

**How community, family, the environment  
shape health  
- what we can do through  
the Social Pediatrics Approach**

Feb.28, 2014 9 am-12 pm  
Best Start Resource Center Annual Conference  
Hilton Toronto Airport Hotel and Suites

Lee Ford-Jones MD, Professor of Pediatrics,  
Social Pediatrics and Infectious Diseases, University of Toronto



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**With thanks to**

Dr. Denis Daneman for instituting "Social Pediatrics" in 2007

SickKids Soc Peds Infrastructure: Dr. Leo Levin, Valerie Daniels

McMaster University Medical Center: Dr. Robin Williams, Assoc Chief Medical  
Officer of Health, Province of Ontario and Dr. Jean Clinton, Offord Center

Members of the Educational Advisory Group: Adelle Atkinson, Eudice  
Goldberg, Anna Jarvis, Leo Levin, Cecil Hahn, Gidi Koren, Tony Barozzino, Ethel Ying,  
Hosanna Au, Catherine Birken, Sue Bradley, Susan Cohen, Brian McCrindle, Ahmed Naqvi,  
Michelle Shouldice, Elizabeth Uleryk, Stanley Zlotkin

Site Supervisors: Leo Levin, Susan Cohen and the CAS-T, Sarah Schwartz, Jean  
Wittenburg, Katherine Hick, Miriam Kaufman, Gillian Thompson, Rahul Saxena, Irena  
Nulman, Michelle Shouldice, POP Clinic Resident Leads, Mike Sgro, Anna Bannerji, others

and countless other Pediatricians - Mark Feldman, Susanna Talarico, Julia  
Morinis, Justine Cohen-Silver etc .

And Other Inter-sectoral Colleagues, Associations - PSOMA, OCFP,  
OAO, Community Policing

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**And special thanks for critical Community Links**

- Mothercraft, City Early Years - Maureen MacDonald MA
- PBLO/Hospital Family Legal Health Program - Wendy Miller, Lee Ann Chapman
- School Board, Health Committee - Soo Wong, Donna Quan, Dave Johnston
- Public Health Infrastructures, Community Health Officers- Michelle Ashem  
Med, Sherri Phillips, Sara Farrell, Sue Makin
- Jane-Finch Fingrove Community Learning Centers - Lorraine Anderson
- Community Health Centers - Cheryl Prescod, Jeanie Joaquin
- Family Health Teams in Priority Neighbourhoods - Ralph Masi
- Health Providers Against Poverty, Family Medicine - Gary Bloch
- City Women's Groups - Marian Yusuf, Sabina Ali
- United Way, Community Social Planning Council
- SDOH ListServe, York University - Dennis Raphael,
- Other York University - Paul Ritvo, Stuart Shanker, Deb Pepler
- Center for Policy Alternatives - Armine Yalnitshyn
- CHEO National Pediatric Housing Initiative

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**Outline**

1. To demonstrate the intersection of
  - experience-based brain development
  - social determinants of health
  - health
2. To define Social Pediatrics
  - including Life-Course Developmental Health
3. To provide examples of new education, practice opportunities
  - through Social Pediatrics

TODD M. MCGUIRE, PH.D., MPH

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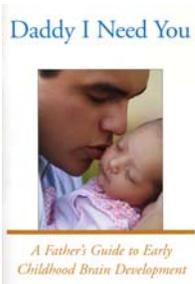
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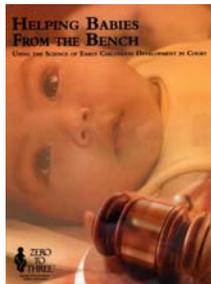
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**Experience-based Brain Development**  
*from Fathers to Judges in the Courtroom*



*A Father's Guide to Early Childhood Brain Development*



**HELPING BABIES FROM THE BENCH**  
Using the Science of Early Childhood Development in Court

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## Examples of Key Messaging -

Born with "100 Billion" neurons  
 - not branched/ connected  
 - experiences touch, speaking/singing required

Cortisol is bad for the brain.  
 Hippocampus  
 - memory and learning center  
 Prefrontal cortex  
 - executive function

Time sensitive

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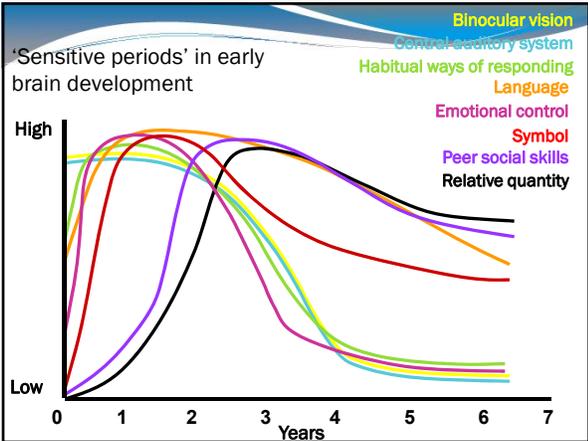
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## Early Years 3 Report

Margaret McCain  
 Fraser Mustard,  
 Kerry McGuaig

2011

<b>100 billion</b>	Neurons in utero that form the brain's basic structure
<b>One</b>	Zygote—the fertilized egg that contains the genetic instructions to make a human being
<b>3 billion</b>	DNA base pairs that carry out the genetic instructions that make a human being
<b>30 million</b>	More words heard by a child in an affluent home, compared to a disadvantaged home, by age 4
<b>Early 20s</b>	Age when the prefrontal cortex neural circuits of the human brain are fully formed
<b>One</b>	The age when babies stop producing sounds they are not hearing
<b>4.9</b>	Infant mortality rate Cuba <sup>1</sup>
<b>4.92</b>	Infant mortality rate Canada <sup>2</sup>

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**Teen Brain also under construction...**

**SUCCESS TO 24 YEARS** (+ by 6 yr.)

Prefrontal Cortex- executive function  
 Anterior Cingulate Gyrus - attention  
 Amygdala and Hippocampus – fear/flight response

J. Clinton




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**ERIC LAMAZE**  
**OLYMPIC GOLD 2008**

Intrauterine/neonatal cocaine  
 Unknown father  
 Raised by alcoholic grandmother;  
 Mother I/O jail  
 Teenage substance abuse  
 School D/O in Gr. 7

"It's a long journey...you need great friends. Great people that believe in you. People that push you to come back, a 2<sup>nd</sup> or 3<sup>rd</sup> chance to the struggling"




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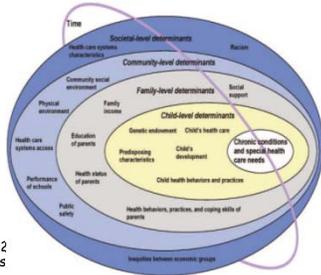
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## Social Determinants of Health

How to remember these..

### "ITHELPS"

- Income and food
- Transportation
- Housing
- Education
- Literacy
- Legal needs
- Personal safety
- Support



Adapted from Zuckerman, Sept. 2  
Pediatrics: Newacheck, Pediatrics  
August, 2008

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## Public Health Agency of Canada: Key Determinants

- Income and Social Status
- Social Support Networks
- Education and Literacy
- Employment and Working Conditions
- Social Environments
- Physical Environments
- Personal Health Practices and Coping Skills
- Healthy Child Development
- Biology and Genetic Endowment
- Health Services
- Gender
- Culture

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## Canada's Major International Roles

### 1976 Lalonde Report

"first modern government in Western world to acknowledge that emphasis upon a biomedical health care system is wrong, ..need to look beyond the traditional health care to improve health of public"

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**cont'd Canada's Major International Roles**

**1986, The Ottawa Charter's action areas:**

1. build healthy public policy
2. create supportive environments
3. strengthen community actions
4. develop personal skills
5. reorient health services towards primary care

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**NEW Health Care Quarterly publication:**



Ted McNeill Photo: BSN

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**Ontario Provincial Budget \$110 B**

<i>Ministry of Health</i>	<i>Ministries of SDOH</i>
<i>\$48B</i>	<i>All other Ministries the rest</i>

**→ Want "Health in all policies"**

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Ted McNellie PhD, RSW

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*Definition of Health*

*“A state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.”*

World Health Organization, 1946

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**Genes and the social environment**

- Map of human genome in 2001 was heralded as a triumph of biological science
- “...evidence suggests that the social environment has a profound impact upon the function of one’s genes, providing the context and stimulus for the variable expression of an inherited code.”



Denberg and Daneman, 2010

Ted McNellie PhD, RSW

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## Models for Understanding Health

1. Biomedical  
Genetics, microbiology, medical care, etc.
2. Lifestyle/Behavioural  
Weight, alcohol, diet, smoking, exercise, etc.
3. Social determinants of health  
Political, economic and social factors

Ted McHugh PhD, BSW

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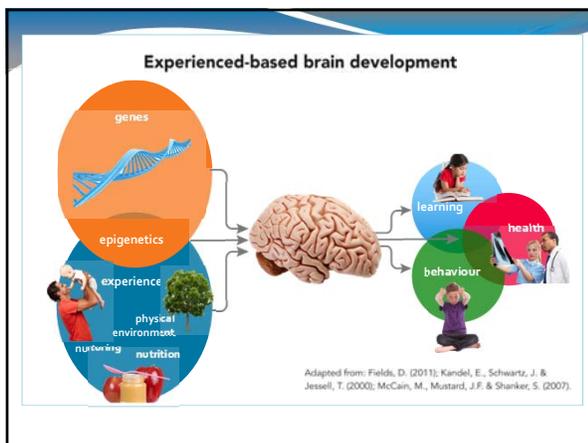
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**History of Social Medicine**  
**Virchow (1821-1902)**

**Father of Pathology**  
 First to recognize leukemia, etc

**Father of Social Medicine**  
 As politician, worked to improve health of Berliners including water and sewage systems

“Disease never purely biological, often socially derived”

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**Abraham Jacobi (1830-1919)**

**“Father” of Pediatrics**  
 1st Professor of Diseases of Children (Columbia)  
 1st President of American Pediatric Society  
 Focused on  
 - raw (unboiled) cow's milk, hygiene, tenements, rickets  
 - did hundreds of tracheostomies for diphtheria

**Father of Pediatric Social Medicine**

“ It is not enough to work at the individual bedside in the hospital...(influence) school boards, health department, legislature, advisor to judge and jury, seat in council.”

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## Initiation of Social Pediatrics in Canada

HARRY MEDOVY 1950's Winnipeg  
Career Example of Montreal Pediatrician  
Dr. Gilles Julien OC, Ashoka Fellow



SickKids



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## Definition of Social Pediatrics

- Internat'l Society of Social Pediatrics, Sweden

- a global, **holistic, multidisciplinary approach** to child health;
- it considers the health of the child **within the context** of their society, environment, school, and family,
- **integrating the physical, mental, and social** dimensions of child health and development
- as well as care, **prevention, promotion of health, quality of life.**

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## Holistic Support Wheel



Holistic health encompasses the physical, mental, emotional and spiritual needs of the individual, family and community. Through holistic medicine, which addresses all of the dimensions of the whole being are considered. No one dimension or illness is seen in isolation. Each part enhances, supports and affects the others. Individual medicine is reflective of how each of these factors is addressed.

The Holistic Support Wheel tool will guide you in supporting each dimension of the child. The child is at the center of the wheel with each dimension moving from whole being. To support the child you must consider how each dimension can be supported. You can use this framework to create a plan to support a child plan. The strength based approach will consider enabling and historical factors.

A caregiver plan is also important. For Aboriginal children in care, we have to support their caregivers in a holistic way as well.

holistic  
medicine.org

www.holistic.org

Marie Lapin | 1

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*Other def<sup>ns</sup> of Social Pediatrics:*

- diseases with social causes and social consequences require special consideration
- seeing the patient from the other side
- care of the "disadvantaged, dispossessed, discarded..."

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**Social Pediatrics**

- the tool for moving to Life Course Developmental Health



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**We are now  
"hitting the wall in our *treatment*"  
of medical conditions**





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**Diabetes expert notes:**

Type I (insulin dependent) Diabetics with HbA1C > 10

**Refractory to traditional and research interventions**

Health outcomes intimately involved with reality:

- macro-environment **societal, community, and institutional**
- micro-environment **intra and interpersonal**





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**Other Pediatric Specialists note:**

**Admissions to the ICU**

**Asthma**

- lack of recognition of early signs, supervision of meds, (both parents work, has variable care givers); \$\$ for meds

**Diabetic Ketoacidosis**

- not receiving insulin; mother deceased, dad working

**Issues for Kidney Specialists**

- ability to **get to clinic** appointments (no TTC fare etc.)
- ability to **pay for meds**, monitoring e.g. urine dipsticks, BP, **special diet** (salt, protein)

**Issues for Neurologist**

- **delay to diagnosis**
- **access to medications**
- **access to early intervention services**

**GETTING BACK TO CLINIC APPOINTMENTS IS BIG PROBLEM!!**

- ..... no work, no pay
- .....miss work → lose job

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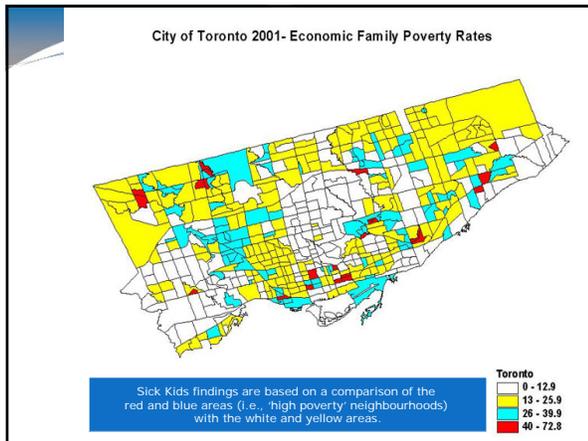
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### Pediatric Patients

Children from high poverty neighbourhoods:

- 56% of admissions
- 1.6 days extra length of stay: 7.6 vs 6.0 days
- 2.0 vs 1.5 Resource Intensity Weighting
- 60% of missed clinic visits
- 64% of unplanned readmissions (8-28 days)
- 65% of deaths

Ted McNeill PhD

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### Medical Complications of Poverty

**Birth Outcomes**  
 Infant mortality rate: 170%  
 Low birth weight: 140%

**Asthma**

**Overweight and obesity**  
 NLSCY (1998-99) 25% 2-11 yr olds vs 16%  
 NLSCY (2000-01) 35% 5-17 yr olds vs 24%

**Injuries** intentional and unintentional  
 2.5 X risk of injury  
 4.5 X risk of death due to injury

Gupta, Paed Child Health Oct. 2007

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## Med Complications cont'd

### Children's Mental Health

Aggression: NLSCY age 4-11 **40%** vs 25%

Emotional disorder-anxiety **12%** vs 7%

High hyperactivity scores: **20%** vs 12%

\*\*\***Deep Poverty** (> 75% below median): **highest rates** conduct disorders, hyperactivity and emotional disorders

**Functional Health** low functional health 4-11 yr. **2.5 X** risk; also extra financial pressures in special needs children exacerbate needs

Gupta, Paed Child Health Oct. 2007

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## → Low Adult Life Trajectory

Poorest 1/5 vs richest 1/5 of Canadians have:

- more than 2X the rate of **diabetes and heart disease**
- nearly 2X the rate of **arthritis or rheumatism**
- more than 3X the rate of **bronchitis**
  
- 350% higher rate of disability
- 125% more mental and behavioural disorders
- 95% more ulcers

Poverty is Making Us Sick, Wellesley Institute, Dec. 2008

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## LIFE COURSE DEVELOPMENTAL HEALTH

### Without positive early life experiences:

- 2<sup>nd</sup> decade: school failure, teen pregnancy criminality
- 3<sup>rd</sup> and 4<sup>th</sup> decades: poor parenting, obesity, elevated blood pressure, depression
- 5<sup>th</sup> and 6<sup>th</sup> decades: diabetes, coronary heart disease
- 7<sup>th</sup> decade and beyond: premature aging, multiple co-morbidities, memory loss and dementias

Through multiple gene and environmental interactions.

Hertzman, 2010

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## "ACE STUDIES"

### Relationship of Adverse Childhood Experiences to Adult Health

Kaiser Permanente and The Centers for Disease Control

The largest study of its kind ever done *to examine the health and social effects of adverse childhood experiences over the lifespan* (18,000 participants)

- childhood abuse and neglect
- growing up with in-home domestic violence
- substance abuse
- mental illness
- parental loss
- crime

Vincent J. Felitti, M.D.  
Robert F. Anda, M.D.

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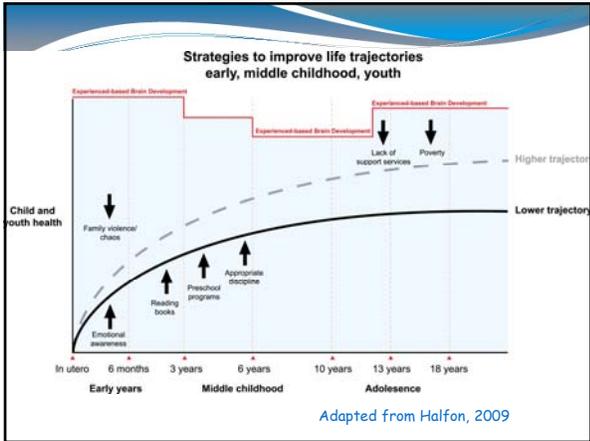
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## 21<sup>st</sup> century deaths in 15-24 yr. old males

- Due to
  - Violence
  - Transport
  - Nonintentional injuries
  - Suicides
- 2-3X higher than 1-4 yr. olds
- "Education, employment, engagement, empowerment have become key determinants of health and social outcomes for young people."

Lancet Apr. 2, 2011

THE LANCET

"Mortality in adolescents and young adults in many countries spanning categories of high to very low income is now greater than is childhood mortality after the first year of life."

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↓  
NEW Life Course Model of Health

Health as developmental process

The product of multiple  
gene-environ't interactions.

Halfon, 2010

**SickKids** 

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**All medicine is inescapably social...**

Leon Eisenberg, Urban Health, 1999

**"need a *community-side* manner..."**

Holtz, PLoS, 2006

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**INTEGRATE WITH INITIATIVES**

**PROVINCIAL**

Early Learning Advisory Report (Pascal)  
Stepping Stones (Middle Childhood, Youth)  
Roots of Violence (McMurtry Curling)  
....input into new Poverty Reduction Strategy

**FEDERAL**  
PHAC  
The Sandbox Project  
Other - employment etc

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**ACTION is a key element.**

*Changing conditions  
to elevate life trajectories of socially excluded.*

*John Snow not known for studies of cholera  
but for taking the handle off the Broad Street pump  
and ending epidemic cholera.*

**AND UNDERSTANDING**

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**ANTONOVSKY'S SENSE OF COHERENCE**

*meaningful, manageable, comprehensive*

→ "Salutogenesis vs pathogenesis" -

Nordic School Of Public Health  
Gothenburg, Sweden

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**Pediatric Training in the 1970's...**

**Home visits**

- with Pediatricians in the community
- as part of Home Care rotations
- aboriginal communities

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**Implications :**  
**Safety**  
**Maternal mental health**  
 (mice, bedbugs)  
**Child development**  
**Stimulation (TV...)**  
**Great libraries,**  
**community centers,**  
**OEYCs, after-school**  
**programs, community**  
**policing vital!**

Police say Lorenz Small, mother of Jordan Matthews, was here in her front yard when she was fired at last. AP/WIDEWORLD

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**Connecting the SDOH to Mental Health..**

**First 2 mental health questions:**

**#1 How did you sleep last night?**

**#2 Have you eaten today?**

Inner City School Principals, TDSB - feed children sent to office  
 Montreal school exams - book first 2 wks. of month, less hungry

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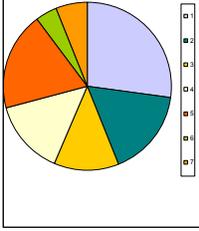
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**AT THE NEIGHBOURHOOD LEVEL (13 Priority):**  
**BUILDING COMMUNITY INFRASTRUCTURE**



13 (27%)	<b>1. MULTI-SERVICE COMMUNITY HUBS</b> (co-located & integrated services in: health centres, employment, youth and seniors programming, community kitchens, computer labs, "housing" spaces, and spaces for resident-led activities.)
8 (16.5%)	<b>2. YOUTH PROGRAM SPACES</b> (new youth program rooms and lounges, a youth-focused hub)
6 (12.5%)	<b>3. TRAINING CENTRES</b> (multi-media training centres, horticultural centre of excellence, space for women's development)
7 (14%)	<b>4. PLAYGROUNDS &amp; SPORT/RECREATION FACILITIES</b> (new skateboard parks, fields for soccer and cricket, new basketball courts, race tracks, multi-sport complexes, etc.)
9 (20%)	<b>5. RENOVATION/ EXPANSION PROJECTS</b> (expansions and renovations of community agency spaces, community centres, etc.)
2 (4%)	<b>6. NEW COMMUNITY CENTRES</b> (creation of York and Warden Woods Community Centres.)
3 (6%)	<b>7. PARKS &amp; OUTDOOR COMMUNITY SPACES</b> (creation of new community markets, community gardens, etc.)

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AND THE RESULT OF PROVIDING INCOME TO FAMILIES...

.....**REDUCED CONDUCT DISORDERS!**

American Indian Pop<sup>n</sup>

- income intervention of opening casino
- reduced child disruptive behaviour
  - ↑ parental supervision of children
  - ↑ parental engagement

↓ conduct/oppositional disorders by ↓ poverty

Heckman, Ann NY Acad Sci 2008; 1136:307  
Costello, JAMA 2003; 290:2023

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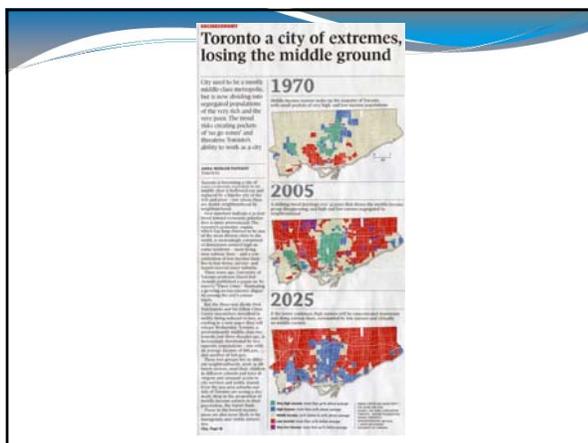
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# The Spirit Level

Why More Equal Societies Almost Always Do Better

Richard Wilkinson and Kate Pickett

**Unbottled Gini**

Has anyone done this? The problems of the future are inseparable from the problems of the past. The only way to solve them is to solve them now. The only way to solve them now is to solve them now. The only way to solve them now is to solve them now.

Inequality is killing. Does it matter what it is? No. The kind of the past is gone. Adam has the same income as a lion person has.

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## Health and Social Problems are Worse in More Unequal Countries

Index of:

- Life expectancy
- Math & Literacy
- Infant mortality
- Homicides
- Imprisonment
- Teenage births
- Trust
- Obesity
- Mental illness – incl. drug & alcohol addiction
- Social mobility

Source: Wilkinson & Pickett, *The Spirit Level* (2009) [www.equalitytrust.org.uk](http://www.equalitytrust.org.uk) Equality Trust

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**SundayBusiness**

Breaking The Seal On Drug Research

That Untoppable Club in C.E.O. Pay

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**Education has not been the great equalizer.**

What % of Ontario children are failing standardized Gr. 3 literacy testing?

...roughly **47%**

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**Failing Gr. 3 Literacy - what does this mean?**

- Poor preschool/kindergarten readiness (EDI)
- High school completion
  - **20 (-50)% of local youth** not completing
- Future Prison Cell needs...
  - U.S. Cities using Gr. 3 Literacy.

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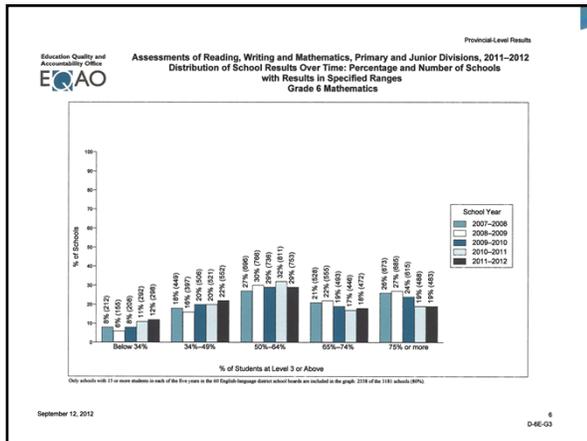
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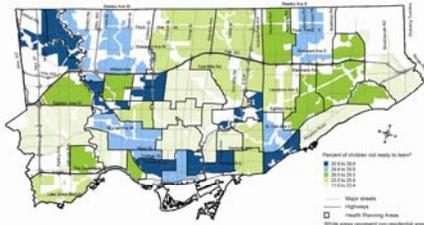
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## Readiness To Learn

- Senior Kindergarten Children Not Ready to Learn at School, by Health Planning Area, Toronto, 2004/05




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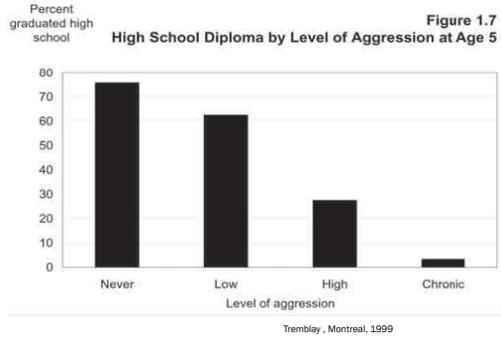
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## How are children doing?



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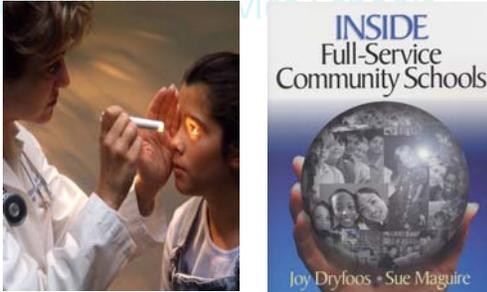
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## Re-creating Our Schools Efficient and Effective Schools



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## Maltreatment Prevention- Nurse Family Partnership

David Olds Home Visiting - pregnancy to age 2 yr.

- 56% fewer MD/hospital injury visits to age 2 yr.
- 25% reduction in maternal smoking in pregnancy
- 48% less child abuse and neglect to age 15 yr.
- 69% fewer convictions to age 15 yr.
- 83% increase in workforce participation by low-income, unmarried mothers by the time their child is 4 yr. old

→ Healthy Babies, Healthy Children

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## SURVEILLANCE DATA FOR ACTION

- Neonatal data BORN (birth weight, etc)
- **Wellbeing Toronto** [map.toronto.ca/wellbeing](http://map.toronto.ca/wellbeing) indicators of economic progress, educational level, the environment, health status and crime
- NEW Toronto Community Health Profiles (mothers and babies) [www.torontohealthprofiles.ca](http://www.torontohealthprofiles.ca)
- Toronto Ward Profiles <http://app.toronto.ca/wards/jsp/wards.jsp>
- EDI data: Mothercraft, Offord Center
- EQAO data and School Board Surveys:
- Community Pediatric Hospitals/ SickKids hospital admissions for child DKA and asthma

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## Outline

1. To demonstrate the intersection of
  - experience-based brain development
  - social determinants of health/epigenetics
  - health
2. To define Social Pediatrics
  - including Life-Course Developmental Health
3. To provide examples of new education, practice opportunities
  - through Social Pediatrics

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**NEW Social Pediatric Elective Roster  
for Medical Students and Pediatric Residents**

Broader, new educational opportunities

Viewed through enhancing Life Trajectory

Theoretical underpinnings

NEW NEUROSCIENCE Brain environmentally sensitive, like lungs  
SOCIAL DETERMINANTS OF HEALTH

Recognizing scientific knowledge not enough to create health, equity

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**Experiences of Medical Student Elective in Social Pediatrics**

**Ambulatory Clinics:**

- Failure-to-thrive Clinic
- Attachment disorder evaluation
- Substance Abuse Clinic, including fetal alcohol syndrome
- Suspected Child Abuse and Neglect Clinic

**Off-site experiences:**

- Children's Aid Society evaluations and follow up: infants with attachment problems; older children, teens behavior problems
- Community-based Teen Clinic
- Child Welfare experiences include urgent intakes at home and schools of at risk children; therapeutic parenting; adoption and foster placement; crown ward planning; interactions with youth criminal justice system
- Exposure to socially disadvantaged children through an inner city health clinic, as well as an immigrant and refugee clinic

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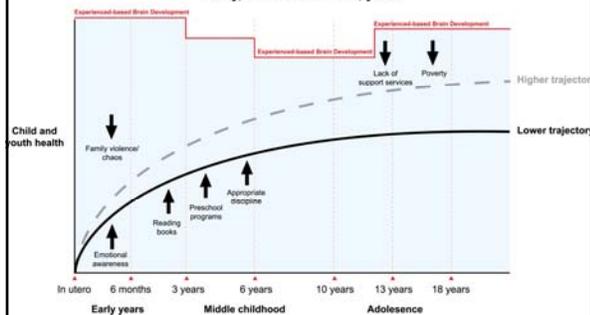
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**Strategies to improve life trajectories  
early, middle childhood, youth**




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**Career Fits with Social Pediatrics**

All  
 Chief of Pediatrics - Endocrinologist  
 Neurodevelopment  
 Behaviour and mental health  
 Child welfare and protection (SCAN, CAS etc)  
 Adolescent Medicine  
 Child Public Health - Pediatric Community Medicine  
**Community Pediatrics Model**

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**WHAT ARE  
 THE EARLY OUTCOMES  
 of Social Pediatrics?**

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Peds Clinic for the uninsured - service, award, study  
 Reflections - published CMAJ  
 Publications - Homeless youth, Legal support, School vision screening, Middle Childhood  
 Conference, Panel planning  
 - Getting to Health Equity  
 - Right to Health  
 - Mini-med schools (Lawyers, Provincial Child Advocate)  
 Political influence - Long Census  
 Links to changing the landscape collaboratively  
 - strengthening IP (N-P, FP) collaborations  
 - New Toronto early years system  
 - New school based health clinics  
 - New community partnerships CHCs, agencies

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Scarborough Community Volunteer Clinic  
 289 Spadina Ave. Scarborough, ON M1S 1Y2  
 (416) 291-2222 (Toll Free) (416) 291-2222



**Paediatric Outreach Program (POP Clinic)**

- Provides Paediatric Consultation Services to children and their families living in the Toronto Area who **do not have health insurance** - Medically Underserved
- Staffed by Paediatric Residents, Paediatricians, Nurses, & Family Doctors

**Examinations • Treatment • Consultation • Counselling**

Clinic is not for Urgent or Emergency care  
 Clinic operates monthly on referrals only

**To make a referral contact:**  
 Jennifer D'Almeida, R.N. Toronto Public Health  
 416.397.4733

**New Location:**



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**Reflection - Home Visits - Medical Student**

"..infants in tiny dark apartments because parents could not afford electricity.."

"..implications of growing up hungry in an abusive household..."

" Never again will I advise a patient to take antibiotics without food, without wondering if they have food to eat at home as one experience with an 18 yr. old in a group home taught me." ..

Kate Amiel, *Antibiotics without food*. CMAJ Feb. 26, 2010

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**"...What they call "home" transformed my understanding of the impact of housing on health." Pediatrician, Training**

Teen Mother "...imagine where this baby will have the physical space to crawl and walk.."

Home Basement Apt. "The fridge is empty..When the stove is turned on, the room fills with steam and smoke. I fear for physical safety."

Exploratory play is not advisable, possible..no exposure to books or building blocks...

Zoe Nugent, *Home Visits*. CMAJ Nov. 10, 2010

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**Enhancing the Life Trajectory  
through music, dance..**

Il Sistema - Ottawa, NW Toronto, etc  
Royal Conservatory Learning through Arts

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**Social Determinants of Health - Music  
"Enhancing the Life trajectory through music"**

RC *Music Champions* program promotes healthy social change, supports children's cognitive, emotional, and physical development (UNCRC).

- Teachers observe high levels of student engagement, success
- Students report greater knowledge retention in non-arts curriculum taught through music
- Teachers report increased students' self-esteem, collaboration with peers that extended beyond the program to other learning and social activities.

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**Life Trajectory  
- Life course - Middle Childhood**

Social Pediatrics Pediatric Resident

Lay Press -

**Mah, K.** Heart of the Matter: habits developed in middle childhood shape the future. *Parents Canada*, March/April. 2011 pp 42-44.

Academic -

**Mah, K** and Ford-Jones EL Spotlight on middle childhood - rejuvenating the forgotten years, In press *PCH* Feb. 28, 2011



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**Supporting children and families  
in Ontario Children's Hospitals through  
new Family Legal Health Program of Pro Bono Law Ontario**

**Most frequently occurring legal issues:**

- Family
- Immigration/Refugee
- Education
- Income Security
- Employment

Suzanne Jackson, PHD, Dalla Lana School, 2012  
Health Care Quarterly 2012; 15:55-61

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HEALTHCARE LAW

**Hospital-Legal Partnership at Toronto Hospital for Sick Children: The First Canadian Experience**

Suzanne J. Jackson, Wendy Miller, Ian Ross Chapman, Elizabeth L. Ford Jones, Pauli Oksanen and Nikhil De

**Abstract**

Over time, a number of legal issues have become increasingly important to children's hospitals. This article describes the development of the first hospital legal partnership in Canada, a partnership of the Hospital for Sick Children in Toronto, a Pro Bono Law Ontario (PBL) program, and the Ontario Bar Association. The partnership provides legal services to children and their families, and is a model for other hospitals in Canada. The partnership provides legal services to children and their families, and is a model for other hospitals in Canada. The partnership provides legal services to children and their families, and is a model for other hospitals in Canada.

**Keywords:**

The abstract contained of one main point from the research.





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**Service Provision in New Settings**





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# The New Pathway

- Promotes early identification and intervention throughout early childhood and recognizes the importance of developmental screening by parents and professionals.
- Continues to promote the enhanced 18 month well-baby visit.

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# Child Developmental Support Record

**NOTES:**

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This Child Developmental Support Record is designed to help you track and organize information regarding services for your child. Your child may not need all the services listed. You can print this card when you are meeting with the professionals involved in supporting your child's health and development.

**Don't Wait and See with a Child's Development**  
If you have questions about a child's development, please call:  
Sonoma Public Health 415.339.7620  
CDYSKIDS 415.339.8543  
Sonoma Professional Speech and Language Services 415.339.8213  
healthystatements.ca




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# Child Developmental Support Record

Parent Concern, Health Visit, Screening Clinic, Professional Observation: Tracking support received from specialized intervention services (Sonoma County Developmental Services, Sonoma County Hearing, Communication Checklist, Hearing, Vision, Ages and Stages 3.5, MCHAT, NurtureKit)

Service Received (only if needed)	Screened/Referred (parent's/child's last used)	Professional Name, Designation and Phone Number (Print)	Organization Name	Professional's Comments (Parent should fill in when it is)	Last Visit (date/yr)
General medical care by a family doctor/pediatrician					
Hearing test by audiologist					
Home test by audiologist					
Speech and Language Assessment & Therapy					
Communication (social communication)					
Child Care Resource Consultant (supportive services in child care environment)					
In-home parenting support (home visits) from public health nurse					
In-home child developmental support (early intervention)					
Feeding support (consulting by dietitian, RN, etc.)					
Nutrition counseling (dietary changes and food environment)					
Dental care by dentist (for pediatric dentists)					
Occupational Therapy (only long-term under self-pay)					
Physical therapy assessment (functional activities and motor)					
Counseling, parent education, group/individual therapy					
Developmental assessment using standardized tools & observations					
Psychological assessment or psycho-educational assessment					
Special Health Services (occupational/physical support, assessment, etc. through)					
Autism specialist (social skills support, group interventions, counseling, support)					
Other (i.e., Speech-Language)					

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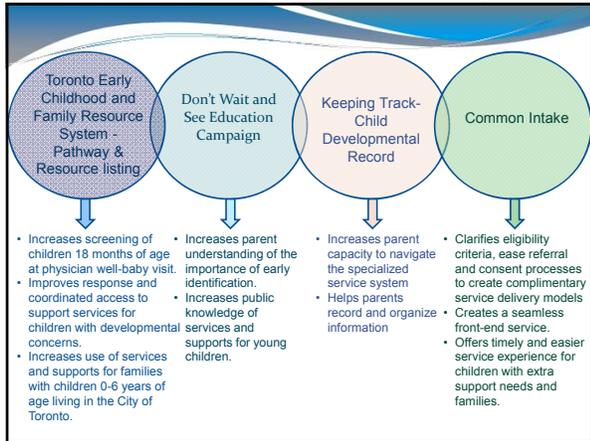
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**Community Liasion Personnel**

- *fundamental, critical need* for layer between health care providers and communities  
 i.e. **Community Child Health Advocates**

- develop from leaders in parks and rec, ethnic groups, faith-based, other groups

Garg et al J Pediatr 2012; 160-535





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## Meeting Infrastructure

**SickKids** 

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**National Professional**

- Canadian Pediatric Society
  - Developmental support and surveillance from birth!
- Other universities e.g. CHEO National Child Housing Initiative!

**Government e.g. Ontario, City**

- Provincial age 18-month Enhanced Well Baby Visit
- Provincial EQAO Committee,
- Provincial Child Advocate and CCAC service
- City Integrated Early Years Services,
- City Middle Childhood Initiative,
- City School board Health and Wellness Committee,
- City Public Health Child and Family Advisory Network(TCFAN);

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- Philanthropic e.g. Boards, Memberships
  - Nutrition e.g. Breakfast for Learning
  - After School Programming e.g. Start2Finish/Run for Change
  - Rotary
  - Faith-based
- Legal e.g. Pro Bono Law, child rights and response to UN Report
- national multidisciplinary e.g. Conference Board SDOH
- *Especially*
  - Community development with Neighbourhood planning groups
    - Jane-Finch, Weston Mt.Dennis, Thorncliffe
  - City Community Housing Corporation youth groups

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**THE LANCET**

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"Neglect [in childhood] is at least as damaging as physical or sexual abuse in the long term but has received the least scientific and public attention."

**SickKids** 

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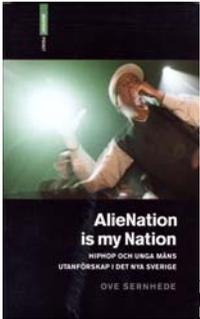
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**ROOTS OF VIOLENCE REPORT**

Roy McMurtry, Former Chief Justice of Ontario  
- Alvin Curling, December 2008

**#1 Social Exclusion**  
**#2 Racism**  
**#3 Poverty**

**SickKids**  

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**PARTICIPATORY PRINCIPLE.....**

ATKINSON FOUNDATION < NEWS

**Giving a voice to the vulnerable**

Atkinson project helps marginalized speak up for themselves while boosting self-esteem

**LAUREN MONSIEUR/ATKINSON**

Christie Hamilton and Sherry Brown were more than happy to be crowd when about 500 social justice activists packed a Queen's Park meeting room in April to tell the provincial government how right poverty they were against.

As two of Ontario's 1.8 million people living in poverty, they brought first-hand knowledge of life on the street, without money to pay rent or to buy food.

And as graduates of Voices from the Street, a program that provides leadership training to people with histories of homelessness and poverty, their participation was both poignant and powerful.

Children's Minister Rick Mahoney, head of the provincial cabinet committee charged with developing a poverty reduction strategy for Ontario, was finally present.

Source: Grant and Maryam Ousefi, as board members of the Atkinson Housing Co-op, are helping Toronto youth avoid a life of drugs and crime.

**MANUJINI TORWALDI/ATKINSON**




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**Community context**

Improving Trust, reducing *real barriers* identified by the community

- consider why good programs have not worked in the profound family challenges of poverty, isolation, racism, migration, reunification, siblings raising siblings, crowding
- advocate around growing disparity and inequity (JAMA, May 1, 2013)
- meet in community when parents can be in attendance
- ongoing need to positively frame each child
- recognize uniqueness of each community
- recognize community strengths and action

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**The Fundamental Role of Attachment**

**What has attachment theory got to do with health care?**

- be aware of possible distrusting feelings of patient
- provide a safe haven by checking prejudices at door
- respect patients, each other health care provider

Daneman and Daneman, Future Medicine, 2012; 2:85-87





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**Solutions lie outside of the individual's office..**

but remember Kipling's Law of the Jungle"  
 "...the strength of the pack is the wolf  
 ....the strength of the wolf is the pack.."





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**Solutions lie outside of the individual's office..**

"Mobilize every inspired and inspiring person.

"Sustained unprecedented activism by people like you and me .

Paul Ritvo PhD, York U





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**Martin Luther King** "I have a Dream"

- life was testament to fairness and justice
- in 18 jail cells and had his home bombed 3X but still said **"Stand up for what is right. "**

**REPRESENT WHO IS NOT AT THE TABLE THAT YOU ARE AT**

- 70% in Ontario working FT/PT still in poverty
- people low on Hope...(The Common Good, we are in this together, "us-ists, not me-ists")

... Get them to the table





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**Principles:**

- Principle of Antonovsky (Swedish)
  - Meaningful, manageable, coherent, comprehensive
- Participatory with Priority Neighbourhoods
  - AOP, minimizes Power Differential
- Engages appropriate Pediatric experts
- Inter-sectoral
- Method for addressing new issues
  - ad hoc intersectoral, transdisciplinary "think tanks"
- Coherent with Provincial, other reports e.g. Pascal Early Learning and Middle Childhood, Roots of Violence

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# What do we value as a Society?

**Children's Well-being in  
UK (Worst), Spain, (Best) Sweden**

UK - consumers, pressure to buy, materialism  
Spain - pleasing parents, family time  
Sweden - doing things, skills, activity

[www.unicef.uk.org](http://www.unicef.uk.org)

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## BLUEPRINT FOR ACTION...

- #1 Raise **Public Awareness about SDOH**
- #2 Promote **Children's Developmental Health** as Foundation for Lifelong Well-being
- #3 Promote **Place-Based Initiatives That Link Services and Sectors** to Shift the Risk Curves for Populations of Children and Families
- #4 **Align Incentives**
- #5 Create **Common Accountability Framework**
- #6 **Promote Positive Social Determinants of Health**
- #7 Create **New Parent-Professional Partnerships**

Neal Halfon, HCQ 2010

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**YEAR(S) IN REVIEW**

**Pediatric Residents and Career Paths**

- 1. Community Pediatric Consultants**
  - Teams
  - Sites - OEYC, School-based clinics
- 2. Specialists**
  - All - see Chief of Pediatrics SickKids - Diabetes!
  - Neurodevelopment
  - Development and behaviour
  - Adolescent Medicine
  - Child welfare and protection
  - Public Health

2012-2013 PEDIATRIC REVIEW

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**YEAR(s) IN REVIEW cont'd**  
*Education - content, sites*

- New electives with home visits- J Pediatr Mar 2012  
Trainee Reflections published CMAJ
- New projects
- New teaching opportunities for trainees with parents  
Middle Childhood parent lectures
- New strategies
  - POP Clinic for the Uninsured Children
  - Family Legal Health Program
  - While You Wait Clinics at OEYCs (group speech, OT)
- New positions for Pediatricians
  - CHCs, teen mothers
  - TDSB school-based Health Clinics
  - Early Years Centers developmental assessments

2012-2013 PEDIATRIC REVIEW

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**YEAR(s) IN REVIEW Cont'd** *tools developed*

Supporting development

- E18WBV Pathway/Tool
- Developmental Support Tool including SDOH
- Speech and Language
- Optometry referral letter/triage Optometrist System

Improving Financial Resources, Living Circumstances

- Peds Poverty Tool [www.ocfp.on.ca/cme/povertytool](http://www.ocfp.on.ca/cme/povertytool)
- Adult OCFP Poverty Tool [www.ocfp.on.ca/cme/povertytool](http://www.ocfp.on.ca/cme/povertytool)
- Palliative Care Tool
- Hunger/Food Insecurity Resources

Other Tools

- Dentistry Tool
- Bullying Letter - Pediatrician to/from School

2012-2013 PEDIATRIC REVIEW

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cont'd *New Presence of Pediatricians/Infrastructure*

- Idea development ad hoc Think Tanks, Inter-Sectoral
  - Filling in some gaps in Mental Health (community policing, etc)
  - Maternal mental wellness resources
  - Vision equity (eye exam + glasses)
- *New Pediatric Presence on Committees*
  - City Child Public Health
  - Toronto District School Board Health Committee
  - City Early Years
  - City Middle Childhood
  - Neighbourhood Literacy
- *New Pediatric Presence on Boards* (provincial, national, international)
  - Early Years
  - EQAO
  - after school Start2Finish
  - school nutrition Breakfast for Learning
  - APA Child Poverty

Ted McNeill PhD, BSW

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cont'd *Next steps*

- Looking at the statistics by postal code/mapping
  - BORN,
  - EDI
  - EQAO
  - Admissions for DKA, asthma
  - High school completion
  - Employment
- Community Child Health Advocate Model! - Arvin Garg
- Service Navigation!
- Continue Publications - with Community Partners

Ted McNeill PhD, BSW

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