

Canada's leaders promote health care for children everywhere but at home ^[1]

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EXCERPTS

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Although it is important to support child health elsewhere, it is ironic for Canadians to feign leadership when nearly 30 per cent of our own children are vulnerable by the time they reach kindergarten. Vulnerable young Canadians struggle with age-appropriate tasks such as holding a pencil, climbing stairs, following teachers' instructions, getting along on the playground, and knowing 10 letters.

Our domestic child development woes received little attention in advance of the G8/G20 summits, while international maternal/child health was debated in the House of Commons and media.

Why? Part of the answer is that pride in our medical system inclines us to believe incorrectly that Canada excels at promoting health. There is no doubt our system is good at preventing women and children from dying during pregnancy and childbirth. In fact, we are comfortable spending hundreds of thousands of dollars, if not more, to save one pre-term baby.

But while we go to heroic measures to help one sick individual, we are not generous in promoting the population's health by guaranteeing all families with children access to decent housing, food, early learning or quality child care, and enough unstressed time together. The limited availability of these community supports is why nearly a third of the next generation of Canadians is vulnerable before they start school. Put bluntly, we have a disease fetish in Canada. And the medical care system reinforces it.

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In short, our population will be sicker and suffer far more premature deaths so long as we tolerate the unnecessarily high rate of child vulnerability.

Regrettably, it is hard to re-think the health-care system in Canada, even as it absorbs larger shares of total public spending. Sure there is a debate about how much private delivery should be permitted. But this distracts from the most pressing question: what do we owe one another when our ability to treat illness and stave off death grows with costly new drugs and technology?

Our answers to this question impede health promotion. We were reminded of this most recently in B.C. as preventive health services were cut during the recession; and we consistently resist investing in child care and other early health-promotion services on the grounds that funds are required to pay for the growing clinical budget.

Questioning the extent to which illness treatment crowds out investment in other social policy must become non-partisan. This critique is presently risky for politicians, because publicly funded medical care is so important to Canadian identity; we refer to it when distinguishing ourselves from neighbours to the south.

But this means "being Canadian" is literally making us sick. So long as we leave unquestioned the place of medical care in our broader social policy strategy, we risk our population's health by failing to invest in its social determinants, especially during childhood.

Canada ranks near the bottom internationally when it comes to policies that help parents have enough resources, community services and time to care personally.

If we really prioritize child health, as suggested at the G8/G20 summits, Canadians must redress this poor ranking by also investing in such policies domestically.

- reprinted from the Vancouver Sun

Region: Canada ^[2]

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