
**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 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 sponsor, the IWK Health Centre for their ongoing support.

I'm Dr. Katharine Smart, and today I'm absolutely delighted to be speaking with Tatum Wilson.

Tatum Wilson is the CEO of Children's Mental Health Ontario. He has over 20 years of experience in multiple health and social policy environments, including government, academic health science centers and advocacy organizations. His accomplishments are broad, and they include overseeing the development of Ontario's first comprehensive Mental Health and Addiction Strategy, and managing the development and implementation of Ontario's first Poverty Reduction Strategy. Previous roles include the Director of Youth Strategies Branch, Ministry of Children Community of Social Services, Director of Stakeholder Relations at the Council of Academic Hospitals of Ontario, Director of Community Engagement and planning at CAMH and other senior roles in government.

Tatum has an honors Bachelor of Arts in political science from McMaster University, and a Master of Health Science and Health Administration from the University of Toronto. He is a passionate promoter

of equity and social justice issues and a leader in community engagement, communications and advocacy. So, I'm absolutely delighted to have him on the podcast today to speak with us about such an important topic.

As we all know, Children's Healthcare Canada is on a mission to right size children's healthcare systems from coast to coast to coast and across the continuum of care, children, youth and their families are experiencing long and costly delays for essential and time sensitive healthcare services. We'll explore what this means in real world contexts, along with the collective action required to change the way systems work and interact and intersect. Right-sized healthcare systems for children are accessible, equitable, connected, healthcare systems designed for the needs of children, youth and their families. For this episode, we're talking about the very important issue of how we right-size mental health services and systems for children, youth and their families. So welcome, Tatum.

**Tatum Wilson:** Thank you so much, Katharine. It's great to be here.

**Dr. Katharine Smart:** So, you know, you are working, I think, in one of the areas that we know has been extremely challenging, and where we have some of the longest waits and inequities in terms of access to care, and I know that's for a variety of reasons. You know, you've done incredible work. Children's Mental Health Ontario has partnered with children's hospitals, children's health organizations, to advocate for an incentivize mental health systems Integration alignment and to try, ultimately, of course, to improve outcomes. So, we're really excited today to talk about this innovative and integrated partnership.

So, maybe you could start off for our listeners just by telling us a bit about how did this coalition of people come together, and what was your creation story?

**Tatum Wilson:** Sure. Thank you. So just as background, CMHO, Children's Mental Health Ontario, we are the member association in Ontario that represents 85% of Ontario's publicly funded community-based child and youth mental health providers. So, we are always in the business of doing advocacy, sort of engagement with government, other partnerships that go on. And I think, this was, admittedly, prior to my start at CMHO, but I think it was about 2021 in the early days of 2021 when we were well enough into the pandemic, but certainly not through it. And it just became evident that kids, in many ways, were bearing the brunt of the impacts of some of the pandemic. Of course, we recognize that seniors, and particularly those in long term care, were facing quite acute issues and challenges, and the pandemic was quite an impact there, but a lot of the public health elements of and the restrictions that were put in place during the pandemic were really putting this sort of challenge for kids in their life and what they were used to. Mental health issues have always been an issue for kids, but what was becoming clear was that the pandemic, because of school closures, isolation, lack of access to friends and other families and broader family supports, activity, recreation, all those kind of things were taking a toll on kids.

Along with that on the hospital side, we know that cancelation of surgeries regulations related to, sort of, attendance at hospitals and parents and families, being able to be with kids was also having a significant impact there. And so, you know, in a way that is sort of unprecedented, as I understand it, in Ontario, a group of organizations, the five pediatric hospitals in the province of Ontario, along with

Empowered Kids Ontario, which is the similar member association for community based children's rehab services, decided to come together, along with CMHO, to begin to address this issue, and sort of really look at what are the reasons why this is happening, what are the solutions that we could orient and put together to try and address the problem.

I mean, historically, there has always been a challenge with the size of the children's health sector. We are not the largest sort of demographic in healthcare, but we are one that requires unique and specific needs. And a lot of investments that are made are sort of across the board, but often don't recognize the unique challenges and opportunities, frankly, that exist within the children's health sector, and so with that sort of historical challenge, combined with this sort of new and emerging acuteness of the challenge, or acuity of the challenge facing kids, these organizations and the leaders from them came together. It was kicked off with a meeting with the Minister of Health in Ontario, and really just trying to sort of draw attention first to the issue, because we were seeing that kids were waiting too long as they had been already previously, but it was even more exacerbated during the pandemic. And so that was the opportunity to bring these organizations together in a unique kind of way, and I would say unique, particularly because it was a partnership, really, between the acute sector, the hospital sector and the community sector, which whether this is a real or perceived thing, there is often sort of a feeling that those sectors don't always work together as closely as they should. And so, coming together as a group to start to explore what some of the options are for solutions really felt like the right thing to do at that time.

**Dr. Katharine Smart:** Yeah, I think it's incredible. And you know, again, I think you've touched on it, because as a, you know, sort of size wise, services for children and youth are smaller compared to adults, a lot of probably power and actually bringing people together across sectors, across organizations, to have sort of that united voice for children and youth, sort of elevating that, I think must have been really important. But I imagine there was things that made that go well, and there were some challenges. So maybe you can tell us a little bit about, you know, what were some of the barriers you faced, some of the challenges, but also what were some of the key facilitators as that partnership developed and matured?

**Tatum Wilson:** Yeah, so in terms of the barriers, I know that there was, I mean, just to be candid, there was some resistance from those of us on the community side about, you know, aligning ourselves too closely with the hospitals. There was a sense always that hospitals already get enough resources. The real problems are in the community. We have been underfunded for years and under recognized. And there was this sort of apprehension about going really into a deep partnership with the hospitals, because it would have been a lot of work, shared work, across all of the participants in this group, which we call the Children's Health Coalition, and a lot of a lot of shared work on that, but not knowing what the net benefit was going to be for our sector relative to the amount of work that was going to be required to go into it. So, I think there was just some, like I said, some apprehension going into it, and just fears that, you know, as always, as people would say, you know, the hospitals will eat up the money and then the community sector will be left behind.

I also think just focus more on the barriers, some of it was about information. And so, hospitals have data and ability to sort of gather and collect information about their wait times and about their wait lists, and they can do it often in a very fast and quick way. Whereas our sector in the community, it isn't quite

as easy. Measuring wait times, for example, or wait times and wait lists in terms of number of kids that are waiting is a challenge in our sector because we don't have sort of the adequate foundations to our data to be able to quickly drop that information. So going into this exercise with differential ability to gather the information that would be able to make clear, the challenge was another potential barrier for the work that we wanted to do.

And then I think another barrier was just, how do we get it on the radar, right? A lot of people think, while the healthcare system is funded, and you know, anything that goes to hospitals also goes to kids hospitals, or anything that goes to the community, would also go to child and youth mental health. But that is not actually sort of always the way that it works, but it also doesn't reflect the reality for care that is required for children and youth. You need to engage families. You need to have other partners. There's interaction with other systems, like the school system or otherwise. And so, one of the barriers was, how do we make sure that we get this on the radar and communicate it in a way that people understand.

In terms of the opportunities, I think that really what it presented was an opportunity to work really closely together and to collectively make the case about the children's health sector. And what was nice about it was that there was no way, there wasn't a way in which people could say, oh, you forgotten about this. Or, well, what about the community? Or, if you do it in the community, what about the hospitals? You know, with all of us, the seven of us that both the people in the organizations at the table, we could, you know, sort of make the case that we were covering a broad swath of the children's health sector, generally, which is not to say that it's perfect. There's other areas that could be added to this group in time, but we were able to say that this represented all of the needs of kids. And then we could start to make the case about why we could have, why it is necessary to make the kind of investments that we were asking for.

And then the other thing about that opportunity is that we were able to craft out a request or a business case, whatever you want to call it, for government, that we could arguably say this covers the whole swath, right? Community and hospitals, again, not everything, but a significant portion of it. And that the data that went into the creation of our business case was we were able to say, you know, if you do this, this will really move the move the needle on services that are required and are available for kids.

The other opportunity that we had was it was a neat way to explain the impact of lack of access and lack of services and lack of resources in the kid’s sector. You know, I always use the sort of anecdote that if you are a senior citizen who needs a hip replacement, your life can become marginally more uncomfortable the longer you have to wait for it, but there's not sort of a significant impact on the overall trajectory of your life. Whereas, if you're a child who needs some kind of really extensive or reconstructive surgery or something that happens and you, it's identified when you're nine, if you have to wait two years, as sometimes was the case, your whole trajectory can change because the way, if it gets worse, your body is physically growing into this body with the whatever the condition is that needs to be fixed, and the sort of path forward changes. And in some cases, we know that there are kids who had, they had the surgery at the time that they needed, it would have had one path, which they would have taken or but because of their wait, they might have ended up requiring a mobility device or something different, because their circumstances changed as they grew. So, there's a misconception

that children are just sort of little adults or smaller adults. And you know, a wait time is a wait time is a wait time. But that's not actually true, because it can affect a whole set of other factors in your life.

Same with example, even in the community sector. So, kids who require speech and language pathology in the community sector, from children's rehab, if you have to wait two years, that changes your whole trajectory, and not just of your own life experience, but your success in school, your ability to relate to peers and friends. So, there are things that are required that are, in fact, a wait time is not just a wait time. It has a different impact on kids. And so again, back to the concept of the opportunities, having this group together, we were able to sort of come up with a real comprehensive list of what the challenges are that the system is facing and why it was so critically important to fix them.

**Dr. Katharine Smart:** Yeah, I think, you know, thank you for sharing all those perspectives. And I think it's just so powerful what you guys were able to do. And also, I think the willingness you know, as you outlined at the beginning, naturally, there's that apprehension right, about not wanting to lose your piece of the pie, which is a fair concern, but that ability for groups to trust, to come to the table, build those relationships, to recognize like none of us are in this alone, right? The community needs the acute care sector, and the acute care sector needs the community. And ideally, what we should have is paths that are integrated, that move children and youth into those spaces, depending on what their needs are, and then back again. But I think what you guys demonstrated was an actual ability to bring those people, have those difficult conversations, acknowledge those concerns, but also recognize, if we want to move the needle, as you said, on really changing outcomes for children and youth and families, we've got to have these conversations, and we've got to have sort of a “both and” attitude, not an “either or.” And I think that's what's hard sometimes in healthcare, because we have this sense of scarcity, it sort of drives us into feeling like we have to choose between things, rather than shifting to that thinking of “both and” I think, you know, to me, it sounds like that's what you were able to do at the table, was to bring that vision forward of, hey, you know, we're not, we can't, none of us can operate in isolation, and we can do more and have more impact together. So, you know, what I'd like to ask you next is a little bit about that impact. You know, you've obviously done a lot of advocacy. Been successful, securing dollars. You've been successful in creating these relationships. So, what's happening now? Where are things at? What are some of the outcomes of this work, and what are you're hoping for as you move forward?

**Tatum Wilson:** Yeah, so I mean, it was, arguably, it was quite successful. And, I mean, just to back up a little bit to your point about all coming to the table, one of the really nice things is, and I don't blame anyone for asking, blame anyone for asking these questions, but in our advocacy, we would get the question, “okay, well, if you had to prioritize these investments that you've laid out, which ones would you choose first?” And as a as a group, we all collectively, both agreed and did refuse to say, “Well, okay, well, you can start in the hospitals, or if you start in the community, this will be better, or you can prioritize it that way.” Because I think that really what we recognized is, even if one chose to invest, say, exclusively in the community and but didn't address the backlogs that are happening in the hospital, that investment in the community doesn't go as far as it could because kids would be waiting to get services if necessary in the hospital and vice versa. An investment in the hospitals, without sort of filling the gap in the community would mean that there would be still too many kids who are not able to get service in the community and are required to use unnecessarily hospital resources. So part of our point was, you will compromise the value of your investment if you don't do this comprehensively and across

the board, which seemed to work, and it resulted in July of 2023 I believe, at CHEO in Ottawa, the premier and the Minister of Health made the announcement of a $330 million annualized investment in the children's health sector, which was, was truly unprecedented. I mean, it was that, both in scale and size, also that it was annualized and not just one time funding, but also to sort of take a proposal that crossed so many sectors, and the openness to being able to do that across the sectors was really, really welcome and quite new at the time. So, I would say, you know, a lot of gratitude on our side, from for the government, for seeing the challenge, understanding the business case and being willing to make that investment. I can't speak specifically to all the investments that went on to the hospital side, but for the child and youth mental health sector, we were really grateful for that investment. It was, I believe, about $46 million that came from the $330 million that was intended to go to children and youth mental health services.

So, I think a couple things in terms of the benefits and what we've seen. One is, I can't stress enough that the value of even just the recognition, so just sort of acknowledging that there's a problem is a real motivator for our members and all the staff working within our agencies to really see like, Okay, well, the government sees the challenge that is before us, and we recognize or we see that they've recognized it, and that is a motivator to try and do the work that you want to do. I will say there is the specifics. We are not yet in a position where we can say, “Okay, well, we've dropped the wait time down by this much,” or “we've removed this many kids away from the wait list.” But part of that is because what we also chose to do was to take this investment and not just sprinkle money everywhere, but really to try and use it to transform the system. So, where that money has landed is primarily through a program called the Ontario, which is now named the Ontario Intensive Treatment Pathway, both as a result of our sort of exploratory understanding where the challenges were in the system and a result of the pandemic, but also a result of long wait times prior to this point. A lot of kids without the ability to get access when they are in the sort of mild to moderate phases of their mental health challenges end up because of wait times with more acuity or more intense needs. And so, what we have realized is that if we are going to really build out the system, the focus of this new investment was to be on intensive treatment, because that is where there is really still kind of a piecemeal approach. Your ability to access services is not universal across the province and the wait list in that area in that regard, but also the urgency to address those issues are greatest. And so, this Ontario intensive treatment pathway will be a new way to both organize and reorganize the sort of distribution of care for intensive treatment, all with the goal of bringing sort of the right type of care to the right place and at the right time.

And I would say, you know, there will not ever be a world where everyone will be able to get all levels of treatment in the agency that's closest to their home. Again, we've talked already about how the numbers of kids by volume, just aren't big enough to sustain that across the province, and it wouldn't be an effective use of resources to try and make sure that everyone could get it everywhere in every agency. So, what this Ontario Intensive Treatment Pathway is going to do is to move towards a place where kids are able to get care closer, to as close to home as possible, within the context of using the resources efficiently. But what that also does is it creates expertise. It creates sort of sites where people will have the ability to treat the most acute kids. They can also pass down that knowledge to other agencies, where as kids are moving on their trajectory towards that intensive level of treatment, perhaps they will be able to see and have their issue dealt with locally because of resources or information shared with from the more centralized area of service.

Intensive treatment is complicated. Intensive treatment can happen in a in a clinical setting, but also sometimes you need live in treatment. So, this is another area that this investment is going to be looking at, is where we have services that are required for kids who can't stay or remain in their home because of the complexity of their needs. So, that is sometimes called residential treatment. Sometimes it's called out of home care, or sometimes live in treatment. So, I'll just use live in treatment to cover that off. Right now, we have, again, whole swaths of the province that don't have live in treatment available. So, if you are in need of live in treatment, when you live in the north, like in Thunder Bay or something like that, you may not be able to get that service anywhere close to you, and may have to come as far south as Ottawa or Hamilton or something like that to get that care, which is not a standard of care that kids who need live in treatment need to have. And again, as I've already mentioned that you know. Being close to home and caregivers is really important. So again, the goal of being as close to home as possible.
So with this investment, which is requiring a lot of planning and a lot of transformation of our system, we are now starting to begin the process of really articulating Where do these services need to be, where does the hub of expertise need to be in the province and distribute it so that you can have, whether it's on a regional basis or otherwise, you know, the availability of intensive treatment, where that expertise can sit, but then also share that ability and that knowledge and the care down into the community level, so that when you need it, you can get it as close to home as you can. It is still a long road until that we see, really the transformation of the system, but I think again, it speaks to sort of the historical gaps that we've had and how we haven't had the resources to properly set up a system where all you need is money. But what this does take is it takes the required investment, which we've received and we're really grateful for, but also beginning to transform the system in a way that can meet the needs of kids and families as best as it can.

**Dr. Katharine Smart:** Yes, as someone who works in a part of the country where there is no live in treatment, as you're describing, or close to home treatment for intensive mental health concerns, I certainly understand the importance of that in that build out. And again, just that importance of how do you link people, right? How do you identify which children you need that level of care, and then when they're when they're done and they're doing better and they're ready to come home. How do you integrate them back into their homes and communities and just again, that that to and fro and sounds like you, your group is really doing that work to understand that and make sure that those transitions are as close to home as they can be and as seamless as they can be.

I'm just wondering, you know, for our listeners, some of whom may or may not be as familiar with some of the things we're talking about, can you just maybe give us a little synopsis of, you know, when you're talking about intensive treatment, like, what kinds of kids and youth would this be? What kinds of problems are you addressing there in that, in that part of the healthcare system?

**Tatum Wilson:** Right. So again, I would be the first to say I'm not a clinician. So if I, if I this is sort of the general narrative and just general understanding that I have of these, of these challenges, but they might be someone, a child or youth, and again, I will, I use the term kids, which I don't mean disparagingly at all, but children or youth, or kids who are in these situations, and they might be experiencing severe depression or severe anxiety, they may have dual diagnosis. So, it might be a child who has who is, is autistic or, and also experiencing some type of mental health challenge. And so

often it's the sort of conflation of these conditions that might lead them to needing intensive treatment. There's other things like, like severe self-harm might be an issue that requires live in treatment. So, I mean, these are, as you know, there are children and youth who are doing their best to manage with the issues that they have. But there are times where they do need to end up in live in treatment, because the need is so intense. Sometimes, unfortunately, harm to themselves or to their families becomes an issue. So, there's a safety issue that also needs to be contemplated. And then there's also a way in which they when you end up in in live in treatment, it's because you are surrounded by a care team that is has a treatment plan for you, has also, ideally, a discharge plan for you, has a relationship with your caregivers, if that's your family or otherwise, where they can sort of keep people up to date. They can plan that discharge so that when you leave the intensive treatment services that you're involved in, there is a path that can come away from that.
Sometimes these are kids who do require a hospital stay, just to sort of to calm down the challenge, or just sort of stabilize and then from there they can go, there's programs called Step Up and Step Down, and it is literally to step up into hospital care or step back down into community care, as is required. And so really, that's what we're looking at, is what that pathway is from, you know, first diagnosis or identification of an issue, where you need to get the care that is the right level and is appropriate for you, and then what you the way that you move through and within that system. And so, yeah, I mean, I think that these are these are kids with a range of complexities and a range of needs, but when the system is set up so that they can get the care that they need, including the caregivers around them, it can often be very successful.

**Dr. Katharine Smart:** Absolutely. And again, I thank you for that description, and hopefully what that also helps our listeners understand is just the true complexity of what you're talking about, right? All those points of contact, all those moments and opportunities for things to move ahead, to pull back, and just what it must be like to try to integrate something like that across a province as diverse as Ontario, with the different population centers and needs. You know, I think you can really appreciate that having a well thought out integrated pathway is going to make a huge impact. But also just what you know, what a challenging thing this is to actually execute on, because, you know, as you've described, it's complicated, and it's not just involving the patient, right, that the child or the youth is the patient, but around them, their caregivers, their community, their schools, the other systems that involved with them, and that's what can make clinical care of kids in this situation so difficult, but also so rewarding when it works well. And as you say, many children do start to do much better, and they can return to their communities and their lives and get back to being a child or a teen, or whatever stage of life they're at. And that's the reward, for sure.

So, thank you for taking that on, because I know how, as a clinician, how challenging that area can be, but also the reward and opportunity to change that trajectory, right? And you know, and I think you touched on that at the beginning. That's what's so important. And I think why all of us who work with children and youth feel so passionate about it is we really are talking about life trajectories and opportunities, often to have an impact on what that looks like, and that has a lifelong impact for the people that trust us to care for them. So, it's really matters and it's really meaningful.

So, what's next for you? You know, you've taken on these huge challenges, as you said, but what are the ongoing coalition priorities related to child and youth, mental health and healthcare, and what not. Where are you guys kind of seeing your next steps as you move ahead with these audacious goals?

**Tatum Wilson:** Yeah, I mean, I think a couple things. So, one is the job is not done. I mean, we are very, very grateful for the investment that was made, but the system is not right-sized yet, right so, I mean, I think that that will be continued advocacy around the need to continue to invest in children. The other thing is, I think, also to remember that, in that absence of it being right sized, to keep doing the ability to do the analysis about, where are the wait times, what is causing them, how can we have more partnerships? One of the things we have a lot of is we have, we have pilots. For example, I mentioned that Step Up and Step Down program, that there's actually three of them in the province, I think, I think it's three, but no, certainly no more than five. And what we want to look at is, well, what's working about Step Ups and Step Down in those communities that we can then model and scale out to be effective across the province. So those kind of things, like taking the successes this, this Ontario Intensive Treatment Pathway program, you know, how can we make that work? And then how can we apply it, the concepts of it, across the full spectrum of mental health care for children and youth. I think the other area that we are exploring as a Children's Health Coalition is who is not included, yet, when we look at the five pediatric hospitals and the two member associations that are part of it. I don't yet know off the top of my head what that looks like, but you know, that's something that we need to explore, as well as what are the intersections of other services that relate to children and youth generally? So, I mean, I think specifically in our sector, there's a lot of overlap between child and youth mental health and child welfare, child and youth mental health and youth justice, developmental services, kids with autism, those kind of things. So, I think as a CHC, we are also contemplating exploring, sort of, how do we branch out, not specifically just around health, but how do we advocate to be, how do we become advocates for the sort of partnering systems that all play a role in the reasons why kids end up into our, into our sector. So, I think that those are the main goals is just really looking at how to keep kids on the radar, and how to how to be sort of forward looking to avoid finding ourselves in this situation seven or eight years from now, again, where because of a lack of sort of targeted and specific events investments for kids, we have find ourselves behind again. So, I think those would be the broad goals, but I do think, I think there's a lot of opportunity. And I think, you know, increasingly, people are recognizing that when you invest in kids, it is not just good for the kids and the right thing to do, but it's good for the system. So, we are trying to make that case, and we'll continue to do so over the coming years.

**Dr. Katharine Smart:** I think you've really described a model that other provinces and parts of the country can, and territories, can really aspire to, right? You've really articulated well that we need to look at children and sort of all the people around them, the different services that involve the people in the community, their caregivers, their family, members, of the different points of social care that they interact with. You know, it's complicated, and you've really described, I think, a model that's really trying to understand that. So, that work, I think, is unique. It's inspiring. I think it's something that a lot of us see, but maybe aren't in systems that have gotten as far down the road as your team has in terms of where you're at in Ontario and trying to execute on this. So, if you know, for people that are in BC or Alberta or the Yukon or you know, Nunavut listening to this, what lessons would you say that you've learned that would be important for them to take away if they want to spread and scale a similar model in their province or territory?

**Tatum Wilson:** A few things. I mean, I would say one is, you know, find the people who are willing partners, right? Don't start by trying to, you know, get everyone at the table or figure it all out. You

know, do some exploration, see who's willing to do this, modeled after the Ontario example, or whatever makes sense in the local context.

I think another step is to really build trust. I think that that is the first point, right? This is not, it is like we've talked about already. It's a unique coming together of different organizations that don't typically or historically always do it. And so, you want to build trust that you are in this altogether, that you will share your commitment and your prioritization of all of the collective issues that are raised in that way, I would also say that in this case, it was in many ways, the leadership being at the table. So our Children's Health Coalition is not sort of a set of staff who attend and represent their CEOs. It is, in fact, the five CEOs of the hospitals and the two CEOs of the member associations that are part of it. I mean, we bring in staff as necessary, but I think having that leadership from the centre, or the top, however you describe the hierarchy, was critical because it meant that it was a priority for each of our organizations, and it meant that we all knew that decisions that were made at that table were the decisions that we're going to be moving forward with. So really bringing the leadership together.

I do think, whether fair or not, from an advocacy perspective, having a, you know, having a letter to the Minister from five hospital CEOs and two CEOs of the organization is different than a sort of a nebulous, unnamed sort of coalition of people. So, bringing the identities and the personalities of the of the players in this in this collaboration, I think it's really important, and does make a difference from difference from an optics perspective and in some ways encourages the government to take it more seriously, because they know that this is, in fact, the leadership of the sector that is coming together to speak for them.

From an approach for advocacy, I mean, I think that one of the key things that I think makes a difference is there is obviously the moral imperative to do this right. Kids deserve the best from our health systems, kids and their families. And I don't know anyone that would disagree with it. But if there is a need to shift the framing, the economic imperative is probably as great as it would be in this area, compared to any other part of the health system. If you invest in kids right now to improve their capacity and their outcomes, their future will be better, and they will not be a burden. I don't like that word talking about kids in that way, but the reality is, they will not be a financial burden on all of government resources down the road if you address these issues early. And so, we have this uniqueness of kids that if you actually get to them at a certain time or by a certain time, you can there's a huge preventive factor as well, again, for their own lives, but also economically, for the limited resources that any government has. So, whatever the requirement is to frame it, whether it is, again that moral imperative, or if it is the economic imperative that makes the case, we would, I would highly recommend that that is an approach, and it has the benefit of also being true, but like that, it will reduce the burden on systems down the road if you are able to address the needs of kids right now. And it's important and it's inspiring. I mean, when you see it come to success, it feels good. So, remember that what the long-term goal is, as you're sort of in the trenches trying to do this advocacy, that the outcome really is quite meaningful for the people that we are all you know in this business to serve, and that's kids and their families. So yeah, there's so much opportunity, and if it's framed properly, I would say that's the best way to go about doing it.

**Dr. Katharine Smart:** Yeah, absolutely. And I love your framing, and I think it's so powerful. And again, I think what's beautiful about it is this is an example of something where the sort of moral imperative

aligns with the pragmatic reality of the benefits. So those two things dovetail beautifully in the space around children, youth and their families and their health. And I think that's what makes this such an exciting area to work in for all of us, is we feel good about the work we do. We know it's important, but we also conceived just purely from a pragmatic perspective, it's what makes sense. So, it's a hard argument to ignore.

So lastly, I'm going to put you on the spot just before we conclude here. You've said so many things today that are amazing. But if you were in the elevator with you, know you had the ear of the leader who was making the decision, and you had to kind of distill this argument into a 30 second pitch about why right sizing children's healthcare is so important right now, what would you say to them?

**Tatum Wilson:** The short answer is, pay now or pay later. I mean, if, like, I've just spoken about this a little bit already, but if you make this investment now, it will save money later. And you know, candidly, not that I disagree with these arguments, but you know, some people say, if you know, if you invest in full day kindergarten, you'll reduce the number of kids who end up in the prison system 20 years from now. If you invest in children's healthcare right now, and specifically in the community and in the hospital, you can do in year savings for how on the system, because it becomes more appropriate use of the emergency room. It becomes more appropriate use of hospital resources. Kids are better and able to attend fully school. Parents don't have to leave work. You know, there's all these sort of trickle down effects that are not 17 and 20 years down the road, but they are 9, 12, to 18 months down the road. So that would be my pitch to anyone if whatever your thoughts are on the value of an adequate children's health sector, if your focus is on the economy, then this is the best way to do it.

**Dr. Katharine Smart:** I love that. I'm sold. I would invest, for sure.

So, thank you so much, Tatum, it's been an absolute pleasure speaking with you today. Really inspiring, and I think such a great example of actual action, where something's actually happening, and those changes are in front of us and those opportunities. So, thank you for sharing that incredible work you're doing in Ontario and hopefully it inspires our listeners to consider that path wherever they're listening from.

**Tatum Wilson:** Awesome. Thank you, Katharine, and thank you for your attention to this. We're all really proud of it but we also know that the work is just getting started. So thank you so much.

**Dr. Katharine Smart:** Absolutely, and I'm going to look forward to following your path and your successes.

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