

THE COLLEGE OF
FAMILY PHYSICIANS
OF CANADA



LE COLLÈGE DES
MÉDECINS DE FAMILLE
DU CANADA

Red to Green Campaign

Recommendations 2014

Red to Green

Campaign Recommendations

BACKGROUND

In November 2013, the College of Family Physicians of Canada (CFPC) released a report card entitled “[The Role of the Federal Government in Health Care](#).”¹ This report card rated the federal government’s involvement across five areas, including supporting care for the most vulnerable and putting care front and centre. We also advocate for developing and implementing national programs, such as home care and a child and youth health strategy. Although the federal government has demonstrated involvement in some identified priority areas, we believe it must provide greater leadership and serve as a stronger partner in health care.

“Spotlights” were used to grade the government’s performance:

- A **green** grade shows that the federal government is demonstrating strong leadership
- A **yellow** grade shows that the government is somewhat involved but could do more and
- A **red** grade indicates that the federal government has shown no involvement

In the CFPC’s report card, the efforts made by the government on a national home care program and for child and youth health received grades of “red,” which represented the current lack of leadership in both these areas. This document provides a background on these two important areas and a suggested course of action, in order to bring these indicators from red to green.

HOME CARE

Home care is supportive care provided in the home and community setting. It is composed of an array of services, including curative intervention, end-of-life care, rehabilitation, support and maintenance, social adaptation and integration, and support for the family caregiver.²

Home care is now the fastest growing sector of health care in Canada in terms of increased demand for services.³ This growth is due to many factors, including an aging population, the search for cost-effective alternatives to institutional care, advances in technology and treatment, shortage of acute and long-term beds, an increased demand for home care by patients and their families, and changing attitudes towards institutional care.³

According to Statistics Canada, in 2012, eight percent of Canadians (or 2.2 million Canadians) aged 15 years and older reported that they had received some type of formal and/or informal home care in the past 12 months.⁴ This figure is estimated to be even greater because some informal care—from a spouse, for example—may not have been reported, since it may be perceived as part of usual support provided to family members. In 2012, 28 percent of the population (or 8 million Canadians)⁵ reported providing care to family members or friends with a long-term health condition, a disability, or problems associated with aging. Home care is meant to supplement the role family caregivers* and friends have in the provision of care in the community,^{2,6} especially as remote living arrangements can make care by family members difficult or impossible.

Currently, there is no federal strategy on home care in Canada. As home care is not considered a “medically necessary” service under the *Canada Health Act*, publicly funded home care programs vary greatly across the country in terms of eligibility, scope of coverage, and applicable user charges.

The Role of the Federal Government

In 2004, the federal, provincial, and territorial governments agreed on first-dollar coverage for home care services in three areas. Under the 10-Year Plan to Strengthen Health Care (2004 Accord),⁷ it agreed to publicly fund:

- Short-term acute home care for two-week provision of case management, intravenous medications related to the discharge diagnosis, nursing, and personal care
- Short-term acute community mental health home care for two-week provision of case management and crisis response services, and
- End-of-life care for case management, nursing, palliative-specific pharmaceuticals, and personal care at the end of life

In the 2011 Federal Budget,⁸ the government introduced the Family Caregivers’ Tax Credit, a tax relief to care providers of infirm dependent relatives. This measure is a first step in recognizing and supporting the valued role of family caregivers, and in ensuring they do not experience undue financial burden as a result of their caregiving responsibilities.

Expanding tax relief for home care services is an important step in supporting the needs of our aging population and in enabling individuals to live independently and with dignity in their homes. The GST/HST exemption on personal support services is meant to reduce costs for the estimated 500,000 Canadians purchasing private home care services every year.

*Family caregivers are family members and other significant people (as identified by the care recipient) who provide care and assistance to individuals because of age, debilitating medical conditions, chronic injury, long-term illness, or disability.

Although the federal government has taken small steps in supporting Canadians to receive care in their homes, it has yet to take the leadership role needed to realize significant transformation of the health system from acute, episodic care to a long-term, chronic care approach. This transformation requires a national strategy. A lack of federal leadership and a lack of provincial integration are two main concerns in home care. Various provincial and territorial goals and standards have been established; however, none has been set at the national level for long-term home care. Many jurisdictions still need to focus on better integration of home care within their respective health care sectors. In 2013, the Canadian Home Care Association (CHCA) developed a set of “Harmonized Principles for Home Care.”⁹ These principles provide a common framework for home care services across the country, without dictating how services need to be funded, administered, or delivered (Appendix 1).

In 2008, the Health Council of Canada released a report¹⁰ that noted a leadership deficiency in home care, stating that “few governments have set targets or have implemented strategies for measuring, monitoring and reporting on progress ... And few jurisdictions report an integrated approach to home care, suggesting that they have yet to view home care as a seamless extension of the health care system.” Support from the federal government can help create a unified and organized approach to implementing home care in Canada.

Also, a 2012 report¹¹ by the Standing Senate Committee on Social Affairs, Science and Technology found that although jurisdictions have made progress in improving access to acute home care services, acute community mental health home care services, and end-of-life care, governments did not meet their reporting requirements related to home care, due to a lack of agreement regarding indicators and targets for progress in this area. These findings further demonstrate the need for creating national standards that all provinces and territories can refer to when looking to meet goals related to home care.

The Role of the CFPC

Through its Patient’s Medical Home (PMH) model,¹² CFPC is advocating for more patient-centred care, including provision of appropriate home care to those who require it. In 2000, the CFPC released a discussion paper entitled “[The Role of the Family Physician in Home Care](#).”¹³ The discussion paper examined many topics, including what is home care, barriers related to home care, and different models of care, and also provided recommendations. Although some statistics from the discussion paper may be outdated, its recommendations are relevant today (Table 1).

TABLE 1: THE ROLE OF THE FAMILY PHYSICIAN IN HOME CARE DISCUSSION PAPER (2000) RECOMMENDATIONS¹³

RECOMMENDATION 1: That the CFPC promote the vision that:

- a) Home care is viewed as an integral part of family medicine emphasizing the value of continuity of care, where family physicians are encouraged to remain or become involved in the care of patients in the home.
- b) The role of the family physician in home care be defined by medical necessity and patient need.
- c) The family physician assume an active role in the home setting as a member of a multidisciplinary team, and that mechanisms be developed nationally to facilitate the creation of such a team.
- d) Family physicians organize themselves into group practices to ensure 24-hour coverage of the patient in the home.

RECOMMENDATION 2: That the CFPC continue to work on the development of models of care and define mechanisms to facilitate physician participation in the care of patients in the home. The mechanisms should ensure that:

- a) Every family physician is informed promptly when his/her patient is discharged from hospital and admitted into home care.
- b) Every family physician is provided with a medical assessment of patient status when admitted into home care, or that appropriate steps are taken to involve the family physician in medical assessment of the patient and assure appropriate use of her/his time and skills in the care of the patient.

RECOMMENDATION 3: That the CFPC further develop its relationship with the Canadian Home Care Association (CHCA) and other organizations in order to pursue research and program creation that would facilitate the family physician's participation in home care.

RECOMMENDATION 4: That the CFPC seek support from the Health Transition Fund and/or other sources to pursue research into mechanisms to facilitate physician involvement in home care.

RECOMMENDATION 5: That the CFPC encourage research on the impact of early hospital discharge on family physician resources and the quality of patient care.

RECOMMENDATION 6: That the CFPC advocate with governments:

- a) To recognize the importance of the role of the family physician in home care as part of the multidisciplinary team and support its development.
- b) To provide financial incentives and flexible remuneration that will encourage the participation of all health professionals in providing comprehensive care of patients in the home (eg, family physician remuneration including blended funding, telephone consultations, house calls and after-hours premiums, etc.).

RECOMMENDATION 7: That the CFPC advocate with the Royal College of Physicians and Surgeons of Canada to develop mechanisms that will facilitate communication between family physicians and specialist consultants when dealing with transitions in level of care, including admission into home care.

RECOMMENDATION 8: That the CFPC ensure that appropriate continuing medical education is available to family physicians to enhance their skills in caring for patients who require more acute care in the home.

RECOMMENDATION 9: That the CFPC ensure that all family practice residency programs provide increased exposure to care of patients in the home, and training in the requisite skills to provide more acute care in the home setting.

RECOMMENDATION 10: That the CFPC promote to all its publics the significance of home care as part of a continuum of care in the context of the establishment of a modern family practice.

The PMH model addresses many of these recommendations by stressing the importance of centralized coordination of care through the family practice. The principles of multidisciplinary care, timely access, care across multiple settings (including in the community and at home), system supports, and collaboration with other specialists are all parts of CFPC's comprehensive vision for family practice in Canada: the Patient's Medical Home.

As part of the PMH's 10 goals, the CFPC is committed to collaborating with federal, provincial, and/or territorial governments to support commitments to primary care and PMH priorities, including home care. The CFPC's PMH includes goals that promote practices that provide continuity of care, and offer their patients a broad scope of services that will be carried out by multidisciplinary teams or networks of providers.

Recommendation 3 aimed to further develop the relationship between the CFPC and the Canadian Home Care Association (CHCA) and other similar organizations. This was created

to help facilitate the family physician's participation in home care. Currently, the CFPC is part of the Homecare Collaborative (HCC) group. The HCC consists of the CFPC, the CHCA, the Canadian Healthcare Association (CHA), and the Canadian Nurses Association (CNA). These organizations meet to discuss current initiatives that the organizations are involved with relating to home care, and to further foster the partnership with each other.

The CHCA recognizes the critical role of family physicians, a strong primary health care system, and the necessary partnerships with home care needed to effectively meet the long-term chronic care needs of our aging population. Projects such as [The National Home Care and Primary Health Care Partnership Project](#),¹⁴ initially funded through the Primary Health Care Transition Fund, and provincial initiatives across Canada have proven the effectiveness of this partnership.

Also, recommendation 9 in the CFPC's home care discussion paper states the need for the CFPC to ensure that all family practice residency programs provide increased exposure to care of patients in the home, and training in the requisite skills to provide more acute care in the home setting. Currently, the [Triple C residency program](#)¹⁵ looks to provide a family medicine-centred curriculum that has integrated learning across all specialized and diverse family medicine settings, including the office, hospital, and home. The Triple C program acknowledges that as elements of delivery of care have shifted from hospital to home for acute physical illness and for mental health care, family physicians have also needed to alter their role to ensure they are meeting the needs of their patients.

The aging of the population in Canada will continue to accelerate until 2031, by which time most baby boomers will have reached the age of 65.¹⁶ Currently, 1 in 7 Canadians is aged 65 or over; however, by 2036, this figure will be 1 in 4 Canadians.¹⁶ The federal government must take a leadership role to ensure that it is meeting the changing needs of Canadians. This includes setting the stage for policies and initiatives that ensure that seniors maintain autonomy and dignity throughout the remainder of their lives. As advocates for patient-centred care and family medicine, the CFPC will always be committed to being engaged in any discussions related to the important relationship between home care and primary care in Canada.

The CFPC recommends that the federal government:

1. Set targets and implement strategies for measuring, monitoring, and reporting on progress with respect to home care.
2. Develop a national home care strategy in partnership with provinces and territories (see Appendix 1, CHCA's "[Harmonized Principles for Home Care](#)"⁹).
3. Support the vital role of family caregivers by:
 - Safeguarding their health and wellness
 - Minimizing their financial burden
 - Providing information and resources
4. Ensure programs provide adequate income support for seniors. For example, programs such as Old Age Security and the Canada Pension Plan are needed to help ensure seniors remain financially secure.
5. Support the Patient's Medical Home model and ensure that every person living in Canada has his or her own family doctor.

Steps to Get from Red to Green

1. **Establish** a national Home Care Strategy by 2016. This strategy should include a set of standards to provide provinces and territories with benchmarks they can use to implement and improve home care services.
2. **Develop** meaningful indicators and effective measurement systems to verify the performance, quality, and accountability of home care programs across Canada.
3. **Integrate** continuous preventative care, effective management of chronic disease, and home care within the health care system, to reduce hospital admissions and shorten length-of-stays.
4. **Prioritize** provision of home care to strive for greater independence, dignity, and well-being.

CHILD AND YOUTH STRATEGY

Although Canada is one of the most prosperous nations in the world and boasts a universally accessible health care system that includes many social programs, when rated against other Organisation for Economic Co-operation and Development (OECD) nations with regards to the health and wellness of children and youth, Canada does relatively poorly. According to a [2013 United Nations Children's Fund \(UNICEF\) report](#),¹⁷ among 29 OECD nations, Canada ranks 27th in overall health and safety, and is one of three nations (along with Greece and the United States) that have childhood obesity levels higher than 20 percent.

Another OECD report ranked Canada among the lowest (37th of 39) among OECD nations in its public expenditures on childcare and early education services.¹⁸ Significant variation exists across the provinces and territories on a series of critical variables, such as funding per child, program standards, teacher certification, and school readiness assessment.¹⁹ Rising inequality and the significant impact of poverty on early childhood development further highlights the scope and variability of factors influencing child well-being.

Currently, there is no federal strategy on child and youth health in Canada.

The Role of the Federal Government

In September 2004, Canada's first ministers committed to "improving the health status of Canadians through a collaborative process."⁷ This led to an agreement on health goals for Canada. The first of these goals included: "Our children reach their full potential, growing up happy, healthy, confident and secure." In 2005, Canada's federal, provincial, and territorial governments created pan-Canadian health goals. The first of these goals also included: "Canada is a country where: Our children reach their full potential, growing up happy, healthy, confident and secure."²⁰

Child and youth issues span numerous departments of government at the federal level, and numerous ministries within provincial and territorial governments. These inter-governmental and intra-governmental approaches can make addressing child health issues more challenging. It can be difficult to fully meet the outcomes required to achieve the improved health of children and youth within a poorly integrated system. This is why it is important to create a national strategy that can unify the goals and improved health outcomes that Canadians strive for. In order for the federal government to move from a red to green rating, it will need to provide action on initiatives that prioritize child and youth health and wellness. It must demonstrate greater leadership, and commit to bringing the provinces and territories together to create a strategy that sets national standards. It must also foster collaboration among health organizations. By relying on health organizations as a resource, the federal government will gain a greater understanding and firsthand view of what is affecting children and youth today.

Encouraging and supporting research is an important component to advancing and maintaining the health and wellness of children. It can help us understand how the changing physical and social environments are impacting the health of children.

Childhood obesity and mental health conditions in children and youth are two important issues, the physical and the mental, to consider when developing a national strategy.

Childhood Obesity

Physical activity and nutrition are two significant areas that need to be addressed when discussing obesity in children and youth. A pan-Canadian healthy living strategy that has national standards and goals can focus on making Canada a leader when it comes to the health and fitness of children and youth. Social marketing and public awareness campaigns can be used to motivate young people to lead more active lifestyles. Canadian children and youth can be educated to understand the importance of leading healthy lifestyles.

Further, the CFPC supports a call to action to restrict junk food advertising to children under the age of 12. Nations that take this challenge seriously have seen a decline in child obesity rates.^{21,22} This is one step the federal government can lead and model its legislation after Quebec, while closing any loopholes.²³

Mental Health

The number of Canadian children and youth affected by mental illness at any given point in time is 15 percent or 1.2 million.²⁴ Unfortunately, only one in six people under 19 are adequately diagnosed, and only one in five receive the treatment he or she needs. These figures indicate the importance of reaching children and youth early on. According to a 2011 report by Canada's Chief Public Health Officer,²⁵ positive mental health is associated with a higher likelihood of completing school, positive social relations, higher levels of self-confidence, higher income potential, and increased resilience. Mental illness is associated with increased risks of physical health problems, including chronic respiratory conditions and heart disease.²⁶

Since 2009, a number of provincial and territorial governments have introduced mental health plans, including British Columbia, Alberta, Manitoba, Ontario, New Brunswick, Nunavut, and Northwest Territories. There is a need for federal leadership on child and youth mental health, particularly that of Aboriginal children and youth.

The Role of the CFPC

As one of the primary health care providers for children and youth, family physicians play an important role in ensuring that children and youth throughout Canada grow up in healthy and safe environments. In 2007, the CFPC, along with the Canadian Medical Association and the Canadian Paediatric Society, launched the Child and Youth Health Initiative. "[Canada's Child and Youth Health Charter](#)"²⁷ was developed to achieve the overarching goal of excellence in child and youth health in Canada.

The CFPC believes that in order for children and youth to reach their full potential, they need to grow up in a place where they can thrive and access high-quality health care when needed. That place must have three fundamental elements: a safe and secure environment; opportunities for physical and mental development; and a full range of

health resources available to all, regardless of socio-economic status. The variety of health resources required is reflected in some of the indicators of the CFPC's federal report card—primary care, pharmaceutical coverage, immunization, anti-poverty are all key. The goals made in the Charter corresponded with these three elements (please see Appendix 2 for recommendations). The goals recommended in the Charter are relevant today. Some of these goals are straightforward, such as ensuring children and youth grow up in a place with potable water and clean air and soil. However, goals such as providing a commitment to social well-being and mental health need to be clearly defined.

The CFPC has many ongoing initiatives that correspond with advocating for the health and wellness of children and youth. Care of patients in a Patient's Medical Home is across the life cycle, starting with newborns, children, and adolescents. The CFPC's *Child and Adolescent Health Program Committee*, a Special Interest or Focused Practice (SIFP) committee created in 2011, includes the work of the Joint Action Committee on Child and Adolescent Health (JACCAH). Its purpose is to advocate for the highest quality medical care provided by family physicians in the care of children and adolescents. Its online resources provide papers and clinical practice guidelines for physicians who have a special interest in providing care to children and adolescents. For example, the committee highlights an online resource called "[Active Kids, Healthy Kids](#)"²⁸ that helps family physicians, pediatricians, and other health care professionals promote physical activity, nutrition, and other healthy choices.

The *Mental Health Program Committee* was established under the SIFP section in 2010, and includes the work of the Collaborative Working Group on Shared Mental Health Care. The shared objective of that group is to work collaboratively to enhance the quality of health care for all Canadians with mental illness or emotional problems. The committee shared a [mental health toolkit](#) dedicated specifically for children and youth.

The Sport and Exercise Medicine Program Committee focuses on medicine as it relates to active lifestyles and exercise. The Committee shared an online journal article that discusses [physical activity guidelines in children and adolescents](#).²⁹

The CFPC is committed to fostering healthy environments for children and youth. We encourage the federal government to use health organizations as resources for expert information on how health professionals, such as family physicians, can help in the creation of policies or frameworks related to children and youth.

The CFPC recommends that the federal government:

1. Ban junk food advertising to kids under the age of 12.
2. Improve clarity of food labeling and nutrition information, so parents can make better, more informed food choices.
3. Explore tax and subsidy strategies to increase the consumption of healthy foods and decrease the consumption of unhealthy foods.
4. Renew the 2006 federal/provincial/territorial commitment on child care.
5. Implement a federal strategy on child and youth health in Canada (to meet the recommendations of the 2007 [Child and Youth Health Charter](#)²⁷).
6. Ensure mental health care is accessible to all children and youth who require these services.
7. Make early identification and early help programs available for individuals as young as infants and toddlers.
8. Commit to ending child poverty in Canada by 2020.
9. Encourage and support research to advance and maintain the health and wellness of children.
10. Support the Patient's Medical Home model of care and ensure that every person living in Canada has his or her own family doctor.

Steps to Get from Red to Green

1. **Move** Canada into the top 10 of OECD nations on child health measures by 2017.
2. **End** child poverty in Canada by 2020.
3. **Enable** same-day appointment scheduling for children who are patients in Patient's Medical Home family practices, through support of the PMH model, by 2020.

CONCLUSION

Although health care is delivered by provincial governments, the federal government has a responsibility to design, lead, deliver, and implement national strategies to ensure all Canadians receive quality, universal, and equitable health care.

If the federal government follows the CFPC's recommendations for home care and a child and youth strategy, it will change the ratings from red to green.

APPENDIX 1: CHCA'S HARMONIZED PRINCIPLES FOR HOME CARE⁹

1. **Client and Family-Centred Care:** Clients and their family caregivers are at the centre of care provided in their home.
2. **Accessible Care:** Canadians have equitable, appropriate, consistent access to home care, and are fully informed of the care and services options available to them.
3. **Accountable Care:** Home care is accountable to clients, their caregivers, providers, and the health care system for the provision and ongoing improvement of quality care.
4. **Evidence-Based Care:** Knowledge that is grounded in evidence is used as the foundation for effective and efficient care provision, resource allocation and innovation.
5. **Integrated Care:** Home care facilitates the integration of care across the continuum of health care and with community and social services; care is complementary, coordinated and seamless with a focus on continuity for the client.
6. **Sustainable Care:** Home care contributes to the sustainability of an integrated health system by increasing efficiencies and delivering cost effective care.

For more information, please visit: <http://www.cdnhomecare.ca/content.php?doc=259>

APPENDIX 2: “CANADA’S CHILD AND YOUTH HEALTH CHARTER” (2007) RECOMMENDATIONS²⁷

Canada must become:

1. A place with a safe and secure environment:

- a. Clean water, air and soil;
- b. Protection from injury, exploitation and discrimination; and
- c. Healthy family, homes and communities.

2. A place where children and youth can have good health and development:

- a. Prenatal and maternal care for the best possible health at birth;
- b. Nutrition for proper growth, development and long-term health;
- c. Early learning opportunities and high-quality care, at home and in the community;
- d. Opportunities and encouragement for physical activity;
- e. High-quality primary and secondary education;
- f. Affordable and available post-secondary education; and
- g. A commitment to social well-being and mental health.

3. A place where a full range of health resources is available:

- a. Basic health care including immunization, drugs and dental health;
- b. Mental health care and early help programs for children and youth;
- c. Timely access to specialty diagnostic and health services;
- d. Measurement and tracking the health of children and youth;
- e. Research that focuses on the needs of children and youth; and
- f. Uninterrupted care as youth move to adult health services and between acute, chronic and community care, as well as between jurisdictions.

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