Addressing the Needs of Canadian Children with a Social Paediatrics Approach

Gabriella Jacob BSc MD Candidate 2019[1]

[1]University of Toronto, Faculty of Medicine

Increasingly, the need to address the social determinants of health in clinical practice is being recognized.[1] In the realm of community paediatrics, focus on the social factors that influence child development and health is known as "social paediatrics". This article will explore social paediatrics, its history, educational training opportunities, and various initiatives that have been undertaken.

The History

The term "social paediatrics" stems from the establishment of the European Society of Social Paediatrics and Child Health (ESSOP) in Sweden in 1977 by paediatricians who believed it was essential to consider social context in child health.[2] The ideas endorsed by the society stem from physician reformers, particularly Abraham Jacobi (1830–1919), who is considered the father of social paediatric medicine.[2] ESSOP defines social paediatrics as "a global, holistic, and multidisciplinary approach to child health", which considers the "health of the child within the context of their society, environment, school, and family."[2] In Canada, social paediatric initiatives began to gain ground in the early 2000s, and as of 2013 every Canadian medical school offers electives that fit within the scope of social paediatrics, such as Aboriginal, immigrant, or refugee child health, or the impact of environmental factors on child health.[3]

Medical Education in Social Paediatrics

Canadian medical schools generally offer elective opportunities during undergraduate and post-graduate training to further educate students on social determinants of health, through first-hand experiences with disadvantaged children and families. Trainees are exposed to medical care in new settings – including schools, community centres, clinics for the uninsured, and patient homes – and they work with skilled multidisciplinary teams and specialists.[4] These programs demonstrate the challenges faced by disadvantaged children and youth, and how these can influence childhood development and contribute to subpar life trajectories. At the end, students may be asked to write a reflective report on their experience.[4]

Reflective Report

The reflective reports written by trainees have been published in major journals and in the media, and have helped shed light on some of the most poignant issues in our communities. "How did you sleep last night? Have you eaten today?" published in *Child and Paediatric Health* speaks about an elective student's experience of asking those questions on a home visit to a teenage mother, opening up a dialogue about a whole host of issues including safe housing, literacy, education, safe sex, and prenatal care.[5] In "Antibiotics without food" published in the *Canadian Medical Association Journal*, another student is about to advise an 18-year-old patient in a group home to take antibiotics with food, before realizing that the patient may not have food to take with their medication.[6]

Another student's experience was published by *The Evidence Network* and was featured in the *Toronto Star, Huffington Post,* and *Ottawa Life*. She wrote:

> *"When a doctor regularly meets patients who face poverty, food insecurity, lack of safe housing and psychosocial stressors, it reinforces the necessity to ask about their social and living conditions. We don't know unless we ask. And we don't ask unless we understand those living in poverty."*
>
> *"Medical schools teach a lot about patient-centered care. But there's a need for more exposure to the daily struggles of disadvantaged families."*
>
> *"I wish more of my fellow medical students could share this experience of immersion into a culture of medical practice where a deep understanding of the experiences of marginalizes groups influences not only the questions asked, but the treatment strategy and approach"*[7]

Raising Awareness

A large part of social paediatrics is educating stakeholders and the public about issues related to child health, and advocating for improvements through editorial and commentary publications in medical journals and major newspapers.

Dr. Dennis Daneman, the former Chief of Paediatrics (2011–2016) of the Hospital for Sick Children (SickKids), has been active in publishing on the topic of social paediatrics. Under his leadership, the 16 Paediatric Chairs at Canadian medical schools published an article revealing Canada's mediocre results on a 2013 child well-being UNICEF report and

advocating for a robust child health advocacy strategy and integration of the social paediatrics approach into medical curricula.[3] Since then, he has published updates on the state of child well-being in Canada, keeping these issues at the forefront of the medical community.[8,9]

The Evidence Network has also become a popular platform for experts to offer their opinions on a range of issues. For example, Dr. Lee Ford-Jones, a paediatrician at SickKids, has written extensively on the issue of child poverty, as well as vision screening and the affordability of corrective lenses.[10]

Social Paediatric Initiatives

A wide range of social paediatric initiatives has been undertaken by healthcare practitioners to address the disparities faced by at-risk children in our communities. Some examples include clinical screening tools, collaborations with legal professionals and community health centres, and new sites for healthcare delivery.

New Tools for Clinical Use

Improving Identification of Needs, Linking to Community Services, and Accessing Additional Financial Resources

Canadian children who grow up in poverty are at higher risk of poor health and developmental trajectories. In response, a tool was developed using the mnemonic "ITHELLPS" to assist family physicians and community paediatricians with comprehensively covering social history and identifying families with unmet needs. The tool incorporates questions about income, transportation, housing, education, legal status, literacy, personal safety, and support.[11] Screening families for social problems allows for further assessment and referral to resources and programs.

Poverty tools developed by physicians in a number of provinces provide a comprehensive list of national and provincial specific resources and programs.[12] Physicians who identify any issues in the social history are able to easily connect families with programs or other community resources they may benefit from.

Screening and referral to programs within clinic and hospital settings has been investigated in a number of studies. These studies have shown improved outcomes, such as increased referral and better navigation of and access to community and government programs.[11]

Speech and Language Tool

Early speech and language delays can influence a child's early development and literacy skills. Unfortunately, children with speech and language delays may not get access to speech and language services in a timely fashion, due to late identification and significant wait times following referral. In response, paediatricians from SickKids worked with Toronto Public Health to develop a tool that helps primary care physicians identify speech and language delays in children early and accurately, refer to appropriate services as required, and offer effective home-based interventions in the interim period before referral is accessed.[13] Home-based interventions by trained parents have been shown to be equally effective to those offered by clinicians, and ongoing research will seek to validate this tool and determine its short and long term impacts.[13]

New and Enhanced Collaborations

Legal Advice

Families faced with social inequities that influence child health – such as inadequate housing, immigration challenges, and unstable employment – often benefit from legal assistance. Unfortunately, families may be ineligible for legal aid assistance and unable to afford legal counsel. In response, Pro Bono Law Ontario at SickKids was established to provide free legal help to economically disadvantaged families of children treated at the hospital. Over a one-year period, the program provided 360 consultations for issues including domestic violence, child support and custody, immigration law, disability and family welfare, and health insurance.[14] The program proves that many low-income families can benefit from the advice of a legal professional.

Community Health Centres

Given the difficulty that low-income children and families have with accessing conventional as well as multidisciplinary medical care, alternate models of healthcare delivery are needed. Community health centres (CHCs) are an excellent model, as they offer interprofessional care and engage the community on relevant priorities. CHCs work together with other community agencies to provide culturally appropriate care and address the specific needs of the community. CHCs are increasingly recruiting community paediatricians as consultants in order to offer high quality, multi-disciplinary care, and physicians have made a unified appeal to try to attract more paediatricians to community health centres.[15]

New Sites of Care

School-Based Clinics

Inner city families often face significant barriers in accessing healthcare, including issues with transportation, cultural and language barriers, lack of healthcare benefits, discrimination and stigmatization. School-based healthcare clinics have been proposed as a solution to improve children's access to healthcare services. The Toronto District School Board and St. Michael's Hospital launched the Model Schools Paediatric Health Initiative, which established a school-based clinic in an inner-city elementary school in Toronto. Two-thirds of families who qualified enrolled their children in the clinic, and one-third of those children attended. Three-quarters of patients seen at the clinic received a new diagnosis. In particular, developmental diagnoses were made in a large number of children.[16]

Clinics for the Uninsured

Paediatric residents at the University of Toronto initiated a paediatric consultation clinic for medically insured children and youth at the Scarborough Community Volunteer Clinic. The clinic provides care to recent Canadian immigrants or refugees and failed refugee claimants who are not covered by the Ontario Health Insurance Plan (OHIP).[17] During their six-month pilot project, a variety of paediatric cases were seen, including asthma, amenorrhea, developmental delay, and behavioural problems. Paediatric residents in Hamilton, Ontario, have also initiated similar programs.

Vision and Hearing Screening in Schools

Inner city children face significant barriers in accessing vision and hearing screening. In addition, families may lack financial resources for interventions such as prescription glasses or hearing aids. Lack of identification of vision and hearing problems can have long-term detrimental effects on educational attainment. As a result, the Toronto Foundation for Student Success began a program called the Gift of Sight and Sound that has provided free vision and hearing screening to nearly 10,000 students in Toronto model schools. If necessary, children receive free hearing assistance devices, complimentary optometrist services and glasses from corporate sponsors, and additional referrals.[18] In 2008/2009 the screening program identified and provided referrals for one in four children with potential vision problems and one in seven with potential hearing problems. In 2009/2010, 90% of children with an identified vision problem were followed up by a school-based optometry clinic.[18]

Future Implications

Many social paediatric initiatives have been developed based on best available evidence. Further research is necessary to determine and quantify their impacts. Many of the initiatives involve expanding the scope of practice within clinics and hospitals to address factors that have a known effect on child health such as poverty, delayed speech and language development, and inaccessibility of legal advice. These initiatives may require a multi-disciplinary approach with realms such as social work and law, where partnerships have been shown to improve health outcomes for at-risk populations.[19] Other initiatives involve offering medical care in new settings, such as community health centres and schools, which has been shown to empower communities and promote community investment.[18] Finally, programs that offer medical services to children without medical insurance ensure a standard of care for all children in Canada.[19] While these programs are not widespread, proof of their benefit through further research may lead to greater integration of these approaches into general paediatric care.

Conclusion

After 20 years, and in keeping with societal needs, social paediatrics in Canada has necessarily expanded. Training opportunities have taught healthcare practitioners about the factors that can negatively influence child health and well-being, such as poverty and limited access to healthcare, and how to utilize a social paediatrics approach to address these. Physicians have developed initiatives that work to improve the health of children in the community. Moving forward, the hope is that these programs can be expanded, new programs can be developed, and we can prove to the world that Canada is committed to caring for its children.

Acknowledgements

I would like to thank Dr. Lee Ford-Jones for her guidance and support in the creation of this article.

References

1. Andermann A. Taking action on the social determinants of health in clinical practice: a framework for health professionals. CMAJ 2016;Epub ahead of print.
2. Spencer N, Colomer C, Alperstein G, et al. Social paediatrics. J Epidemiol Community Health 2005;59:106-108.
3. Daneman D, Kellner J, Bernstein M, et al. Social paediatrics: from 'lip service' to the health and well-being of Canada's children and youth. Paediatr Child Health 2013; 18:351-352.
4. Ford-Jones L, Levin L, Schneider R, et al. A new social pediatrics elective - a tool for moving to life course developmental health. J Pediatr 2012:160:357-358.
5. Harel-Sterling M. "How did you sleep last night? Have you eaten today?" Paediatr Child Health 2013;18:513-514.
6. Amiel SK. Antibiotics without food. CMAJ 2010;182:E263.
7. Cameron L, Ford-Jones EL. What I learned as a medical student working with low-income families in Toronto. Winnipeg (MB): The Evidence Network. Available: http://umanitoba.ca/outreach/evidencenetwork/archives/26735 (accessed 2016 Sep. 17).
8. Hepburn CM, Daneman D. Child well-being in Canada: how can we improve on "average"? CMAJ 2015;187:311-312.
9. Daneman D, Stanwick R, Williams RC. The state of child and youth well-being in Canada: not even close to good enough! Paediatr Child Health 2016;21:234.
10. Ford-Jones EL. The kids aren't all right. Winnipeg (MB): The Evidence Network. Available: http://evidencenetwork.ca/archives/4890 (accessed 2016 Sep. 17).
11. Fazalullasha F, Taras J, Morinis J, et al. From office tools to community supports: the need for infrastructure to address the social determinants of health in paediatric practice. Paediatr Child Health 2014;19:195-199.
12. Clinical Tools. Toronto (ON): Health Providers Against Poverty. Available: https://healthprovidersagainstpoverty.ca/resources/clinical-tools/ (accessed 2016 Nov. 9).
13. Moharir M, Barnett N, Taras J, et al. Speech and language support: how physicians can identify and treat speech and language delays in the office setting. Paediatr Child Health 2014;19:13-18.
14. Pai N, Miller W, Chapman LA, et al. Tipping the scales: a lawyer joins the health care team. Paediatr Child Health 2011;16:336.
15. Wong PD, Dave MG, Tulloch T, et al. Community health centres: potential opportunities for community paediatrics. From interprofessional clinical care to board governance. Paediatr Child Health 2015;20:12-14.
16. Freeman S, Sgro M, Wormsbecker AE, et al. Feasibility study on the Models Schools Paediatric Health Initiative pilot project. Paediatr Child Health 2013;18:361-366.
17. Paediatric Resident Advocacy Grant. Ottawa (ON): Canadian Paediatric Society; c2001-2016. Available: http://www.cps.ca/grants-bourses/details/resident-advocacy-grant/report2009 (accessed 2016 Sep. 18).
18. Wang C, Bovaird S, Ford-Jones E, et al. Vision and hearing screening in school settings: reducing barriers to children's achievement. Paediatr Child Health 2011;16:271-272.
19. Suparna S, Ford-Jones E. Child poverty. Ways forward for the paediatrician: a comprehensive overview of poverty reduction strategies requiring paediatric support. Paediatr Child Health 2015;20:203-207.