



Improving Child Health & Wellness in Canada.

One Child Every Child is on a mission to make Canada a world leader in child health and wellness. Our goal is to improve Canada's standing on key indicators, including those highlighted in UNICEF's report card. We are supported by the Government of Canada, through the Canada First Research Excellence Fund (CFREF).

We are well-positioned to leverage this investment with additional support from community organizations and philanthropists, and we're confident that through new and existing partnerships, we can create meaningful change for children everywhere.

One Child Every Child is anchored in a partnership of maternal and child health researchers, clinical leaders and research institutes.

Meet some of our leading researchers, whose work is ready to inform policy and improve children's health across Canada.

HEALTHY SCHOOLS



Dr. Kate Storey, PhD, RD
University of Alberta
(OCEC partner institution)



Advancing a National Framework for Healthy School Communities

Schools are powerful and equitable settings to address population health and are also community hubs, reaching nearly all children during critical developmental years. However, there is a need for better evidence and monitoring of healthy school communities to optimize implementation of more effective interventions.

This program of research will provide a common surveillance system consisting of indicators and measures of school health, including youth engagement, and will serve as the 'backbone' for school health knowledge improvement cycles.

At a high level, this will provide a better understanding of what works, for whom, and in what circumstances regarding creating healthy school communities. This work will support school communities in their efforts, and also benefit research, policy, and practice communities.

SOCIAL SUPPORTS FOR PARENTS



Dr. Amy Metcalfe, PhD,
University of Calgary



Income Assistance for Low Income Women

Low household income is a risk factor for poor pregnancy outcomes, including preterm birth. In Calgary, nearly 23% of female-led, lone-parent families live in poverty. Studies suggest unrestricted cash transfer to low-income women during pregnancy can improve outcomes for infants; however, questions remain about eligibility and amounts of funds to transfer. Our study is currently examining the impact of giving eligible participants \$100 per month in unrestricted cash transfers during pregnancy. The study will assess whether this support improves outcomes such as gestational age at birth, birthweight, neonatal intensive care unit admissions, readmissions and maternal mental health. The goal is to find a low-cost solution for low-income families that improves health outcomes.



Shaping Family Wellbeing Through Parental Leave Policy

Fathers' participation in parental leave is associated with improved child health outcomes, as well as improvements in maternal health and increased participation of women in the workforce. Many factors influence whether fathers take leave, such as financial pressures and workplace culture.

Our study explores how men's use of parental leave has changed over time, including differences across industries, and evaluates the impact of historical federal and provincial policy changes. The goal is to better understand which policies encourage men to take parental leave.



Addressing the hidden burden carried by families with children with rare and chronic childhood diseases.

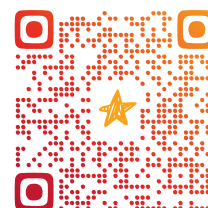
Families with children with rare and chronic diseases, such as childhood arthritis, experience unacceptable delays in diagnosis and access to optimal treatments resulting in prolonged suffering and irreversible poor outcomes. Families struggle to cope with the significant hidden burdens and challenges in caring for their children.

Canadian research reveals that parents of children with arthritis struggle, with almost half reporting significant mental and physical health impairment. One in five parents lack any caregiving support. Many parents are forced to miss work, and even when at work, report not functioning at full capacity. The financial burden of childhood arthritis is high: on top of medications costs, families pay on average \$1,200 yearly out-of-pocket, with travel to medical visits being the largest expense. Canadian inequities in access for some families pushes this up to \$250,000 per year.

Canadian families of children with rare and chronic diseases need support through government investment in flexible parental leave workplace policies, funding for mental health care, and additional income supports.



Dr. Deborah Marshall, PhD,
University of Calgary



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