

SPARK: Conversations | Season 5, Episode 13

Federal Election 45 Results: Impact on children, their health, and healthcare

With Special Guests:

Danielle Flieler
and
Jim Armour



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Transcript:

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

Dr. Katharine Smart: Welcome to SPARK Conversations, Children's Healthcare Canada's monthly podcast series this year. The SPARK Conversations is dedicated to conversations about right sizing children's healthcare systems. We are grateful to the IWK Health Center for its ongoing sponsorship of SPARK Conversations podcast right sizing series. I'm Dr. Katharine Smart your host for this podcast, and today, I'm very delighted to have two really fantastic guests with us that are going to help us unpack the recent federal election and what it means going forward for health and children. Danielle and Jim. Welcome to the podcast.

So let me tell you a little bit about these guests. So, we have Danielle Flieler. She is the Manager of Federal Government Affairs with Santis Health, where she provides support to a wide range of federal, provincial, territorial and national clients throughout Canada on policy support, advocacy and public affairs. Prior to her role with Santis Health, Danielle was the Senior Development Manager at Research Canada.

Jim Armour is a Managing Partner at Summa Strategies, a government relations and public affairs firm based in Ottawa. Jim is the Vice Chair of the Board at Children's Hospital of

Eastern Ontario, Greo Evidence Insights, Eating Disorders Nova Scotia, and he's also the Chair of the Ottawa Convention Center.

So obviously, there's lots more to know about our guests, and there's fulsome bios for both of them on our website, ChildrensHealthcareCanada.ca, under SPARK and then Podcast. So if you want to learn more, you can look there, but we have a lot to talk about today, so we want to get right into it for our regular listeners. What you know is that Children's Healthcare Canada is on a mission to right size children's healthcare systems. In this episode, we are going to be talking about the outcome of the recent federal election and how organizations like Children's Healthcare Canada can be effective advocates on our mission to right size healthcare systems for kids. So, thank you. Danielle and Jim, thanks for being here today.

Jim Armour: Thanks.

Danielle Flieler: Happy to be here.

Dr. Katharine Smart: Great. So we have a new government. Lots of things happening in the world, lots of things happening in Canada, lots of things on the minds of Canadians, I think. I'd love to hear from each of you a little bit about what you think Canadians should be thinking about right now when we think about the new government, what are some of the key portfolios that we're seeing and who are some of the key players in this newly named cabinet? So maybe Danielle, I'll start with you and then go to Jim.

Danielle Flieler: Sure. So, I think one of the bigger takeaways, especially from the health perspective, is, if you take a look and you're trying to see, you know, what can we learn from this new cabinet? What are the priorities of government? You can kind of get a glimpse into this because of the ministerial titles, which I don't want to oversell as that important in terms of what they're going to be focusing on, but it does give us a little bit of insight into optically, what the government wants to show. And if you look at the adjusted titles from the previous government, they are heavily economic focused. So, you can see throughout that there's a lot of emphasis on where the economy is, and then I think immediately can see from health, the biggest change is that there is no longer a Minister of Mental Health, so that has been collapsed back into just the Minister of Health. And then also there's a change, and now we have Secretaries of State, which, for people who aren't super savvy when it comes to government relations is essentially like a junior Minister, and they're going to be focusing on a few files that are, I think, specifically important to the ministers for so for example, there's a minister, sorry, Secretary of State of Seniors, and in this case, I think relevant to CHC, there's a Secretary of State for Children and Youth. So, there's some opportunities there, I think you can immediately see, but I think this cabinet's pretty reflective of what we saw Canadians caring about in this election, which is the economy first and foremost. And then I think overall,

you can see there's a lot of new faces, which I think we all knew was going to be part of. Mark Carney's job is to infuse this with a new government, but there are still some of the familiar faces, like Melanie Joly and Minister Champagne, who are from the previous government as well. So, I don't know, Jim, if you have more to add to that.

Jim Armour: Yeah. Well, it really isn't a new government, which is, is my takeaway. So, you know, when I, when I look back at the election and even the months that preceded, you know, if I had put money on what I thought the likely outcome would be in, say, January, I'd be living on the street now, because I would have lost my house and everything that went with it. Because, you know, at the time, the Liberals were, you know 25, 27% down, down in the poll. So it, it really did look like a like a Conservative government. And then, you know, with the election of Mark Carney as leader, certainly with a lot of help from Donald Trump and tariffs, the entire game changed. And, you know, Mark Carney turned a defeat into almost a majority government. So, you know, I think if you're looking for how he's going to govern, you need to kind of look at how he actually won, which was meeting the moment, meeting the threat of the tariffs in the south, worry about Canada's existence and anything that went with that. So, you know, I think very much at least the top priorities are going to be reflective of why he actually got in power in the first place. And you sort of see that a little bit in the cabinet, the folks that he's put in various positions and in the cabinet communities as well.

Dr. Katharine Smart: Yeah, absolutely. It is really, absolutely fascinating outcome, I think. And I think really interesting, Danielle, you know, your reflections on how the economy's been prioritized, and I think that's something we're really realizing in the healthcare sector, especially with children's health, is how important it is to try to bridge that understanding for people that a strong economy means a healthy population, and obviously that starts with healthy children, because we're not going to have a strong economy on the go forward if we don't have a population that's healthy. And that sort of takes me to my next question for you and your thoughts. You know Prime Minister Carney has spoken directly about his vision for a strong public health system in the context of protecting values that define Canadians. What do we know about how Carney and his team plan to bolster public health capacity and support investments in healthcare infrastructure?

Jim Armour: Well, I mean, we know some very broad strokes, but we don't know an awful lot of detail, right? So, they identified a few things like, you know, lack of primary care physicians or just primary care teams across the country as a concern. HHR issues as well. Infrastructure was identified, though, you know, it seemed largely focused on hospitals, clinics, long term care. So, you know, there's a few markers in there that we can, we can look to, but a lot will come. A little bit more maybe come from the Speech from the Throne, but a heck of a lot more will come with a with the Federal Budget, which I think everybody, I mean, I certainly expected. I'm not, you know, never look to me for betting tips, because I would have bet also that there

would have been a Budget before we got too far into June. But it looks like that's been moved to the move to the fall as well. So, we kind of need to see some of these things, maybe mandate letters, if they're released publicly, which they have in the past, but there's no guarantee of that, that that maybe be able to tell us a little bit more of what they have planned. But right now, it's just fairly broad and there's not much detail.

Danielle Flieler: Oh, sorry, um, I was gonna say just adding today, I think that's a perfect sort of look at what we kind of do know, an interesting takeaway, though, if you look at the Liberal platform, because that's about all we have to go on right now, to Jim's point, so how much they'll actually, you know, honor the things in that platform we don't know. And mandate letters would be very helpful with that. But is some of the pieces, like infrastructure that you mentioned, are actually predominantly Provincial jurisdiction. So also, some of the things in these commitments, the question is also, how are they going to do these things, and how are they going to work with Provinces and Territories? Because it says in the platform that they will support co-investments into these things. But what does that actually look like? If you're thinking of Quebec or Alberta, what, you know, they usually look at what strings are attached with federal funding. So, there's going to be questions around how this all sort of works together. Also a question would be, is something like infrastructure for a hospital? Does that come from Health Canada, or does that come from their broader housing budget as well? So, I think, to Jim's point, the Budget will be extremely helpful in helping us determine where their priorities are and where the opportunities are and challenges. But there's a lot of questions, because, especially when it comes to health, and this is something that we are always coming up against, is there's a certain level where it becomes a Provincial and Territorial jurisdiction, and a lot of the platforms in public health, sorry, a lot of the commitments in the platform related to Public Health often are connected to the PTs, and it says that right in there, they have to work with them, but it's not clear how that will happen.

Dr. Katharine Smart: Yeah, absolutely, you know. And I think it's important for our listeners to reflect on that right we know that largely the Federal Government is a funder of healthcare through the Canada Health Transfer Agreements. And what we've seen, I think, over time, is often that funding is kind of no strings attached, or certainly lacking in accountability in terms of where those investments are made, and that's been a challenge in terms of trying to get the country moving in a certain direction when it comes to improving our healthcare system and and what we've certainly seen in the children's healthcare space is these Canada Health Transfers have often missed the mark when it comes to healthcare funding serving kids, and that that money is actually protected to bolster the children's healthcare system. So, I'm curious if both of you, if either of you, see an opportunity forthcoming to sort of protect those investments specifically so that they are utilized to right size healthcare systems for children.

Jim Armour: Well, maybe, maybe I'll start with just the challenge first before, you know, I sort of see where I see some opportunity, but I mean the challenge... So, we talked a lot about, you know, what is in there about healthcare, as far as the government's agenda goes, the liberal platform, but I think we have to be just realistic on where healthcare ranks in the priority list. And then on top of that, where, where children's health, you know, ranks in the healthcare list as well. Because we kind of face a, kind of a double challenge, or a double whammy, right? And, you know, despite the fact that most Canadians will put healthcare high on their list of priorities, I don't think for a variety of reasons it's high on this government's list of priorities they want to rethink or reshape the entire economy. Look at the way we do business internally, find new trade partners and all of these things. And you know, if I look at the new Health Minister, while I understand she's incredibly well thought of within the circle around Mark Carney, they've got a lot of faith in her, she is a rookie MP, a rookie Minister, not a huge amount of background in in health. So that doesn't scream this is a priority for me as Prime Minister. And then if you look further into the Cabinet Committees, which was kind of like the under the hood stuff, healthcare is in something called Quality of Life and Well-Being, which is chaired by the Minister, the current Minister of Culture, Steven Guilbeault, who was former Minister of Environment, co-chaired by the current Minister of Environment, Judy Dabrusin, and includes Ministers of Agriculture, Fisheries and other things, and the Minister of Health. So again, I think we've got to fight for healthcare to be a priority, and then we've got to fight doubly or triply hard to make sure that the voice of children is heard in. So that's maybe enough, Debbie Downer talk for me, Danielle, probably perk everybody, and then I can come in with a few optimistic things.

Danielle Flieler: I don't know if I can help with not being a Debbie Downer, because I agree. I think that theme, unfortunately, for this podcast, get into some opportunities too, is this, this is this is not a priority for this government. And to Jim's point, it's been pretty clear in a number of ways, health generally is not a main priority for government. It's not something they typically run on when it comes to elections. Going into this in 2024, health was third on voter issues for Canadians, it fell to fifth by April. So, they're, they're, all the government is also reflective of what Canadians care about. And so, when you're thinking about influencing government and shaping government, you have to think, what do Canadians care about? Because that's what they're thinking about also, and they know that healthcare isn't a top priority.

So what is the priority? We know the US relations has taken a lot of focus, where maybe health could have been in previous elections and governments, and then defense is also increasing as something that they're really focusing on, that I think, don't think we've seen in recent years. I think the economy's always up there, but now it's more pressure in terms of affordability and the relationship with the US has really changed the way that government is sort of looking inwards from a provincial perspective, you know, aligning more between and within Canada. And then again, they're looking at, how do they bolster Canada? How do they

do they make us more resilient, mostly from an economic perspective, and I think we can get it into it later, but that's, I think, where some of our opportunity is when it comes to health.

But in terms of going back to your original question, Katharine, because I don't want to lose that thread, is the Canada Health Transfers are something that I think a lot of stakeholders do always see opportunities in, but is a pretty big high bar ask, I would say, in terms of asking that to be specialized. For one, going back to the topic we were just talking about with the provincial jurisdiction and strings, it's always the challenge of the federal government to be working with the provinces and to be telling them where the money can go. And then also, recently, they've given them a lot of money for the Health Canada Transfer. So, in 2023 if you recall, in response to the sort of demands from the provinces and territories, they have a 10 year health funding plan, and that included an immediate \$2 billion dollar top up to the CHT. They also have a 5% annual escalator on the CHT for five years. And then as part of that, where you have more of the specific agreements with a little bit more tailoring, it's 25 billion over 10 years in the agreements, and that covers family health services, health workers and backlogs, mental health and substance use and modernizing health systems. And this all comes as a mix of some previous funding as well. So I think, to answer your question, it would be a hard ask of government to have a different amount from the Canada Health Transfers focus on children, because you can sort of thread children, I think, throughout a lot of these themes already, and they've already given a large amount of money, and I think within the context that we're talking about with health not being a priority, that's a big ask.

And so, I think trying to be realistic, I don't think this point in time in government is the time to do that, because I think they could easily default to saying, "Well, we have the working together agreements. We gave you this pot of money." Both sides of the policy of the political parties during the election say, said that they would honor these commitments. So that's, you know, I think that that's part of it is being realistic, as a lot of the CHT has already been accounted for, for quite some time.

Dr. Katharine Smart: Yeah, for sure. And I think it, you know, what I see is so challenging there is the accountability for where those dollars go, right and it's what you were talking about, the strings attached. There's obviously, understandably pushback from provinces and territories on that. And even though we're seeing these huge investments, you know, what are the outcomes that we're seeing for those investments, and I think that's where we really struggle, right? Is that, what is the tangible difference day to day in healthcare, access and delivery for your average citizen based on these investments? And I'm not sure we're seeing that level of change that we'd like to see for that. And I think it is difficult, because even though Canadians care about it, what you're talking you know, just as you've said, there's bigger things that are more pressing for more people at this time. So, it's, it's a challenging piece. And I think until you are in a situation where you personally need healthcare, or someone in your

family needs healthcare, you know, Canadians sort of believe that it's going to be there for them. And even though it seems to be eroding, we don't maybe have the level of national outcry about it that we might expect.

So, I'd be curious, you know, what either of you think about that? Why do you think Canadians sort of accept the healthcare system the way it is currently? Do you think it's just part of our culture? We just sort of are, well, at least we don't have to pay when we walk through the door. What's kind of getting in the way of citizens being more outraged about the state of the system as it is today?

Jim Armour: Well, they crack at it first. I mean, I think it's twofold. I mean, first, it's incredibly complex, and nobody really understands how the how the system works currently, let alone the people within it. Or it's hard to judge improvement, right? Is this going to be better? Is this going to be worse? You know, is it better? Is it worse? So, it's, it's hard to judge these things. And you know, when anybody within the system, you know, asks for more money, the first thing they say after they get the money is, that's a good first start. I look forward to more money down the road, right? So, yeah, it's very complex, but I think, you know, more importantly, Canadians have, now treat healthcare as a national symbol. You know, it's what makes us Canadian. We, you know, we got Tim Hortons, we've got to the railway, but we've also got this, this great healthcare system that we've convinced ourselves, and we've been told, is the best healthcare system in the world, which, of course, it isn't right so, but you know, when you experience something that isn't optimal, or, you know, something that's not particularly great, or you have to wait a little extra, you say, "Well, that was terrible, but it could be worse, because we've got the best healthcare system in the world." So, I don't know how you how you convince people otherwise, because it's so ingrained, but I think that's kind of the double, double challenge.

Danielle Flieler: I think too, um, just jumping on that, and I wholeheartedly agree. I think it's this culture that we have. But I think it's also our relation to the US. We have this idea that okay, but we're not as bad as them, right? We know, we know the stories about healthcare in the US of you know, breaking your leg and then all of a sudden you're going bankrupt, like this is the idea that people have. And until you experience sort of different levels within the healthcare system, we just think, okay, but we can go to a hospital and it's, you know, quote, unquote, free. And so we have this pride that our system's better. But we also then, you know, we are okay for some reason, sitting in emergency department for 13 hours and saying, like, "Okay, well, at least it's free," right? And it's like we're unwilling to accept the fact that this is not the standard everywhere. And I think if it is, our proximity to the US, if we were in Europe, and you can get, you know, a doctor in France... I was speaking with someone who lives there and works for a pharmaceutical company, and she said, you know, you can sort of throw a stick and find a doctor for, for yourself, they're everywhere. It's the access is incredible for a primary

care provider over there and but that's not who we're next to. So we compare ourselves to the US so often, which, you know, is just a theme right now, I think generally for Canadians reflecting on that, so we feel better about ourselves. But in reality, it's not a working system if you compare it to other ones, or at least, you know, there are pros and cons. And I think, to Jim's point, it's so complex. If you say, okay, our healthcare system's broken, where which part? How do we fix it? Which parts work, which parts don't, how do they work together? And then the more you sort of unravel that onion the more complex it gets. And I think that's a hard narrative to get through to Canadians.

Dr. Katharine Smart: Yeah, I totally agree with you, and trying to communicate out about it in a way that makes sense to people and is tangible. And even, you know, pockets of excellence, pockets of challenge. How do you pull it all together? And then the vastness of the country and the different challenges and geographically, etc, it is, it is tough. And I think you're right. We're kind of in a race to the bottom here, and I'm hopeful that we can switch gears.

So that's going to take me to your my next question for you guys, because I think we all agree right this, we're in a challenging time, even though a lot of dollars have been allocated for healthcare, we're maybe not seeing on the frontline that really changing access. We know Canadians do care about this issue, even though they maybe care about other issues more. The exit interviews by Canadian's post-election identified that 29% of those who voted thought it was a top ballot issue. So, it's not the top but it's up there. People care about it. It may have influenced who they voted for. You know, Children's Healthcare Canada and its partners, obviously, have been advocating for the federal government to play more of a leadership role for children in this country because of children's healthcare, outcomes have been declining year over year, and we also feel strongly that links to these things we've been talking about, like a strong economy in a strong country.

So, what can we do like given this challenging landscape we find ourselves in, what can Children's Healthcare Canada, together with other child health allies, do to influence the government to focus policies investments in order to measurably improve children's health, healthcare and outcomes, including timely access to those various experiences in healthcare. Do you guys see any clear solutions or directions that we should be thinking about?

Danielle Flieler: It is a big question.

Dr. Katharine Smart: We'll let you go first Danielle, and then we'll go to Jim.

Danielle Flieler: Sure give me the easy one. So, I think, you know, there are opportunities. And I think we've talked a lot about, you know, the greater challenge will be overcoming the priorities of government. But I think one of the biggest things, and Katharine, you touched on

this at the beginning, is we need to talk to government in a way that really meets them where they are, and that's that healthcare is an investment. It is not just a cost. But in particular, when you are talking about children's health, that is truly an investment in Canada. It's an investment into our future, into our future workforce, into our future economy. You know the sort of adult and more senior healthcare is really more management and maintenance of our health. But when you're actually investing in Canadian children, right, that is something that you will actually have benefits, you know, we will see the benefits of within our lifetime. And I think we need to reframe that to them, because a lot of what happens when you are talking about healthcare is cost. People think this costs so much, but what about the cost of doing nothing, and what happens when you do not invest in children? And so we're looking at this point in time where we're saying, how do we make Canada strong? How do you make Canada resilient? How do we improve our economy? How do we withstand future challenges? A lot of that has to be done through helping our next generation of people, because we have an aging population. So, who's coming in behind them to be doing all of these things we were talking about, you know, building up our defenses, and having a military. Who's going to do that right? It's going to be who are right now, our children eventually. And so, I think the way that you, you know, overall, you want to look at what how the government is thinking, and they're thinking about, how do we save money? How do we, you know, strengthen this economy? And I think you need to take the issues in children's healthcare, and frame them that way and say that this is something you know, where is the cost savings? Specifically, if you help, you know a child now, let's say with a chronic illness. So, for example, I used to work at Cystic Fibrosis Canada, and there's this drug that came out, and it actually helps improve, like the genetic issue with cystic fibrosis. And I don't know if you're familiar with the, with the disease, but first of all, it's fatal, but they, they use a lot of the healthcare system. It can be in and out of the system. And Jim, we were saying at the beginning, I don't know all the statistics, so don't call me on this one, but it's a lot like, sometimes, if it could be 45 times a year, what is the cost of that look like you know, we should be considering the quality of life for children, but if you're looking at it from an economic standpoint, and the prevention of that with this drug was incredible, children are now living almost completely normal lives. It's considered a control. It's not a cure, but they can go to school. Their parents get to stay in their jobs. They're not taking days off of work now, they get to have futures and lives and partners and be part of the economy. And I think that that's the way that you need to frame it generally for children is, is that it's an investment in our future, and it helps with all of these issues we're talking about right now. It's not separate, it's part of the conversation. So how do you take the specific problems that we have and give the government a solution and but frame it in a way that they're thinking about right now.

Jim Armour: Yeah, you know. And I really like the idea of of, you know, carving out a unique position that's not just simply, you know what usually happens when a new government comes in and they couldn't put their list of priorities, and they've got throne speech, people rip off the cover page of their PowerPoint presentation and put up another one that uses the government

language, but it's essentially the same old idea, right? And so that's, that's kind of how it's treated. So, I think in this context where we're looking at, you know, the importance of being Canadian, of, you know, protecting what we have, I think there's an opportunity for, for children's health and children's health advocates to make a very strong case. And, you know, we were talking about people's lack of understanding, um, there's a real lack of understanding about what, what is the difference between children's health and just healthcare, healthcare in general. And, you know, given, given my time with, with CHEO board, you know, what was fascinating to me is I always thought a broken arm was a broken arm, right? You get when you get the arm set, but broken arm in pediatric session as setting is completely different, completely different skills, incredibly, you know, a lot more complex than just simply slapping on a cast and splint, right? So, you know, I think there's, there's oftentimes a thought that what's good for healthcare trickles down and is good for good for kids, but that's only in your mind. They're just kind of like tiny adults, but they aren't, right, and they're, they're, it's incredibly important for all of the reasons that Danielle has outlined. So, you know, I, I think what I would do is, is just take a look at, at the opportunity, what, you know, what is, you know, Donald Trump has stirred up a lot of things, but he's also created an opportunity for us to rethink a lot of things that the government, only the federal government, provincial governments are latching onto. Like, you know, professional licensing across the country, and, you know, international graduates from all professions to come in. What are the barriers? How difficult is it someone to who wants to come from the US, for example, practicing Canada? How difficult is it for them to do that? So, I think people are rethinking all of that, from coast to coast, and striking deals between provinces, and I think the federal government's going to be taking a look at. It's got huge opposition support that the opposition Conservatives didn't talk much about, about healthcare, but they did talk about access and trying to improve things by having this blue seal across the country where people could, you know, professionals could just travel without worrying about their licenses so I think there's, there's a real opportunity, and it would be important for, for children's healthcare to be in there as its as its own voice, not just simply as attachment or an add on.

Dr. Katharine Smart: Yeah, absolutely. I totally agree. And I think so important is that recognition that when a child is ill, it impacts the entire family, right? It's a lot different than an adult, and those economic knockdown impacts on the family and the community are huge. So I think you're absolutely right. We've got to kind of get that message out there, amidst all the other noise that's happening around healthcare, and those are some great ideas.

So, knowing that the health ministers are going to probably be meeting this fall, fall of 2025, any additional thoughts more than what you said just now about how we get children's healthcare on the table with other priorities at that meeting? Is there any strategies or other things that we should be thinking about that you don't think we've touched on yet?

Danielle Flieler: So I would be happy to jump in on this one first. I think the thing to know about the health ministers meeting is, and you know, we hear this from groups, they want to be on the agenda, but they have to remember that they do not get to present. This is government presenting to itself. So, it's not like Children's Healthcare Canada can be present at the meeting. So, what you have to do is, again, going back to you have to look at what the government is going to be talking about and aligning with and something they are already working on, and how do you get children's health incorporated, and including in that in a way that they're going to have to present it. So, they're going to have to be having plans to do it. And I think, you know, a lot of this comes down to sort of traditional government relations. It's people. When it comes to the Health Ministers Meeting, in particular, the Council of the Federation is a little bit more open. It's a little bit more clear. This is a lot of backroom that the way that it gets done. The agenda's developed by, you know, these civil servants who participate in particular topics that will be discussed. The provinces have specific people who will be helping, you know, negotiate what's on the agenda. Then you have the federal people that will be working on this from a political perspective.

The other thing to consider is there's two agendas. So, the first one is the provinces and territories speaking amongst themselves, and they're going to obviously be focusing more on care and delivery care, because that's what they do. And then there's the other agenda, where the federal government attends, and a lot of that is sort of back and forth between, you know, what the federal government can speak to the provinces and territories about where they can align, and that that one's a little bit different. So, it also depends on who are you trying to speak with. If you're talking about a more granular issue that is solved at the provincial level, then you want to be, I think either way, you need to be talking to the provinces and their ministries of health, you need to be talking with the political staff, you need to be talking with the ministers, if possible, also the federal government, and also the civil servants and all of the people who work on this. And you have to be doing it from a position of, we know health human resources is an issue for you. Here's sort of, you know, the children's perspective. And I think to touch to also build on that is, and I think Jim said this, you have to be really specific. And I think this is something we haven't really gotten into, kind of the tactics of what you do with government, but all of the time, they will say, "Okay, but how can I help you? What does that mean?" So, you can't go in there and say, "Okay, can we have children's health added to this agenda?" Because especially a new minister, an entirely new government, they're going to say, "what does that mean," right? So what are you talking about when you're talking about children's health, even children's mental health is slightly more specific. So it's really important, I think, to say, you know, look at what they're looking at, what are the problems government's trying to solve? What is the perspective of children in that world, and how can you help solve them? What is the solution you want to share and get across to them? So be more specific. I know we talked about this a little bit, but something like eating disorders, I know Jim, you know a lot about this. So, you could say, okay, you know, there's been an increase in eating disorders,

you know, potentially, why this is the problem. Here's the solution. We need better access to primary care. I don't know if that's the solution. I'm just saying this is where the experts need to give the answers to government, because they certainly don't know them half of the time. And you need to be pretty clear on what those are, because you need to help government with, with coming up with these solutions. And the higher level you go with it, the harder it is for them to be able to help you, and they just won't do it. So that would be my sort of thought on that meeting.

Dr. Katharine Smart: Makes sense. Jim?

Jim Armour: Well, you know, and like I said, my advice would be just not to be afraid of being political. It sounds very crass, but that's what you get when you get a lobbyist on a podcast, right? But I mean, you know, as a, as a demographic, as an interest group, you know, as an audience, there's a lot of power behind, behind children's health. So, you know, the, the approach that we normally take is that we're going to, we're going to astound you with our facts and footnotes, and we're just going to produce this incredible position paper that you'll have no choice but to say, yes, that's the obvious solution. We're going to do that, and it would be great if politics work that way, but it but it doesn't right. And so, you know, when I look at the, when I look at the Kearney cabinet, I saw current priorities, but I also saw an eye on the next election. You know, they had a whole bunch of ministers, far, far more ministers than I expected from the 90s, areas where the Conservatives actually picked up a number of seats and were challenging that kind of, you know, traditional Liberal fortress. So, you know, they have an eye on the next election. They realized that, thanks to 55 plus voters that swung incredibly to the Liberal side, they likely picked up a number more seats in a lot of regions than they would have normally a lot more support. But if you take a look at where the Conservative support was, it tended to be attempt to skew younger. You know, younger families, families with kids, families worried about quality of life and cost of living, all these things.

So, I think there's a, you know, the Carney folks around Mark Carney are very smart, and so they're saying, what do we need to do to bring back these, these young families? And I think a way to do that is not only worry about their aging parents, but also focus on their, focus on their kids. So, you know, I think there's a real political opportunity. We just have to be kind of willing to take it in a nonpartisan way.

Danielle Flieler: Yeah. And I think, sorry, go ahead, Katharine.

Dr. Katharine Smart: No, you go ahead. Danielle.

Danielle Flieler: To say, just to quickly add to that too, I think the one thing we haven't talked about is as a sector, I think the key too is, is to align on something and have everybody, as

much as possible, saying the same thing. So, if you have, you know, 10 different asks of government coming from all across the country, it's going to be really hard for them to choose which ones to focus on. But if you can narrow it down to some, you know, three, really powerful, not necessarily three, but focused and narrowed, specific. But then, to Jim's point, you know, it can be really powerful. People care about children. A lot of people have children, but I think the key is, is people have to put aside their specific needs, and they need to come together behind the bigger thing so as much as possible. I know that's never going to be perfect, but the way that you also influence government is they need to hear it from a lot of different voices, from a lot of different places, from their MPs, from the public, you know, from the top down, from the bottom up, and if they're hearing the same issues over and over, it can be a little bit louder than other issues. So that's the other thing I think we hadn't really talked about, is, how do you as a sector, you got to play your part too, yeah? How do you galvanize together, right? I think that's really key. And there's a lot of you, and you could have a lot of power, but you need to be saying the same thing.

Dr. Katharine Smart: Yeah, I think that's such a great point, right? That whole idea of, like, getting your own house in order and really being clear yourselves, and I think it is challenging. You know, just as you have touched on, there's so much complexity in health, and obviously there's a tons of complexity in children's health as well. There's, you know, specific diseases, there's specific things with children's hospitals, there's things in the community, there's mental health, there's disability, there's wellness, there's all these factors that all matter. And I think it is, it is tough to get everyone together to kind of articulate a clear ask of what is that we want, but then you can appreciate, if we're not able to do that within our own sector, then it's doubly hard for government to know where to focus, right? So, it makes sense to me that we've got to sort of answer that, and I think sometimes it's hard, you know? It's that whole perfection is the enemy of good, right? Everyone wants what they want, but we have to look at the bigger picture of we're trying to get momentum to swing towards improving healthcare and health for children and youth, and right sizing healthcare systems for children. We've got to have clarity on what that means of what the what we want to happen to get going in that direction. And I think we have some of our own work to do in that way, like, like you've both touched on, so that we can really articulate a compelling vision to government that might be hard to say no to, but when you're asking for 50 things, it's it becomes noise, right at some level. So, it's tough.

So, you know, I think we've had a really amazing discussion this morning about the where we are right now, this moment in Canada, the sort of where we're headed, the challenges that we're facing. But I think you guys have also offered some really great suggestions for people listening about where we need to go to get things moving for children. So, before we conclude, I'd like to give you each an opportunity to give us, sort of your 30 second elevator pitch for newly elected officials in regards to children and health and what the priority should be on their docket right now. So why don't we start with you, Jim, and then we'll go to you, Danielle.

Jim Armoir: Okay, all right, so you're asking a Newfoundlander to give you 30 seconds, which is next to impossible. Takes me 30 seconds just to clear my throat, but you know, I would just get to the, get to the heart of the matter. And Danielle's touched on it that children really are, are the future. I mean, it's a cliché for a reason, and, and there's, there's some real challenges, and that the kids aren't all right. You know, there's a lot going on. There's a lot that they've had to deal with that I've never, I never had to deal with when I was so, you know, I think, I think messages like that, where you're, you're talking at the heartstrings and reminding them as children aren't something. You know, children don't go in and ask their MPs for meetings. They don't vote, they don't, but they're, but they're really, really, really important. And so, I think that's what I would stress in the three minutes that you've given me for 30 seconds.

Dr. Katharine Smart: Danielle?

Danielle Flieler: Um, yeah, so I mean, I thought that was pretty good. Jim, but I think again, to the point is that investing in children's health is an investment, and it's not just a cost, and that's incredibly important, because healthy children grow into healthy, productive adults, and they're the foundation of our future, which, you know, definitely sounds cliché, but we can't forget in this moment in time. But there are future workforce, there are future economy, there are future communities. So, you know, with this aging population, if we don't invest in our children, I think we're, you know, we'll see a change in Canada's standard of living. We're having that conversation now generally, but I think if you forget about the children, and to Jim's point, the kids aren't all right, we will have ripple effects of that for decades to come. So I think we need to really understand the importance that children play in our communities, and we need to focus on investing in them and not just seeing their health as a cost to, you know, our communities and our economy. We need to prioritize them.

Dr. Katharine Smart: Absolutely. Wonderful points both of you, I'm convinced you can sign me up. So thank you, Danielle and Jim, it's, I really have appreciated all your insights today. I think our listeners are going to have a lot to take away and reflect on from this conversation, so it's been a real pleasure to have you both, and thank you for making time for us.

Danielle Flieler: Well, thanks so much for having us. It was fun.

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

