Guest editorial

The role of public health in the health of Canada's children

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Although Canadians are among the healthiest people in the world, some groups of Canadians are more likely to experience poorer health and premature death than others.[1] In general, health status follows a step-wise gradient where people in less advantageous socio-economic circumstances are not as healthy as those at each subsequently higher socio-economic level.[2] Those with the lowest incomes and education, in combination with other related factors – inadequate housing, poor working conditions, detrimental health behaviours, limited access to health care, and who lack early childhood support and/or social supports – are more likely to develop poorer physical and mental health outcomes than those living in better circumstances.

Canada has strong social policy foundations that have helped to make it more egalitarian, and thereby, healthier. Programs like the Canada and Quebec Pension Plans, Old Age Security, Employment Insurance, publicly funded health care and universal primary and secondary education have all helped to establish a minimum standard of living. However, after 20 years of declines, income inequality has increased in Canada over the last decade.[3]

Two papers in the current issue of *Chronic Diseases in Canada* highlight the importance of social and economic factors as determinants of children's health. The paper by Gagné and Hamel[4] reported that children in the most materially deprived areas of Quebec had significantly higher risk of hospitalization from transportation-related injuries and from poisonings and fires. Risks for sports injuries, however, were lower for the most disadvantaged. A similar, but more modest risk gradient was observed according to measures of social deprivation.

Determinants such as the natural and built environments create the context for other determinants of health such as income, employment, social networks and personal behaviours. In terms of injury prevention, community design features such as recreational pathways and sidewalks, safe levels of lighting, and compatible land uses can ensure pleasant, safe spaces for both recreational and transit activities. The absence of safe streets and recreational areas influence the risk of injuries. Moreover, social and economic factors in deprived neighbourhoods, such as household structures, can also play a role in the risk of childhood injuries.

Dr. To and colleagues reported that low income adequacy was associated with higher rates of hospitalization, but lower rates of doctor visits for asthma, among children with asthma,[5] suggesting poorer outpatient management of asthma among children with low income adequacy. While Canadians take justifiable pride in their universally insured health care, income still plays a role in medical access to specialists[6] such as respirologists. Socio-economic differences in asthma medication use, which contributes to appropriate asthma management, may have also contributed significantly to the differences in asthma hospitalizations by income.

Understanding the causes of these inequalities and developing interventions that reach these groups are essential elements of public health action.[7] It is not enough to focus solely on individual health choices and behaviours, as peoples' actions are very much shaped by the social and environmental conditions in which they live and work. A balanced mix of targeted interventions for high risk populations and universal programs for all is more likely to work in a country as vast and complex as Canada.[1, 8,9] This kind of balance ensures that, regardless of personal circumstances, Canadians experience those conditions necessary for better health and for making healthy choices the easier choices.

References

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