

SPARK: Conversations | Season 5, Episode 10

How Ronald McDonald House Charities is Helping to **Right-Size Healthcare for Kids**

With Special Guests

Kate Horton

and

Karima Karmali



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Transcript:

Connected by purpose. Driven by passion. This is Children's Healthcare Canada's SPARK: Conversations podcast series.

Dr. Katharine Smart: Welcome to SPARK Conversations, Children's Healthcare Canada's monthly podcast series. SPARK Conversations is one component of the Children's Healthcare Canada's SPARK Knowledge Mobilization program. During the 2024-2025 fiscal year, SPARK Conversations will be dedicated to right-sizing children's healthcare systems. Thanks to our SPARK Conversations podcast right-sizing series sponsors the IWK Health Center for their ongoing support. I'm Dr. Katharine Smart and today I'm delighted to be speaking with Kate Horton and Karima Karmali, both wonderful women who work tirelessly at Ronald McDonald House Charities.

As President and CEO at RMHC Canada, Kate Horton leads the national foundation of support for RMHC, championing and enabling an essential mission that provides families with sick and injured children with the support and resources they need to focus on what matters most: caring for their sick child. Ronald McDonald House Charities is the only national organization enabling access to Canada's pediatric healthcare system through the 35 program locations across the country. Since inception in 1981 RMHC, across Canada, has proudly supported more than 500,000 families during their child's medical treatment journey. Kate is a seasoned senior executive with over 20 years experience in both the nonprofit and corporate sectors.

She's a passionate advocate for building strong communities and a better future by investing in children, youth and her families. Over her career, she's worked provincially and nationally to deliver meaningful social impact. Having been recognized for achieving excellence in fundraising and nonprofit leadership, Kate is known as the strategic and collaborative people first leader who inspires high performance and an inclusive culture.

Karima Karmali is a seasoned healthcare leader with over 35 years expertise in clinical operations, interprofessional practice, patient experience and health equity. Recently retired from the Hospital for Sick Children, affectionately known as SickKids, she held the pioneering role of Director of the Center for Innovation and Excellence in Child and Family Centered Care. In this capacity, Karima provided strategic and operational leadership driving the design and delivery of Patient and Family centric pediatric healthcare and advancing clinical practice education and research in this critical field. Prior to her tenure at SickKids, Karima had significant leadership positions at the University Health Network in Toronto and the Workplace Safety and Insurance Board of Ontario. She's spearheaded numerous large scale, multimillion dollar initiatives that have fostered transformational change in healthcare. She's also a dedicated volunteer, devoting her time to causes locally, nationally and internationally, including having been on the board of Ronald McDonald House Charities for seven years, now serving as Chair and also engaging in international development through her work with the Aga Khan leaders international forum on global poverty issues. Karima holds a Bachelor of Science in Nursing from McGill University and an MBA from Queen's University.

So, as you can imagine, it's quite exciting to have these two incredible women with us today for this conversation about right-sizing healthcare and for our listeners. I just want to remind everyone what we're talking about when we're talking about right-sizing healthcare systems to serve children, youth and their families.

Right-sized healthcare systems for children are several things. They're accessible, equitable, connected, integrated and designed specifically for the needs of children, youth and their families. They are evidence informed. I think what's important is to understand the context in which what we're talking about today exists. We are facing unprecedented demand in our healthcare space. Healthcare organizations are really under immense pressure. We are also looking at long term under investment, particularly for children. Canada disproportionately and systemically under invests in child and youth health and wellbeing, compared to other countries who rank higher on the 2020 UNICEF report card. Canada currently invests only 1.68% of its 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.

Many children's hospitals across the country are now routinely operating at or above 100% capacity, while pediatric programs and community hospitals are being squeezed to meet the demands of adult and ever increasingly elderly populations. We also know that funding models for children's healthcare services are challenged. The funding models vary across provincial and territorial jurisdictions. They're fragmented, and this leads to persistent silos across services and sectors.

We also have limited access to primary care professionals and teams. 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. Without access to primary care, many families turn to emergency departments for routine care or care related to chronic conditions. From coast to coast to coast, children are also languishing on long wait lists. Wait lists for essential and time sensitive healthcare interventions, from Child Development assessments to community based mental health services and acute surgical interventions. The cost and access to pediatric drugs and devices is also a challenging area. Medications and devices commonly used to care for children and youth, are more costly and frequently less available, both in hospital and in the community.

There is a lack of integration across healthcare services and settings. This lack of integration makes navigation for a complicated or complex child very challenging, and this often lands on the shoulders of exhausted parents and caregivers.

Access to pediatric subspecialty care is also challenged. It's threatened in part, by the relatively low salaries which create a limited supply of new entrants into the workforce, particularly in non-procedural based pediatric subspecialties. So, against this backdrop, we are focused on this conversation about right sizing children's healthcare. We want to explore what right sizing means in real world contexts, along with the collective action required to change the way that systems work, interact and intersect.

Through this episode, we're going to focus on the role of Ronald McDonald health charities and right sizing healthcare systems for children, youth and their families, and that's why I'm delighted to have Kate and Karima with me today to tell us about their experience and to help us understand the role their very important charity plays in this work. So welcome to the show.

Kate Horton and Karima Karmali: Thank you. Hi, Katharine. Thanks, Katharine.

Dr. Katharine Smart: And I just want our listeners to know as well. I'm really happy to have these folks as my guest today, but I'm also delighted to myself to serve on the Board of Ronald McDonald House Charities, and that's why I'm really excited to be bringing what I think is this really critical work to our listeners today.

So Kate, I'm going to start with you. You know, I think people, a lot of our listeners, have probably heard of RMHC. I think it's a common charity that people are familiar with, but I'm not sure people totally understand the scope of RMHC, what they do, and how you serve children and families and what programs you offer. So, can you maybe start painting us a picture, a little bit about the charity and why it's something you're so passionate about?

Kate Horton: Yeah, absolutely. Thanks, Katharine. As many of your listeners probably know, RMHC, Ronald McDonald House Canada is the only national organization that enables equitable access to Canada's pediatric healthcare system, and for the last over 40 years now, we've been so proud to support families with sick children during their child's medical journey. And as many of your listeners will know, Katharine, you know for the two thirds of our population in Canada that lives outside a city with a children's hospital, travel to access medical treatment is essential, and probably the best way I can illustrate that is just through a short story about a family called the Morris's.

Many of your listeners, whether they're in healthcare or not, will relate to the Morris family story. Very happy day, they were looking forward to welcoming their first child, new baby on the way, an exciting time for most young couples, and as the day got closer, one day, in fact, their lives changed in an instant, and baby Jack arrived at 24 weeks. The Morris's has lived in Kitchener, Ontario, and suddenly found themselves needing to travel a couple hours down the road to Hamilton to seek essential care for Jack at McMaster Children's Hospital. That started them on an unexpected and challenging journey of over 280 nights staying at the Ronald McDonald House in Hamilton. And you think about what that journey would have meant for the Morris's, financially, emotionally, logistically, were they not able to access the house and stay close to Jack and happy to share now that Jack is thriving, he's doing super well. He's, you know, hitting all his milestones. And really, you know, it's been wonderful to see that family journey and how Ronald McDonald House was there to support them along the way.

Dr. Katharine Smart: Such an incredible story, Kate. And again, I think it just really highlights how quickly, especially in pediatrics, people's lives just change, right? Like, no one expects to go into labor at 24 weeks, no one expects their child to have a cancer diagnosis. You know, in my setting, getting on a plane, being told, you know, you may not see your home again for a year. These are aspects of healthcare and the healthcare system that I think, unless it's happened to you or someone that you know, you maybe don't really think a lot about what that impact is. And that's where I think the services of RMHC are just so amazing, like as you outlined, for that family almost a year of their life. Think how different that would have been if that service hadn't been there for them.

So Kate and Karima, I'm really curious to hear from both of you about the importance of community organizations, and particularly Ronald McDonald House Charities when it comes to

partnering with hospitals to contribute to right sizing healthcare systems for children, youth, and their families and improving those outcomes. Because I think what we really could take away from your story, Kate, was just how essential that service was for that family in their time of need. So maybe just give us your perspective. You know, what's that role between community organizations and hospitals and partnering?

Kate Horton: Sure, maybe I can start and then I'll pass it over to you, Karima.

I mean, I think we are all keenly aware that children's healthcare goes beyond the walls of children's hospitals, and RMHC, as you so rightly mentioned, Katharine, is just one of many community organizations that help bridge that gap. From an RMHC specific perspective, we support families at 35 locations across the country, Ronald McDonald Houses and, of course, family rooms that are right inside the hospital for families, and we're really there to bridge the emotional, physical, financial needs that families face when they have to travel with their child to seek healthcare. We develop our programs with a family need in mind so we really can ensure that we are being an effective bridge and gap between the excellent care that our hospital partners provide and the rest of the wraparound care that is so essential for the family to sustain the family unit as they support their child through their medical journey.

And Karima, you've got some unique perspectives on RMHC, but also on pediatric healthcare and the role that we play as well. So I'll pass it over to you.

Karima Karmali: Great. Thanks. Thanks, Kate and thank you, Katharine.

You know first, let me just say that I think that community organizations like RMHC, see definitely play a significant role in filling gaps in the healthcare system and right sizing the system for children, youth and families. I think that how they do this really depends on, you know, the specific mandate of the organization, the services that they provide, and also how they partner with hospitals and other key stakeholders in the healthcare system.

Just, you know, building on Kate's comments, I would say that, just from a healthcare perspective, there are a couple of key areas where I see RMHC, specifically, and I would say uniquely, playing a role which contributes to improving the system for children and their families. And also, I would say supporting our hospital partners to focus on delivering quality care, which you know, is where they need to be focusing.

And so one of those areas is patient and family centered care. We know that patient and family centered care is integral to quality healthcare for children and youth, and that it has an impact, a significant impact, on health outcomes. But we also know that hospitals are not adequately resourced or equipped to provide the full range of services that families require, especially

when those families have traveled from distance to access healthcare. The reality is that parents and family caregivers need to continuously be at the child's bedside, and for obvious reasons. You know, parents want to be with their ill child, and children want and need their parents at their bedside. But you know what I think may not be obvious to people and to government is that hospitals also expect and they rely on parents to engage and contribute to the caregiving process. So, there's an expectation that parents are at the bedside 24/7, and you know, I'd say that the same expectation doesn't exist in the acute adult care system, or at least not to the same extent. So, I would say that there is a disproportionate burden on families of pediatric patients, and the services that are available to them are simply not proportionate to this added burden and the expectations of them.

And so clearly, the system is not right sized for children and youth and their families, and clearly, RMHC plays a significant role in looking after basic needs of parents and families so that they can better engage in the in the care giving process. So, you know, some of the things that Kate talked about, you know, accommodation, meals, other services at our houses, you know, really make a huge difference to families in alleviating stress and anxiety so that they can focus on their child. And there are other services within hospitals, like family rooms, which offer rest and respite inside the hospital.

And if I may, Kate, Katharine, you know, I think there's one other piece that is really important here, and that is the way in which RMHC contributes to filling gaps and right sizing children's healthcare by mitigating the impact of the social determinants of health. And when you think about your geographic location, and you know this, Katharine, because of where you practice, geographic location is one of those determinants of health that results in inequity because families simply don't have access to specialized care in their own communities, and so therefore have to travel at their own expense to access that care.

So RMHC, you know, facilitates access by providing accommodation and other services and mitigates the economic impact on families. You know, the cost of accommodation, food, parking, all of these things that families have to pay for from their own pockets can get very expensive, especially today, given our cost of living, and especially when your child has to be hospitalized for a week or a month or a year, which is something that we see in pediatric care when kids are acutely ill, and this can have catastrophic impact on families, particularly when employment is also impacted. And I think Kate can provide some really great examples of studies and findings from studies that have looked at this economic impact, and the difference, again, that organizations like RMHC can make in this particular area.

Dr. Katharine Smart: I'm so glad you highlighted that, because, again, I just feel, you know, when we think about Canada and universal healthcare and this perception that healthcare is free, there's these other aspects to being ill that I agree with you. I think people don't think

about. And you've really highlighted some critical aspects for sick children, right? The geography, the fact that these services are located only in specific places, and many people don't live near those places. You know the economic impact for working parents who now are bedside 24/7, in that caregiver role, both, of course, because they want to be with their child, but also there's that expectation that they're there supporting that care. Those are two really huge issues and I think that RMHC really fills that gap. And Kate, I would love to hear more from you about what you've learned in that regard, around the economy of this, because I think it is so important, and something really, I think our listeners would want to understand deeper.

Kate Horton: Yes, absolutely. You know, the number one learning, I think, and what struck me early in my time with RMHC is a comment from one of our healthcare partners who said, you know, "I always know when I'm working with an RMHC family." And I thought, uh oh. And then they went on to say, because that family has slept, they're well fed, they're supported by a community of other families who understand their journey without having to explain it. There's a shared bond and a community of support behind this family, and then they said, you know, and as a result, that family is a better partner to me in making decisions to treat their child. And I think that really so beautifully speaks to the partnership that we have with our hospital partners and with our families to rally around and support the best possible outcomes for their child. And you know, from an economic lens, Katharine, you mentioned, we did some work with RBC not too long ago to really look at the out of pocket savings. And again, in Canada, most people don't realize that there are significant expenses involved in having to heal a sick child. And through that RBC research, we learned that it can cost as much as \$20,000 a month if you are in the province of Ontario, for example, at SickKids in order to be by your sick child side during their care. And we know, as Karima mentioned, that many stays are longer than a month, sometimes longer than a year.

To contextualize that 20k that represents about 26% of the average Ontario families, disposable household income, and that level of debt could take over five and a half years to pay back again. And that's just that one month snapshot, and we know the financial implications can be far more reaching and more catastrophic.

To zoom out and think about the economic impact of RMHC on a national scale, we currently save families over \$57 million a year in out of pocket expenses when you think about travel, accommodation and particularly food. Karima touched on the need for food and the growth of food support that we provide. And last year alone, we served almost half a million meals to families through our houses and family rooms, simply because the cost of food, the availability of food in hospitals is not what it has been, and is not really realistic for families today, when leaving bedside has so many other implications that Karima touched on.

So, you know, we really see ourselves as an essential part of social infrastructure, of the fabric of care, that is mitigating the social determinants of health and really helping to achieve, from a team perspective, the best possible outcomes for families as a unit, and, of course, for their child.

Dr. Katharine Smart: Oh, it's incredible. I mean, that economic impact you've outlined is striking, like truly striking, and it's incredible to think of the importance of that work. And I think both of you have painted such a strong case for the impact RMHC has on outcomes for children and families. And the organization is always, you know, obviously incredibly successful. And I certainly as a clinician, have heard those stories from my patients and their families, just how impactful RMHC has been in their healthcare journey, and those relationships that they've built there the support that they had. And for many families, it's an ongoing relationship over years, because many of these children are not necessarily, it's not always a one and done. They may have an ongoing relationship with the children's hospital, so it is a home away from home.

So I'd love to hear, maybe, starting with you, Karima, what are the keys to your success? Like, here is a charity having an incredible impact, incredible health systems partner. It's really driving for this systems transformation in a really fascinating way. Like, why does it work? What's unique?

Karima Karmali: I think, I think there's a number of things that are unique, Katharine. One is, you know, RMHC is meeting a need that is not met elsewhere in the ecosystem of healthcare. And so it's, it's a critical need, I think that we're, we're filling. You know, secondly, I would say that the partnering with hospitals, we have extremely strong relationships with our hospital partners, and I think that that is significant and fundamental to the success that we see because those partners support us in being involved with the children and families that they serve. They recognize the important role that RMHC plays in the ecosystem. And so are, you know, extremely supportive of the work that we do. And then I think, you know the third is just what you know families tell us, which is that you know, through the services that they receive from RMHC that they are better able to concentrate on the care and the needs of their sick child. They can focus on that instead of being worried about, how much is this hotel room going to cost me per night? How much am I going to have to pay for accommodation and meals and so on. And you know, Katharine, I think that children, when they're sick, can also pick up on the stressors that their parents are experiencing, and that can have a detrimental impact on the child, and, of course, on the family as a whole. So I think the number, number of things that contribute to that success, but I'm sure Kate's got a few things to add to that.

Kate Horton: I do. Really well said Karima, and I think my build would be just, Katharine, our ability to adapt as a network. You know, RMHC started in 1981 we opened our doors to the

first house, 19 bedrooms in Toronto. And over that time, you know, as I look back in the early 80s, of course, prognosis for pediatric patients was much different than it is today. And at Ronald McDonald House, stays were shorter, less frequent returns of families and, frankly, less complex needs that were that we were required to support as a result.

Today, flash forward, we're over 550 bedrooms across the country, and stays are longer. You know, in some big centers, stays can be over a month or more. And so really thinking about how we have been able to adapt add new programming. For example, RMHC Toronto has a school that is dedicated to supporting patients, but also siblings, given the long length of stay, so that the whole family can travel together and stay. And I think also too, just you know very simply what we hear from families around the peace of mind that RMHC brings. And I think about a story a mother told me. Over dinner the other night at the house. They were from North Bay, Ontario. Their child was born prematurely and very early on in their stay at Ronald McDonald House, they got a call from the hospital to say, you know, in the middle of the night, please come now immediately, your daughter needs you, and we're not we're not sure she's going to make it. And the mother then relayed to me how she, of course, was able to jump out of bed, throw on some clothes, run the 100 meters or so around the corner to be at bedside in an instant and still, several months later, her daughter was progressing and doing well, but she couldn't let go the thought of what that phone call would have meant if she'd received it at home in North Bay versus at the Ronald McDonald House, the mental stress, the physical danger of a three plus hour drive in the middle of the night under those circumstances would be terrifying for any parent. And I think Karima you noted so well how that stress and parental strain translates onto the child's healing journey, and just our ability to alleviate that stress is something that we as a network have been so proud to be able to do for families over the last 40 plus years and now on into the future as well.

Dr. Katharine Smart: Yeah, thanks for sharing that story, Kate. Just gives me chills. You know, just your description and that mom's description of that and I think any of us who are a parent, or anyone who has a child in their life can just imagine the stress of a sick child, but that like receiving those types of phone calls and not being nearby, right? Just the terror of that. I mean, it's really unbelievable. You know, so we're the impact, incredible. I also know that this is a mission that's growing. The need is growing. I know one of the goals of RMHC is to be able to make sure that this level of service is available to every child and youth and their family across the country when it's needed. Your desire to serve more families and better and so tell us about that future. What does expansion look like? What are your big dreams?

Kate Horton: Sure, maybe I can start Karima, and pass it over to you.

You know, you think about the families that we serve when we like to say we serve each family, one family at a time, we also turn far too many families away. So today, through some

research that we did with CIHI, we learned that we're actually only serving about one out of every five potential families with the Ronald McDonald House program that we could reach today in Canada. And so that means we're just turning far too many families away. We've set a bold path for growth and a goal to double the number of bedrooms for Ronald McDonald Houses across Canada by 2030. This year in 2025 alone, we're taking a big bite out of that goal, we're growing by 20% with House expansions in Ottawa, Calgary, Halifax, and three new family room programs across the country as well. So that will go a long way to help closing the gap in need that we're facing right now, Katharine, but our work is not done, and so we're just continuing thanks to the vast community of supporters who are standing beside us and beside our families will continue to keep pushing to grow

Dr. Katharine Smart: Amazing. Karima, what's your point of view?

Karima Karmali: Nothing more to add, really, Katharine. I think that Kate has said it really well.

You know, being able to serve only one out of five families, 20% of the families that actually require the services that we're providing means that there is a really huge gap to fill. And you know, while we will absolutely do our best in our meets these working really hard to finding funding and ensuring that we can continue to build so we can meet those needs and serve more families. You know, there is, I think, a need also for us to really look at government to support the need for that build. And so it's ongoing work, it's work in progress, and I think a really important area for us to be focusing on.

Dr. Katharine Smart: Yeah, absolutely, it's it is a really staggering when you think about that number, isn't it that there's four and five families that really could benefit from this level of service, and what it's going to look like and what it's going to need. And I think you're absolutely you're absolutely right. It's going to need the charity, but it's also going to need support from government to make sure that these types of systems are supported, to partner to the level that's needed. And I think we know that need is only growing as our population grows, the number of children grows and complexity grows as more kids are surviving with complex disease, the demands for these specialized services are getting bigger, not less, and that's why this right sizing conversation is so important.

You know, I think another really important frame on this is that frame of quality, right? It's important, and I know that RMHC holds itself to incredibly high standards and contributes to healthcare. Quality using some of the similar frameworks that are employed by healthcare organizations and professionals working with children. So Karima, I'm wondering if you could tell us a little bit more about that. How does that quality framework interact with RMHC in their work?

Karima Karmali: Yeah, well, I think I spoke to this a little bit earlier, but you know, one of the frameworks that's foundational to hospital care, Katharine, and most healthcare professionals are we're very familiar with the framework, is the quality framework that we all use, that hospitals use, to really structure care, to organize care, to report on care, to measure how they're doing with respect to the delivery of quality care, is a framework that is well understood. So that's the quality framework. And you know, I think that RMHC contributes to the quality of care, both directly and indirectly.

For those of those listeners who may not be familiar with the framework that I'm talking about, it's a framework that was introduced by the Institute of Medicine in the in the mid 90s, I believe, and it has six dimensions of care. They define quality care as being safe care, timely care, efficient, effective, equitable care, and then patient and family centered care. And as I said earlier, you know, RMHC definitely contributes to patient and family centered care as well as health equity, and indirectly, I think, to some of the other dimensions. And so I feel that, you know, the services that RMHC provides are definitely contributing to the quality of care that hospitals provide.

Dr. Katharine Smart: Thank you for that. So Kate, I want to take my last question to you. You know, I think you guys have both made just an incredible case for the importance of RMHC in your work, what policy changes from your point of view are essential to allow RMHC to continue and to better serve families and right size healthcare systems for them and their sick children.

Kate Horton: Yeah, thank you, Katharine. You know, across the country, we've had really productive conversations with all levels of government and across party lines. Our focus to date, so far has been on capital funding to build out the support that RMHC provides to families across the country, and we're so grateful for the support we've received to date through those conversations, some of the house expansions I mentioned earlier would not have been possible without that critical government support. And you know, if RMHC didn't exist, the government would have to create us. So I think we have a we've been we've been successful in making a pretty strong case there and then, as I think you know, in terms of policy change to your question, and ensuring that organizations, not just RMHC, but many organizations like RMHC, community based organizations that are part of that essential social infrastructure of pediatric care, you know, what policy changes can the government make, can we make together to ensure that Canadians have access to care and assist at a system level, you know.

And as we've gone around to government and had our conversations around capital funding, you know, frankly, we've been a bit of a square peg in a round hole. There isn't a natural home for organizations like RMHC in government and a long term funding solution that helps

strengthen social infrastructure to support more equitable access to pediatric care, to support this united effort to right size the pediatric healthcare system ensure that children, families and other vulnerable populations have appropriate housing, access to psychosocial supports, etc. You know that is a key ingredient we feel to ensuring that our communities thrive, that families thrive, and that all Canadians thrive by upholding those standards of effective healthcare systems that we all hold so dear.

Dr. Katharine Smart: Great, so important. And thank you for that perspective. Karima, is there anything you wanted to add on the policy front that you think is important?

Karima Karmali: Yeah, yeah. Thanks, Katharine. You know, I think Kate said it really well. The one thing that I would add is that, you know, I think it's, you know, right sizing funding is really important. But I think the other thing that's really important is that it be recognized that community organizations like RMHC are actually part of the extended healthcare system, and that it's really, really important as you know we look at integrating care and building a more cohesive healthcare system that organizations like RMHC are actually at the table, participating in those discussions. So, I wouldn't say it's a policy change, but I think perhaps a cultural shift in the way that government and you know, stakeholders in the healthcare system, actually think about community organizations.

Dr. Katharine Smart: Yeah, I love that perspective. You know, who's in the room, right? That's so important to have these conversations advance. And absolutely, RMHC is a critical partner to be in those rooms and in those conversations.

So before we wrap up, I'm going to give each of you an opportunity to give us your 30 second elevator pitch on why right sizing children's healthcare should be a priority right now. So Kate, I'm going to start with you.

Kate Horton: Sure. Well, you know, these are challenging times that we're all living through, and I think we can all appreciate that the stressors felt across Canada, including inflation, rising cost of living, mental health challenges, etc. You know, those healthcare inequities are compounded for families who require lifesaving pediatric healthcare for their child. And so, you know, we've heard this, and we talk about this a lot when it comes to right sizing, but an investment in healthcare systems for children, youth and families is an investment in Canada's future. And as Karima said, so well, you know, RMHC and other community organizations like us, we need a voice. We're part of the solution. We want to be at the table, and we want to be part of how communities and ultimately, families and all Canadians can thrive.

Dr. Katharine Smart: Wonderful Karima, what's your 30 seconds?

Karima Karmali: You know, Katharine, I've spoken with hundreds of parents during my time in healthcare, and I think there's one common thread across those conversations, and that is that, you know, parents tell us that there is no stressor like that of having a very sick child. And as a parent myself, I can completely relate to that. You know, your world is turned upside down when you find out that your child has a terminal illness, or an illness with long term implications or an injury that is life threatening. So, you know, given the disproportionate emotional and economic burden that families of ill children carry, a burden that is, you know, compounded by the rising cost of living, mental health challenges and inequities in our system. I think that it is critical that government and society step up to invest in the system to right size it for our children, for our youth and for our families.

Dr. Katharine Smart: Thank you. That's a wonderful note to conclude on, and I really want to thank you both, Kate and Karima for sharing your stories, your insight, your wisdom and your incredible work with us today. It's an honor to serve with both of you on the board of RMHC. I think you've made a compelling case for our listeners about why community-based organizations like RMHC are critical partners in healthcare delivery and in right sizing healthcare for children, youth and families. So, thank you both, both for your expertise today and just for your ongoing work and service to the communities that we all live in.

Kate Horton and Karima Karmali: Thank you, Katharine.

Dr. Katharine Smart: Thanks again to SPARK Conversations podcast sponsor, the IWK Health Center, for their ongoing support. That's it for today. Thanks for listening to SPARK Conversations. To stay up to date on all our SPARK offerings, including upcoming podcast episodes, visit our website, at ChildrensHealthcareCanada.ca, and subscribe to our SPARK news bi weekly e bulletin, if you haven't already. If you like this podcast, show us some love by leaving us a review and telling your colleagues about us. We'll see you again next month.