

**SPARK: Conversations** | Season 5, Episode 20



# Right-Sizing Reflections: The evidence, the urgency and the opportunity

*With Special Guest:*

**Emily Gruenwoldt**



## Right-Sizing Reflections: The evidence, the urgency and the opportunity

### SUMMARY KEYWORDS

Children's Healthcare Canada, right sizing, healthcare systems, accessibility, equity, workforce shortages, community care, data infrastructure, national strategy, pediatric care, family partners, healthcare integration, policy priorities, advocacy efforts, economic impact.

### SPEAKERS

Katharine Smart, Emily Gruenwoldt, Children's Healthcare Canada

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#### **Children's Healthcare Canada** 00:04

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

#### **Katharine Smart** 00:20

Welcome to SPARK: Conversations, Children's Healthcare Canada's monthly podcast series. For the past two years, it's been my pleasure to host the SPARK: Conversations podcast series focused on the very important topic of right sizing children's healthcare systems. As our listeners now know right sized healthcare systems are accessible, equitable, connected and purpose built to meet the needs of children, youth and their families and the highly specialized workforce that serves them. They are

evidence, informed and integrated with other health systems and services. We've listened, we've learned and explored what it really takes to deliver better healthcare outcomes for children and youth across Canada. This series began with a simple question, what could our health system look like if we truly designed it around kids and their families? Along the way, we heard from leaders, clinicians, families and partners across the country, and while their areas of expertise were diverse, the themes that emerged were unmistakable. I'm delighted today to be speaking with the leader of all these amazing ideas and concepts, Emily Grunewald, President and CEO of Children's Healthcare Canada. Today, Emily and I are going to chat about our learnings from the past two years. This episode will be different, as this is when we're talking about why it all matters, the moment where we connect the dots between what we've heard, the opportunities in front of us, and the work Children's Healthcare Canada is leading to drive systems change. This conversation reflects both the ending and the beginning of something new. It's a chance to show how far we've come and where we're going to go next. So welcome Emily to the podcast, and let's dive in.

**Emily Grunewaldt**

Thanks, Katharine,

**Katharine Smart**

So Emily, you know, as our listeners know, we've been talking about right sizing children's healthcare systems. This is a language and a concept I think that's really been brought forward and driven by Children's Healthcare Canada. So take us a little bit behind the scenes. Where did this idea come from, and why was it important for you?

**Emily Grunewaldt 02:16**

Oh, thanks, yeah. You know, honestly, went back about three years, the fall of 2022 when we were seeing a real surge in young patients visiting emergency departments across the country. They were struggling with the flu, covid, 19, RSV, and it was concurrent to that period in time where we couldn't access over the counter analgesics for kids. The Tylenol shortage was really at peak, and so this created just unprecedented demand for care for children and youth, predominantly in the emergency departments. It started a series of advocacy efforts on behalf of our organization and members to really think differently about what do we need to deliver care in an appropriate way to children and youth in this country day to day, but also to accommodate for those fluctuations that we see in viral season or beyond. We use the term right sizing, which has different meanings in different contexts, but I think at the end of the day, we're saying the same thing. We want purpose built systems of care that meet the needs of a growing population of children and youth in this country, and a population that's really evolving in terms of the complexity of the services that they require to be healthy, well and to thrive. So this podcast, for me was the opportunity to connect with different leaders across the continuum of care, to hear their perspectives in terms of where were we seeing opportunities to improve how we deliver healthcare services to kids, and how do we connect the dots across different care settings? And as I was reflecting and preparing for our conversation today, it was really, I guess, compelling to me the consistency in some of those key messages, the experiences that providers and leaders were having, that patients and family caregivers were having regardless of where they were receiving services, and so I think that gives us a pretty clear roadmap to help shape our advocacy efforts and our policy priorities going forward.

**Katharine Smart 04:12**

Yes, I agree. It's been amazing for me as well, just to hear from so many diverse leaders in this space and to hear so many common themes come forward around this idea of right sizing. You know, for me, I really like the term right sizing, because I think it takes us away sort of from what we're often hearing in healthcare, which is sort of like more and more and more, to this idea of, you know, actually our population is growing, what children need has shifted, and we have to actually make the system

purpose built and fit what the needs are. It's not just a matter of creating more. I mean, that's one part of it, but it's also about this idea that needs to be right sized to this population. So I like the precision of that language. I think it's helpful to bring people into what we're talking about. So Emily, like for you, what are some of the most important themes that emerge? Why don't we kind of get into that? And what we took away from this series as sort of guiding light as we're moving forward.

**Emily Gruenwoldt 05:03**

For sure, one of the first podcasts that we aired was with Alex Munter, who, at the time was the CEO of the Children's Hospital in Ottawa, CHEO. And Alex has an expression that he used to use on the regular which we have since adopted, which is everyday matters in the life of a child. And I think we heard very consistently across a number of the different leaders that you interviewed how time sensitive interventions were when it comes to children and youth, we really have a very discrete window of opportunity where we can conduct an assessment, come up with a therapeutic plan and implement that plan to realize best possible outcomes, and if we miss that window, there is an economic cost to waiting, and there's a social cost to waiting for that child, and at the end of the day, they and their family aren't going to thrive. And so I think whether it was a rehabilitation intervention, whether it was a child who was struggling with their mental health, or was it, whether it was a surgical intervention, I think that was a really consistent message that time is important. Every second, every day counts, and we really need to be very focused on calculating the impact of that and trying to meet those targets.

**Katharine Smart 06:13**

It's so true. And you know, I think so often in Canada, we've gotten so used to waiting for things that we don't always quantify what waiting can mean and how impactful that is for children, and how often children actually waiting longer than adults for care, which I think is something people don't always realize either. So I agree with you. I think that was one of the key themes, is just how important the timeliness of things are for kids because they're developing. So as you said, every day really counts.

**Emily Gruenwoldt 06:42**

And I think our members, Katharine, they've heard me say it before too that just what you said to echo, it is true that many children in this country now are waiting longer for these essential services than their adult counterparts. And again, whether those are services related to neurodevelopmental disorders and an autism diagnosis, or whether those are diagnostic procedures or images, whether that's a surgical intervention, I don't think that that is well recognized in the public. I don't think that that's well recognized by decision makers and the impact of that. One of the other themes that I think stood out for me is right sizing matters outside the walls of the hospital, right? A lot of the constraints that we're feeling, a lot of the pressures that we're seeing in our system, relate to the inability to access care outside of the hospital, and the transitions that take place between those care settings and the hospital are really encumbered when we don't have that capacity in the community. And I think we heard lots of examples of that as recently as was it last month when we talked to Jennifer Churchill and and the challenges that kids in Ontario and consistently across the country face accessing developmental services, and you know, the impact that that has in their ability to attend and participate meaningfully in school, to participate in social settings, and really that what that impacts on their life trajectory. So I think we have a lot of work to do there. Again, like when we think about healthcare and healthcare service delivery, I think our decision makers think about hospital based procedures and hospital based interventions, and there's so much other healthcare that's delivered beyond those walls, so I think we really need to think very holistically about what the opportunities are and where our priorities are.

**Katharine Smart 08:21**

Yeah, I totally agree with you. I mean, I often think healthcare gets so caught up in the sort of the tyranny of the urgent right. And these things are, of course, important. You know, you started talking

about how some of these ideas came from this sort of covid, RSV flu crisis that we had, and that's very visible, right? Lineups and emerge people waiting hours sick children. This is compelling and important, obviously, but equally important are all the children that have these more invisible health issues, like development, like mental health, where you don't see that pressure on the hospital door. But you know, as you've outlined, these things have huge impacts, downstream impacts, lifelong impacts, and it does actually create volume for hospitals when we're not addressing these things. So I think this is a really interesting and important aspect of Pediatrics, and pediatric health is all these other pieces that really do happen in the community that don't always get the same spotlight as the crisis in the hospital. So I absolutely agree with you. I think we had many guests that very eloquently spoke about the importance of working community, the importance of developmental supports, and how the timeliness of these things is critical for children. And this isn't always something that you hear as much, because the headlines are often focused on emergency departments and acute care.

**Emily Gruenwoldt 09:36**

Well, and I think that's where we have the better data too, right? We have better data that tells the story of care that kids are receiving in a hospital based setting. We're not in a place yet where we know who's waiting for that care, and we certainly aren't in a place where we have good capture in terms of what care is being delivered in the community by whom and what services are in highest demand. And I think that's a big gap that we. Talk about consistently, and I think there is a national dialog happening. I just want to make sure that the dialog that's happening from a pan Canadian perspective, or a federal perspective, again, includes all those different care settings, so we really do have full capture of what that experience looks like for a child and what their outcomes are after they have received care. I think that's equally important to think about. And I guess the other to that end piece that I think about when we think about data is like what matters most to our family partners, what does success look like for them? And how do we embed that in some of the data that we want to try to capture, to report on?

**Katharine Smart 10:32**

Yeah, absolutely. I just want to pull on that idea of data a little bit, you know. And I think what you've said really also highlights one of the complexities and challenges of the healthcare system, of what's in the bundle of universal healthcare. So many of these interventions in the community that children need aren't always things that fall under universal healthcare. So there is a blend of sort of private and public provision. You know, things like speech and language pathologists, occupational therapy, access to psychology, those types of assessments and treatment. Some people access them publicly, but many people access them privately. So that also, I think, leads to some of the data challenges, is it's not the system isn't one thing. So I think that really makes it more difficult and also challenges some of the equity issues that we have is what people have in terms of resources to access these services for their children. And I think that's another theme that we really heard come out, was this idea of of health equity and how that's important when we're designing systems. So I'm curious to hear from you, you know what? What's Children's Healthcare Canada's perspective on equity and how we design with that in mind?

**Emily Gruenwoldt 11:36**

I think that's a great question. And I love the conversation you had with I believe it was Rochelle read on this topic, and a quote from Rochelle, you cannot talk about quality, access or outcomes without centering equity. And I thought that that was really meaningful, and I think really important, and a distinguishing feature of our healthcare systems in Canada that we're really proud of. And we still have a lot of work to do in that in that space. And I think your point about how many services are delivered in a public versus private enterprise is important because it means that some kids will have access to those privately delivered services in ways that other children will not. And so I think that's really important when we start looking at health outcomes, and what are some of the barriers that children

youth in this country face, and what's driving those outcomes? So I think it is really important. It's the work of we actually just launched a brand new Health Equity network at Children's Healthcare Canada, with the support of McMaster Children's Hospital, and Rachelle is the chair of that committee, and they're really looking at what our best practices across our member organizations to ensure that we can build relationships with partners in the community, with families, to make sure that they have access to the services that they need. What the options are, and what can we do to remove some of the pebbles in their shoes when it comes to the barriers that they're facing accessing healthcare professionals or different services. So really looking forward to seeing where that network goes with that work.

**Katharine Smart 13:00**

Yeah, I think that's so important. And again, it kind of leans into that idea of partnership, right? It's not that that we know these these systems are disparate and they work in different ways. But it doesn't mean we can't be partnering and talking to each other and thinking, how do we build on the services that are there and design intentionally to make them work better for people. So, you know, for me, that was one of the really big themes that came out was this idea of partnering, partnering across health systems, partnering between hospital and community, partnering between the public and private systems, knowing that these exist in our current landscape. So you know for you, when you think about partnerships, what came out of the series that you think is important for people to really consider as we think about right sizing healthcare systems for children and families.

**Emily Gruenwoldt 13:40**

Yeah, one just before we get to that one other partnership that is front of mind for me this month also, and has been consistently over the nine years I've been in this role, is the partnership with the adult system too, right in terms of the transitions that happen between pediatrics and adult care, and that's become a focus of our work again this year. So looking forward to seeing how we can evolve that relationship. I think it the partnerships. Comes down to the relationships, right? And Katharine, it might have been you and one of the podcasts, I don't remember, which one that really talked about quality safety, really being dependent on the relationships that exist between the Family Partners and the providers, between providers in one institution and another, and really creating that community of circle that's supporting and surrounding children and youth as they navigate our system. How are we supporting them to navigate that system? How are we ensuring that they have access to the services in different parts of their region, and sometimes when they have to transport across provinces, right? Like, that's a reality too. So I think that that relationship building, that's the hard work, but it's the most meaningful work, and I think it's also where we see the biggest impact is when there is a really strong relationship between all those different parties, really thinking about holistically, what are we doing to improve care and the experiences and outcomes for these kids? So looking forward to, you know, how we can support that work as Children's Healthcare Canada, creating these communities. Communities of partnerships between providers, across care settings and across disciplines, and even beyond healthcare, right, like thinking about partnerships with our education partners, folks who are in social services, because that's also the reality of where kids live, play, learn, heal, absolutely.

**Katharine Smart 15:18**

And I think that's, again, one of the things that's so unique about children and Children's Healthcare is the fact that children live in community, they live in families, and they interact with all different aspects of community services every day, and the needs that they have transcend those things, right? Like you said, whether it's education, social services, services in the community hospital, private providers, you know, many children and their families are slicing across these services regularly to meet their needs, because so many of these things land in these different buckets. So the more those things can be integrated, connected, talking to each other, the better it is for those outcomes. And I think that is something that is really unique about children, and I think that's something that really came through.

And, you know, the other thing that I think really came through for me as a theme, that I found quite inspiring was how some of our hospital partners were really talking about how they're re imagining even the role of the hospital. In that regard, reaching out to community hospitals, you know, trying to look at what's capacity in some of these community hospitals that we can build and support so children can get care closer to home. How do we support providers that are outside of tertiary centers to provide excellent care where they are? What does that look like? And how does that help us build capacity? And I think that was one of the things that really came through from cheo's new leader, Dr Vera etches, was was some of these ideas of, how is Cheo reimagining themselves as a hospital just beyond the walls of their hospital. And I think that idea is important and is going to be critical if we want to continue to build services, because hospitals, children's hospitals, so important, but can't do all of it on their own. So, you know, I'm curious for you, what did you kind of take from that, and how do you think that's an important idea as we think ahead to service delivery.

**Emily Gruenwoldt 17:02**

I think I would add to that Katharine that hospitals are also the most expensive place to deliver care, right? So, you know, it's interesting. Several years ago, we were hosting a round table of our children's hospital leaders, and we just it was an icebreaker question to warm up the day, and we asked, what's keeping them up at night? And almost consistently, they all talked about care that was being delivered outside of their four wall hospital, right? Like it's, how do we build these partnerships with those who are in our community? How do we support safe handoffs? How do we enable care closer to home for patients, whether they're, you know, two kilometers from the hospital or where they're 200 miles from the hospital, right? Like kids want to be at home, and families want to be able to support their kids in that space. And so I think that that is driving a lot of the conversations we continue to have today about the evolution of systems of care and models of care that are really focused on patients and caregivers. Fabiana Baccini had a really impactful conversation with you around the role of family caregivers and their expectations and how they want to be partners in care and and not just engaged or consulted, but really meaningfully sitting at the bedside as part of that care team. And I think that that's important for us and our members to think about in terms of any of the initiatives that we imagine will have impact on care experiences. Is that holding true for those Family Partners, and how do we make sure that they have a seat at that table and an equal voice in those conversations? So I think that's that's a takeaway and a challenge for Children's Healthcare Canada, we are a membership based organization, and so we tend to gravitate first towards conversations with our members, but we also need to hold space for and find ways to engage family partners so that they are central to those conversations, and there are opportunities to make sure that their priorities are reflected.

**Katharine Smart 18:49**

Yes, it's so true, and I thought what was so interesting about the conversation with Fabiana, and also, just when you think about the care of premature babies, neonatology, is how so many advances in that field have actually been driven by the recognition of the importance of parents and their connection with their these very sick and babies. You know, I think so often in medicine, our focus is on pharmacology technology, but you know, when you look at the field of neonatology, some of the biggest advances we've had in terms of outcomes in recent years have been things like making sure babies get expressed breast milk when they're very premature from their mother, you know, making sure that babies are being held and cuddled, skin to skin, kangaroo care. These things are changing. The outcomes, both survival, developmental trajectories of these very premature babies. Well, you know, who's driven those ideas that's been parents at the bedside saying, I want to be connected with my baby. I want to feed my baby. I want to hold and touch my baby. So, you know, I think parent partners help us better understand how to serve them, but they also sometimes drive innovation, sometimes simple things that perhaps we have underestimated in our biomedical models. So I think that. Interplay between partnerships research science outcomes is fascinating and just really shows the value of expanding your thinking, perhaps beyond sometimes what we traditionally think about.

**Emily Gruenwoldt 20:11**

You literally give me goosebumps, Katharine, as you were saying that the other thing it triggers for me is the role of community based organizations, right? And I'm thinking specifically of someone like Ronald McDonald House charities like the role that they play, keeping families close when kids are sick, the impact that that has on that care journey and the outcomes of that child, but also keeping that family connected and strong as a unit of support, right? And I think that that, again, isn't necessarily the first thing that we think about when we think about healthcare services for kids. Services for kids, but they play such an integral role. And it was really compelling. The data and the evidence that Kate was able to bring to that conversation about the demand and the impact for the for the services that they offer, which I think is really, really integral to the conversations about right sizing.

**Katharine Smart 20:58**

Oh, I totally agree. And I think there's another example of something that's outside the bucket of healthcare, but so impactful. And you know, and again, what's so unique about pediatric healthcare is our children's hospitals are few and far between geographically in this country, very specialized in urban centers, and the majority of children actually don't live in these centers. So many children who need the care of these incredible spaces are traveling, and some of these children are there for weeks and months, and this is a huge economic impact on these families. You know, many provinces don't cover the cost of medical travel. Obviously, when you're away from home, you can't necessarily work, you still have your ongoing costs. Where are you staying? And I think you're right. Ronald McDonald House is an incredible partner that's really stepped up to fill that space in the healthcare system that's unique to children and families, and does so in a way that allows hospitals to then be able to continue to meet those demands. And you know, I know for myself, working in the Yukon, I've had so many families that have used Ronald McDonald House. I just had a patient recently who had a very unexpected serious illness, hospitalized with a prolonged hospitalization at BC children's, and that family's been staying at Ronald McDonald House, and those connections, that community talking to other families has been a critical part of sustaining them through this really challenging time. So you know, an incredible partner, another great example of how health goes beyond just the medicine to, you know, eating mental health supports a place to leave your head, and how that wrap around care is so essential for our hospital partners to be able to deliver the incredible, technologically based care that they need to get to get these children well.

**Emily Gruenwoldt 22:39**

You know, the wraparound care reminds me of the conversation you had with Maureen Charlebois about home care and respite services for kids and again, something we don't think about at first blush, right? I get palliative care for children and youth, another fascinating conversation with I think it was Megan Wright and Denise prael just talking about the integral role that they play, and not front of mind services but absolutely undersized when we think about what their capacity is to meet the needs of the population at hand.

**Katharine Smart 23:06**

Yeah, I totally agree. And I thought the conversation on palliative care was really interesting, because, again, you know, in the adult world, I think a lot of times people think of palliative care as end of life care, right? It's really, you know, you have a disease that that can't be resolved, you're dying, and palliative steps in to make that process, hopefully as seamless as possible and as supported as possible for that family. And that's part of pediatric palliative care as well. But a lot of pediatric palliative care is actually caring for children that have life limiting illnesses that may, may not be happening for years, and they support those families on that journey. And that's, I think, again, such an important part of that care. When you have a child that has a serious illness that potentially is life limiting, that journey

can be months or it can be years, and those families go through so much, and pediatric palliative care is really there to walk that path with families and to make sure that those children have their best quality of life. And I think that's a really incredible aspect of that service, and I think that really came through on that podcast is those partnerships and how important it is for those families in terms of what that experience is like. So I think that's another area of pediatric healthcare that's really amazing to highlight, because I think it is unique.

**Emily Gruenwoldt 24:17**

Something that stood out for me, that I would say is another cross cutting theme, but we haven't talked about it today, is the highly specialized workforce that supports all these different types of organizations, right? And we talk a lot in this country, I think about health, human resource shortages and gaps, but there hasn't been a real concerted focus on the pediatric, subspecialty or highly specialized workforce, whether it's a nurse, social worker, or physician, or otherwise, and that's an area that we've been leaning into quite a bit, especially wearing my pediatric chairs of Canada hat, is thinking about, how do we start to wrap our arms around who is in the workforce today, who is in the pipeline, and where are the gaps? And because we're a relatively small system, we're. We have a relatively small workforce, and so the challenges that we face when any particular provider moves, takes a maternity or parental leave, retires like it, can have a very devastating impact on our ability to continue service delivery in that region. And so that's, I'd say, central to the work that we see still coming for both Children's Healthcare Canada and the pediatric chairs, is to think about, how do we bring awareness to how unique this workforce is, how small it is, and what do we need to do to grow and map the workforce to the populations that we know we're serving today and into the future? And what makes that, I think, a bit tricky from my perspective, is how models of care are changing, right? So it's not like we want to just like, copy and paste what we do today into the future. It's it's, how is the population changing? How is care needing to change? And then what does that mean for the workforce? So it's a pretty complex process, but I think the conversation we absolutely have, it's foundational to our ability to right size Children's Healthcare Services.

**Katharine Smart 26:05**

No, I totally agree with you, and I think it is a huge challenge. And you know, when I just look around here in British Columbia, you know, there's literally an advertisement for a pediatrician in almost every community, people are really, you know, looking for folks. And then, you know, like you said, it's not only doctors, it's also nurses, OTs, SLPs, psychologists. You know, there's incentives now from the government for people to train loan forgiveness, to get people into these areas that serve children, because there's such a workforce shortage. So how do we plan for that? How do we anticipate those needs? How do we make sure that we're getting these highly specialized people trained and and working to serve people, both in our big hospitals, but also in community. I think it is really essential, and the impact of that is really significant, and it's a challenge, and recognizing that a lot of care has to happen. 24/7, across the spectrum at location, we're seeing some innovative ideas to come up to try to support that, but it is a challenge, and we've seen closures, we've seen limitations of care happening because of workforce shortages. So I think you're right. It's an area that we need to really be thinking about planning for, and that's something Canada hasn't done well, is planning for human healthcare resources. And like you said, Because child and pediatric care is a small part of that big problem. It doesn't always get that, that focus, that it needs to really plan for this population, because it is a different group of providers, and people can't necessarily just move from adult medicine into serving children. So we need to be thinking about it. And we heard a lot of people talk about what that's going to take and share their concerns about whether or not we're really leaning into that enough.

**Emily Gruenwoldt 27:43**

And it's interesting, too. Like, we need to think about how to grow the pot, right? Like, I think what we see from, from a pan Canadian perspective, sitting at the systems levels, we see a lot of like, robbing Peter to pay Paul, right? Like, recruit this pediatrician and bring them to Quebec, from Manitoba. We're gonna, you know, move this nurse from BC children's out into rural northern BC, which solves an immediate, local problem, but creates bigger system challenges, right? One of the other realities, I think, that we need to confront is the remuneration for pediatric professionals of any stripe is to think about, why are they paid less than their adult peers? And I think it was Stephen Miller who mentioned that in the conversation you had with he and Meredith, just about, why are we accepting this? Why is this okay? And how do we go about changing that perspective of the value or the net worth that they're bringing to a patient, and why it's any different for a child versus an adult patient?

**Katharine Smart 28:34**

Yeah, absolutely. Again, it's just really leaning into the complexity of these issues and how in a really strained resource limited system. You know, it's what you said. So often we're taking these limited resources, moving them around, rather than getting to the core of the issue. And then you're right. How do we attract and retain people when it's not as lucrative or as reasonable, from that perspective, especially in a rising cost of living economy? You know, these are things people have to think about when they're making decisions. And because there is need across the health system. You know, healthcare professionals now could really focus in on anything pretty much and be employable. So how do we draw them into pediatric healthcare, aside from the fact we know it's the best place to work, but, you know, that's nice, but we can't only ride on that. We have to be pragmatic as well. You know, Emily, that makes me think a little bit more. You know, we touched on data a little bit, but I think we had some really interesting conversations with Christine chambers. Also, we talked to some people from pediatric oncology group that talked about data and how they're, you know, where Canada's doing well, where Canada has some challenges, examples of how data is being used, really to increase in support services. I know that this is something Children's Healthcare Canada knows is important. It's an important part of when you're articulating your ideas to government. It's something you guys have thought a lot about in terms of, how do we use data how do we make data systems better? So I'm curious you know what you. You, what you're where you're at with that, what you think about data, and how we can take this, perhaps on the surface, boring topic, but use it in a way that's compelling.

**Emily Gruenwoldt 30:09**

Great question for me, it's the data, it's the science and the evidence, right? Like, how are we leveraging what we have? How are we investing in creating new science evidence and data to help us tell the story about what is it that is unique about children and youth, and what do we know to be true about best possible care and care interventions? And it's so timely, right? Like we see what's happening in the United States around changes, for example, in vaccine protocol and mandates, etc, and not mandate, sorry,

**Katharine Smart 30:39**

vaccine schedules, yeah,

**Emily Gruenwoldt 30:42**

and these are decisions that are primarily driven by politics, not by science and evidence. We know what the data tells us about the efficacy of these interventions. And so how do we as a national association really lean into that and be a broker of research, evidence and science to underscore what's really important for children and youth, and how do we guide policies, and how do we guide practice according to what we know to be true? And so that's an area, actually, Katharine, it's timely that you mentioned this. The Children's Healthcare Canada strategy will be launched this spring, and

this is a really big area of focus of us. For us, we'll be championing science and evidence and really leaning in on ensuring that we have appropriate data to understand the population that we're serving, understand the care interventions that they're receiving, and what's working and what's not so. Lots more to come in that space. And you're right on the surface, it feels dry, but it actually underpins everything that we're doing, both at the bedside, but also from driving our policy recommendations to the federal government.

**Katharine Smart 31:48**

You know, and I think you know, so much of what's been incredible, of your work, is driving this idea of a national children's strategy, bringing forward how that's lacking in Canada. Canada does not perform well for children's health and wellness that you would expect for a country like ours. But we also know the government's facing, of course, so many competing priorities. And I think you're right, data is a real way to drive those arguments. It if we have to move beyond it feels good. You should care about kids. You know, these, these kind of motherhood and apple pie statements into some of these facts. You know, we're talking about the economy. Why are children important to that? You know, when we're talking about responsible use of taxpayers dollars, where we want to drive the healthcare system, you know, why? What's the data around children in pediatric healthcare? That's compelling, that makes that argument. And I think that's something that children's healthcare candidates done well. So I'd love to hear, you know, we've talked about some of these themes from the podcast, I'd love to hear from you the National Children's strategy. Where are you at with that? How are you using these themes, these these learnings, to drive this idea, and where are you hoping to go with your next strategy?

**Emily Gruenwoldt 32:52**

So I think this is really important work, and Children's Healthcare Canada is really well positioned to help drive this idea of, let's set some targets and goals for children and youth in this country. And let's start at the top from the federal government. You and I would sit here and agree all day long, Katharine, that 30th and 31st, out of 36 countries is not good enough when it comes to the outcomes of children and youth for their physical and mental health. We have so much expertise in this country. We have a workforce that is committed to seeing change happen for children and youth. But what we need is that leadership at the federal level to say, here's a target. This is what we're reaching for as a country. We want to be top five, top we want to be the top country in the world where children growing up to be healthy and well, why not? And so for us, that really lends itself to idea of we need a roadmap to get us there. So this idea of a national strategy for children is getting traction, which is really exciting. We've been advocating for this for years. We now have a champion in the Senate. Senator moody has advanced Bill s2, 12, which is a bill for a national framework or strategy for children. It's quite broad. It encompasses lots of elements that we would traditionally think about in terms of the social determinants of health and children's rights, but it's a terrific starting place for us to raise awareness of the challenges children and youth in this country face, both with respect to health and well being. I think what needs to nest underneath that is a children's healthcare strategy. What do what are the actions that we need to take within the context of the healthcare system to make sure that we're meeting the needs? And that's where so many great ideas and inspiration has come throughout the course of these 20 podcasts that you've led on the on this topic. And so you know, whether it's related to the workforce, whether it's related to physical infrastructure, data infrastructure, how we lean into becoming more of a learning health system like these are all integral to helping us improve our ability to deliver healthcare services to kids in this country, regardless of their postal code, regardless of their family income, regardless if they're generations old in Canada or they're a newcomer to this country. So I think that is really exciting. And work that we're leaning into with Senator moody and with other partners across the country. Your point about, I mean, this gets back to data again. It's more than a feel good story, right? And we wanted to find a way to spell that out for decision makers and for the public. And so many of our listeners will know that children's healthcare Canada did some work with the Children's Hospital foundations and Deloitte this past fall to look at, can we measure the social and economic return on

investments in children's health? And it turns out we can. And it turns out that it's, it's a pretty impressive number when you look at it anywhere from, you know, I think it's \$1.87 to a \$17 return for every dollar invested in children's health. And that's really exciting, because it tells the power of early intervention, right? If we can support these children and youth early on, can we ever make a difference for that child, for their family and for our economy? So I think finding ways to tell this story in a more quantitative fashion, hopefully will resonate and gives us a great platform to continue our advocacy.

**Katharine Smart 36:07**

Yeah, absolutely. And I think that reframing and broadening the reach of the message and really pulling on all these threads that are so compelling is really powerful, and it's amazing to see this idea move forward, because, you know, obviously this is my passion, but I think most people would agree that children and youth are the future of this country, and we need to be understanding their health and wellness broadly. But as you said, also the children's healthcare system, because it's also important, and we need to be thinking about these two things at the same time. So you know, Emily, looking forward for you Children's Healthcare Canada. We're at the beginning of 2026 what are your goals over the next you know, few years? Where are you hoping to go and how are you hoping to get there?

**Emily Gruenwoldt 36:51**

Uh, Great. So we are, I mentioned a little bit earlier, we're going to be launching a new strategy this spring, and I just want to say thank you to all of our members who contributed to these conversations, to all of our partners who were really invested in the work that we're leading and how we work together in new and different ways. We're a tiny organization. I know sometimes we have feels like we have a big footprint, but we are a tiny team, and so we do our best work when we're partnering with others. Some of the spaces that we want to lean into in the next one to five years is really kind of more on this focus of systems, integrated systems, and this idea of a National Children's Healthcare strategy to nest underneath the broader children's strategy. So that's work that will continue with the input of our members and with partners across the country. The other piece is still that evolution of how care is being delivered, right? How are we staying attuned to the needs of children and how they're changing. What are some of the emerging trends that we're seeing across the country? And I think we're really well situated to bring our members together to have that conversation about what we're seeing jurisdiction to jurisdiction, and what can we learn from each other, what's working, what's not. How are we partnering in new and novel ways to really improve experiences and outcomes of care. So we'll be launching new networks. We'll always, you know, we're always looking for different timely events that hone in on on topics of the day, or topics that are long, lasting and really complex, and that that idea of the relationships that we can support building across our community. And then the last piece is that science and evidence, how are we championing truth? How are we championing truth? How are we combating miss and disinformation to make sure that kids have access to the best available care in the world, the best available information to guide that care. And so that seems especially meaningful and especially relevant today, more than ever, probably not something that I might have had on my bingo card two years ago, but I think today, it's hard to deny that that's really important, and it's a really important role for organizations like ours to be a source of that evidence and science and to be a champion for continued investments in science and research, so that We continue to be well positioned. Absolutely. Yeah, yeah. So, so it's, it's a modest mandate on a tiny budget, but you know, we're gonna do our best.

**Katharine Smart 39:08**

Well, Emily, if anyone can get it done, it's you. So I have a huge confidence in you and the organization. I think you've really changed the dialog around children's healthcare in this country, brought together people, and you're really driving an agenda for change that's impactful and meaningful. And I think we're seeing these conversations evolve. We're seeing people pick up on these

themes, these ideas, this language that I think is really important to be clear about what we're trying to go and I know you and I could probably talk all day about these issues, but we're coming towards the end of our time, so I'd like to give you the opportunity. No, we gave all our guests opportunity to give us their elevator pitch, if they were had that moment with that important politician, to really sell them on why this matters. Emily, what would you say? What's your 30 seconds on why right sizing, children's healthcare systems should be a priority right now?

**Emily Gruenwoldt 39:57**

Great question. I think it picks up Katharine on something. You said earlier, we need to evolve the narrative around why children from being, you know, emotional and soft, and just as this is the right thing to do, to one that's really evidence based and really talks about and speaks the language of those that we want to influence. So I think my pitch would be that when we invest in the health of kids, we're investing in the health of Canada, and that investments in children's health generate lifelong returns, right both and that there's returns that accrue both economically and socially, as we've talked about. So we're really thinking about, how do we evolve our message for the times and for the audience? And I think that would be what I would say if I had the opportunity to meet minister or not Minister, Prime Minister Carney in the hallways of Parliament. Also just want to recognize really quickly, as I was preparing for our podcast today, and I had the chance to listen to all of our incredible guests, I was it made my heart happy to hear some of the language that we've been using at Children's Healthcare Canada in the elevator pitches of our guests. And I just want to say thank you so much. We are so we are so impactful, and we will achieve the biggest outcomes when we are saying the same thing and when we're consistently using the same language. And so it was just really great to hear to hear that language back through our guests and in conversation with you.

**Katharine Smart 41:12**

Yes, I absolutely agree. I think it's incredible. And again, I think it just speaks to how the work you've done is resonating with people the way you built the partnerships, listened and taken these broad ideas and brought them together in words and language and ways of framing complexity in a way that resonates and that people want to use and repeat because it makes sense to them. And I think that's really what relationship and partnership is about, is bringing people together to find a path forward. So Emily, I want to thank you. I want to thank you. I want to thank you for your leadership at Children's Healthcare Canada, which has been incredible, for your friendship and also for being my guest today on what is my final podcast. So thank you so much. It's really been an incredible journey, and I'm grateful to have you here to really bring this, this theme, together and give us this vision for where we can hope to go from here.

**Emily Gruenwoldt 42:01**

My goodness, well, thank you, Katharine. We are so grateful for your expertise and leadership on this podcast series, but also just in our orbit, you are such an inspiring leader, and you have just brought so much experience to the conversations that we've been having with incredible leaders across this country. This was a 20 part series, but I know that you, you supported our podcast even prior, so we're really going to miss you, but your your leadership and expertise is so deeply appreciated from the entire Children's Healthcare Canada team and our community. And I have no doubt Katharine that we will be chatting again soon.

**Katharine Smart 42:39**

I hope so. Thank you, Emily. And again, we know this podcast wouldn't be happening without our sponsors, so we are grateful to the IWK Health Center for their support for this rightsizing podcast series for the past two years. So that's it for today, and this is the final episode of our rightsizing podcast series. It's been an absolute pleasure working with the incredible team at Children's Healthcare

Canada, connecting with listeners, our incredible guests, who I have found both inspiring and thought provoking across this past two years, and it's really brought a lot of inspiration in my day to day work in the healthcare system and working with children and their families. So thank you for the opportunity. Thank you for our listeners, and I really hope that people will continue to tune into the work of children's healthcare Canada and get on board as we try to build towards the future for kids, starting in 2026 Children's Healthcare Canada's podcast will continue, but with a new format, the podcast mini series to enable deeper dives into issues that matter. The focus will remain on children's healthcare systems and solutions, the main audience will continue to be healthcare systems leaders, emerging leaders and policymakers. Topics will be explored through three to five episodes on specific issues that are important to enable a more in depth exploration of solutions to these rightsizing challenges as always, to stay up to date on all our SPARK offerings, including the upcoming podcast mini series. Visit our website at [childrenshealthcarecanada.ca](http://childrenshealthcarecanada.ca), and subscribe to SPARK: News, the bi weekly e bulletin, if you haven't already, thank you.

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