

Why is Baby Charlie failing to thrive?

Shifting the spending in human capital to the young in British Columbia

Baby Charlie (not his real name) is coming in for a follow-up appointment. He is just over 1 year old and I've been following him frequently over the last 5 months. He is failing to thrive. His weight has dropped well below the third percentile and his growth has flat-lined. He is no longer developing normally. I have requested all the appropriate investigations and the results are normal. He has no medical illness. He lives with his parents and his three older siblings. His family is one of the so-called working poor. Mom works nights as a waitress at a local restaurant and Dad stays at home with the kids. Despite the best efforts of our pediatric dietitian he is not taking in enough calories to allow normal growth and development.

Why is Baby Charlie failing to thrive? He lives in Canada for goodness sake! I look around me and I see new and expensive houses and cars. Many people I know are going on a winter holiday and yet, as a community, we lack the resources and the will to appropriately raise this child.

Baby Charlie is, unfortunately, a victim of a structural and systemic problem. The UNICEF Innocenti Research Centre Report Card ranked Canada 12th in its assessment of the lives and well-being of children and young people in 21 nations of the industrialized world.¹ More disturbing is that Canada ranks below average in the areas of children's health and safety, risky behaviors, subjective well-being, and quality of family and peer relationships.

British Columbia has the highest child poverty rate in Canada for the fifth straight year. Here are some startling facts:²

- The proportion of children living in poverty in BC in 2006 was 21.9%, well above the national poverty rate of 15.8%.
- BC's Aboriginal children under the age of 6 living off-reserve had a poverty rate of 40% in 2005.
- The poverty rate for BC children living in families headed by lone-parent mothers was 50.3% in 2006, while the poverty rate for two-parent families was 16.3%.
- 54.3% of BC's poor children lived in families where the adults worked the equivalent of a full-time job or more.

Federal and provincial income support programs have been shown to reduce child poverty rates but they are clearly not enough for BC. Further interventions are needed. In provinces such as Newfoundland and Quebec, proactive and successful anti-poverty strategies have been introduced and the child poverty rates have declined.³ The UK, Sweden, and Ireland have addressed the health inequity in their population, thereby reducing child poverty rates. How do we address the health inequity in the BC population? Perhaps we must resort to an economic argument: better health enables more people to participate in the economy, reducing the costs of lost productivity. In a European study this loss of human capital reflected 1.4% of the GDP or €141 billion per year. In BC the BC Healthy Living Alliance estimates this cost to be \$2.6 billion annually.³

As the case of Baby Charlie lays bare, poverty affects the well-being of children and their families. Chronic poverty is known to have a negative effect on children's health, cognitive development, achievement at school, self-esteem, relationships, behaviors, aspirations, and employment pros-

pects.¹ The future for Baby Charlie is clearly dismal. If economists can acknowledge a link between investing in human capital and the health, prosperity, and well-being of our society, how can we persuade our own government to invest more heavily in the young? When we consider the successes in other countries and within Canada, it is clear that government policies must:

- Ensure adequate incomes (including raising the minimum wage) and access to affordable, nutritious food.
- Increase access to education and enhance literacy skills.
- Provide universal access to high-quality, accessible child care and strategies to ensure optimal child development.
- Ensure access to safe, affordable housing.
- Ensure equitable access to health services by providing coverage for prescription drugs and dental care.

Shifting government spending to the young immediately and directly leads to the better health and well-being of Baby Charlie and, indeed, of our entire population. Children are BC's future and it is imperative we support our human capital.

—Wilma Arruda, MD, Chair,
 Child and Youth Health Committee

References

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2. First Call. Child Poverty Report Card; 2008:2-12.
3. BC Healthy Living Alliance. Health Inequities in British Columbia. Discussion Paper; November 2008:48-63.