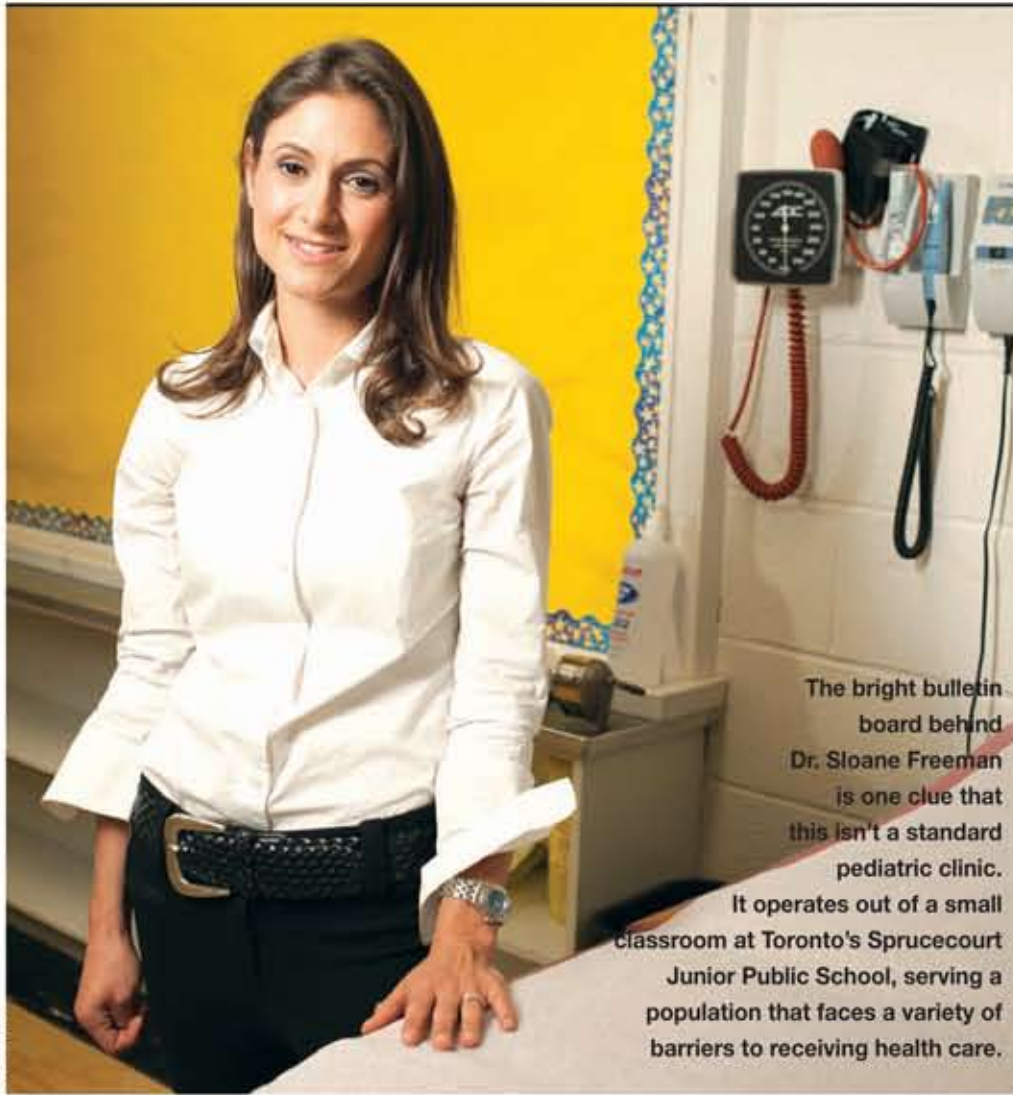


# life



D.W. Dorken

The bright bulletin board behind Dr. Sloane Freeman is one clue that this isn't a standard pediatric clinic. It operates out of a small classroom at Toronto's Sprucecourt Junior Public School, serving a population that faces a variety of barriers to receiving health care.

## Doctor champions in-school clinics for disadvantaged kids

*A pilot project entering its second year is breaking down barriers to equal access to primary care*

by Maggie Vourakes

THE PLAYING FIELD isn't even for all children trying to access Canada's health-care system. With almost one in five Canadian youth suffering from a diagnosable psychiatric disorder, according to the Canadian Mental Health Association, obstacles to care and treatment are having a direct impact on their school performance, absenteeism and overall health.

Dr. Sloane Freeman, a pediatrician at St. Michael's Hospital in downtown Toronto, is leading a pilot project that may help knock these barriers down. The Model Schools Paediatric Health Initiative aims to improve the health care of inner-city children by offering them access to a full clinic within an elementary school. This allows every child younger than 12 (and their siblings) access to a pediatrician and three family physicians during school hours twice a week.

For Dr. Freeman, it has been the first step toward bridging the gap between once disconnected medical and education communities.

"What's great about being in the school is that we can hear directly from teachers and observe children in their environment," she says. "Teachers and doctors often work in silos where there is very little communication back and forth. By being in the school, the pediatrician can see a

**"Families are telling us . . . they feel more comfortable bringing their children to the clinic at the school."**

child (and) quickly perform a developmental assessment on site."

### Barriers to care

Since the start of her career, Dr. Freeman has championed helping disadvantaged children, and is largely responsible for getting the project off the ground. Upon joining her hospital two years ago, she witnessed first-hand the barriers to accessing health care that disadvantaged, inner-city children face on a daily basis, such as transportation and lack of a government health card, as well as those due to language and cultural differences.

"There is difficulty navigating our health-care system," she says. "Sometimes when it's just one appointment with their primary-care doctor they can get there, but when it's further referrals to other physicians it becomes more difficult.

"(It was) one of the major reasons I wanted to pursue a career with St. Michael's, because of its commitment to caring for underserved, disadvantaged children. We

had many discussions brainstorming better ways to serve the inner-city children in our own backyard. Schools seemed like an obvious but unrealized access point."

After dedicating a year-and-a-half to the development of the program (a partnership including St. Michael's, the Toronto Foundation for Student Success and the Toronto District School Board's Model Schools for Inner Cities Program), the project launched last November at Sprucecourt Elementary School (located five minutes away from St. Michael's by car), where 96% of children don't speak English in their homes.

Attempting to blend the medical and school communities was no easy feat. While there are similar projects in the U.S. to grant children equal access to health care, this is the first initiative of its kinds in Ontario, according to Dr. Freeman. The lack of precedence created a number of early challenges, such as spreading the word to parents and determining how to properly handle medical records in a school setting.

### Successful start

But as the program steadily approaches its one-year anniversary, and despite initial challenges, it is already proving to be a beneficial service to the community. Two-thirds into the last school year, the demand was so great that the clinic began bussing in children from nine neighbouring schools. Six months after its inaugural fall launch, the clinic had logged 164 appointments, most with behaviour concerns, ADHD, learning problems and developmental delay. Preliminary findings that Dr. Freeman shared at the Canadian Paediatric Society annual meeting in June found that a significant proportion of the children seen came away with a developmental diagnosis.

"I think initially we were surprised at how many kids we were seeing with developmental health needs," says Dr. Freeman. Early findings also showed that mental and developmental concerns, upper respiratory infections and gastroenteritis made up nearly half of the diagnoses seen at the clinic.

Parents are describing the school as a more "comfortable and familiar" outlet as well. Of those surveyed, 57% said they were more at ease using an in-school clinic for their children.

With early results of the pilot project indicating a promising future, the initiative now requires the financial support of the provincial government to help it to grow and remain sustainable. Funding will likely be an up-and-coming hurdle the project faces, Dr. Freeman says. Her vision, however, remains clear as she leads the project into its second phase.

"Teachers are pleased that we're on site and when they make a recommendation, it's going to happen. Families are telling us that the school clinic is much more convenient and they feel more comfortable bringing their children to the clinic at the school. As we move forward we plan to refine our model and include more schools in order to broaden our reach."

*Maggie Vourakes is a freelance writer in Toronto.*