



CANADIAN ASSOCIATION OF PAEDIATRIC HEALTH CENTRES (CAPHC)  
ASSOCIATION CANADIENNE DES CENTRES DE SANTÉ PÉDIATRIQUES (ACCSP)

## Canadian Association of Paediatric Health Centres

### CAPHC

Proceedings Paper

**Populations at Risk –  
Are We as Forward Thinking as We Should Be?**

**CAPHC National Symposium**

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The Westin Nova Scotian Hotel  
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## Populations at Risk – Are We as Forward Thinking as We Should Be?

### Symposium Proceedings

#### I. Introduction

As budgets decrease and organizations are increasingly asked to do more with less resources, it is often the programs and strategies that serve vulnerable populations that are at greatest risk of being cut. Yet, often these programs and services are some of the most needed and these children, youth and families who already face numerous barriers are unable to access health and healthcare services. Policies and services need to be in place to ensure that children and youth most at risk for negative health outcomes receive the services and supports they need. Across the country there are creative and innovative approaches being used to address the needs of populations at risk.

The panelists provided an overview of the need for programs for disadvantaged groups, the daily experience of running those programs and highlighted the importance of developing comprehensive policies that aim to address some of the issues vulnerable children, youth and families experience.

#### II. Setting the Context

Expert speakers were asked to share information with conference delegates on local experiences and programs. Symposium speakers included:

**Moderator:** Jonathan Kronick, *Head/Chief of Pediatrics, IWK Health Centre, Halifax, Nova Scotia; CAPHC Board of Directors*

**Chair:** Brian Postl, *President and CEO, Winnipeg Regional Health Authority, Winnipeg, MN*



**Dr. Tony Barozzino**, *Chief of Pediatrics, Inner City Health Program, St. Michael's Hospital, Toronto, ON*  
St Michael's Hospital - Inner City Health Program – Our Children, Our Future

**Nancy Reynolds**, *President and CEO, Alberta Centre for Child, Family and Community Research, Calgary, AB*  
Populations at Risk: Focus on Aboriginal Children

**Joanne Ganton**, *Parent of child with disabilities, President of the Calgary Cerebral Palsy Association, Calgary, Strategist-Patient Experience, Alberta Health Services*  
Populations at Risk – the Parenting Challenge

**Dr. Ted Prince**, *Developmental Paediatrician, Acting Head, Developmental Division, Alberta Children's Hospital, Calgary, AB*  
Role of Paediatric or Family Physician in Caring for Children and Youth at Risk

*An overview of the presentations is provided below. All PowerPoint presentations can be found on the CAPHC website [www.caphc.org](http://www.caphc.org).*

### **Dr. Tony Barozzino**

St Michael's Hospital- Inner City Health Program – Our Children, Our Future

Tony Barozzino presented on the St. Michael's Hospital Inner City Health program and how the Department of Pediatrics meets the needs of local children and youth in Toronto.

St Michael's Hospital (SMH) was founded on the principles of providing compassionate care to inner city residents. In 2001, the hospital created a pediatrics program. Despite being only a short distance away from Toronto's Sick Kids Hospital, the Pediatrics Department at SMH was developed to serve the children and youth of Toronto's Southeast inner city.

A large proportion of the children and youth living in the region are at risk for poor health outcomes due to poverty related issues. Living in poverty is related to poorer overall health, lower birth weight, shorter life expectancy, lower educational achievement, lower reading and writing ability and social and developmental problems. It is imperative that these issues be addressed in order to ensure all children and youth reach their optimum potential.



The programs at SMH are specifically developed to address the barriers that patients and families experience in trying to access health care services. Each program recognizes the unique nature of disadvantaged groups, many of whom are often not within the “system”. The Young Parents No Fixed Address program was designed to serve women who are living in shelters and on the streets who have children. The program does not focus on trying to get mothers off the streets or change their lifestyle per se, but instead supports women to ensure that babies being born are delivered within the hospital system and are being cared for.

SMH Pediatric Outpatient services include developmental services, nutrition and dietetics clinic, FASD diagnostic clinic, general pediatrics, infectious diseases and immigrant health clinic and neonatal follow up. These programs were developed as a result of a series of community advisory panels. This panel also provides input in the overall centre’s strategic planning, education and research.

The SMH Pediatric Outreach is services provided in community health centres, native health child centres and a variety of shelters in the area. This program works with community partners to provide services to support community members in accessing healthcare.

When faced with limited resources, innovative, collaborative models of service, energy and passion can result in effective programs that meet the needs of children and youth who are at risk.

### **Nancy Reynolds**

#### Populations at Risk: Focus on Aboriginal Children

Nancy Reynolds presented an overview on the current challenges that Aboriginal children, youth and their families are facing in Canada and the opportunities and strengths that are underway to meet their needs.

The Aboriginal population in Canada is as a whole, a younger population. Birthrates and the percentage of children and youth under the age of 14 years are much higher than the general population. However, Aboriginal children have an increased risk of mortality than non-aboriginal children in Canada.



While there is some data on the Aboriginal populations, it is recognized that these data are not complete. Because Aboriginals must self-identify in the collection process, there are no systematic processes in place to ensure accurate data is being collected. It is thought that much of the information that is reported regarding Aboriginal populations is understated as data collection is limited. Government needs to work with Aboriginal groups to address the data issue and develop a process for the collection, analysis, management and governance of data.

Some of the key health issues that Aboriginal children and youth are facing include lifestyle, mental health, infectious disease and environmental health. Obesity, injury and suicide rates are all significantly higher for Aboriginal children and youth than the non-Aboriginal population. Fetal Alcohol Spectrum Disorder (FASD) is a major issue for some communities. It is estimated that for some communities 1 in 5 children has FASD. High prevalence rates, lack of maternal supports and limited resources and services place many children at risk.

It is essential that behavioural and mental health concerns be addressed to ensure that Aboriginal children and youth in Canada have equal opportunities for optimal health and development as their non-Aboriginal counterparts. Failure to address these issues will lead to continued poor health outcomes for this population and consequently, lifelong costs to the health system.

Environmental health is another key issue facing Aboriginal populations. Water quality and access to safe running water are environmental concerns which plague Canada's Aboriginal communities. Aboriginal children are more likely than non-Aboriginals to be exposed to mould, live in overcrowded conditions or in homes in need of major repairs. Rates of asthma, ear infections and respiratory tract infections are all higher than the general population while childhood immunization rates are lower.

However, a great deal of work is being done to address these issues. Government, Aboriginal leaders, key stakeholders and communities are working together to improve the health outcomes of Aboriginal children and youth. Holistic strategies that focus on community and family solutions are recognized to be more likely to result in positive outcomes. Using this approach, efforts are underway to develop a national agenda to deal with FASD. At recent FASD Consensus Conference resulted in key recommendations around early detection, equitable and timely access to diagnosis, need for education, training and lifelong services.



It is critical that maternal health interface with child and youth health and healthcare related groups to ensure a broad, holistic approach to finding and implementing solutions is in place. Improved reproductive health can help to address some of the key risk factors for negative outcomes and help to improve the developmental trajectory of infants.

However, despite current conditions, there is a great deal of strength and optimism among Aboriginal youth. 75% of youth believe that anyone that works hard, can rise to the top and that they will live more comfortably than their parents. Many also expect to graduate high school. While Aboriginal children and youth are still at risk for negative health outcomes and much work still needs to be done, this energy and optimism combined with the collaborative work that is already underway; brings much hope for the future.

### **Joanne Ganton**

#### Populations at Risk – The Parenting Challenge

Joanne Ganton brought a different perspective to the panel – the vantage point of a parent caring for a child with a disability. Joanne provided the delegates with her insights and perspective on how the system is doing in addressing the needs and supporting children with disability and their families. While the journey of parenting a child with special needs can be challenging, it is also rewarding. The parenting challenge is not to move mountains, but instead climb them. However, this journey can not be done alone.

New parents must not only learn how to care for and support their own child with a disability, but also learn how to function and navigate the ‘system’. This new role is a continuous learning process that can be very complex. It involves not only health, but education, justice and social services. Parents must learn and use strategies to wade through the layers of each system and look for ways that they intersect. As the child grows and develops and becomes more involved in other aspects of the community, the family’s situation often becomes even more complex.

Parents must wear many “hats” and forced to find balance in their lives. There is high risk of burnout and despair among parents of children with disabilities. The constant juggling of energy and time can wear on parents and the family as a whole. Parents and families need to be heard, valued, respected and empowered. They need to be equal partners on the healthcare team, develop real and meaningful connections with care providers and feel supported. The child and the family need to be seen and understood as unique individuals and not simply a diagnosis or population at risk.



Health and healthcare providers need to ensure that parents, youth and families have a voice and advocate with parents to ensure supports and services are in place for children and youth with disabilities. Delegates were challenged to talk with parents and family representatives and open a dialogue to listen to stories and experiences and together, explore ways make positive change.

### **Dr. Ted Prince**

#### Role of the Paediatrician or Family Physician in caring for children and youth at risk

Ted Prince presented on the role family physicians can play in supporting children and youth with disabilities and their parents.

Paediatric care is becoming increasingly more complex as infants and children are surviving longer, living at home and receiving care in the community. 80% of pediatricians in Canada practice in large, urban communities and family physicians are increasingly being called on to provide primary care services to children with complex needs.

Identified concerns from parents and care providers mainly focus on key barriers to service for children with special needs including securing qualified staff, wait times and financial constraints.

The Medical Home, a model of care based out of the United States, is a comprehensive community-based approach to care which places the family as the central focus and coordinates services across the sectors. This model of care also provides supports through key transition points. A Canadian adaption of this model could see community pediatricians providing comprehensive longitudinal care for children and youth with special needs.

### **III. Discussion and Comments**

Delegates were provided the opportunity to pose questions to panelists and dialogue around key issues. A number of major themes were identified:

- There is no simple answer to reduce disparities for Aboriginal children and youth. Aboriginal leaders and communities need to find their own localized solutions. Community engagement, empowerment and building on existing strengths are key components to any solution.



- Each one of us has an obligation and responsibility to advocate for children and youth.
- Increased communication and coordination between services and sectors is essential.
- Funding models that are based on principles of family-centred care and multidisciplinary teams and cross-sectoral communication will help drive practice and service change.
- We don't have to reinvent the wheel - existing innovative, non-traditional models of service and practices need to be shared and adapted to meet local needs.
- Education and social service systems need to be involved in planning and coordination of delivery of services and care.
- 'Build it and it will be funded' approaches can work. If we can focus on the vision, momentum can move things forward. If we focus on the problem, it is most likely to fail.

#### **IV. Closing Remarks**

**Brian Postl**, *President and CEO, Winnipeg Regional Health Authority, Winnipeg, Manitoba*

Informed decision making and policy development needs to take into account children and youth at every level and engage the family in finding viable solutions.

Brian Postl challenged delegates to take what they have learned from each of the panelists and apply it in their local practice to make positive change. Children and youth from disadvantaged groups are more likely to have poor health outcomes. Commonalities between all of these groups are issues such as poverty and socioeconomic stress. There is a need to empower these groups, address the issues, and as a larger community, advocate for change. The health community has a responsibility to advocate on behalf of and with these children, youth and their families.