



Canadian
Paediatric
Society



18 Accolades for 2018

1

Community solutions for systemic challenges.

Over 2 cold days in January, **First Nations, Inuit and Métis Health Committee** members explored urgent issues with public health care providers, physicians, and Indigenous leaders in [Sioux Lookout, Ontario](#). In a gathering co-hosted by the Sioux Lookout First Nations Health Authority, guest speaker **Dr. Kassia Johnson**, a developmental paediatrician from Hamilton, Ont., and Early Years Task Force member, opened an intense conversation on long-term solutions. Children need concrete actions ‘where they live’ to gain equal access to quality care. Participants in the gathering recommended these steps: improving data collection for key health indicators, implementing culturally safe screening practices, and enhancing investments in allied and supportive services—especially for mental health care—with keeping families together as a primary goal.

2

Social paeds are local paeds.

Community-based health and well-being is the *raison d’être* for the [Social Pediatric Hub](#), a comfortable walk-in clinic in the culturally rich, and economically challenged, neighbourhood of Ottawa-Vanier, Ont. As the Hub’s co-director, **Dr. Sue Bennett**, a paediatrician and psychoanalyst with the Children’s Hospital of Eastern Ontario (CHEO), brought her holistic, child rights approach to life in this 3-year pilot program, the first of its kind in Ontario. Child rights, social determinants, and community-based care are also core principles of a new CPS [Social Paediatrics Section](#), formed in 2018. The first President, **Dr. Sarah Gander**, works in Saint John and is a member of the New Brunswick Social Pediatrics Research Program.

3

Solo flight policy grounded! Dr. Radha Jetty, Chair of the First Nations, Inuit and Métis Health Committee, and CPS President Dr. Catherine Farrell, joined Dr. Samir Shaheen-Hussain, a paediatric emergency physician at the Montreal Children’s Hospital, in his #AHandToHold campaign.

With [l’Association des Pédiatres du Québec](#) members, Indigenous leaders, and many allied health professionals, they protested a discriminatory, decades-old policy that routinely barred parents from accompanying a seriously ill child or youth being airlifted to hospital. Their [advocacy](#) “took flight”, and the policy, which had disproportionately impacted Indigenous families from remote Northern communities, is no more. Flying forward, practice is changing to ensure parental accompaniment for minors during urgent medical transfers.

4

Studying complex pain for long-term gain.

Complex regional pain syndrome (CRPS) is a devastating chronic pain condition that is under-recognized in children and youth. But maybe not for much longer. **Dr. Krista Baerg**, an associate professor of paediatrics at the University of Saskatchewan and past President of the Community Paediatrics Section, is lead investigator for a ground-breaking Canadian Paediatric Surveillance Program ([CPSP study](#)). Now at its midpoint, the study tracks data from multiple care centres on CRPS incidence and geographic distribution, possible predispositions and triggering factors, symptom presentations, and times to diagnosis. Study results will help improve treatment pathways, which can include pharmacological, physical, and psychological interventions.

5

A second look at 'routine screens'. The Digital Health Task Force, chaired by **Dr. Michelle Ponti**, is following up their [2017 statement](#) on screen exposure and use in children under 5 years old with a new document focused on school-aged children and teens. Thanks to funding from Telus Wise, this much anticipated sequel got underway with a literature search last May, as debate intensified among journalists and researchers on effects of screen use for this age group. The new document provides practical recommendations for health care providers, who are often asked about the effects of screen use on mental and physical health in children and adolescents, and on family life more generally.

6

There's no life like it. Military life puts unique stressors on family life and individual health, but a 2017 [CPSP survey](#) showed that paediatricians are largely unaware of them. A new [online course](#), released in 2018, intends to help. [Improving the Health Care of Canadian Military Families](#) began with a 2017 [statement](#) by **Dr. Anne Rowan-Legg**, a paediatrician at CHEO with years of experience working with military families at an outreach clinic near Canadian Forces Base Petawawa, Ont. Dr. Rowan-Legg, who is the Special Advisor for Community Paediatrics and Resident Engagement with the CPS, also led a seminar on this topic, with multidisciplinary presenters, at the Family Medicine Forum in November.

7

Accentuate the positive. The **Early Years Task Force** has a new statement on [positive parenting](#), thanks to lead authors **Dr. Robin Williams**, **Dr. Jean Clinton**, and **Anne Biscaro**. At its heart is helping health care providers to promote secure family relationships, engage with parents, and counsel on connective child guidance strategies. The Task Force also surveyed CPS members to gauge awareness of parental adverse childhood

experiences (ACEs) research, and whether they apply such information in everyday practice. Are paediatricians asking parents about their own childhoods, and connecting what they hear with parenting styles and approaches? The answers will inspire a new statement in 2019.

8

Sex (and gender) appeals! **Drs. Kimberley Dow** and **Eddy Lau**, Ontario CPS Board members, kicked off the school year with a [letter](#) calling on Premier Doug Ford and Education Minister Lisa Thompson to halt their rollback of the 2015 provincial sexual education curriculum. In a [follow-up letter](#), members of the Residents Section—**Drs. Natalie Jewitt**, **Amelia Kellar**, **Gordon McSheffrey**, **Hannah Oatley**, **Vandana Rawal** and **Lisette Yorke**—reinforced the need to include consent, cyber safety and gender identity in lesson planning. Public protest and combined pressure from allied organizations convinced government to retain some sex and gender-related issues in the new curriculum, at least for older students. Release of the results of a public consultation—in which the CPS also participated—are pending, along with a revised elementary curriculum to replace the interim program in place for the 2018/19 school year.

9

A last stand for Ontario's Child Advocate. In November, **Drs. Dow** and **Lau**, with CPS President **Catherine Farrell** and Past President **Mike Dickinson**, joined forces with paediatric department chairs in Ontario—**Drs. Ronald Cohn**, **Robert Connelly**, **Ciarán Duffy**, **Sheri Findlay**, and **Sean Murray**—to protest repeal of the Provincial Advocate for Children and Youth Act. Their [public letter](#) to Premier Ford urged the government not to turn its back on vulnerable and marginalized citizens, including Indigenous children and youth, welfare service recipients, youth caught up in the justice system, and individuals with disabilities or mental health issues. Most regrettably, Irwin Elman's last day as Ontario Child Advocate was March 29.





10

Three-way care for ADHD. A trifecta of ADHD statements from the Mental Health and Developmental Disabilities Committee will help improve recognition and care of children and youth with this complex condition. **Drs. Debbi Andrews,**

Stacey Bélanger, Alice Charach, Brenda Clark, Mark Feldman, Clare Gray, and Daphne Korczak co-wrote statement parts that focus on [diagnosis](#), [treatment](#), and [management when ADHD co-occurs](#) with other disorders (which is often). Behavioural interventions, including regular exercise and parent behaviour training, can be important for managing ADHD. A handy [clinical tool](#) helps situate non-pharmacological interventions within optimal, personalized, multimodal treatment approaches.

11

Cannabis counts. After more than 3 years of cannabis-related research, [statement](#) writing and advocacy, **Drs. Richard E. Bélanger and Christina Grant** are turning their attention to [surveillance](#). As principal investigators of a new [CPSP study](#), they are tracking serious and life-threatening events related to recreational cannabis in the paediatric population. This study got underway in September 2018, a month before legalization, and it will measure physical impacts as Canada's regulatory patchwork unfolds over the next 2 years. Risks anticipated in hospital and other care settings include the inadvertent ingestion of edible products and motor vehicle collisions, both of which have increased in Washington and Colorado, where recreational cannabis has been legal for some time. Drs. Bélanger and Grant also co-developed a [podcast](#) exploring how cannabinoids affect the adolescent brain, which has drawn more than 5000 listeners since launching in 2018.

12

Right treatment, right child, right setting. **Dr. Daphne Korczak**, Chair of the Mental Health Task Force, spoke on behalf of the CPS before the [Senate Committee](#) on Social Affairs, Science and Technology in October 2018. She highlighted disparities between the way that we see and treat mental versus physical health conditions, and made compelling recommendations

to strengthen child and youth mental health care services. Early, intensive focus on depression and learning disorders, overcoming stigma and 'treatment hesitation', and integrating evidence-based, publically funded mental health services and programs into schools and communities will help close care gaps. Dr. Korczak is also the principal investigator for a [CPSP study](#) looking at self-harm cases severe enough to be admitted for intensive care over a 2-year period, with results to be published in 2019.

13

Grace under fire. As the co-author of successive [statements](#) on preventing firearm injuries in Canadian youth, **Dr. Katherine Austin** brought strength of courage—and hard data—to the ongoing debate about handguns and assault weapons. Last November, the CPS submitted a brief by Dr. Austin to a [Public Safety Canada consultation](#), showing that firearm injuries are a significant but preventable cause of death for Canadian youth. She recommended measures to more strictly regulate handguns and assault-style weapons in Canada. **Dr. Natasha Saunders**, with the Hospital for Sick Children in Toronto, reinforced these messages when she spoke recently as a witness for better gun control before a [Senate Standing Committee](#) reviewing Bill C-71.

14

An EPIC achievement for vaccines—and their staunch defenders. After nearly 2 years 'on the shelf', the Education Program for Immunization Competencies ([EPIC](#)) is up and running again. **Dr. Noni MacDonald**, with **Drs. Marty Parlmutar, Jill Starkes**, and other vaccine experts, reviewed content in 2018 to prepare for the 3rd edition of this 14-module course covering all essentials of immunization practice and delivery. **Dr. MacDonald**, former Editor-in-chief of *Paediatrics & Child Health*, also spoke to the pros and cons of mandatory infant and childhood immunization at the Canadian Immunization Conference (CIC) in December, and co-authored, with **Dr. Shelini Desai**, a recent [practice point](#) on how best to convince vaccine hesitant parents to 'do right' by children: their own and everyone else's.

15

Overcoming vaccine hesitancy is also the focus of [Moving to Acceptance](#), a new online module and day-long live workshop for a wide range of health care providers. **Dr. Dorothy Moore**, [Your Child's Best Shot](#) author and

Infectious Diseases and Immunization Committee member, chaired a multidisciplinary committee of immunization experts with characteristic precision and finesse. Supported by the Public Health Agency of Canada, they developed two distinct learning experiences for raising awareness and improving counselling strategies in everyday practice. The first live workshop launched at the CIC to a sold-out crowd of vaccine providers.

16

For bringing light to end-of-life, heartfelt thanks to **Dr. Dawn Davies**. Her voice on behalf of children and youth is shaping a uniquely Canadian conversation about end-of-life care and access to medical assistance in dying

(MAID). She chaired the multidisciplinary Council of Canadian Academies expert working group, whose [report to government](#) was released in December. Key ethical considerations and safeguards for any future process were anticipated in a [statement](#) Dr. Davies authored in 2017 for the CPS Bioethics Committee, which she chairs. A companion [podcast](#) she developed with **Dr. Chris Novak**, a paediatric resident at the Stollery Children's Hospital and University of Alberta, was released in December 2017. A year later, it had been listened to nearly 10,000 times.

17

Children at the border, and on the brink. Last summer, **Drs. Tony Barozzino, Mahli Brindamour, and Charles Hui**, members of the Caring for Kids New to Canada Task Force, co-wrote [two impassioned op-ed pieces](#) for the [British Medical](#)

[Journal](#) and the [Globe and Mail](#), protesting the treatment of migrant children and families at U.S. and Canadian border points. The issue has only intensified since. As advocates and health care providers for immigrant and refugee children, youth, and families for many years, they are only too aware of the harms, both immediate and long-lasting, that prison-like conditions can cause. The practice of separating children from parents is particularly egregious, but even in Canada, families are languishing in makeshift shelters, with minimal financial support, and navigating our complex health, legal, and educational systems without aid.

18

Keeping our eyes on T1D. The [Diabetes@School](#) program released four new, 'animated shorts' in 2018 to complete their series of [educational videos](#). Focusing on blood sugar, insulin, physical activity and food, they have had more than 3000 views so far.

Led by **Dr. Sarah Lawrence**, Chief of Endocrinology at the Children's Hospital of Eastern Ontario and Ottawa University, and **Dr. Beth Cummings**, a paediatric endocrinologist at IWK Health Centre in Halifax, N.S., and Dalhousie Medical School, Diabetes@School continues to help change policy and attitudes about managing this disease. Another new [advocacy video](#) on rights and responsibilities describes three pillars of T1D care: safety, support, and inclusion.



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