

Make a difference in your province or territory



Andrew Lynk MD FRCPC¹, Gary Pেকেles MD FRCPC²

Every day in our offices, emergency rooms, neonatal intensive care units and wards, we make a difference in the lives of children and youth – one child at a time. We enjoy great public trust and confidence. We also possess significant, yet untapped, public policy influence. The 2007 Canadian Paediatric Society status report (1) compares how provinces and territories are caring for, and protecting over eight million children and youth in 12 different areas. Mental health, injury prevention, smoking, human resources, disease prevention, child and youth commissioners – it is all there for the viewing (www.cps.ca). More importantly, it is all there for the doing.

The 2007 status report shines a light on effective policies and legislation that can make a difference on a large scale.

While there are many success stories (Table 1), no province or territory gets full marks in all areas (Table 2).

All the great public health advances we now enjoy – clean water, vaccinations, car seats and smoke-free public places – came about because a few determined people got together and decided to make it happen. Each of these successes has a compelling human story of passion and perseverance. John Snow (cholera), Ignaz Semmelweis (hand washing), Jonas Salk (polio vaccine) and Jeffrey Wigand (tobacco) all come to mind.

We encourage you to review how your province or territory is doing, and pick an area you care about that is in need of attention. The Canadian Paediatric Society Advocacy Committee (Action Committee for Children and Teens)

TABLE 1
Areas of excellence*

Province or territory	Publicly funded immunization programs	Measures to prevent and reduce adolescent smoking	Pandemic influenza planning	Obesity prevention and promotion of physical activity	Child and youth mental health care planning	Paediatric human resource planning	Bicycle helmet legislation	All-terrain vehicle safety legislation	Booster seat legislation	Snowmobile safety legislation	Jordan's Principle [†]	Child and youth advocate
British Columbia							✓					
Alberta	✓											
Saskatchewan		✓										
Manitoba		✓										
Ontario			✓						✓			
Quebec								✓		✓		
New Brunswick		✓					✓					
Nova Scotia		✓					✓		✓			
Prince Edward Island							✓					
Newfoundland and Labrador												
Yukon												
Northwest Territories		✓										
Nunavut												

*Province or territory ranked as 'excellent' in the 2007 results; [†]A child first principle to resolving jurisdictional disputes involving the care of First Nations children (2). Data from reference 1

¹Action Committee for Children and Teens, ²Canadian Paediatric Society, Ottawa, Ontario
Correspondence: Canadian Paediatric Society, 2305 St Laurent Boulevard, Ottawa, Ontario K1G 4J8. Telephone 613-526-9397, fax 613-526-3332, Web sites www.cps.ca, www.caringforkids.cps.ca

TABLE 2
Areas needing most work*

Province or territory	Publicly funded immunization programs	Measures to prevent and reduce adolescent smoking	Pandemic influenza planning	Obesity prevention and promotion of physical activity	Child and youth mental health care planning	Paediatric human resource planning	Bicycle helmet legislation	All-terrain vehicle (ATV) safety legislation	Booster seat legislation	Snowmobile safety legislation	Jordan's Principle†	Child and youth advocate
British Columbia						×		×		×	×	
Alberta						×		×		×	×	
Saskatchewan						×	×					×
Manitoba						×	×					×
Ontario						×						×
Quebec						×	×					×
New Brunswick					×	×						×
Nova Scotia			×			×						
Prince Edward Island						×					×	×
Newfoundland and Labrador			×			×	×			×	×	
Yukon			×		×	×	×	×			×	×
Northwest Territories						×	×				×	×
Nunavut			×			×	×					×

*Province or territory ranked 'poor' in the 2007 results; †A child first principle to resolving jurisdictional disputes involving the care of First Nations children (2). Data from reference 1

will help you and your colleagues with an effective strategy to make your case to government. We will help you mentor a paediatric or family medicine resident with an advocacy project. If there are key issues with focused policy, legislative or budgetary remedies not found in our current report, let us know, and we will consider them for the 2009 report. Together, let us make a difference. There are eight million reasons to do so.

REFERENCE

1. Canadian Paediatric Society. Are we doing enough? A status report on Canadian public policy and child and youth health. <<http://www.cps.ca/english/Advocacy/StatusReport07.pdf>> (Version current at August 22, 2007).
2. First Nations Child & Family Caring Society of Canada. Joint declaration of support for Jordan's principle to resolving jurisdictional disputes affecting services to First Nations Children. <<http://www.fncfcs.com/more/jordansPrinciple.php>> (Version current at September 5, 2007).