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Canada's leaders promote health care for children everywhere but at home

Why? Because we have a disease fetish that is reinforced by the system

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This year on Canada Day we had lots to celebrate, including the fact that Canadians hosted the world twice: for athletic excellence during the Olympics, and global politics during the G8/ G20 summits.

We were leaders in both venues, winning more gold medals, and committing proportionately more new aid to child and maternal health in developing nations than any other country. There is good reason to feel proud.

But as the Canada day festivities wind down, it is time to reflect on our shortcomings as much as our strengths. The G8/ G20 focus on child health is a good starting point. Presently, our global leadership on this issue is a case of " do as I say, not as I do."

Although it is important to support child health elsewhere, it is ironic for Canadians to feign leadership when nearly 30 per cent of our own children are vulnerable by the time they reach kindergarten. Vulnerable young Canadians struggle with age-appropriate tasks such as holding a pencil, climbing stairs, following teachers' instructions, getting along on the playground, and knowing 10 letters.

Our domestic child development woes received little attention in advance of the G8/ G20 summits, while international maternal/ child health was debated in the House of Commons and media.

Why? Part of the answer is that pride in our medical system inclines us to believe incorrectly that Canada excels at promoting health. There is no doubt our system is good at preventing women

and children from dying during pregnancy and childbirth. In fact, we are comfortable spending hundreds of thousands of dollars, if not more, to save one pre-term baby.

But while we go to heroic measures to help one sick individual, we are not generous in promoting the population's health by guaranteeing all families with children access to decent housing, food, early learning or quality child care, and enough unstressed time together. The limited availability of these community supports is why nearly a third of the next generation of Canadians is vulnerable before they start school. Put bluntly, we have a disease fetish in Canada. And the medical care system reinforces it.

Think about our impressive reaction to the H1N1 epidemic. Perhaps because we were able to inoculate so many, we had fewer flu deaths that year than on average. Although this is important, our fear about H1N1 obscured the real pandemic.

Research shows that our early vulnerability rate predisposes a third of the population to more obesity, high blood pressure and mental illness by age 30 and 40; more coronary heart disease and diabetes by age 50 and 60; and premature aging and memory loss thereafter.

In short, our population will be sicker and suffer far more premature deaths so long as we tolerate the unnecessarily high rate of child vulnerability.

Regrettably, it is hard to re-think the health-care system in Canada, even as it absorbs larger shares of total public spending. Sure there is a debate about how much private delivery should be permitted. But this distracts from the most pressing question: what do we owe one another when our ability to treat illness and stave off death grows with costly new drugs and technology?

Our answers to this question impede health promotion. We were reminded of this most recently in B. C. as preventive health services were cut during the recession; and we consistently resist investing in child care and other early health-promotion services on the grounds that funds are required to pay for the growing clinical budget.

Questioning the extent to which illness treatment crowds out investment in other social policy must become non-partisan. This critique is presently risky for politicians, because publicly funded medical care is so important to Canadian identity; we refer to it when distinguishing ourselves from neighbours to the south.

But this means " being Canadian" is literally making us sick. So long as we leave unquestioned the place of medical care in our broader social policy strategy, we risk our population's health by failing to invest in its social determinants, especially during childhood.

Canada ranks near the bottom internationally when it comes to policies that help parents have enough resources, community services and time to care personally.

If we really prioritize child health, as suggested at the G8/ G20 summits, Canadians must redress this poor ranking by also investing in such policies domestically.