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“The health of the public is the foundation upon which rests the happiness of the people and the welfare of the state.”

Disraeli



PUBLIC HEALTH

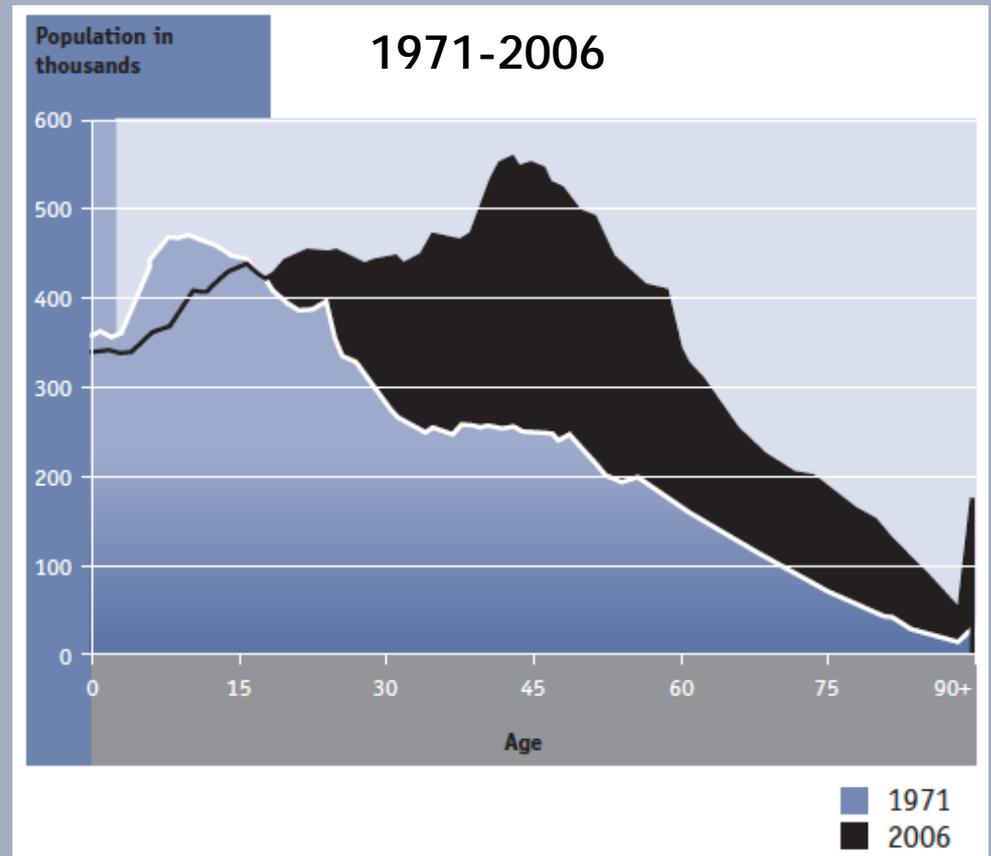
- A set of programs and services
- A way of thinking about problems and solutions
- Concerned with the well-being of the *whole* population, whereas Health Care looks after the treatment of the individual
- A whole-of-society approach – across sectors, governments, states, jurisdictions

ROLE OF PUBLIC HEALTH

- **Public health has a fundamental role:**
 - understanding impacts of physical and social environments on health
 - to advise other sectors, and provide leadership in what we can all do to promote healthy aging
 - to engage partners across society to build healthy enabling environments

CHALLENGES – AN AGING POPULATION?

Population distribution by age, Canada,

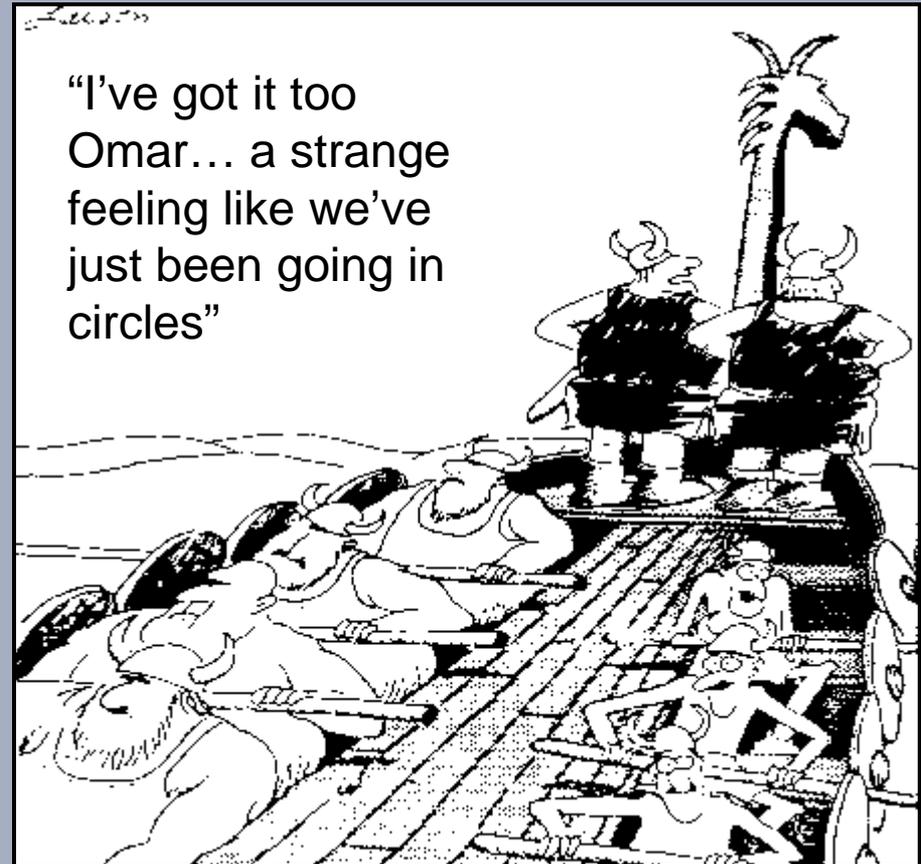


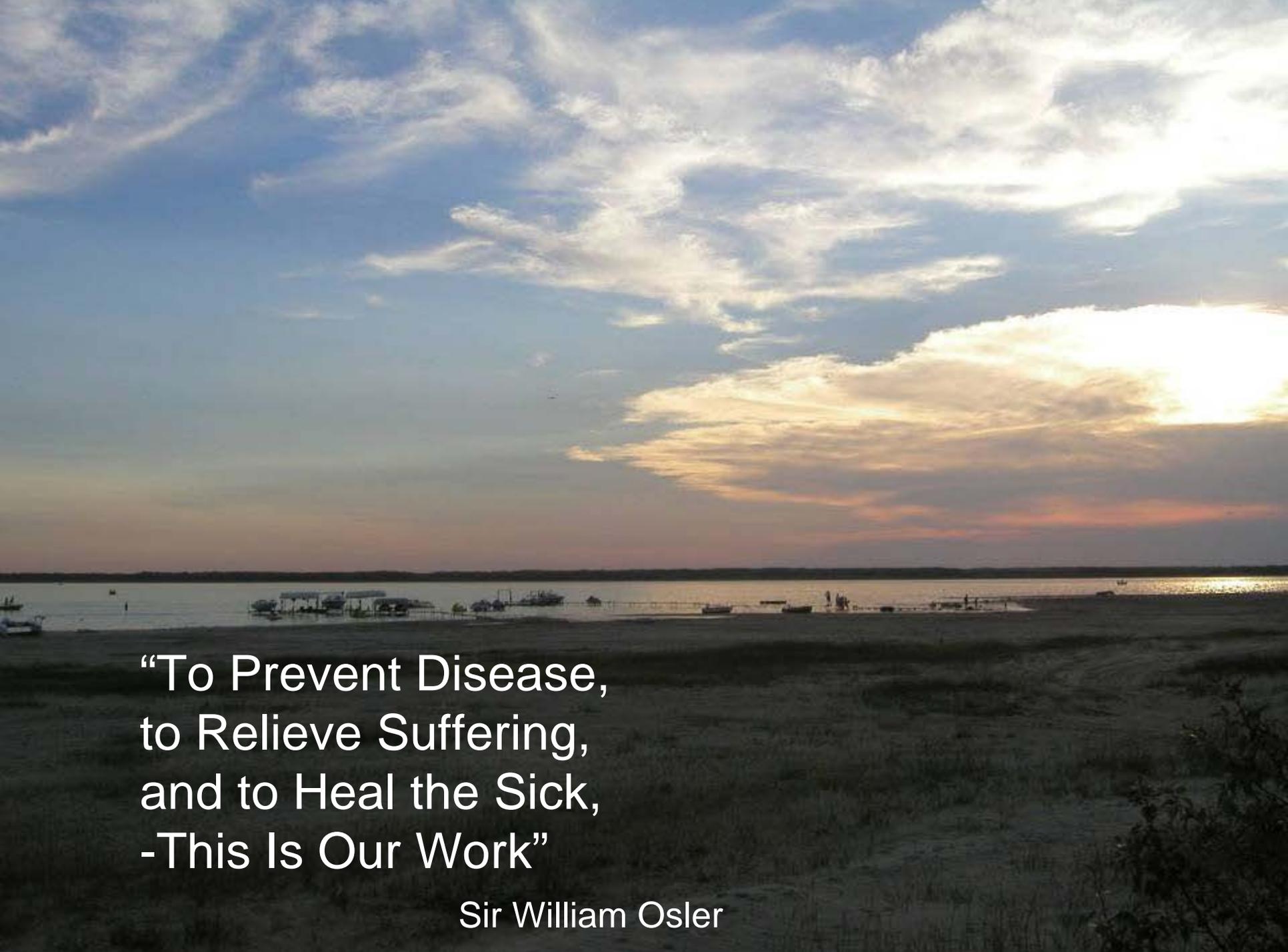
- By 2015, seniors will outnumber children for first time in Canadian history
- Not necessarily a bad thing, if we're prepared

CHALLENGES – HEALTH CARE SUSTAINABILITY

– Balance:

- Prevention
- Promotion
- Protection
- Treatment



A wide-angle photograph of a sunset over a large body of water. The sun is a bright, glowing orb on the right side of the horizon, partially obscured by a large, horizontal cloud bank. The sky is filled with wispy, white and yellow clouds, with the lower part of the sky transitioning from a pale blue to a soft orange and pink. The water in the middle ground is calm, reflecting the light from the sun. In the distance, a marina or dock system is visible with several boats moored. The foreground is a dark, grassy marshy area, with some silhouetted vegetation on the right side.

“To Prevent Disease,
to Relieve Suffering,
and to Heal the Sick,
-This Is Our Work”

Sir William Osler

PHAC and the CPHO

- Public Health Agency and the position of Chief Public Health Officer created in 2004
- The Role of the Chief Public Health Officer:
 - Deputy responsible for PHAC, reporting to Minister of Health
 - Advises Minister of Health and Government of Canada
 - Works with other governments, jurisdictions, agencies, organizations, and countries on health matters
 - Speaks to Canadians, health professionals, stakeholders, and the public about public health issues
 - Reports annually on the state of public's health
 - Can report on public health issues, as needed

PUBLIC HEALTH AGENCY OF CANADA

- PHAC born in part out of the SARS crisis
- Created to:
 - Prevent disease and injury
 - Promote Health
 - Prepare and respond to health emergencies
 - Research, surveillance
 - Strengthen the public health system

SIX AREAS OF CONCERN FOR CANADA'S CHILDREN

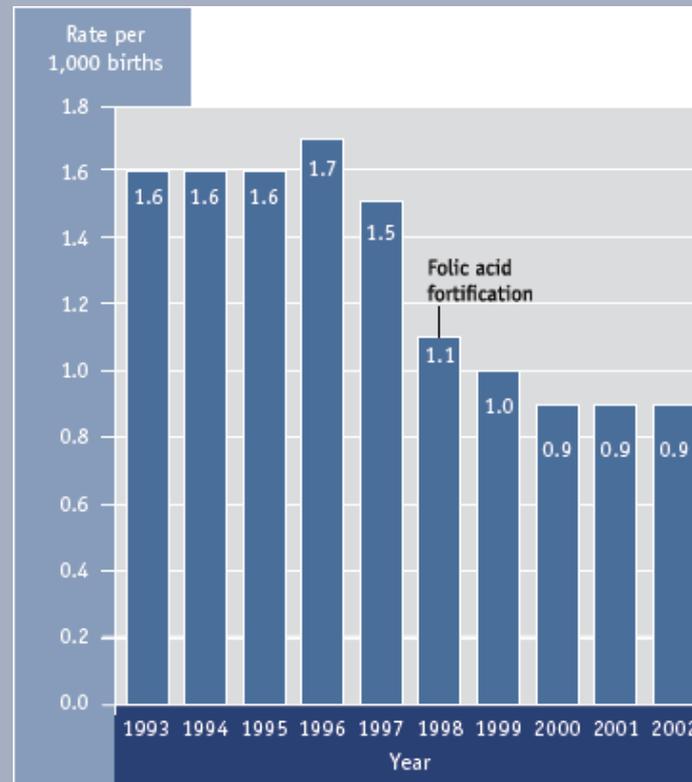
- Socio-economic status and developmental opportunities
- Abuse and neglect
- Prenatal risks
- Mental health and disorders
- Obesity
- Unintentional injuries

CANADA'S EXPERIENCE

- Recognizing childhood as a unique stage in life that influences future health outcomes
- Improvement in children's health over the last decade include:
 - Decrease in infant and maternal mortality rates;
 - Improvement in prenatal and post-natal care;
 - Improvement in living and employment conditions;
 - Development of legislation, regulations and standards for prevention and protection;
 - Introduction of compulsory school attendance;
 - Availability of community programs (e.g. immunization, dental health programs, in-school medical inspections, greater health care access, water fluoridation); and
 - Evolution of social welfare programs and social investments.

CANADA'S EXPERIENCE

Prevalence of neural tube defects in seven Canadian provinces, 1993 to 2002

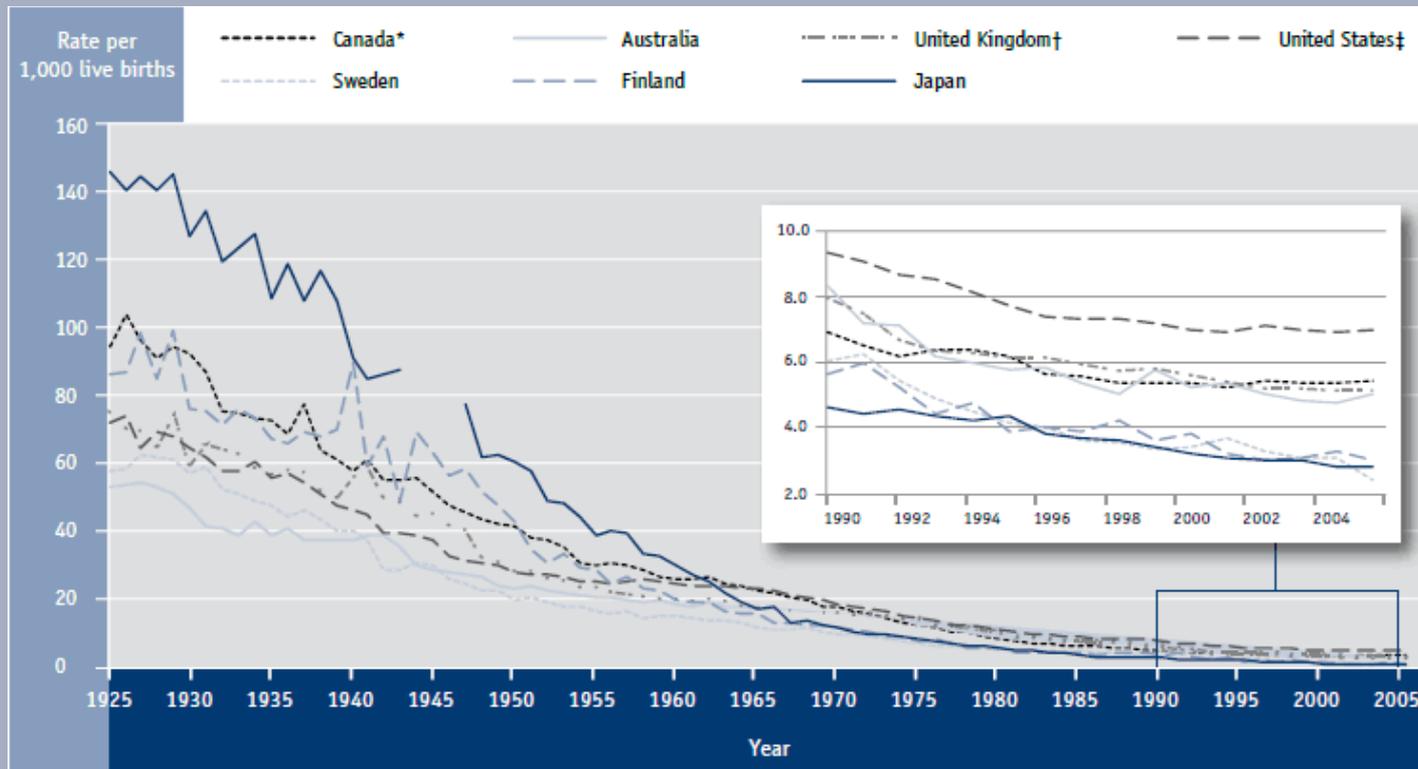


The seven Canadian provinces include Newfoundland and Labrador, Nova Scotia, Prince Edward Island, Quebec, Manitoba, Alberta and British Columbia. Diagnostic categories include ICD-9 655.0 and 740.0 to 742.0 and ICD-10 Q00, Q01, Q05 and O35.0. This decrease takes into consideration not only live births with these conditions, but also stillbirths and induced abortions.

Source: De Wals, P., Tairou, F., Van Allen, M. I., Uh, S.-H., Lowry, R. B., Sibbald, B. et al. (2007).

CANADA'S EXPERIENCE

Infant mortality rates, select countries, 1925 to 2005



* Excluding Quebec for 1925; Newfoundland for 1925 to 1926; and the Yukon Territory and the Northwest Territories for 1925 to 1949.

† Infant deaths are based on the live births occurring in the year, except in the years 1931-1956 when they were based on related live births.

‡ Infant mortality rate exclusive of stillbirths for 1925 to 1940.

Source: Australian Bureau of Statistics; Office for National Statistics; Grove, R. D. & Hetzel, A. M. (1968); Linder, F. E., Grove, R. D., & Dunn, H. L. (1947); Statistics Canada; Statistics Sweden; Ministry of Health, Labour and Welfare; Human Mortality Database; and Public Health Agency of Canada.

CANADA'S CHILDREN FROM BIRTH TO 11 YEARS

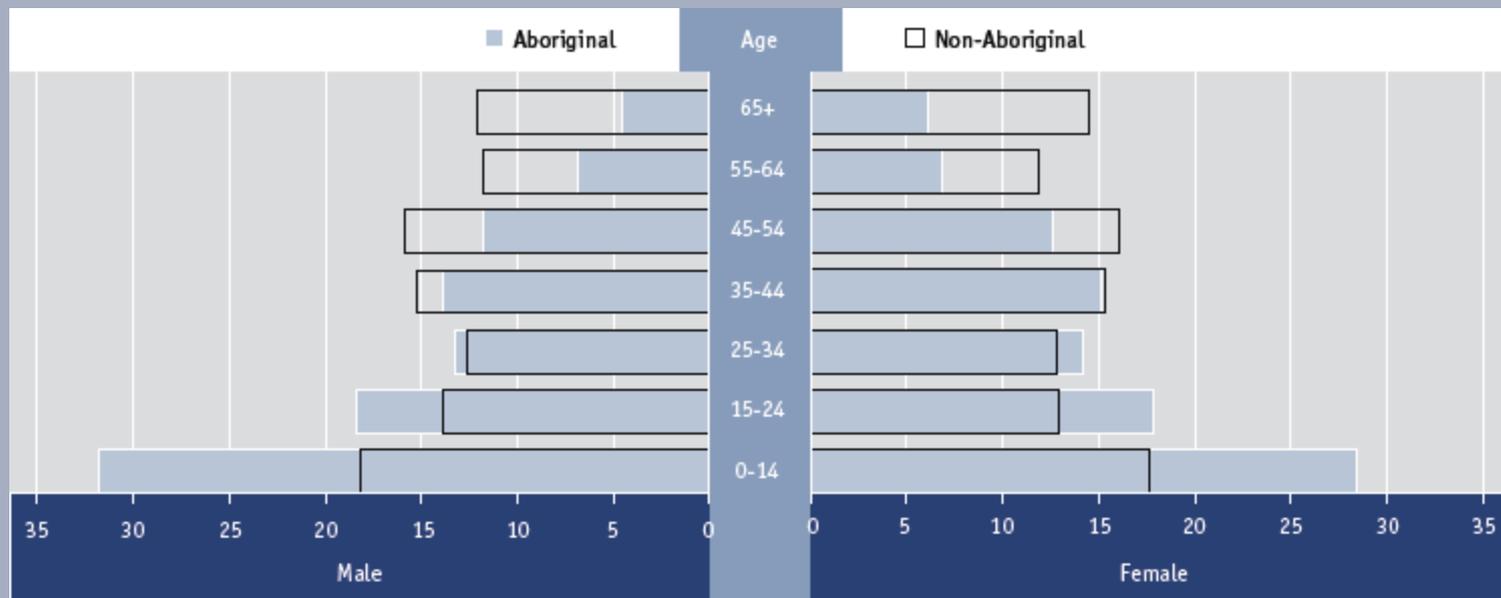
- Of the total population of 31.6 million people in Canada, 4.3 million are children under the age of 12
- A little less than half of those children (2.0 million) are under the age of 6
- The majority of Canadian children under the age of 12 live in urban areas (79%)
- 82% of children live in households with two parents.
 - 17% of children under the age of 12 live in single-parent households, with 84% of children living with single mothers
- The current fertility rate is 1.6 children per woman aged 15 to 49 years

CANADA'S CHILDREN FROM BIRTH TO 11 YEARS

- Immigrant children represent 5% of the 4.3 million children under the age of 12.
- 6% of the 4.3 million children under the age of 12 are Aboriginal.
- 37% of First Nations children, 31% of Métis children and 26% of Inuit children, under the age of 15 years, live in single parent households.
 - 8% of First Nations children, 2% of Métis children, and 4% of Inuit children live with grandparents or other relatives.
- The current fertility rate for Aboriginal women is 2.6 children per woman aged 15 to 49 years.

CANADA'S CHILDREN FROM BIRTH TO 11 YEARS

Aboriginal and non-Aboriginal population distribution by age group, Canada, 2006



Source: Statistics Canada.

Setting Trajectories for a Healthy Life: Issues and Interventions

ISSUES AND INTERVENTIONS: SOCIO-ECONOMIC STATUS

ISSUES

- An estimated 12% of Canadian children under the age of 12 were living in poverty in 2006.
- Low socio-economic status is a risk factor for common chronic diseases, including coronary heart disease, hemorrhagic stroke, Type 2 diabetes and chronic obstructive pulmonary disease.

INTERVENTIONS

- Existing investments: GST Credit; Canada Child Tax Benefit; National Child Benefit Supplement; Working Income Tax Benefit
- Family and Children's Strategies:
 - *Healthy Child Manitoba*
 - Quebec's Family Policy (Promotes social investment in families, subsidized early childhood education)

ISSUES AND INTERVENTIONS: ABUSE AND NEGLECT

ISSUES

- 2003 - 75,000+ substantiated cases of maltreatment among Canadian children (0-11 years)
- Maltreatment results in immediate impacts (physical and emotional) as well as long-lasting ones
- Research links maltreatment and adult forms of illness

INTERVENTIONS

- Canada's Family Violence Initiative:
 - Cross-government effort promoting awareness of risk factors
- Canadian Incidence Study of Reported Child Abuse and Neglect

ISSUES AND INTERVENTIONS: PRENATAL RISKS

ISSUES

- Canada has had success in reducing prenatal risks, but not all pregnant women are being reached
- Approximately 1% of all babies in Canada (3,000+/yr.) born with FASD
- STIs on rise among young women – risk of transmissions to newborns

INTERVENTIONS

- Canada's Prenatal Nutrition Programs; Canadian Perinatal Surveillance System
- Sheway Program (Vancouver's Downtown Eastside): Services to pregnant substance users and at-risk mothers; Takes into account living context; assists women with funding adequate housing
- Fir Square Combined Maternity Care Unit (BC Women's Hospital) – for both substance-using women and substance-exposed newborns

ISSUES AND INTERVENTIONS: MENTAL HEALTH AND DISORDERS

ISSUES

- 63% of Canadian youth with a mental disorder reported embarrassment, fear, peer pressure and stigma were barriers to seeking help
- 15% of children and youth affected by a mental disorder at any time
- Long-standing rate of learning disabilities among Canadians is 1 in 10

INTERVENTIONS

- *Better Beginnings, Better Futures* Program (Ontario)
 - designed to prevent young children in low income, high risk neighbourhoods from experiencing poor developmental outcomes
- Mental Health Commission
 - Recently launched 10-year anti-stigma/discrimination reduction campaign

ISSUES AND INTERVENTIONS: OBESITY

ISSUES

- 1978 -2004: rates of measured obesity almost tripled among Canadian children and youth 2 to 17 years.
- 50% of obese school-aged children remain obese as adults.
- Lower levels of income/education = higher excess weight
- 2004: 58% of First Nations children on reserve ages 3 to 11 years considered overweight or obese.

INTERVENTIONS

- Canada's Food Guide, Physical Activity Guide
- Quebec: ban on commercial advertising to children <13
- *Communities in Motion* (Saskatchewan) – being implemented in other provinces
- Annapolis Valley Health Promoting School Project – enables students to make healthy choices –lower rates of overweight and obesity

ISSUES AND INTERVENTIONS: UNINTENTIONAL INJURIES

ISSUES

- Leading causes of death for children 1-11 are unintentional injuries – half of these due to transport accidents
- Current death rates related to all injuries among Canadian children are higher than similar affluent countries
- Rates are also higher among sub-populations within Canada

INTERVENTIONS

- *Back to Sleep* Campaign – reduce risks associated with SIDS
 - Survey found 8 in 10 parents and caregivers recalled a SIDS message; 79% took action to reduce risk
- Seatbelt, bicycle helmet legislation, CSA standards for assessment of playground equipment safety

WHAT CANADA IS DOING

- Health and safety of children is among Canada's highest priorities
- Achievements have laid strong foundations for the health of all Canadians
- Greatest return on investments are those targeted to children
 - An estimated \$1 spent in the early years saves between \$3 and \$9 in future spending on health, social and justice services
- Broad investments (Early Childhood Development Agreement, Multilateral Framework on Early Learning and Child Care, Universal Child Care Benefit, Expanded parental leave)
- Targeted programs (Community Action Program for Children, Aboriginal Head-Start On-Reserve, and initiatives such as Joint Consortium for School Health)

WHAT CANADA NEEDS TO DO

- **Four priority areas for action:**
 - Better data and information;
 - Improved and ongoing education and awareness;
 - Healthy and Supportive Environments; and
 - Co-ordinated, multi-pronged and sustained strategies.

THE PUBLIC HEALTH AGENCY OF CANADA'S ROLE

- **Partner, Advocate, Cheerlead, Enable, Mitigate**
- **We intend to:**
 - Work with federal colleagues and other sectors to promote and develop policies to support healthy child development
 - Monitor and revisit the issue at regular intervals
 - Continue to invest and support public health initiatives in child health and development that will endure over the lifecourse

CONCLUDING THOUGHTS

- Your collaboration and participation here is very important to us
- Improved research and data collection will make reporting on children's current and long-term health easier and more effective
- I look forward to the results of your conference and to meeting with many of you today

Even when we're
on the right track,
if we're not
moving,
We'll get run over.

Mark Twain



Thank you

<http://www.publichealth.gc.ca>