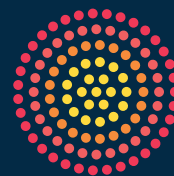




• **BEYOND**
• **BANDAIDS:**
• Delivering Healthcare
• Fit for Kids

Frequently Asked Questions



Children's
Healthcare
Canada

Beyond Band-aids: Frequently Asked Questions



Click on the questions below to learn more:

- What is the difference between health systems designed for children and youth, versus those designed for adults?
- What challenges do children face in Canada today, related to their health?
- What challenges do children's health systems have, meeting the needs of Canada's kids?
- Why have we historically underinvested in children's health systems and healthcare?
- What is the cost of inaction and underinvestment in children's health services?
- Should we pay more attention to improving the health of all children versus the small minority with complex health needs?
- What workforce challenges do we face in children's health systems?
- What are priorities to address sustainable, equitable health systems transformation for children?

QUESTION: What is the difference between health systems designed for children and youth, versus those designed for adults?

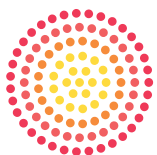
ANSWER:

Patient Population

- Children's healthcare systems are generally designed to deliver care to infants, children and youth under the age of eighteen.

Workforce:

- Children's health systems are staffed by a highly specialized workforce, who often receive or require additional training to care



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for children and youth. This workforce is significantly smaller in size than that which serves adults and are often remunerated at lower rates than their adult counterparts.

- Family partners and caregivers are critical members of healthcare teams serving sick children and youth. Children cannot legally consent to their own care, cannot vote, cannot advocate and for many, cannot independently care for themselves.

System Structure and Access:

- The systems are comprised of organizations that deliver healthcare services to children across a continuum of care that extends from large Children's Specialty Hospitals, mixed adult and pediatric Community Hospitals, children's rehab and treatment centres right down to small respite and palliative care homes.
- There are a total of sixteen highly specialized children's hospitals in Canada to provide specialized services for the sickest children of the 8 million (and growing) kids in Canada, compared to over 1,200 hospitals serving over 35 million people living in this country.

- Subspecialty care is often only available or accessible to those living in large urban settings, reducing access to many, and resulting in health inequities based on geography and income (ability to travel for care).
- Community hospitals, and other highly specialized providers (children's treatment centres, palliative care agencies, respite centres, children's mental health services) support care in the community, in schools and in the home.

Funding:

- This care continuum extends across ministerial boundaries into Education, Social Services and Justice so is not funded solely through the Ministries of Health.
- Children's health systems are highly subsidized by philanthropy. The Children's Hospital Foundations are the single largest non-government funder of children's health in Canada. Philanthropic giving enables world class research, helps to build state of the art infrastructure to deliver care, offsets costs for expensive drugs and equipment, and helps to recruit and retain talent.

QUESTION: What challenges do children face in Canada today, related to their health?

ANSWER:

- Canada is experiencing a crisis in child and youth health. Measurable decline in the health and wellbeing of the children in this country has implications at the individual, family, society and systems levels.
- Canada once ranked in the top 10 amongst OECD countries with respect to children's health outcomes, however, the 2020 UNICEF Report Card 16 reveals Canada's standing has dramatically fallen from 10th in 2010 to 30th of 38 countries with respect to children's physical health and 31st of 38 countries regarding children's mental health (1).
- There are many social and economic factors that impact a child's physical health and mental health, but to reach their full potential, children and youth require timely access to high-quality primary, specialty, and tertiary/quaternary healthcare. And yet, today in Canada, many children are waiting longer for essential health services across the continuum of care than adults (2, 3).
- Over 30% of children and youth suffer from chronic diseases in Canada
- One in five children experience or live with chronic pain
- Pre-pandemic, Canada's children are amongst the least vaccinated amongst

- OECD peer countries.
- Canada has one of the highest rates of adolescent suicide in the developed world.
- Across the country, an estimated 100,000

children and youth are waiting to access mental health services, some waiting as long as 2.5 years.

QUESTION: What challenges do children's health systems have, meeting the needs of Canada's kids?

ANSWER:

- Healthcare organizations are experiencing unprecedented demands for their services. Many children's hospitals across the country are now routinely operating at or above one hundred percent capacity (5, 6), while pediatric programs in community hospitals are being squeezed to meet the demands of adult (increasingly, elderly) populations.
- The shortage of primary care providers and community pediatricians means reduced capacity and resources to meet the demands of a growing population of medically complex children and youth (7). Without access to primary care, many families turn to emergency departments for routine care, or care related to chronic conditions.
- Drugs and devices commonly used to care for children and youth are more costly, and frequently, less available, both in hospital and in the community.
- From coast to coast to coast, children are languishing on wait lists for essential and time-sensitive healthcare interventions, from child development assessments to community-based mental health services and acute surgical interventions (8, 9).
- The lack of integration across healthcare services/healthcare settings makes navigation a complicated or complex challenge that often lands on the shoulders of exhausted parents or caregivers.
- Funding models for children's health services (which vary across provincial and territorial jurisdictions) remain fragmented, leading to persistent silos across services and sectors.
- Access to pediatric subspecialty care is threatened, in part, by relatively low salaries, which creates a limited supply of new entrants into the workforce, particularly in the non-procedurally based pediatric subspecialties.

QUESTION: Why have we historically underinvested in children's health systems and healthcare?

ANSWER:

- The current reality has been decades in the making and can be attributed to several complex factors, including sociodemographic changes within the broader population, advances in science and medicine, changes within the healthcare workforce, and the increasing health and social complexity amongst children and youth presenting for care (10).
- Canada disproportionately and systemically underinvests in child and youth health and wellbeing compared to other countries who rank higher on the 2020 UNICEF Report Card. Canada currently invests 1.68% of its Gross Domestic Product (GDP) on policies and investments towards children and youth compared to countries like France, the United Kingdom, and Sweden who invest up to 3.68% of their respective GDPs. (1).
- The population of adults (those over

the age of eighteen) living in Canada far outnumbers the population of children (5:1); 20% of Canadians are over the age of 65 – a population that is expected to grow by 25% by 2040 (Statistics Canada).

- Adults and seniors utilize healthcare services in a much more intensive way than do most

children, particularly in the last years of life.

- There remains limited awareness of the challenges children and youth face with regards to their health. Resources are often allocated to other more vocal or visible populations (elder care, most recently).

QUESTION: What is the cost of inaction and underinvestment in children's health services?

ANSWER:

- There are predictable, measurable and staggering costs of inaction and underinvestment. A 2023 research series commissioned by Children's Healthcare Canada reveals significant financial and human costs linked to delays in children's health services (13, 14).
- Canada currently spends an estimated \$4 billion to provide care to children and adolescents with anxiety and depression; delays in access to timely diagnosis and treatment of these disorders is projected to tally \$1 trillion dollars over a lifetime.
- Delays in access to scoliosis surgery (one very specific surgical intervention common

amongst children) in Canada costs the healthcare system \$44.6 million annually; associated caregiver productivity loss is estimated at \$1.4 million per year.

- Lifetime costs of failing to provide timely support for autistic children is currently estimated between \$8.2 to \$11.1 billion.
- Human costs of underinvestment are hard to measure but include (and are not limited to) impacts on family wellbeing, delays in social, physical and emotional development associated with isolation or immobility, learning delays, and experiences of chronic and acute pain.

QUESTION: Should we pay more attention to improving the health of all children versus the small minority with complex health needs?

ANSWER:

- Both are important. People living in Canada imagine a healthier future for their children, and they expect governments, child health advocates, healthcare professionals, and the organizations they work for to play a role in creating conditions to realize this vision.
- People living in Canada also expect publicly funded healthcare systems that are equitable, accessible, interconnected and responsive to the needs of the growing and increasingly diverse population.
- Improving the health and wellbeing of children, youth and families will require

efforts, investments and collaborations that extend beyond healthcare systems into all aspects of daily life and the social determinants of health.

- Without interconnected, well-resourced, sustainable systems to provide physical and mental health care services across the continuum of primary care, community settings, acute care, and rehabilitation, children, youth and their families (and indeed, Canada) will not achieve their full potential.

QUESTION: What workforce challenges do we face in children's health systems?

ANSWER:

- Children's health systems are staffed by a highly specialized workforce, who often receive or require additional training to deliver safe and effective care for children and youth. This workforce is significantly smaller in size than that which serves adults and are often remunerated at lower rates than their adult counterparts (this is particularly true of, but not limited to, pediatric subspecialists).
- Family partners and caregivers are critical (and unpaid) members of healthcare teams serving sick children and youth, in hospital, in community and at home.
- Efforts to "right-size" children's health systems are often limited by the supply of highly trained healthcare professionals (across the continuum of care and across all healthcare professions) available to support service delivery. This is a challenge that is expected to grow as the population of children and youth increases in Canada.
- The emotional burden of caring for a population comprised of sick children contributes to elevated rates of burnout amongst both the paid and unpaid (family/caregiver) workforce.
- Workforce shortages within children's health systems are contributing to long waits for many essential and time sensitive healthcare interventions for children and youth. These delays can lead to the worsening of existing health conditions and/or create new complexities related to children's medical treatment, which in turn, demands additional resources to address.

QUESTION: What are priorities to address sustainable, equitable health systems transformation for children?

ANSWER:

1. **Dedicated and protected funding envelopes for children's health systems across the continuum of care, including child health research.** Canada's healthcare systems serving children, youth, and their families are currently undersized. There is insufficient funding allocated to children's health systems (including child health research), and a shrinking highly specialized workforce to meet the needs of a growing, increasingly complex and diverse population. Investing in health systems across the continuum of care is one of the most effective ways to improve children's access to essential healthcare services. To help children survive and thrive, health systems need sufficient funding to be sustainable, resilient, and inclusive (18).
2. **Publicly accessible child health data, captured under national health data strategies.** Canada currently lacks an integrated, intentional approach to the collection of health data for children and youth. Existing data on access to and effectiveness of the health system is limited by the fact that most children's healthcare takes place in settings that also serve adults, with budgets and resources that blend pediatric and adult care. Data play a critical role in informing our understanding of children's current health

status, demographics, and needs and system capacity, and in establishing goals and targets related to health service delivery, and health outcomes, and monitoring progress towards them.

3. A highly specialized workforce purpose-trained to meet the needs of children and youth.

A cornerstone of healthcare systems fit for kids includes a workforce purpose-trained to deliver care for this population. Children and youth require accessible and efficient health systems that enable them to receive the appropriate type and amount of primary, community, and specialty care whenever they need it. For this to happen, Canada needs a robust, highly specialized, equitably remunerated, multi-disciplinary workforce.

4. Create and implement a pan-Canadian children's strategy that includes targets and timelines to improve children's health outcomes. Children's Healthcare Canada recommends the federal government to work with provinces and territories, children's advocates, child health researchers, family partners, and healthcare system leaders to develop a pan-Canadian children's strategy. This strategy should articulate clear outcomes-based targets for children's health and healthcare, a timeline to achieve these targets, earmarked funds to realize this vision, and a public reporting mechanism on progress.

5. Establish an office for a Chief Children's Health Officer. Children's Healthcare Canada and 17 collaborating national healthcare organizations propose

establishing the Chief Children's Health Officer within the Ministry of Health (30). The role would be responsible for implementing a national children's strategy, enabling a cross-departmental approach to child health and wellness, and facilitating necessary collaboration on shared priorities with provincial, territorial, and Indigenous governments. The Chief Children's Health Officer would collaborate with civil society organizations and healthcare professionals across the continuum of children's healthcare. The office would be instrumental in highlighting and advancing pan-Canadian solutions that address systemic challenges.

6. Create a dedicated and earmarked funding envelope to ensure a robust maternal, child, and youth health research agenda.

Children's Healthcare Canada consultations revealed deep alignment with a vision for children, youth and families to experience the best possible health and well-being, informed by high-quality research that is interdisciplinary, built on strong partnerships and integrates their needs and voices (31). To realize this vision, CHC recommends the federal government make an explicit commitment to fund research in maternal, child and youth health. Health research plays an important role in our collective ability to attain good health and minimizes the impact or burden of disease, including public health threats such as COVID-19 (32). While investments in children's healthcare and health systems are needed, doing so without a corresponding investment in health research will fail to achieve sustained improvements to health.

About & References



About Children's Healthcare Canada

Children's Healthcare Canada is a national association serving children's healthcare delivery organizations across the continuum of care. Our membership includes all sixteen of Canada's children's hospitals, in addition to community and regional hospitals, child development centres (children's treatment centres), and respite, palliative and home care agencies serving children and youth. We exist to accelerate excellence and innovation in health systems serving children, youth and their families in Canada.

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