As stated in a previous commentary (9), that they have in the health of children and youth new to Canada. With approximately 50,000 children and youth younger than 15 years of age immigrating to Canada annually (2), not to mention the children born in Canada to immigrant/refugee families within their first decade of living in this country, the importance of understanding these intricacies and challenges becomes even more acute. We highlighted the need to understand both the official definitions of status, or lack thereof, for families and children new to Canada (3) (which can have implications for the type of health care services that individuals may or may not qualify for) as well as the unique backgrounds, cultures, migration stories, belief/support systems, positive/negative experiences and health perceptions that can greatly impact each child’s physical and mental health and well-being.

In our previous commentary, we also briefly touched on the importance of migration process factors (4), immigrant-specific factors (eg, the ‘healthy immigrant effect’, ‘resettlement stress’ and ‘convergence effect’, among others) (5-7), and the social determinants of health (8) (Box 1) including the disproportionate role that they have in the health of children and youth new to Canada. As stated in a previous commentary (9):

Anyone who has worked with an immigrant child and family, be it in an office, emergency room, home visit, school meeting, or elsewhere, can relate to the sense of frustration at knowing or at least feeling that there are barriers and challenges that we could do a better job of alleviating.

These barriers and opportunities for improving them are summarized in Boxes 2 and 3 (9).

It is against this backdrop, in which health care providers are increasingly called on to care for new Canadian children and youth, and face the complexities of providing that care in both a culturally sensitive and competent manner, that the Canadian Paediatric Society (CPS) has launched ‘Caring for Kids New to Canada’, a bilingual web resource, available at www.kidsnewtocanada.ca and www.enfantsneocanadiens.ca. Based on the 1999 CPS book, Children and Youth New to Canada: A Health Care Guide (10), and funded by a grant from Citizenship and Immigration Canada, this new resource reflects changes in demographics, physician practice and technology (hence, Internet based). The revision process began with a needs assessment in 2009-2010 and continued in 2011 with a two-day facilitated ‘brainstorming session’ involving multidisciplinary care providers from across Canada with expertise in the field of caring for newcomer children and youth. The need for an updated resource was confirmed and broadly supported. The scope of information/content required and the evidence-based focus of the project was generally outlined and, soon thereafter, the ‘heavy lifting’ began.

The CPS appointed two co-Editors-in-Chief and, with the input of Editors, representative of the regions of Canada and range of specialties, and cross-disciplinary in nature, they proceeded to outline the content to be developed, timelines and process. Apart from the Editorial Board, other working groups were formed, including an Advisory Group and Methods Subcommittee, to take on important aspects necessary for moving the project forward and addressing specific areas of priority such as ensuring an evidence-based product and transparency. Ultimately, >25 individuals were involved in actual content development, covering everything from advocacy, cultural competency, medical assessments, mental health and much more. As the various areas/topics of the resource evolved, they were peer reviewed by CPS committees and sections as well as external experts, critiqued, revised and sent to the CPS Board of Directors for final approval. The language of the documents was also assessed with a view toward cultural sensitivity, accuracy and overall readability/flow. Concomitantly, CPS staff worked with a web designer to build the platform from which the resource would be launched.

Box 1: Social determinants of health
- Aboriginal status
- Disability
- Early life
- Education
- Employment and working conditions
- Food insecurity
- Health services
- Housing
- Income and income distribution
- Race
- Sex
- Social exclusion
- Social safety net
- Unemployment and job security

Box 2: Barriers/challenges to improving health of immigrant youth and children
- Assumptions/biases of health care providers
- Differing roles and responsibilities of family members
- Ethno-cultural differences
- Fear/mistrust of authority
- Financial barriers
- Health care rationing (complex health insurance eligibility/entitlement)
- Lack of familiarity with the health care system
- Lack of knowledge of diseases and cultural interpretation of diseases
- Language barriers
- Literacy and education
- Magnified effect of social determinants of health

Box 3: Opportunities for improving health of immigrant youth and children
- Advocacy
- Barrier/bias removal
- Cross cultural similarities
- Innovative solution development (case specific versus universal)
- Interpreter service availability
- Intracommunity leadership
- Policy development and promotion

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The end result is the Caring for Kids New to Canada website, a new, open-access, free, bilingual online resource accessible to all but targeted specifically to health care providers working with newcomer children and youth. It is the first Canadian website to focus on the health needs of immigrant and refugee children and youth. It is accessible, easy to navigate and content rich, and includes hyperlinks to the most important resources (local, provincial and national) for multidisciplinary care providers faced with the day-to-day challenges of dealing with this at-risk population of children and youth. The primary goal of the web resource is to provide pragmatic guidelines, best practices, clinical tools, assessments, checklists, and links to community and government resources (Figure 1). However, of equal importance, we hope that this website can raise awareness of the differences and complexities of providing care to this population, help to optimize care and eliminate health disparities. The web-based nature will also allow for an iterative aspect in which information can be evaluated, augmented and updated. End users – paediatricians, family physicians and nurses – are already providing feedback, which will be incorporated into future components of the website. The development of the website itself has been an excellent example of a multidisciplinary, cross-specialty knowledge translation and exchange project that can, hopefully, act as an example for future knowledge translation and exchange initiatives via the CPS or other networks.

Ultimately, our goal is to provide a ‘one-stop shopping’ experience for individuals providing care to children new to Canada, whether they are immigrants, refugees or international adoptees. The Caring for Kids New to Canada website attempts to address both the most commonly asked questions that care providers are faced with (eg, immunization updating, definitions of new Canadian status and medical/infectious screening) and yet also delve into areas critically important to providing appropriate and complete care (eg, adaptation and acculturation, cultural competency, facilitators and barriers to care, and advocacy). We are currently only halfway there, but over the coming months, additional content and sections will be added to the website, and it is critical to receive comments from individuals, such as yourselves, that will help make this resource comprehensive and ‘user friendly’. Please peruse the site at www.kidsnewtocanada.ca or www.enfantsneocanadiens.ca and join us in trying to raise the bar for children, youth and families new to Canada.

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