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Charitable Registration
Number 11924 8771 RR0001

June 18, 2008

The Honourable Tony Clement
Minister of Health
House of Commons
Ottawa, Ontario K1A 0A6

Dear Minister

Re: Reaching for the Top: A Report by the Advisor on Healthy Children and Youth

The Ontario Public Health Association (OPHA) is a voluntary, provincial organization comprised of public health professionals and Constituent Societies with a mission to provide leadership on issues affecting the public's health. As such, we have a keen interest in promoting the health and well-being of children and youth in the province of Ontario.

Dr. Kellie Leitch's report "Reaching for the Top: A Report by the Advisor on Healthy Children and Youth" provides a valuable insight into the health and well-being of Canada's children and youth and offers a number of recommendations that hold the potential of having a positive impact on their health. We strongly urge Health Canada to carefully review the findings of this report and to seriously consider its recommendations.

Health surveillance is critical to increasing our understanding of the health of the population and the factors that effect their health. It is also essential to the planning, delivery, and evaluation of cost-effective, quality programs that protect and promote their health. The National Longitudinal Study of Children and Youth has already provided valuable information, but, as the report indicates, there are gaps in our knowledge and inconsistencies across the country. Consequently, we were very pleased with the recommendations for national, standardized key indicators on children's health and for a longitudinal cohort study to provide data on the health of Canadian children. We also encourage the Federal Government to support the use of the EDI to establish a consistent means of benchmarking, measuring, and monitoring school readiness across the country.

Unintentional injuries are the leading cause of death for Canadian children, ages one to fourteen years. Fortunately, these deaths are largely preventable. Additional research is required to determine key contributing factors and the most effective programs to prevent injuries. We strongly support the development of a National Injury Prevention Strategy. The scope of a National Injury Prevention Strategy could also include intentional injuries, given the significant negative impact of these types of injuries. The Ontario Injury Prevention Strategy would benefit from enhanced national support.

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Additionally, the Federal Government's role in protecting consumer safety provides a unique opportunity to protect and promote child safety. We were also pleased to see that the report reflects a broad definition of safety that includes the environment and its potential impact on children and youth health and support the recommendations in this area.

The section on obesity and healthy lifestyle addresses a critical health risk for today's children and youth and the recommendations named in the report will make a significant contribution to improving their nutrition and physical activity levels. While they fall short of identifying a full range of best practices in this area and they fail to acknowledge the critical role that breastfeeding plays in the health and nutrition of children, they do offer an effective starting point.

Public health practitioners have long understood the issues of mental health and substance abuse as they relate to the health of children and youth. We fully support recommendations that implement best practice solutions across the country in a co-ordinated manner. Consistent evaluation and measurement of mental health and substance abuse indicators will be helpful in determining interventions that work. While the report focuses on the mental health of children and youth, which is long overdue, it is critical to acknowledge the very real impact that postpartum depression and maternal mental health have on child health and development. Therefore, a National Mental Health Strategy must include a focus on children, youth and maternal mental health.

As the leaders in chronic disease prevention, we also support the recommendations in the Chronic Disease prevention section. Of particular interest, are the recommendations related to early identification and screening. Universal access to a comprehensive range of age-appropriate screening, combined with referral and access to services, can play a significant role in reducing the burden of illness caused by conditions that respond positively to early identification and intervention.

As comprehensive as this report is, its benefit to the public would be significantly increased if the study was extended to include public health perspectives on such issues as breastfeeding, parenting and child development, and the impact of the social determinants of the health of children and youth.

Breastfeeding promotion and practices that support breastfeeding sustainability has been regarded in most international health documents as a primary and significant population based health promotion approach to child health. As such, implementation of the breastfeeding best practices outlined in the SHO/UNICEF Baby-Friendly Initiative, including enforcement of the International Code of Marketing of Breast Milk Substitutes, must play a critical role in any approach that attempts to address obesity and/or chronic illness in children.

The report clearly identifies the “increasing amounts of data that confirm the benefits that can come from investing in early childhood development”. However, recommendations in this area are limited to expanding Aboriginal Head Start programs. Early brain development research in this area, clearly indicates that all children benefit from expanded parenting, childhood development and early identification programs and that these programs have a positive impact on school readiness.

The pillars of injury prevention and safety, obesity and healthy lifestyle, and mental health and chronic illness offer a valuable framework for planning. However, they reflect a medical model of service planning and intervention that fails to pay sufficient attention to the broader social determinants (such as poverty, food security, housing and community supports such as child care) that have very significant impacts on children’s health.

In summary, this report offers an opportunity for Health Canada to demonstrate leadership in the area of children’s and youth health. Many of our Constituent Society members already report a solid working relationship with Health Canada and effective collaboration between all three levels of government. The recommendations in this report offer a means of focusing and leveraging resources, co-ordinating planning and service initiatives and continuing to build on these partnerships.

Once again, we urge you to seriously consider this report and its recommendations as important steps towards improving the health and well-being of Canada’s children and youth provided that Dr. Leitch’s initial examination of the issue is extended to include analyses of the topics that we have identified as being underrepresented, using the best principles, practices and perspectives of public health and preventive medicine.

Sincerely,



Carol Timmings
President