

# Building Back Better:

## The Path Back to Healthy Vibrant Children and Youth

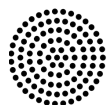
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Children's  
Healthcare  
Canada

Santé  
des enfants  
Canada



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## Executive Summary:

While children and youth have been among those least likely to fall seriously ill because of COVID-19, Canada's eight million kids have arguably been the most affected by this pandemic. Regardless of age, race, or socioeconomic status, COVID-19 and our governments' mitigation efforts to date are having a profound impact on the health and wellbeing of our youngest citizens - an impact that could very well last a lifetime.

A national survey of child health physician leaders, hospital administrators, and family partners conducted by Children's Healthcare Canada between May 25 and 29, 2020, identified two clear actions to prioritize the health of children and youth:

1. Enable timely and equitable access to essential children's healthcare services, including those offered in the hospital and in the community, and
2. Facilitate a safe and timely return to schools.

To that end, federal government leadership is essential to:

1. Source a reliable supply of personal protective equipment for health professionals, young patients, and their families, within and beyond hospitals (for example, in community health delivery settings, and home);
2. Enhance testing and contact tracing capacity to:
  - a. facilitate safe re-opening of the continuum of essential healthcare services, from assessment and diagnosis, to treatment, and
  - b. monitor the impact of the return to school on community spread of the virus;
3. Develop, adapt, or share existing back-to-school guidelines, responsive to local jurisdictions and informed by the health and education sectors as well as parents with lived experience, to ensure a safe and effective return to school for all of Canada's children and youth; and
4. Create funding envelopes for:
  - a. infrastructure to facilitate delivery of virtual services for children and youth (\$95M);
  - b. healthcare delivery organizations serving children and youth to address the backlog of assessments, and elective services; and
  - c. the extraordinary costs associated with retrofitting physical school spaces to reduce the risks of COVID-19 for students and school personnel.

The next several weeks and months will be defining times for all Canadians, including our children and youth. Children and their families cannot afford to wait months or years for essential health services including surgical procedures, outpatient therapies, or home care. Nor can children afford to wait months or years for school to return, so that they can socialize with their friends and learn in a safe environment. Children are, by nature, resilient, but the time has come to implement solutions to ensure their health and wellbeing, or we risk irreparable damage.

# Building Back Better: The path back to healthy vibrant children and youth

As evidence evolves internationally, we are developing a greater understanding of the relationship between children and this novel coronavirus. While the pediatric community closely watches developments associated with multi-system inflammatory disease in children in the context of this virus, the majority of peer reviewed published research still tells us that children are less likely to contract COVID-19. In the Canadian context, as of June 1, 2020 more than 6,500 children and teens have tested positive for the virus, however only 95, or 1.5 per cent, have been admitted to hospital, according to the Public Health Agency of Canada. Of those, 18 required treatment in an intensive-care unit. No pediatric deaths have been reported to date in Canada.

Evidence is also emerging that suggests children are less likely than adults to pass the virus on to others. Researchers at Great Ormond Street Hospital in London, England have found that children appear to be 56% less likely to contract the virus than those over the age of twenty, a finding that supports the idea that children are unlikely to play a major role in spreading the disease. Similarly, preliminary research out of Iceland, the Netherlands and Australia shows a low rate of transmission of the virus from children to adults.

While it is true that kids have been among those least likely to fall seriously ill because of COVID-19, we believe that Canada's children and youth remain those **most affected** by the pandemic, and our collective actions to mitigate the spread of the virus.

Last month, Children's Healthcare Canada, the Pediatric Chairs of Canada, and Canada's children's hospital research institutes submitted a proposal to the Federal Government urging emergency funding to expedite the roll out of virtual health care services in hospitals and within the community, as well as funds to sustain the child health research enterprise, heavily impacted by the economic slowdown. These recommendations were endorsed by the Canadian Paediatric Society and their 3,400 members across Canada. Collectively, we are pleased with the federal government's initial response to both requests. However, to the best of our knowledge and at the time this document was submitted, announced funding for virtual care and health research has not yet flowed, nor have the criteria been established for the allocation of the totality of these funds. We continue to work with federal officials, as well as Canada Health Infoway and the Canada Research Coordinating Committee to ensure children's providers and researchers receive an appropriate and equitable allocation of this funding.

For the purposes of this brief, we will address how COVID-19 continues to impact the health and wellness of children and youth across Canada, and the role for the federal government to build back better – that is, to facilitate a nation of healthy, vibrant children and youth.

Between May 25 and 29, 2020, Children's Healthcare Canada surveyed 60 executive physician and administrative leaders of Canada's children's hospitals, community hospitals,

children's treatment centres, and home care and respite care providers. We also surveyed the Children's Healthcare Canada Family Network, composed of over 100 family partners. In addition to enhanced support for the implementation of virtual care and funding to sustain Canada's children's health research community, two clear priorities emerged:

1. Enabling timely and equitable access to essential children's healthcare services, including those offered in the hospital and in the community; and
2. Facilitating a safe return to schools.

This brief will address both priorities, in sequence.

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## Enabling access to essential children's healthcare services in hospitals and the community

It has been thirteen weeks since most non-urgent, elective (or scheduled) procedures, surgeries and diagnostic assessments abruptly came to halt in hospitals and communities across this country. For children with special needs, most essential assessments and services (such as speech language pathology, physical therapy, occupational therapy, and social work) delivered in the community or in the home also shut down or their accessibility was significantly reduced as the result of COVID-19 and strategies to mitigate the spread of the virus. The disruptions were an inconvenience in the short term, however many families now fear their children are experiencing an irremediable loss of functioning, and/or are observing significant physical and behavioural regressions, particularly in children with neurodevelopmental disorders.

Families are also struggling with decisions around the continuation of homecare and respite services. Many have cancelled nursing services because they are worried about infection risk as the result of clinicians serving multiple families, and the lack of personal protective equipment. Others simply do not have the space to accommodate home care workers or those providing respite care during this time when parents or caregivers are working from home. In some instances, parents or caregivers have had to forgo employment in order to care for medically fragile children, putting additional strain on families. Many caregivers are reporting negative health impacts such as severe symptoms of burnout and lack of sleep (due to providing care to their child twenty-four hours a day, seven days a week). These issues are further exacerbated by the inadequate financial support offered to these patients and their families and the burdensome application process required.

Cynthia Lockrey, a patient advocate and mother of two children with special needs, reflects "kids with special needs are often overlooked in healthcare, education, and in policy development. Yet, by not supporting these vulnerable children today, we are creating a mental health, underemployment and homelessness crisis of tomorrow. Now is the time to invest in these kids to get them the support they need, when they need it most."

Canada's hospitals and other institutions serving children and youth have also been greatly impacted, as most now have a sizeable backlog of assessments, surgical and other procedures to address, in the gradual re-opening of services. Hospital leaders have concerns about these delays in elective procedures, both from the perspective of the impact

on children's health outcomes, but also in regard to the current system capacity to address the backlog. Further, without assessments and diagnoses, children are not eligible to receive services or funding. Some children and families have waited months and even years for these assessments prior to COVID-19, valuable time that can impact their development. With the delays in assessments imposed by COVID-19, these wait times will be even longer.

Dr. Andrew Lynk, Chair of Pediatrics at Dalhousie University, has observed a focus on the backlog of services in the adult care sector, but worries the same attention has not been given to the impact this shutdown has had for children. "If we want to reduce the negative outcomes associated with delayed or deferred services, or the related wait times patients and their families are now experiencing, we will require additional resources to bridge the gap, allowing children's hospitals to operate at a higher capacity than which is possible with current operating budgets." Extraordinary costs will be incurred by hospitals in order to operate longer hours (running diagnostic services, operating and procedural rooms fully staffed after hours and on weekends), in their attempt to meet the demand for services.

Leaders of Canada's children's hospitals estimate it could take up to 24 months to serve children in the queue for deferred elective procedures. New protocols required for distancing, patient/staff screening, cleaning procedural spaces, and donning and doffing personal protective equipment means that most hospitals will operate at a rate close to 70% of their pre-COVID-19 volumes of elective surgeries and medical procedures. Hospital leaders do not anticipate returning to pre-COVID-19 volumes for the foreseeable future.

Virtual care has and will continue to play an important role in service delivery. While many children's hospitals and acute care centres serving children and youth were able to mobilize quickly and implement virtual service delivery, there are discrepancies amongst jurisdictions, and across levels of care. Many community based providers (including those noted above but also community pediatricians and mental health service providers) have not had the digital infrastructure (hardware, software, licenses) to facilitate the rapid transition to virtual care. Children most at risk include those with medical complexity (e.g., cerebral palsy, muscular dystrophy, spina bifida), chronic illnesses (e.g., children with mental health disorders) or neurodevelopmental and learning disorders (e.g., autism and ADHD).

Federal investments in infrastructure and training to support the virtual delivery of health services across the continuum of care, including community paediatricians, means Canada's health systems will have the capacity to serve children and their families closer to home for many years to come. A May 2020 survey of Children's Healthcare Canada members revealed that hospitals and community providers serving children require an estimated \$95M to support the pediatric community's immediate virtual care needs (e.g., hardware, software, licenses).

The capacity of our health systems to thoughtfully and safely ramp up services in the days and weeks to come will be critical to reducing morbidity and ensuring health equity and positive health outcomes for Canada's children and youth. To support this transition, the

role for the federal government, working in close collaboration with the provinces and municipalities responsible for public health, includes:

1. Sourcing a reliable supply of personal protective equipment for health professionals, young patients, and their families, within and beyond hospitals (for example, in community health delivery settings, and home);
2. Enhanced testing and contact tracing capacity to facilitate safe re-opening of essential healthcare services;
3. Federal investments of \$95M, required to support infrastructure to facilitate delivery of virtual services specifically targeting children and youth, and
4. The creation of a funding envelope to assist hospitals serving children and youth to address the backlog of elective services in a timely manner.

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## Facilitating a return to school for children and youth

Canada's children are experiencing a prolonged state of physical isolation from their friends, teachers, coaches, and others as a result of school closures resulting from COVID-19. This isolation is more than an inconvenience. Research tells us that isolation impacts children's healthy physical growth and development, mental health, personal safety, and access to healthy foods:

- Preliminary results from research conducted at SickKids involving 1000 children, reveals a 16% increase in reported social/emotional and behavioural issues associated with the impacts of physical isolation during this "lock-down" time.
- Calls to Kids Help Phone, Canada's national support service for children and youth, have increased significantly. Since the declaration of the pandemic in mid-March, Kids Help Phone has seen 53% more conversations about isolation and 45% more conversations about anxiety or stress. If children or youth reach out to Kids Help Phone about COVID-19, they are more likely to also discuss isolation and anxiety or depression than any other issues. And lastly, 45% of individuals who reach out to Kids Help Phone via text say that school and/or work closures contribute to their distress.
- Calls to child protective services have decreased by 30-40% over the course of the pandemic. The hypothesis is not that abuse is on the decline, but rather teachers, coaches, and others are not seeing vulnerable children as they typically would, and therefore are not in position to report abuse, neglect, and misconduct.
- School closures have also impacted food security for many children and families. Access to breakfast programs has ceased and food banks are severely depleted, causing concern for adequate nutrition over an extended period of time.

Further, based on our knowledge of previous pandemics and disasters, we know that brain architecture is highly sensitive to environmental adversity and as a result, children suffer both immediate and long term adverse consequences. Canada's schools play an important role in helping children remain healthy and well.

Dr. Kathy Bigsby, a pediatrician in Charlottetown, Prince Edward Island and board member of



Children’s Healthcare Canada states: “It is time to address the risks to healthy physical and mental development of children in the face of prolonged school and camp closures, and home confinement. Children are missing out on the critical social interactions with friends, classmates, and teachers that are essential for their healthy growth and development.”

As the evidence evolves within Canada and internationally, it appears as though, in general, children are the safest group to be out in the community. They have the lowest prevalence of infections and the risk of death or severe infection from COVID-19 remains exceptionally low. With this evidence in hand, and balancing the impacts of continued physical and social isolation, Canada’s children’s healthcare leaders strongly favour a return to school.

Dr. Ronni Cohn, CEO of SickKids states, “This virus will stay with us for a long time. We have to learn how to live with the current situation, reduce and mitigate risk as much as possible, yet acknowledge that we likely won’t be able to eliminate risk altogether for some time.”

This perspective is echoed by Kathy MacNeil, CEO of Vancouver Island Health Authority, who shares, “The risks to the mental wellbeing of children and youth are compounded by the stress of an ongoing pandemic and changes in routines and structure. As schools work to reopen across Canada, we must not overlook the necessity to make available mental wellness resources to support reintegration and return to classes, particular for vulnerable youth.”

It is important to acknowledge that COVID-19 and the return to school may impact sub-populations of children differently. For example, many have expressed concern regarding the return to school for children or siblings of children with underlying disabilities or medical complexities. At present, the scant evidence that exists suggests that, for these children, the health risks from COVID-19 are not any different from those posed by other viruses, such as influenza. More research is urgently needed to confirm these findings. Nevertheless, guidelines produced by SickKids (2020) for reopening schools in Ontario recommend that the majority of these children attend school as the risks of not doing so outweigh the risks associated with COVID-19 infection and its spread.

For Canada to successfully reopen schools to children, educators, and other staff, health and education sectors must work together with children and their parents to develop innovative, inclusive policy and pedagogy solutions. These solutions need to be flexible in order to respond to localized outbreaks, and guided by community-level evidence and international experience. A proactive approach is thought to be important to minimize the mental health impact of the school closures on the return to school (SickKids 2020). Where foreseeable, schools and school boards should make every effort to address known sources of distress and extend flexibility within existing administrative processes.

To support the successful reentry of children and youth to elementary and secondary schools this fall, federal government leadership is required to:





1. Develop, adapt or share existing back to school guidelines, responsive to local jurisdictions and informed by the children's health, public health, and education sectors as well as parents to ensure a safe and effective return to school for all of Canada's children and youth.
2. Finance the extraordinary costs associated with retrofitting physical school spaces to reduce the risk of COVID-19 on students and school personnel (e.g., spacing desks appropriately, increasing handwashing stations, providing access to hand sanitizers, ensuring adequate ventilation in classrooms and other school spaces, screening for symptoms of COVID-19); and
3. Enhance local testing and contact tracing to monitor the impact of the return to school on community spread of the virus.

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## Conclusion

Children's Healthcare Canada and the Pediatric Chairs believe that children have been the silent victims of this COVID-19 pandemic. There is a perception among many that because children are less likely to experience severe symptoms of COVID-19, they are less affected. We know this is not true.

The next several weeks and months will be defining times for all Canadians, including our children and youth. Children and their families cannot afford to wait months or years for essential health services including surgical procedures, outpatient therapies or home care. Nor can they afford to wait months or years for school to return, so that they can socialize with their friends and learn in a safe environment. Children are by nature resilient, but the time has come to implement solutions to ensure their health and wellbeing.

Policy solutions will be debated by many, as evidence continues to evolve. In addition to leveraging the best available research, we urge governments and decision makers to engage family partners whose experience and expertise must inform the path forward.

Canada's federal government, working in close partnership with provincial and municipal counterparts, plays an essential leadership role in the COVID-19 recovery, and more broadly in the delivery of compassionate, safe, and effective health care for all Canadians. Let's not lose sight of the burden this pandemic has had on our children and youth, and our responsibility to **build back better**.

## About Children's Healthcare Canada

Children's Healthcare Canada is a national association representing all sixteen children's hospitals in Canada, as well as other health service delivery organizations that serve children and youth, including community hospitals, rehabilitation hospitals, children's treatment centres, regional health authorities, palliative care, respite, and home care agencies. In total, our membership includes nearly 250 individual healthcare delivery centres across Canada, in addition to a network of family partners served by these organizations.

[www.childrenshealthcarecanada.ca](http://www.childrenshealthcarecanada.ca)

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## About the Pediatric Chairs of Canada

Pediatric Chairs of Canada represents the Departments of Pediatrics within Canada's 17 medical schools. Collectively they provide national leadership in research and education to promote the health and healthcare of children and youth in Canada.

[www.pediatricchairs.ca](http://www.pediatricchairs.ca)