Healthy Children, Healthy Families, Healthy Communities

This summary is based on information presented in the report of the Chief Medical Health Officer on the health status and development of young children in Saskatoon Health Region 2012.
WHAT DID WE FIND?

The Context:

> Generally, children ages 0 to 6 in Saskatoon Health Region are healthy and resilient. At close to 28,000 strong, they make up about 9% of the Health Region’s population. The number of newcomer children to the Region has increased considerably since 2005, most of whom settled in Saskatoon.

> Birth rates have been increasing since 2004 to a rate of 13.5 births per 1,000 residents in 2009. The highest rates in 2009 were among those living in areas of highest deprivation in Saskatoon (17 per 1,000 residents) and among people with Registered Indian Status (RIS) (up to three times higher than that of the non-RIS population).

> 16.4% of families are headed by single parents, with more single-parent families in the core neighbourhoods (36.8%) and fewer in rural areas (9.8%).

Key Issues:

> While most children are healthy, some may not be off to the best possible start. Between 2008 and 2011, based on Early Development Instrument (EDI) scores, 30% of kindergarteners in the Health Region were falling behind their peers developmentally and were considered “not ready for school” at time of school entry. Readiness varied among neighbourhoods, ranging from 56.7% of kindergartners rated as not ready for school in some neighbourhoods compared to only 10% in other neighbourhoods.

> Several indicators revealed significant health inequities in children living in areas of highest deprivation in Saskatoon and also among Aboriginal children. Root causes for these issues are complex and stem from a variety of historical, social, political and economic influences that have led to institutionalized racism, higher rates of poverty, barriers to health care and increased vulnerability to stress, all of which contribute to a greater burden of physical and mental disease and shortened life expectancy. While many of these communities have tremendous strengths, they also face challenges, and we need to understand the deeply rooted causes for why some children continue to experience health inequities so that we can all come together to change this.

What is leading to poorer health and development outcomes in some children?

> A significant number of children are living in poverty (27.4% in Saskatoon and 13% in rural areas in 2006) and one in four households spent more than 30% of their income on housing. In 2011, Saskatchewan had the second highest level of food bank usage in Canada.

> The percentage of “vulnerable” births is unacceptably high. In 2010, one in three births in Saskatoon and region were considered vulnerable as measured by the In-Hospital Birth Questionnaire, a cause for concern for both mother and baby.

> Pregnant women living in low-income neighbourhoods in Saskatoon had higher rates of smoking and substance abuse than middle-income and affluent neighbourhoods.

> Rates of maternal depression (during and after pregnancy) ranged from 10-19%, increasing to 29.5% for socially high-risk women (1 in 3).

> Access to early learning services is limited. In 2011, there were 6.7 licensed child care spaces per 100 children ages 0 to 5. Although spaces have been increasing in the past few years, Saskatchewan has the fewest licensed child care spaces in Canada. There are 1,120 prekindergarten spaces in schools in Saskatoon Health Region, mostly located in areas where there are high numbers of children and higher levels of deprivation.
> While progress in disease prevention and health protection is occurring through efforts such as increased rates of breastfeeding, immunization coverage and improved oral health, more should be done at an accelerated pace.

> Inadequate physical activity levels and high amounts of screen time raise concerns about future child obesity levels.

> Children living in areas of highest deprivation were much more likely to utilize acute care services, such as the emergency department (i.e. there were two to three times more visits than other children). This likely indicates a need for earlier health promotion and disease prevention interventions as well as better access to primary health care providers.

THE OPPORTUNITIES - A PROPOSED WAY FORWARD AND CALL TO ACTION

The recommendations in this report are based on regional, provincial, national and international evidence as well as the advice of many local organizations and individuals. A focus on prevention, health promotion and reduced health inequity in the early years will help reduce the social and economic burden of illness. This approach could be the single most important strategic investment we as a society could make to ensure a prosperous future. Most importantly, it is the right thing to do.

Summary recommendations include:

> Developing a province-wide, cross-ministerial and regional intersectoral early childhood strategy;

> Agreeing on a key goal - “18 by 18” - to reduce child vulnerability from 30% to 18% by the year 2018;

> Focusing on family needs, including parental benefits for all in the first year of a child’s life ensuring a minimum income for healthy living, ensuring high quality, affordable, accessible and developmentally appropriate early learning and child care services for all, and parenting supports;

> Establishing a holistic, partnership-based approach in order to improve the health and development of First Nations and Métis children;

> Targeting investments to reduce poverty and increase the proportion of resources allocated to the early years;

> Developing robust monitoring tools to gather data on local and provincial indicators and monitor outcomes and progress over time in order to improve children’s health;

> Encouraging and supporting health sector action in several key areas, including:

  • Delivering family-centred, accessible, integrated services;
  • Improving First Nations and Métis health services;
  • Ensuring timely access to primary health teams; and
  • Bolstering health promotion and protection efforts in various areas, including achieving healthy weights, tackling mental health, increasing immunization coverage, sustaining high breastfeeding rates, improving oral health, injury prevention and services for children with Fetal Alcohol Spectrum Disorder.

> Ensuring better protection for children from environmental health risks.

See full report online for details.