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CONTRIBUTORS

Opinion | Almost a million Canadian kids in poverty is an acute emergency

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Canada ranked 17th out of 29 countries in UNICEF's most recent report on child well-being in rich countries.

Dreamstime image

By Elizabeth Lee Ford-Jones

Hundreds of thousands of Canadian children are growing up without enough.

UNICEF'S most recent [report on child well-being](#) in rich countries ranked Canada 17 out of 29 countries assessed, scoring 27th in child obesity, 22nd in infant mortality and 21st in child poverty rates. Sadly, this isn't news. The House of Commons resolved to eradicate child poverty in 1989, but in late 2013, Statistics Canada reported that 967,000 children in this country still lived in low-income homes.

These numbers don't simply represent difficult childhoods; they mark a huge group of Canadians who are growing up without the supportive environments they need to develop into healthy adults. They will carry the stress of early adversity throughout their lives.

In 2009, my colleagues and I began a new elective in social pediatrics based out of the Hospital for Sick Children so that medical students could see first-hand the social realities of impoverished Canadian children. The students visit the homes of poor families, sometimes with social workers and infant nurse specialists, and witness the unsettling ways that social environments impact the health of patients.

The stories they report back from the field are deeply troubling, particularly for a country as wealthy as Canada. The students see the impact of neighbourhoods that lack positive activities for children, food insecurity, long parental work hours at low-wage jobs combined with long public transit times, and the near impossibility of accessing services such as eye examination, expensive corrective lenses and dental work for their kids. The students see what parenting low on hope looks like.

In one case, McGill University medical student Maya Harel-Sterling visited an inner-city Canadian mother of 18 years of age who had given birth to a frail baby girl in her bathroom after keeping her pregnancy a secret. In her reflection published by [Paediatrics and Child Health](#), "How did you sleep last night? Have you eaten today?" she describes the crowded apartment with four other residents and no room for the baby to crawl or play. The mother sleeps on the floor.

In another household, an elderly grandmother cares for the children while their mother works evenings as a cleaner and their dad drives a pizza delivery truck. The kids spend much of the time with the television on — not a jot of stimulation there. 

Mounting evidence in the field of social epidemiology shows that poverty limits the futures of children, especially babies, who lack living environments with family support and opportunities to learn and be active, mentally and physically. We won't resolve this problem without providing access to jobs that pay a living wage and appropriate community supports for every Canadian.

In the April 2014 issue of the Journal of the American Medical Association, Neal Halfon, a child health researcher at the University of California, wrote that child poverty levels are persistently high. He wrote that these trends were not due to temporary ups and downs in business but to major shifts in the structure of the economy, which he calls “structural deficits.”

The results, including a lack of adequately-paying jobs and proper training for skilled work, leave low-income families ill-prepared to give their children the strong start they need for healthy development. This is a problem in both the U.S. and Canada. Low-income children, especially minorities and aboriginals, are growing up with an increased risk of preventable diseases — diseases both medical and mental health related that arise as a result of their early living conditions and will affect us all.

We can address this triad of problems: unacceptable levels of stress (“toxic stress”), which affect cortisol production and set a path of learning and disease problems; lack of access to comprehensive health services; and fundamental disadvantage, including poverty. There are pilot programs in place, but services must be broader and readily available.

Where do we start? What was once considered “a long emergency” — with outcomes manifesting some years later in the life trajectory as ill-health and lack of contribution to society — ought now to be recognized as an acute emergency. Societal structures must change so that the lottery win of life doesn’t fall to only a small percentage of families.

The above represents the opinions of Dr. Lee Ford-Jones and not necessarily the official positions of either the Hospital for Sick Children or the University of Toronto.

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