

**SPARK: Conversations** | Season 5, Episode 15



# A Right-Sized Model That Works:

Learning from Ontario's pediatric cancer care system

*With Special Guest:*

**Lauren Ettin**



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### SUMMARY KEYWORDS

Children's Healthcare Canada, right sizing, pediatric oncology, childhood cancer, system integration, community hospitals, interlinked nurses, survivorship, financial assistance, school and work counselors, data analytics, government partnership, visionary leadership, healthcare equity.

### SPEAKERS

Lauren Ettin, Katharine Smart

### Episode Transcript

**Children's Healthcare Canada** 00:03

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. This year, SPARK: Conversations has dedicated our conversations to right sizing children's healthcare systems. We're grateful to the IWK Health Center for its ongoing sponsorship of SPARK: Conversations podcast right sizing series. I'm Dr. Katharine Smart, host for this podcast series, and today, I'm absolutely delighted to be speaking with Lauren Ettin. Lauren is currently the CEO of the Pediatric Oncology Group of Ontario – POGO. The advisor to government on childhood cancer with accountability for delivery of care of Ontario's childhood cancer system. Lauren's career has spanned the public, private and non-profit sectors, she has proven herself as a strategic and entrepreneurial leader. Lauren has had great success in leadership, partnership, system integration and advocacy through her work with Kids Health Alliance, the Council of Academic Hospitals Ontario, PwC, and the Ontario government. In this episode, we will be focused focusing on right sizing healthcare systems for children with cancer. And I can't imagine a better person to lead us through this conversation than Lauren. So welcome Lauren.

**Lauren Ettin 01:29**

Thank you so much for having me much. Much looking forward to our conversation today.

**Katharine Smart 01:33**

As am I. So Lauren, as you probably know, Children's Healthcare Canada has been on a mission to try to right size children's healthcare systems. We're defining right size systems as systems that 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're evidence, informed and integrated with other health systems and services. And I can imagine the work you do in childhood cancer really needs to be thinking about all those things, and what, what I'm excited about is this is really the first time we've had the chance to talk to you since your appointment in April 2025, so congratulations.

**Lauren Ettin**

Thank you. Thank you very much.

**Katharine Smart**

So why don't we start off for our listeners, tell us a bit about your new appointment, your work at POGO and what brought you to this place in your career.

**Lauren Ettin 02:18**

Sure, I'm happy to. This, this role has been an incredible one, having come from pediatrics and now doing pediatric oncology. So, POGO is the pediatric oncology group of Ontario, and we really are actually one of a kind, and we lead and manage Ontario's childhood cancer system. And what that means, and what has really astounded me being here and learning what I have in the past year or so is that really there is with visionary leadership, you can really put children and families at the center of care. And so the way that we do that is probably a bit multifold. One, it's around the relationships between tertiary hospitals where the specialized cancer care happens. There's five in Ontario. But how important it is to have relationships with community hospitals. So we have nine satellites across the

province recognizing that a childhood cancer diagnosis is an absolute chasm for a family. Happens really quickly, and care can take months, if not years. And so that has ripple effects, and those ripple effects then impact not only the child and the immediate family and the siblings, but you can imagine the extended family, colleagues, friends, and the community more broadly. And so these community hospital satellites are integral to getting care close to home, to getting families back to those rhythms that they have in their everyday, getting kids back to school, if they can, into their activities. And so that's really central to the model that's been built. But on top of it, not only do we think about having care that wraps around children and families at a tertiary hospital and goes closer to home, but our families have interlinked nurses, and those interlinked nurses are key. They - as soon as a family receives a diagnosis, a family receives a partnership with an interlinked nurse, and that nurse is with them throughout their journey to support their clinical care, whether that get their tertiary center at their community hospital, and even more so in their home and at school. So really, again, thinking about children and family and the wraparounds that they need,

### **Katharine Smart**

That's amazing.

### **Lauren Ettin**

But then we go even further. We go even further than that, because that's that's looking at a child who's in treatment. But incredibly, 85% of kids with cancer do survive. And what that means is, in the province, in the country, in the world, we have a growing group of survivors. And we know that, no surprise to many of the listeners here about the developmental milestones, that if a child has received receiving chemotherapy or radiation or any other treatment at key developmental milestones, that there's long term impacts. And so about four fifths of kids will either have a secondary health disease or a secondary cancer. And so how important it is that when we think about children and we think about them and their growth and their lifespan, that we're supporting them, not only when they're in treatment, but in survivorship.

And so what that looks like is that we have aftercare clinics across the province. Again, this is a really around healthcare monitoring and being on top of recognizing longer term impacts of care that kids receive as children. And so we have these late effect clinics across the province to monitor health. So that's kind of what the system looks like from a clinical perspective, from physical and mental health. But again, when we're talking about kids, we know that there's ripple effects. And this is not unique. This is not unique to cancer. This is about children's healthcare. And then when a child is ill, that impact isn't only on that child, but it's on their families. It's on their siblings, on their communities, as I as I said. And so we really think more broadly, and when we do so, we think about financial assistance. We know that there is an incredible pressure on families when a child receives a diagnosis, usually one caregiver or one parent stops working almost immediately, and so we have a financial assistance program to support some of those pressures.

We also really want to think about a child and their growth, and so we think about them as a teenager, more on the youth side, and about getting back to school and getting back to work. And so you can imagine that for lots of kids, that journey might be truncated, or look a little bit different, or they haven't had a summer job, or they've never written a resume. And so we have school and work counselors

across the province who help children and youth get back to what it is that we want to get back to. If they want to get back to school, it supports them getting back to school with accommodations. If they want a job, we help them with resume writing and job applications. If it's post-secondary education, it's those applications. And so again, we're not just thinking about a child and their care when they're in treatment, but we're really thinking more broadly around it. And I'd say the other reason I think we're able to bring all of those pieces together is because POGO is the advisor to government on childhood cancer. So we have an active and recognized role in system policy and planning. And the way that we do that system policy and planning is we collect the data for every child that receives a cancer diagnosis in the province. And that means we collect that we've got all their demographic information. We have their diagnosis, we have their treatment, we have their long-term effects, and we can connect that data to other databases, whether that be to the tax database or to education. And so for policy and planning, that's incredibly powerful from a program perspective and a system perspective, to be able to say, to be able to look at what's happening in the system where the pressures are, and looking to the future.

And so to me, I think what makes POGO so unique and so incredibly powerful based on the 40 years that we've been around, is that it's the integration of all these pieces. It's having programs. It's being an advisor to government. It's having data. It's working in strong partnership with our hospital partners across the province that has been able to enable this actual true - capital S - system of care to be built.

**Katharine Smart 07:46**

Yeah, it's really incredible, you know, when you're talking and just hearing how you take people really, just like, from that moment of diagnosis, and walk with them. Really, you know, indefinitely, almost on the go forward, and walk with the whole family and through their community, and the way that you're going about it, you know, to me, it's really, you're, you're describing, like that idealized health systems integration approach. And it's, it's unique, right? I think for our listeners, this level of integration collaboration with government, you know, across a province like Ontario, through five children's hospitals, multiple community sites; we don't see this really happening with other serious chronic illnesses. What's been the secret? Why have you guys had the success? Who's had the vision, you know, what got you to this place of, really, in my view, and almost an idealized approach to healthcare that I think could be beneficial in so many other aspects of health and care for kids and families?

**Lauren Ettin 08:37**

Yeah, Katharine, I think you just said that so, so beautifully. I think one of the one of the highlights in me and me joining the organization was just gaining a better appreciation and understanding about the incredible I said, this capital S system that's been built in Ontario. And I think, I think for me, it was just so aspirational and inspirational that when you have visionary leadership, these things are possible, and when you recognize the unique needs of children. This isn't. This isn't. This isn't only about the cancer system. So in Ontario, we have an adult cancer system and a kids cancer system. But I think it's that recognition. And I know a lot of our listeners here are familiar with children not being little adults. But I think really you need some visionary leaders. You need to have experts who can actually describe what that means, why they're different, what the needs are of children, youth and families and and the impetus to build that system. And so I think part of POGO's success is visionary leadership. So that

system that I just described is 40 years in the making. So this certainly has happened in steps and phases. There certainly has been a lot of support and champions along the way, and those champions need to be and continue to be across the across the system. So whether that be in government at the bureaucratic and political level, whether that be actually a care delivery, and whether that actually be patients and families, and that the importance of the patient voice in creating a system that meets their needs. So I think. I think that's, I mean, I think that's core. I think I'd say too along with that, visionary leadership comes with comes with it, some patience and being able to stick to a vision when and if things change.

But I'd also say, I think what's really important, and how POGO has been envisioned, is that our funding is actually from both 85% of it is from the Government of Ontario, and about 15% of it is from our donors. And I think that's really important. I think that when we talk about partnership, we so we so regularly talk about partnership being with the actual care delivery, but our donors are key to what we do. We would not have the flexibility and the nimbleness and the adaptability without having support of larger communities across the province, and those donor dollars for us to be able to really respond to the needs of families and communities in Ontario. And so I think when we're thinking about building a system, we often think about what our government partners can do and how core they are, and they most certainly are. But I would, I would, I would always say that we also need to think more broadly about different and a diversified funding base and the flexibility and adaptability that provides.

So I'd say, I think those are two things, visionary leadership, thinking about funding, and then the strength of partnerships. And we all know partnerships are the way to get things done.

**Katharine Smart 11:14**

Yes, so true. And I think that's so interesting, what you're talking about. And again, when you're talking about your program, I can hear, you know, flavors of so many things that wouldn't necessarily be traditionally funded by government. So I'd love to drill down on that a little bit more, like tell us a little bit more about what are some of the key aspects of your program, or those donor dollars that flexibility has really allowed you to deliver at that level, kind of a step above what you might have been able to do with just your traditional healthcare program. Where has it mattered the most?

**Lauren Ettin 11:41**

Yeah, so I think when I was describing kind of the programs and services that are in the POGO umbrella, I talked about two that are that are primarily donor funded. So I talked about financial assistance, and I talked about school and work counselors. So again, these are the programs and services that our families would say are integral to them being able to focus their attention on their kids. If you think about financial assistance, you can imagine a family having to think about how to get food on the table, or sitting at the bedside in in the hospital. And so those are kind of those are the kind of programs that our donor, our donor dollars, do support and have immediate they have immediate impact. And I think that impact is also so important for our donors, they want to know that their dollars and that their support and that their partnership is actually changing the experience for children and families who are in the system.

And I think for our donors, some of our donors are those who have been in the system, and they're

individuals or families or foundations who want to give back. Some are those who have been perhaps a bit more tangential, and some are those who just want families to be able to have a better a better experience and at a terrible time. So financial assistance, certainly our donor support, also our school and work councilors across the province. So again, these are our counselors who really support children getting back to school or getting back to work or whatever it is they would like to be doing to get back to those activities of daily rhythm. So I'd say those are perhaps programs that traditionally, government would fund, and yet are so integral to families being able to function. I mean, for families, being able to function as families, and being able to support their children. And for children to have a life path going forward after treatment.

The last one, I'd say, is really around our research. So again, because we have this absolutely powerful and incredible database of data, we really support it to use research internally and with external researchers to really advance the system of care and improve outcomes. And we all know that research and innovation across the system not unique to pediatrics, and certainly not to pediatric oncology, how integral it is to advancing care locally and internationally.

**Katharine Smart 13:44**

Yeah, I think that's incredible. And I can only imagine just the depth and the breadth of the data that you have in this population. And you know, I've certainly seen just in my career of 25 years in pediatrics, how childhood cancer treatment has just changed dramatically. And it's really incredible, right? This is really a clinical space where we see the true impact of research and moving things forward, and it's always been so well integrated and designed. I think it's really amazing that you're also then taking that data, you know, beyond just the clinical care, what's the chemo pathways? What are the treatment pathways, which is obviously essential, but also, you know, what happens to these kids, what else is going on? And you're able to use that information to make sure that your system serves kids. You know, I wonder how much we could be taking from that in other aspects of the system, being better at taking data and then using it for that purpose, built system of wanting to deliver these higher levels of care. You know, what have been your lessons around the data? What should people be thinking about when they're trying to leverage data in the way you have, to really use it to create systems that actually serve people broadly, not just at the science interface of the care.

**Lauren Ettin 14:49**

Yeah, so I would say accessibility. I think, I think, I think that the power of data is actually in using the data, not just collecting it. And also that collecting data that is meaningful and impactful. And so I think we all know that there's tons and tons of data available, but it's actually being able to capture it and use it. And so we have a team here that really is incredible in knowing how we can use the data internally and how it can be used externally. So we use the data internally to inform our programs and our programs internally. So just for example, doing evaluations on a regular basis. Because we have this treasure trove, we can do a lot of that work and ensure that we continue to have a vision going forward about expanding the program's breadth and depths in areas that we have that we have the accountability and the authority to do so. But data's best used when it's used across the system, as you said, from researchers, whether that be kind of at the bench, but all the way to the bedside. And the value of having the data under the POGO umbrella is that we can really integrate it into, for example, the development of clinical practice guidelines. And then changing, transitioning those clinical practice



guidelines and actually implementing them in the partners that we have across the province, in the hospitals. And so I think for that, I think for that, again, that comes down to relationships and partnership.

It also comes down to some raising awareness. When there's so much data out there, we really, we really have a role, and I think a responsibility, to make sure that we make our data available, not only in Ontario, not only in Canada, but internationally, because it is so unique. And because the cancer care system for kids is relatively small, certainly in Ontario, but even if you look Internationally. And that there's a lot of information that was within our data that probably could apply elsewhere, I think, I think you mentioned this, but so many, so many diseases of kids are quite rare, and I think cancer would in many ways fall into that category as well. Certainly, it's not cancer. Isn't nothing. It's many, many different things. And so how is it, I think, I think key is, how is it that we can make sure that we use, or actually use our data and not just collect it, and ensure that the data that we're collecting actually is what is needed by researchers, policymakers, strategy, decision makers, so that it meets the needs of various audiences?

**Katharine Smart** 17:00

Yeah, absolutely. I think that's just like so much learning there. And I'm sure that so much of your advocacy and success with government has been because you can show the impact of what you're doing. And so often, you know, it's challenging because we're not always measuring or really being able to tell the story with data about the impact that we're having or the care we're providing to people. And obviously, at POGO, you guys have really mastered that, and you're using it in such a transformational way. You know, I'm curious what's happening. What's the national perspective on this? What's - do you have counterparts in other provinces and territories? And how is your experience in Ontario, perhaps influencing and impacting childhood cancer systems in other parts of Canada?

**Lauren Ettin** 17:41

Yeah, POGO was an n of one. So POGO is really unique in the in the country and probably internationally as well. In that, as I described, we have all these different business lines. So we have, I said, we work with our donors. So we have our philanthropic and our charitable arm. We have our program arm, where we actually deliver programs and services in partnership with hospitals. We have our data and analytics arm. And we're all under one umbrella. And I think the power from comes from being under one umbrella. There isn't any other organization that has that accountability, certainly in the country, perhaps not even internationally. And I think what that means is that we actually also have a role and responsibility, then, perhaps not formal, but to influence nationally. Because a lot of the work that we can do here, we have resources and capacity that when decisions are making being made in Ontario, they can have the impact broadly. And I'd say one, one recent example is just about some recent drug funding, is that we want to ensure there's equitable access to care across the country. And so for some drug funding. For some drug funding, we have the infrastructure to be working with our political counterparts and the national counterparts on drugs. And ensuring then that when we're having those conversations, we're looking through a national lens, and not only an Ontario lens. And so I think that's always that's kind of embedded as one of our principles is that we're going to advance the system. Certainly, our focus is primarily in Ontario, but when and where, there are conversations that make more sense to be happening on a national level, we certainly are the leaders in that space, and

work with some national organizations as well to do so. But I think POGO is unique, and POGO has a unique space that it sits in, and so we really take that, that we take an honor in having that and ensuring that the work that we're doing, we can partner with others outside of our borders, when and where we can.

**Katharine Smart 19:25**

I'm sure you're the envy of many other provinces across the country and other people working in childhood cancer, because you guys really seem to have, you know, figured out that that secret sauce of how to move forward in the way that you are. So I'm curious, you know, you're obviously newer to this organization, you clearly have a deep knowledge and passion for the work you're doing, which is amazing. What are your personal goals and plans to support this amazing system that you're now sort of the leader of?

**Lauren Ettin 19:51**

Yeah, so I've been here for about a year, and you know, when I started, I sent out on my first week, I sent out an email on a Friday. And I said to my team like it was just an introduction, and I'm so excited to be here. And I these are the great things that I learned about this week that I wasn't aware of. And I've worked in pediatrics, and I've worked in healthcare for 25 years. And then I sent another email the next Friday saying, These are the amazing things I learned this week. And then I sent another email the next the next Friday, and I'm at 68 emails, and I have, there is never a Friday that has arrived that I haven't learned something. Had somebody to acknowledge. Remark on an incredible accomplishment. And I think to me, that speaks so much about this space and the dedication and the mission driven of people who work in childhood cancer and people who work in pediatrics more broadly. That this is a, this is almost a subgroup of individuals, leaders, you know, team members, who have such passion in what they do. And to me, it's that it's that connection to the cause. It's that passion for really wanting to make things better. And I think that that is it feels different in peds than it does in the healthcare system more broadly. And it certainly, to me, feels different in the kids in the cancer system itself. So I'd say I think that's one thing that drives me.

I think two is our ability to bring people together. I think again, because we have, because we are an organization, because we have an infrastructure. We know that we have a relative critical mass in Ontario and that we have, we there's value in bringing people together. We're still a small system. Children's Cancer will always be a smaller system compared to the adult cancer system. Just like pediatrics is a smaller system compared to the adult healthcare system. So we need to be bringing people together. We need. We hear from our partners that, and this is in pediatrics as well, that within their organizations and in their institutions, they're almost little islands, they're quite they're small compared to the larger organization. And so we need to create community for them. We need to create connections and partnerships across organizations, because we have the benefit of speaking and working with all of them, and we can bring them all together to learn from each other. And so that, to me, I think, is one of my priorities, is really being that connector and that convener across programs, between organizations, between institutions, locally and more broadly.

And then thirdly, I'd say it's about raising awareness. I think the challenges that CHC is focusing on with right sizing the system more broadly, those themes are consistent in the cancer system as well. Again, I



think we're a smaller system. We really need to be raising awareness and bringing profile to the needs of children and youth and really articulating that when you invest in children, you're investing in families, you're investing in communities, and you have long term impacts to those investments. And so I think those themes that resonate in pediatrics generally are the same themes that we want to work on raising awareness in the cancer system. And in fact, as we're in September. September is childhood cancer awareness month. And so, we have had a month of really raising awareness of childhood cancer and breaking some of the myths about what happens when a child does receive a diagnosis.

**Katharine Smart 22:50**

Yeah, it's amazing. And, you know, I think right now, there's so many challenges in the healthcare system, and often that's where our focus is. It's really exciting to hear about, what's the art of the possible, right? You know, what I'm really taking from this conversation is, you know, POGO has been there 40 years with this vision of what would be ideal, and it sounds to me like has really worked in a dedicated, sustainable way towards that vision. And it sounds like that vision has grown, gotten broader, expanded over time. But what's been your kind of guiding star is this idea of centering children, youth and their families and trying to come up with ideas about what do they really need to serve them in this time? And you've done it, and you're executing on a really a level, probably, that's unique across the system in terms of the integration and impact. So it's really like wonderful to hear a story of what *can* be done in our current system. Because I think sometimes it can be a bit disheartening, right, when you feel like, oh, nothing's really going well, but your program shows that it is possible. So you know when, for our listeners who may be feeling at this point in time a bit disenchanted with healthcare in Canada. What can they - and especially people that are working in healthcare systems for children who care deeply about what their what their goals and their work is. What can they take? What are those key lessons from POGO that they could take to inspire them moving forward?

**Lauren Ettin 24:10**

Yeah, I think, I think I'm in the enviable position of being the third CEO of an organization that's been around 40 years, and to have this incredible foundation of what's being built, and yet, I would say there's still more to do. Like we are always going to have more to do, and I think we have the benefit of having this incredible system, but to build off of that I've described. But I would say, I would say, to keep your eye on the art of the possible, and that small steps are still really great, positive steps, and that we know in a healthcare system that has lots of challenges, in a pediatric system that has lots of challenges. We know that if you make those connections with children and families, if you hear directly from them about what matters to them, about the changes that would make that would impact them. Some of them are certainly going to be large system changes, and some of them are probably much smaller and more actionable and doable to get that momentum to keep going. And I think working together, I think learning from each other is going to be key, because we all know that the challenges across the system are outside of jurisdictional lines, often outside of jurisdictional lines. And so just the power of working as a collective, the power in learning from each other and just looking forward and taking inspiration from your own organization, your own sector, your own system, and looking across to others. I think, is what my advice would be.

**Katharine Smart 25:30**

Wonderful. So you're the leader of this incredible organization. So what's next for you? What are your goals over the next sort of two to five years for POGO?

**Lauren Ettin 25:36**

Yeah, so I'd say one of the really big, one of our really big goals, is really focusing on survivorship. Because we now have this growing group of survivors. 85% of children with cancer do survive, which is an which is an incredible gain over the past few decades, unto itself. It means that we need to be shifting our attention, not only to be supporting children and families who are in treatment, but who are in survivorship. And that survivorship is many, many, many years, if not decades. And looks different for different children and different families. And so how do you support them into survivorship, knowing that that's a growing population, so we need to be thinking about sustainability right up front. But also, how do you support them in that a survivor isn't a survivor isn't a survivor, and they all have different needs. So it's the needs, like the health, the mental and physical health needs of the individual who had the diagnosis and the treatment, but also of their families. I think what we what we hear from our families, is that when you're in treatment, and again, I think this is pretty consistent in peds. Children's hospitals across the province, are incredible organizations that really embrace those, those that they deliver programs and services to. And I think what we hear from our families, is that they have this wraparound they are supported. They know they have somebody to call. They have an interlink nurse. They know where they're going to be in the system. They know if they're at their tertiary or if they're at their satellite. And then when they ring that bell, and they've been working so hard to get into that ring of that bell and the celebration that that is. They get there, and then what? And I think you hear from many parents and many caregivers, it's the end, then what, and then then having a moment to stop and take care of themselves and think about the impacts and feel the impacts. So how do we support families, not *only* in treatment, not *only* in survivorship, but in that in between piece, which is after treatment, before, before survivorship.

And so we're really turning our attention to that. And then I think we're going to stay on these themes that we continue to be important across the system, equity of access. What does that look like? How do you do that in a system where we have a critical mass, but it's still quite small relatively? How do we ensure that families in the North have access to programs and services, when this is treatment that can be taking months and months, if not years and years, and have lifelong impacts. So that equity of access and that sustainability and thinking about that and ensuring that we have the programs and support in place to do that.

And then lastly, I would say, is our people. I think our people is our POGO, our POGO people, certainly, but our people across our hospitals and our partners and meeting their needs and supporting them, whether that be education and capacity building, whether that be bringing them together, whether that be through recognition, recognition of all the great work they're doing, but really thinking about our healthcare teams and how we can support the healthcare teams across the hospital partnership.

**Katharine Smart 28:22**

So much still to do hey, so much success to build on, and so many families and children still to serve. And it's really inspiring your vision for that and what you've already achieved. So you know, before I let you go, I want to ask you what would be your 30 second elevator pitch to policymakers regarding the

uniqueness, impact and value of prioritizing and focusing on children their health healthcare and health research?

**Lauren Ettin 28:47**

So I'd say it's perhaps a theme that I that I've spoken to in our in our previous conversation today. But I think it's a recognition that when a child is ill, that impact isn't only on that child. That impact is on the sibling, the family, the community members, the teachers. It has those ripple effects. And so when you invest in a child, when you invest in their health, you're not only investing in *their* long-term health, their long term social contributions. But that of that network and that community around them that supports them and their success going forward.

And so when, when you invest in a child, when you invest in their healthcare, when you have when you do that early on, you will reap the rewards, not only for them and their life, but for everyone who's around them and everything that they would be contributing to, you know, society over the long term. And so, I think it's really that lens on when a child is ill, it's unique and different, and you need to think of the that in a unique in a different way. Which means that what happens long term also looks also looks different. And so I think it's telling that story more broadly around really fleshing out what it looks like when a child is ill, what those diseases look like, what the impacts are, and what the impacts are to them and more broadly, to those around them; short, medium and long term.

**Katharine Smart 30:03**

Yeah, absolutely, I'm sold you have my full support. So thank you so much, Lauren. It's been such a pleasure speaking with you today. Your energy, your passion for your work, and just the impact that POGO's having is really inspiring and really resonates with my own experience as a pediatrician, so I really want to thank you for coming and sharing your time with us today.

**Lauren Ettin 30:25**

Well, I want to thank you for having me, because this is a job that I have had such an honor to be in, in a sector that I am so proud to be in, and I wasn't joking when I said that every Friday, there's something that I can comment on that inspires me and is something that I've learned and something that I'd love to share. So, I really appreciate the forum to do so and all the thoughtful questions and conversation with you today as well.

**Katharine Smart 30:44**

Thank you so much. So thanks again to our listeners, and thank you to our SPARK: Conversations podcast sponsor, the IWK Health Center, 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 the upcoming podcast episodes, visit our website, at [ChildrensHealthcareCanada.ca](https://ChildrensHealthcareCanada.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.