Canadian Coalition for the Rights of Children
Coalition canadienne pour les droits des enfants

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Social Determinants of Children's Health: A Working Paper for the 5th/6th Review of Children's Rights in Canada

In response to Canada's 5th/6th Report on implementation of the *Convention on the Rights of the Child (CRC)*, this working paper identifies key areas for improving the social determinants of children's health in Canada. Although the government's report and the recent federal budget consider vulnerable groups, they do not propose sufficient actions to ensure that all children in Canada have equitable health access and outcomes.

Major Concerns for the Health of Canadian Children: An Equity Analysis

- As a health and well-being indicator, child poverty has a pervasive and adverse effect on children's health (Carter, 2018). For Canadian children, poverty is associated with higher incidence of disease, hunger, and dental problems, lower immunity, and lesser access to palliative care (Azad et al., 2012; Beaune et al., 2013; Gosselin, Petit, Gagneur, & Généreux, 2016; Mehtar, 2016; Pickett, Michaelson, & Davison, 2015; Shi et al., 2018). Poverty negatively affects children's learning, growth, well-being, and lifespan via material and social deprivation and toxic stress that have biological, psychological, and behavioural consequences (Campaign 2000, 2018b; Campaign 2000, 2018c; Desapriya & Khoshpouri, 2018; Raphael, Bryant, & Mendly-Zambo, 2018; Sharma & Ford-Jones, 2015). Toxic stress from poverty has lifelong consequences: adults who experienced poverty in childhood have poorer health outcomes than their peers (Carter, 2018; Ferraro, Schafer, & Wilkinson, 2016; Maggi, Irwin, Siddiqi, & Hertzman, 2010; Nikiema, Gauvin, Zunzunegui, & Seguin, 2012).

  While the 5th/6th Report cites strategies targeting social determinants such as food insecurity and stigma, a comprehensive approach is needed and could be addressed in the federal Poverty Reduction Strategy (Beaune et al., 2013; Canadian Coalition for the Rights of Children [CCRC], 2019b; Pickett et al., 2015; Raphael, 2014; University of Toronto Joint Centre for Bioethics [JCB], 2017).

- Refugee children are at risk for malnutrition and chronic health problems (Lane, Farag, White, Nisbet, & Vatanparast, 2018; Salehi, Lofters, Hoffmann, Polsky, & Rouleau, 2015). These health disparities are linked to pre-migration factors, as well as settlement experiences, including poverty, social marginalization, and differences in health practices (Lane et al., 2018; JCB, 2017; Woodgate & Busolo, 2018). Temporary health insurance is available to refugees, integration programs exist, and Manitoba offers refugees full access to mental health and addictions services

(Government of Canada, 2019a). However, refugee children have the right to permanent and complete health insurance and culturally-safe care.

- Children who are Asian, Black, or other "visible minorities" experience some health conditions (e.g., lupus, celiac disease, and dental issues) at higher rates, in different ways, and with different treatment preferences than their Caucasian peers (Levy et al., 2013; Rajani et al., 2014; Shi et al., 2018; Teoh, Koo, Avinashi, & Chan, 2015). The government's Gender-based Analysis Plus (GBA+) process could allocate resources to better understand and address the social factors mediating disparate health outcomes by ensuring ethnically-sensitive care (CCRC, 2019b; Government of Canada, 2018b; Levy et al., 2013; Shi et al., 2018; Teoh et al., 2015).

- First Nations, Métis, and Inuit children experience drastically worse health than their non-Indigenous peers (Baghdadi, 2016; Gordon et al., 2015; Lines, Yellowknife Dene First Nation Wellness Division, & Jardine, 2019; Shi et al., 2018; Woodgate et al., 2017; Young et al., 2013). The Canadian government is addressing these health disparities via such measures as funding for clean water and food security, but Jordan's Principle, adopted to ensure that all First Nations children have access to needed health, social, and educational supports and services, has yet to be fully applied (Department of Finance Canada, 2019; Government of Canada, 2019a).

- Extensive and compelling research has shown that children with disabilities and special health care needs are socially excluded from multiple settings, negatively affecting their health and overall well-being (Koller, Le Pouesard, & Rummens, 2018). Inclusive education and care initiatives can help, but their usefulness must be evaluated from children's perspectives, and inclusion must be supported in all contexts (Koller et al., 2018). Children with complex care needs require extensive resources, and some families are forced to give up custody so that their children can receive care (Cohen & Patel, 2014).

- Health inequities contribute to Canada's infant mortality rate, which is high for a developed nation and worsening relative to other OECD countries (Raphael, 2014). The 5th/6th Report evades the severity of this indicator of poor population health, commenting on the difficulty of comparison even though Canada ranks low when a consistent measure is used (Government of Canada, 2019b; Organisation for Economic Co-operation and Development, 2011).

- Beyond experiencing inequities in health access and outcomes, Canadian children are often excluded from making day-to-day decisions regarding their own health care (Children's Healthcare Canada, 2019; Koller, 2017). Yet, children have the right, capacity, and interest to participate in shared decision-making regarding their health. A substantial amount of health and education research demonstrates that involving children in day-to-day health care decisions has pervasive benefits. Shared decision-making supports social, language, and cognitive development and encourages children's engagement in self-care (Carter, 2014; Children's Healthcare Canada, 2019; Clark, Preto, Everett, Young, & Virani, 2019; de Róiste, Colette, Molcho, Gavin, & Gabhainn, 2012; Koller, 2017; Koller, Khan, Barrett, 2014; Lines et al., 2019; Representative for Children and Youth [RCY], 2016; Sönmez & Ceylan, 2017; Tremblay, Gokiert, Georgis, Edwards, & Skrypnek, 2013; Young et al., 2013).

  Having reported that youth want more places for their voices to be heard and respected, the government must now create these places (Government of Canada, 2019c). In particular, children's perspectives must be given greater consideration in conversations about medical assistance in dying (MAID) (Children's Healthcare Canada, 2019). In addition, debates around legislation mandating treatment for youth experiencing addictions should consider that honouring children's requests for youth-focused services and addressing the social determinants of health could eliminate the need for such legislation (Clark et al., 2019; Government of Canada, 2018a; Pilarinos, Kendall, Fast, & DeBeck, 2018; RCY, 2016). The voices of children should have greater weight in policy decisions and in assessments of Canada's implementation of the *CRC* (CCRC, 2019a).

- Given that Canadian children experience inequitable health outcomes based on intersecting variables such as poverty, refugee and minority status, Indigenous identity, and disability, health equity for children in Canada requires comprehensive health, social, and economic policy reforms from a rights perspective (Braillon, 2017; Campaign 2000, 2018b; Greenwood & de Leeuw, 2012; Hepburn & Daneman, 2015; Quon & McGrath, 2015; Raphael, 2014; Raphael, 2015a). Provinces and territories have expressed a commitment to health promotion and community-directed and community-based care. Still, comprehensive federal policies and corresponding resource allocations are needed, based on informed assessments and in support of evidence-based practice (Braillon, 2017; Brownell et al., 2017; Campaign 2000, 2018b; CCRC, 2016; CCRC, 2019a; Cohen & Patel, 2014; Fitzgerald & Ronsley, 2016; Lines et al., 2019; Mathu-Muju, McLeod, Walker, Chartier, & Harrison, 2016; Mehtar, 2016; Raphael, 2014; Raphael, 2015a; RCY, 2016; Sharma & Ford-Jones, 2015; JCB, 2017; Vandergrift & Bennett, 2012).

Identified Keys Areas for Action

Action #1: An ambitious, comprehensive anti-poverty strategy.

- Poverty is a key social determinant. Poverty is present in every federal riding and compounds marginalization experienced on the basis of variables such as refugee and minority status, Indigenous identity, and disability (Campaign 2000, 2015; Campaign 2000, 2018a; Campaign 2000, 2018b; Desapriya & Khoshpouri, 2018; Lane et al., 2018; Sharma & Ford-Jones, 2015; Woodgate & Busolo, 2018). As the income gap widens and poverty among children in Canada increases, a coordinated, comprehensive, multilevel, multidisciplinary national strategy must be developed with the following components to address all social determinants (Campaign 2000, 2018b; Desapriya & Khoshpouri, 2018):
  - High-quality, universal early childhood education and care (Desapriya & Khoshpouri, 2018; Raphael, 2014; Sharma & Ford-Jones, 2015)
  - Additional promotion of healthy child development and readiness to learn (e.g., after-school programs, home visit programs, and mental health promotion)
  - Effective poverty screening (e.g., a succinct, informal assessment tool for educators, modelled after *Poverty: A Clinical Tool for Primary Care Providers* [Centre for Effective Practice, 2016])
  - Provisions for food and housing security
  - Complete health care coverage for the uninsured (e.g., including free dental care and education for children and families living in poverty, similar to the Children's Oral Health Initiative discussed in Mathu-Muju et al., 2016)
  - Accessible and inclusive place-based solutions (e.g., community health centres and kitchens, school-based clinics, and youth drop-in centres)
  - Targeted solutions to eradicate poverty among marginalized groups
  - Economic interventions (e.g., wealth redistribution through fairer taxation, increased funding and reallocation of public spending to support children's well-being, income support measures, and education and job training) (Braillon, 2017; Campaign 2000, 2018a; Campaign 2000, 2018b; Campaign 2000, 2018c; Fitzgerald & Ronsley, 2016; Koller et al., 2018; Raphael, 2015a; Sharma & Ford-Jones, 2015; Woodgate et al., 2017).

Action #2: Health equity data.

- Research can also help equalize health (Connor, Bourque, & Weaver, 2019; Raphael, 2015b; Raphael & Sayani, 2019). The federal government is urged to conduct annual analyses of how each socioeconomic, refugee, and visible minority status, Indigenous identity, and disability affect a child's health access and outcomes via GBA+, then use such data to shape policy, legislation, and resource allocations (Brownell et al., 2017; CCRC, 2016; CCRC, 2019a; CCRC, 2019b; Government of Canada, 2018b; Sharma & Ford-Jones, 2015).

Action #3: Listen to many stakeholders, particularly children.

- To ensure effectiveness and a rights-based approach, the anti-poverty strategy and other strategies affecting children and youth must be developed via meaningful participation from:
  - children and youth of diverse identities (including refugees, “visible minorities”, and children with disabilities)
  - community advisors
  - Indigenous peoples
  - social institutions and actors (e.g., social services, health care, educators, lawmakers, and the labour movement)
  - all levels of government (and multiple ministries, such as the Status of Women Canada and Economic and Social Development Canada)
    (Brownell et al., 2017; CCRC, 2016; Carter, 2014; de Róiste et al., 2012; Desapriya & Khoshpouri, 2018; Koller, 2017; Raphael & Sayani, 2019; Sharma & Ford-Jones, 2015; Sönmez & Ceylan, 2017)

Summary

Canada’s 5th/6th Report on implementation of children’s rights does not adequately address the social determinants underlying inequitable health access and outcomes for children in Canada. While health is designated as a provincial/territorial responsibility for many children in Canada, children’s right to health and well-being is multi-faceted and universal, cutting across government and ministry lines. Hence, governments and ministries must stop working in silos to address children’s health and rather coordinate efforts to address complex health needs. The federal government has a responsibility to lead the shift in policies, funding, and tools to achieve equitable health access and outcomes in accordance with current resources and children’s voices (Children’s Healthcare Canada, 2019; Cohen & Patel, 2014; Connor et al., 2019; Fitzgerald & Ronsley, 2016; Hepburn & Daneman, 2015; Koller, 2017; Mehtar, 2016; Pickett et al., 2015; Raphael, 2014; Raphael, 2015a; Raphael & Sayani, 2019; Sharma & Ford-Jones, 2015).

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