health goals and targets for children and youth on a regular basis.
- To increase accountability for the health of Canadian children.
- To gather the opinions of children, youth and their parents on their health and their experience with the health care children and youth receive.
- To encourage those who collect data on child and youth health to share their expertise and work toward integrating data.

##### **Rationale**

The importance of events, environment and health in early childhood to later health and well-being is increasingly clear. However, to develop and sustain a policy agenda for children that will work to ensure those long-term outcomes are positive, we need timely and accurate

indicators and data on child health, development and well-being, as well as data on access to quality health care.

**Description**

The three fundamental elements of the Canada Child Health Charter — a safe and secure environment, good health and development and a full range of health resources available to all — will determine what is measured in the children’s health report card. A few key indicators for each element will be selected. The choice of indicators will be based, at least initially, on data currently collected regularly.

**1. A place with a safe and secure environment**

Sub theme	Potential indicator	Potential source of data
Clean water and air	Environmental data	F–P–T governments; Statistics Canada; Public Health Agency of Canada
Protection from injury	Injury rates for children and youth	Statistics Canada; Transport Canada; Public Health Agency of Canada
Safe home and communities	Crime rates in which children are involved in a two large cities, two mid-size towns and two remote communities	Statistics Canada; provincial ministries of justice; Public Health Agency of Canada

**2. A place where a child can have good health and development**

Sub theme	Potential indicator	Potential source of data
Prenatal and maternal care	Infant morbidity and mortality data; maternal rates of smoking during pregnancy; percent of mothers breastfeeding for at least 6 months	Statistics Canada; CICH; F–P–T governments data
Nutrition	Rates of obesity in children and youth	Statistics Canada; CICH; Public Health Agency of Canada; CIHR
Early learning opportunities	Parental literacy rates children’s readiness to learn at school entry	Statistics Canada; CICH Data from the Early Development Instrument being used in ON and BC
Physical activity	Involvement of children in sports; number of schools with mandatory phys ed programs	Statistics Canada; CICH

Education	Number of children & youth who complete high school; percent who complete a post-secondary education program (trade or university)	Stats Canada; CICH; provincial ministries
Mental health	Youth suicide rates; prevalence of children's mental disorders	Stats Canada; CICH; National Longitudinal Survey of Children & Youth (NLSCY)

### 3. Health Resources

Prevention	Immunization rates; smoking rates in youth; bicycle helmet wear, car seat or seatbelt use	Statistics Canada; CICH; CIHR; Public Health Agency of Canada
Mental health	Number of children/youth with ADHD or major depression who have access to specific community based interventions school based programs, shared care, telehealth	Statistics Canada; CICH; provincial data; NLSCY; Ontario and BC data on the monitoring of children's mental health treatment outcomes
Access to health services	Percentage of children with diabetes with access to: a) primary care; b) secondary care; c)additional community-based care (shared care, diabetes education), d) wait-time targets, e) health human resources to meet the needs of children and f) patient safety.	Provincial data; CICH; CIHI;CIHR; Canadian Diabetes Association, other

#### Primary responsibility

- Federal and provincial and territorial governments;
- Canada Health Council
- Canadian Institute of Health Information
- Canadian Institute of Child Health
- Office of the Child Health Advisor
- CIHR- National Child and Youth Health Coalition
- Public Health Agency of Canada
- Statistics Canada
- Canadian Council on Health Services Accreditation
- Canadian Diabetes Association
- Transport Canada