



Children's Hospital of Eastern Ontario
Centre hospitalier pour enfants de l'est de l'Ontario

Reducing Poor Health Outcomes for Children and Youth: Recommendations for the Ontario Poverty Reduction Strategy

A Submission to the
Ontario Provincial Cabinet Committee on Poverty Reduction
from
CHEO: Children's Hospital of Eastern Ontario
Ottawa, Ontario

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At CHEO, we know that poverty is a child and youth health issue. Every day we see sick and injured children who come through our doors whose health has been compromised by poverty. Our submission outlines specific strategies to reduce poor health outcomes for children and youth by reducing child poverty.

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I. CHEO: A Voice for Child Health and Health Care

The Children's Hospital of Eastern Ontario (CHEO) is pleased to make a submission to the Ontario Cabinet Committee on Poverty Reduction. CHEO is a 167 bed, paediatric/quaternary care teaching hospital affiliated with the University of Ottawa. As such, the Hospital serves a broad geographic area, including Eastern Ontario, parts of Northern Ontario and Western Quebec. We also provide certain specialized paediatric services to children and youth from Baffin Island, Newfoundland and other provinces.

In addition to being the major regional referral centre for tertiary and quaternary care, CHEO provides significant secondary care services, and is a national collaborator in the complex arena of child and youth services. Founded in 1974, the hospital treats over 6,000 inpatients annually, and its outpatient program, ambulatory clinics and emergency services handle over 200,000 patient visits each year.

Our mission at CHEO is to make a difference in the lives of children, youth and families. We believe that every child is entitled to circumstances that promote optimal healthy development. Safe, supportive and stable environments are critical to healthy development for children and adolescents, and critical to their future well-being.

At CHEO, we know that poverty is a child and youth health issue. Every day we see sick and injured children who come through our doors whose health has been compromised by poverty. Our submission outlines specific strategies to reduce poor health outcomes for children by reducing child poverty.

CHEO is committed to treating and caring for sick children, while also promoting their health and well-being. At CHEO, this commitment is demonstrated by our actions. Over the years, CHEO has been a strong voice and advocate on a number of issues that significantly affect children and youth. For example:

- In 2002, the CHEO Advocacy Committee of the Board of Trustees developed the **Poverty Makes Me Sick** Awareness Campaign. Aimed at hospital and health care sector boards of trustees, executive teams and professionals, the initiative sought to profile the link between poverty and ill health and to promote discussion and ideas for action.
- In 2006, the CHEO Advocacy Committee of the Board of Trustees launched the **Let's Keep Kids Out of Hospital** awards. We believe that preventing illness and injuries is a far better prescription for the health and well-being of children and youth than treatment. The awards profile the importance of health promotion and injury prevention, and recognize the efforts of key community partners.
- For over a decade, CHEO has facilitated the *Child and Youth Health Network for Eastern Ontario* (CYHNEO), bringing together representatives from 100 agencies across the region and the sectors impacting child health. CHEO has supported a number of

CYHNEO initiatives addressing the causes of poverty, including: **Adequate and Affordable Housing: A Child Health Issue** (2003); and **A Workbook on Child Health and Poverty: A Shared Vision for Healthy Children** (2006).

In addition, physicians and researchers from CHEO were the driving force behind the creation of the Ottawa Child/Youth Housing Advocacy Initiative (OCHAI), under the umbrella of the CYHNEO. OCHAI recently launched the **Housing and Health Toolbox** for health professionals serving children and youth.

II. The Need for a Poverty Reduction Strategy

The life circumstances of children and youth who live in poverty deprive them of many opportunities for optimal health and development. Sadly, the impact of poverty on children's health and development can last a lifetime. Everyday, CHEO treats and cares for children and youth who experience preventable conditions triggered by poor economic circumstances. While our hospital's services will always be needed, we would prefer to prevent as much illness and injury as we possibly can. It is for this reason that we commend the Ontario Government for its decision to develop a poverty reduction strategy.

It has been well documented that poverty is detrimental to the physical, mental, cognitive and social development of children and youth. Poverty is strongly correlated with increased risks for:

- Poorer birth outcomes^{1,2}
- Impaired neural development³
- Psychiatric disorders⁴
- Poorer performance in school⁵
- Inadequate nutrition⁶
- Obesity and being overweight⁷
- Injury and injury related deaths⁸

We believe that a comprehensive poverty reduction strategy will promote the health and optimal development of children and youth in Ontario. We have identified guiding principles that need to be incorporated into any poverty reduction strategy, along with a number of evidence based recommendations that we believe will have a positive impact on child and youth health and well-being.

III. Guiding Principles

Poverty reduction strategies must be designed for children and youth from conception to the age of 18. These strategies must also:

- Be inclusive and comprehensive
- Promote inter-ministerial and inter-jurisdictional collaboration
- Include accountability mechanisms like specific targets and timelines

IV. Recommendations

Currently, initiatives across Ontario to address child poverty are disjointed and inadequate. Too many families and children fall through the cracks. An issue as complex as poverty requires a range of comprehensive supports if significant change is to be made in the lives of children and youth living in poverty. It is with this in mind, that we ask the Government to consider these recommendations, and to act swiftly to make changes that will reduce poverty and the negative impact it has on the health and well-being of children and youth.

CHEO urges the Ontario Government to focus its Poverty Reduction Strategy on:

1. **Child Care:** a comprehensive plan, including early learning and childcare, for children aged 0 -12 years.

Rationale

High quality, reliable child-care allows parents to work. Lack of affordable, high quality childcare has been identified as a major barrier for parents trying to get off welfare⁹. It can also provide enriched environments supporting children's optimal physical, intellectual, social and emotional development.

Care for school-aged children before and after school is an issue for many working parents whose workday is longer than the school day. Quality school-age childcare is linked to increased self-esteem, positive social skills and improved school performance compared to children who are at home alone¹⁰. In care, the increased supervision promotes age appropriate positive behaviour, decreases the risk of injury, missing meals and experimentation with drugs and alcohol¹¹.

The cost of high quality child-care, for children up to 12 years of age, is a hardship for many families living on low incomes. There are long waiting lists for child-care spaces and subsidies across Ontario. The availability of school age programs is a particular challenge.

Criteria for child-care subsidies have changed, and according to key informants in the Ottawa child-care community, this has resulted in families receiving smaller subsidies for child-care. Child care providers in Ottawa report that since these changes took effect, significant numbers of school aged children no longer attend licensed child care programs. The National Children's Alliance estimates that up to 60% of children under 12 years are at home after school without supervision¹¹.

2. **Housing:** an affordable housing strategy to increase stable, safe and accessible housing options for families living on low incomes.

Rationale

Stable, affordable, safe and adequate housing eludes many low-income families. In Ottawa in 2006, the average rent for a 2-bedroom apartment was \$941¹². A full time job with an hourly wage of \$18.10 is necessary for a family to afford such an apartment¹³. Currently, Ontario's minimum wage is \$8.00* an hour. It is not surprising, then, that children living in the poorest families are twice more likely to live in housing that needs major repairs compared to children from the highest income families.

In 2006, over 4000 families in Ottawa were on the social housing wait list¹⁴, with 631 families (including 1,092 children) living in an emergency shelter¹⁵.

Housing accounts for a significant portion of a family's monthly income. Many low-income families cannot afford a nutritious diet because so much of their income is spent on rent. Lynn McIntyre, a well known researcher of food security notes that, "Food needs give way to housing needs in the poorest households-affordable housing is urgently needed."¹⁶

In April 2005, CHEO administered the first 'Housing Checkup' in our Emergency Department. Analysis of the 1360 completed surveys determined that 54% of respondents lived in 'housing need', that is, in either unacceptable, unaffordable or unstable housing¹⁷.

- 3. Equitable Access to Education:** appropriate policy changes and funding allocations would ensure that children living on low incomes have the same opportunities for learning and development at school as their more affluent peers (for example: participation on sports teams, field trips, school supplies, resource materials and timely assessments for learning disabilities).

Rationale

School success is a key indicator of healthy child and adolescent development, and is essential for the successful transition to adulthood. It is a means by which children from low-income families can lift themselves out of poverty by getting a decent job, or by going to college or university.

* Minimum wage is set to rise to \$8.75/hour by the end of March, 2008.

Children and youth living in poverty are more likely than children from higher income families to have: memory impairment³, lower school achievement, trouble concentrating, lower motivation, high stress, difficult behaviour, poor school attendance and to drop out of school¹⁸.

School fees for agendas, workbooks, science supplies, craft materials, and curriculum activities create hardships for families living on low-incomes. Children and youth whose

parents cannot afford such fees face social exclusion, stress and embarrassment as they are differentiated from their peers and unable to participate equally in their school environment.

It is more difficult for children to succeed at school when they don't have access to appropriate supplies, resource materials, activities, learning supports and timely educational interventions. Policy makers must look at all the supports needed for children and youth to benefit equitably from the school system.

- 4. Prescription Drugs For Children and Youth:** a prescription drug plan to provide prescription drugs to children and youth 18 years and under living on low incomes.

Rationale

Affordability of prescription medications is crucial to the treatment of sick children and youth. Significant trends over the years have increased drug costs to families:

- A shift from in patient hospital treatment to out patient treatment
- Decreasing hospital stays¹⁹

For children and youth living on low incomes, there is coverage under two current publicly funded drug programs in Ontario. Both the Ontario Drug Benefit (ODB) and the Trillium Drug Program have 'deductibles' or require co-payments. For children and youth living on low incomes, even a small deductible or co-payment for prescription drugs by their family is a hardship when the costs of basic needs cannot be met. Several studies have demonstrated that patients may reduce or suddenly stop prescription medicines when deductibles or co-payments are required ^{20, 21, 22, 23}.

The ODB primarily serves families receiving social assistance, so that families working for low incomes are excluded. While families not receiving social assistance can access the Trillium program, the paperwork and time required often interferes with adequate and effective treatment as the child waits for the request to be approved. Despite these programs, many children and youth living on low incomes do not qualify for any prescription drug coverage.

In 1996-1997, only 38% of people in lower income groups had prescription drug insurance, compared with 74% of those in the highest income groups²⁴. And regardless of the number of chronic diseases, those with drug insurance were more likely to report taking prescription medicines²⁴.

Conclusion

CHEO's poverty reduction recommendations call for equitable, comprehensive strategies for childcare, housing, school success and prescription medications. We believe that these

strategies will make significant, positive impacts on the health and optimal development of children and youth.

At CHEO, we applaud the Ontario Government's actions to address child poverty. Currently, expectations are high for the Government to act. While we share these high expectations, we are also willing to assist, and are committed to working with our partners to address the preventable effects of poverty on children and youth health. At CHEO, we remain dedicated to working together and ready to offer our voice and expertise to facilitate the work ahead.

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