Opinion

Improving physical health and survival of children and youth in Canada

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UNICEF recently warned that many children and youth in Canada have poor physical health and are struggling to survive. The challenges of income inequality, social exclusion, and poor food quality drive this problem. Physicians can tackle these challenges and boost children's physical health and survival by working with impacted communities and advocating for policy change. First, physicians should address income inequality by collaborating with other key groups such as social pediatric hubs, social workers, nurses, and food banks, and by advocating for universal basic income to help support families financially. Second, physicians should tackle social exclusion by identifying and remedying direct and indirect forms of discrimination against underserved populations in the healthcare setting, as well as by improving anti-racism education and policies. Finally, physicians should promote food quality by educating the public about quality food resources and collaborating with governments to hold the private sector accountable for food quality deficits.

Introduction

Despite being one of the world's richest countries, Canada is failing to keep its children and youth healthy. According to UNICEF's 2020 report card, Canada ranked 30th among 38 wealthy countries in the well-being of children and youth under 18 years of age.[1] To improve their health and well-being now and in the future, physicians should advocate for policy change and work collaboratively with impacted communities, government, healthcare providers (HCPs), patients, and the private sector.

While the health and well-being of children is a multi-faceted topic, this opinion piece focuses primarily on physical health and survival as this dimension is foundational to achieve the other dimensions of well-being.[2] UNICEF defines poor physical health and survival as high child mortality rates across ages 5 to 14 years old.[1] Income inequality, social exclusion, and food quality are the main factors driving Canada's low physical health and survival ranking. This article addresses these three factors and pairs each factor with solutions on how physicians can help. First, this article addresses economic stability for families and how parental unemployment can have significant impacts on child and youth well-being. Second, this article considers underserved populations within Canada and how social exclusion, a form of discrimination, is associated with child mortality. Third, this article tackles diet quality in Canada and how poor food quality negatively impacts physical health. These interconnected factors must be addressed to improve the health and well-being of children and youth in Canada.

Income Inequality

Income inequality drives child mortality.[3] Household poverty can negatively impact many aspects of child and youth well-being, including cognitive development, physical health, increased rates of unintentional injury, poor vision, and iron deficiency anemia.[4] The COVID-19 pandemic and the resulting school closures worsened these existing inequalities.[5] These problems are especially concerning in Nova Scotia, where child poverty increased more in 2022 than in any other province.[6]

Physicians should tackle these issues by advocating for better policies and working with impacted communities. To drive progressive policy change, physicians should advocate for maintaining and increasing financial support for children and their families and caregivers.[7] The UNICEF report shows that such support measures, including the Canada Child Benefit and additional supports in response to the pandemic, significantly reduced child poverty.[8] However, the end of these pandemic measures threatens to reduce these hard-won gains, and leaves the current financial support measures insufficient to keep up with rising inflation rates and cost of living. This is why Canada's federal, provincial, and territorial governments must boost financial support to prevent a rise in childhood poverty. Governments can achieve this by providing regular funding, such as child benefits (universal or quasi-universal) and Universal Basic Income to support families of low socioeconomic status, as well as by supporting sustainable community centers.[7]

At the community level, physicians can also work with community services to improve physical health outcomes for children regardless of their financial situation. For example, in Montreal, the Dr. Julien Foundation largely inspired the social pediatrics movement.[9-10] This movement improves the social determinants of children's health by integrating health and social care clinics, engaging the whole family, and taking a holistic view that focuses on children's and families' needs and aspirations, not merely their medical problems.[9-10] Similar active but isolated initiatives exist in Ottawa with the More Than Just Soup program, as well as in Vancouver with the RICHER (Responsive, Intersectoral-Interdisciplinary, Child-Community, Health, Education and Research) Social Pediatrics Model, to foster access and reduce inequities in inner city children's health.[11-12] The Community Social Pediatrics model has been shown to reach many children living in vulnerable conditions and provide them with medical, social, and legal services.[13] However, these initiatives are currently small-scale, confined to a few cities, and face challenges related to funding and sustainability.[14] Pediatric physicians and hospitals need to integrate social pediatrics by expanding existing programs to reach those who currently lack access.

Social Exclusion

Social exclusion, defined as the process by which certain groups of people are systematically excluded or neglected, is one of the strongest predictors of morbidity and mortality risk early in life.[2,15] Canada has historically discriminated against underserved populations such as Black, Indigenous, and immigrant and refugee populations.[16-17] This is still a problem today. For instance, areas with a high concentration of Indigenous people have up to 3.9 times higher infant mortality rates compared to areas with low concentrations of Indigenous people.[18] In addition, the number of immigrants and refugees is growing.[19] The UNICEF report highlights Canada's poor performance concerning vaccination rates, suggesting that our public health policies may not be inclusive enough to protect all children against serious and potentially life-threatening illnesses such as measles.

Physicians must help policymakers and government officials understand how current health and social polices affect equity-deserving groups in Canada. Efforts should begin by gathering data about the circumstances of and impact of policies on specific underserved populations, as the European Coalition of Cities Against Racism's recent action plan has proposed.[20] Equipped with this information, physicians can then help modify existing policies or create new policies that are more equitable to underserved populations. Some ways to accomplish this include intervening to ensure equal opportunities, particularly for access to education, such as developing teaching materials on respect for human dignity, peaceful coexistence, and intercultural dialogue. At the educational policy level, Dr. Kannin Osei-Tutu and colleagues (2022) proposed adding anti-racism as a new CanMEDS role.[21] This is important to overcome Western medicine's historical legacy of exploiting and dehumanizing underserved populations.[22] It will also educate medical trainees entering the profession about their valuable social responsibilities.

Addressing discrimination is also important. In Canada, the federal government is in the process of doing so with their new anti-racism strategy 2024-2028.[23] Physicians should advocate for these policy strategies including continued implementation of the United Nations Declaration on the Rights of Indigenous Peoples and the United Nations Declaration Act, advancing Indigenous language revitalization, providing federal grants and contributions to help increase the capacity of grassroots not-for-profit organizations serving Black communities, and combatting anti-Black racism in Canada through the Supporting Black Canadian Communities Initiative.

Physicians have an important role as leaders and advocates to prevent social exclusion experienced by children and youth. Physicians should lead and advocate in collaboration with other HCPs including nurses, receptionists, social workers, and other allied health. As an example, a successful initiative called "Our Kids' Health" by Dr. Ripudaman Singh Minhas, a developmental pediatrician in Toronto, tackles social exclusion by translating and adapting evidence-based pediatric healthcare information to better inform minority groups, including in languages such as Punjabi, Tamil, Arabic, Ukrainian, Inuit, and Filipino.[24] While exercising their social responsibilities may be challenging for physicians who are overwhelmed with their other responsibilities, open communication and collaboration will help address this challenge.[25]

Food Quality

Finally, this article addresses the quality of food and goods available to children and youth. While childhood obesity is a complex challenge, one of its principal policy-level causes is high-calorie consumption due to the affordability and availability of processed and marketed foods.[26-27] The types and quantities of imported foods and tariffs can precipitate increased supply and potential consumption of unhealthy food items in the population's diet such as high-fructose corn syrup. By lowering tariffs, trade agreements such as the North American Free Trade Agreement make it easier for people to eat unhealthy foods.[28] In Canada, the more severe the household food insecurity, the higher the consumption of ultra-processed foods and the lower the diet quality among children and youth.[29]

Solving this problem requires policy changes, particularly in collaboration with the private sector. Since the private sector produces most of our society's food, governments must engage in ongoing dialogue with these entities and enforce policies that hold them accountable for the harm they may cause. The Commercial Determinants of Health (CDOH) are defined as the private sector activities that affect people's health with some risk factors including obesity, physical inactivity, social media and news platforms, smoking, vaping, air pollution, and alcohol use.[30-32] The CDOH affects everyone, but especially children and youth.[31] The current CDOH model suggests that governments may prioritize private sector profits over public health, which prevents effective public health efforts to

improve children and youth's food quality and diet. As such, there is an urgent need for political and economic change to redirect current norms towards the public's best interest, as well as remind the government of their obligation to prioritize healthy food quality and not merely corporate freedoms and profits.[33] At this policy level, regularly involving research and content experts such as Health Canada Food Inspection representatives, clinical nutritionists, and financial advisors in policy decisions will be important to make informed policy choices. For example, a public procurement policy where the government purchases healthy local foods for children and youth at school has been shown to improve kids' health while supporting the local economy and encouraging healthy food production.[34]

Physicians can leverage their health expertise and influence in society to improve food quality for their younger patients by working with these groups. A study in Guelph, Ontario found that a Fresh Food Prescription (FFRx) program significantly increased the families' consumption of healthier foods including fruits and vegetables.[35] They also found that families preferred food prescribing rather than going to the food banks due to the convenience, food quality, and less stigmatization. The concept of food prescribing has also inspired a more general social prescribing movement in Canada. Initiatives include the Rx: Community Social Prescribing Pilot of the Alliance for Healthier Communities across Ontario as well as the national Canadian Institute for Social Prescribing. While prescribing food is still in the early stages, preliminary findings such as the FFRx study described above have been encouraging.[36] Furthermore, these incremental improvements add up and may result in life-changing impacts for Canada's children and youth.

Conclusion

This article highlights the challenges children and youth in Canada face to achieve optimal physical health and survival. Issues surrounding income inequality, social exclusion, and food quality in Canada need to be addressed at a policy level and community level to improve the physical health of children and youth. Key recommendations include:

1. **Address income inequality**: Physician involvement and support to integrate health care and social care is critical; particularly in addressing challenges families may face such as food insecurity. At the community level, this involves collaborating with various local groups such as social pediatric hubs, social workers, nurses, and food banks. At a policy level, this involves policy changes to provide universal basic income to help support families financially.
2. **Tackle social exclusion**: Physicians should advocate for the health and well-being of all children and youth, with a focus on identifying and tackling direct and indirect forms of discrimination against underserved populations such as Black people, Indigenous people, immigrants, and refugees. At the community level, this involves increasing access by providing healthcare services in multiple languages as well as by collaborating with all HCPs including medical learners. At a policy level, this involves improving education and policies to actively fight against racism in Canada.
3. **Promote food quality**: Physicians should use an evidence-based approach to communicate and educate key groups about quality food resources in Canada. This is important to improve the health of children, youth, and their families. At a policy level, this involves advocating for public health efforts and collaborating with the government to hold the private sector accountable.

Successful implementation of these recommendations will require a joint effort between physicians, other HCPs, government, patients, and the private sector. By working together, we can create a healthier future for children and youth in Canada.

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