

Submitting Questions

- ▶ Questions can be submitted to [Slido.com](https://www.slido.com) using the event code **#SSGR17Nov**
 - ▶ Before submitting a question, scan the list of already submitted questions in case your question has already been asked.
 - ▶ “Like” questions to prioritize them.
 - ▶ Not all questions will be answered due to the time allotted for this webcast.



Equity, Diversity and Inclusion Strategy In Surgical Suites: Taking Social Determinants 'Vital Signs' To Address Adversity and Disparities



Surgery and Society

Moderator: Dr. Simon Whyte

Opening Remarks: Damian Duffy

Faculty: Dr Jane Gardiner & Dr Christine Loock—joined by

Dr Will Lau (UBC 2020) and Bonnie He (UBC 2021) OPSEI BEARS Research Team Members

Surgical Suites Grand Rounds

BC Children's Hospital

Nov 17, 2020

M A S E S

Project
Day
2019

MEDICAL STAFF ASSOCIATION OF
CHILDREN'S AND WOMEN'S HOSPITAL



BC WOMEN'S
HOSPITAL+
HEALTH CENTRE



doctors
of bc
Better. Together.



Acknowledgements



We would like to acknowledge that we work, live and play on the traditional, ancestral and unceded territory of the Coast Salish peoples – Sk̓wx̓wú7mesh (Squamish), Stó:lō and Səlílwətaʔ/Selilwitulh (Tseil-Waututh) and xʷməθkʷəy̓əm (Musqueam) Nations.

MASES
Project Day 2019

MEDICAL STAFF ASSOCIATION OF CHILDREN'S AND WOMEN'S HOSPITAL



BC WOMEN'S HOSPITAL+ HEALTH CENTRE



doctors of bc
Better. Together.

Study Team

Principal Investigators:

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Dr. Douglas Courtemanche

Co-Investigators

Mr. Damian Duffy

Dr. Jane Gardiner

Dr. Robert Baird

Ms. Rebecca Courtemanche

Dr. Matthew Carwana

Dr. Eva Moore

Dr. Tanjot Singh

Mr. Ethan Ponton

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Ms. Melody Tsai

Ms. Lisa Szostek

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Beenu Bajwa

THANK YOU!

BCCH Social Work

UBC Faculty of Medicine

Department of Pediatrics

Department of Surgery

MASES Engagement Fund

RICHER team + Community partners

BC Children's Youth Advisory Council

BC Women's Indigenous Health

UBC CUES Fund



Thank you from the 'BEARS' Team



Dr. Douglas Courtemanche



Mr. Damian Duffy



Dr. Christine Look



Ms. Rebecca Courtemanche



Dr. Robert Baird



Dr. Jane Gardiner



Dr. Matthew Carwana



Dr. Eva Moore

Meet the CUBS* of the 'BEARS' Projects



Community-University Bridging Strategy



Dr. Tanjot Singh



Bonnie He



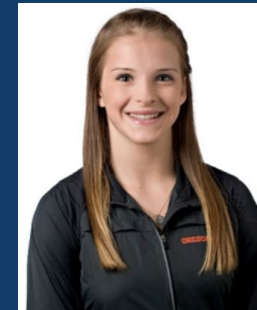
Ethan Ponton



Will Lau



Alesia Diccio



Taylor Ricci



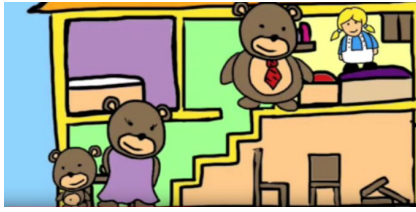
Lisa Szostek



Amy Beever-Potts



Melody Tsai



Agenda



- Opening remarks: Mr. Damian Duffy
- BEARS Projects: Our journey towards implementing routine social determinants of health (SDoH) “vital signs” assessment in clinical settings
 - Surgery and Society QI project and the BEARS Survey
 - A Human Rights/Child Rights lens on SDoH
- Guest speaker: Kate Hodgson, Coordinator, RayCam Co-operative Community Centre
- Discussion

Objectives

Goals and Objectives:

1. Identify simple tools such as the SDoH BEARS* for use multiple practice settings to identify families with additional barriers to health care
2. Find practical resources and practice points** to assist families requiring during the current COVID -19 pandemic
3. Discuss emerging evidence regarding food security and "Hunger Vital Signs" plus other potential 'red flags' for activating Social Work referral



*OPSEI Surgery and Society site
<https://www.bcchr.ca/opsei/surgery-and-society>



**<https://www.cps.ca/en/documents/position/what-paediatricians-can-do-to-support-children-and-youth-during-the-covid-19>





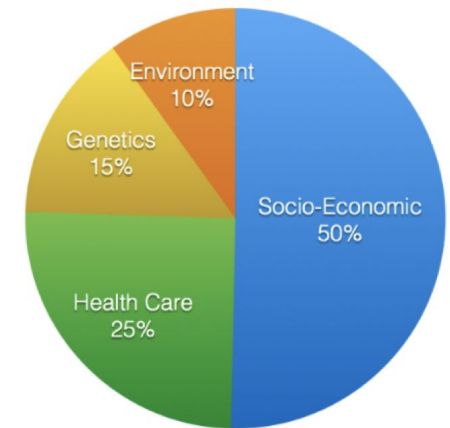
Background

In 2006 Social Pediatrics RICHER Program was conceived with UBC Pediatrics and UBC School of Nursing.

OPSEI led by Damian Duffy laid the groundwork for Surgery & Society to join forces.

In 2017, there was limited BC data on SDoH or ACEs for pediatric/adolescent aged ambulatory patients.

What makes Canadians sick?



In Canada...

~1 in 5 children (18.4 %) live in poverty.
 1 in 2 children with disabilities live in poverty.
 1 in 2 Status First Nations children live in poverty.

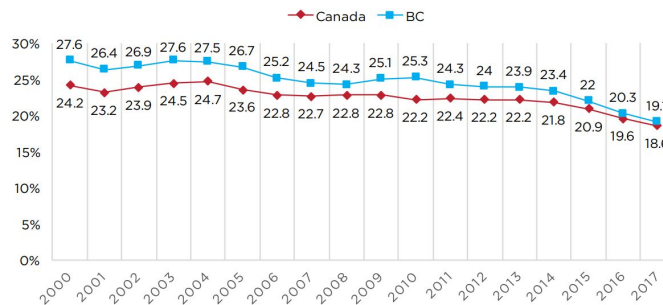


SUMMARY REPORT

November 24, 2019 marked 30 years since the all-party House of Commons resolution to end child poverty by the year 2000 was signed. Unfortunately, in the three decades since, child and family poverty persists.



Child Poverty Rates, Canada and BC, CFLIM-AT, 2000-2017



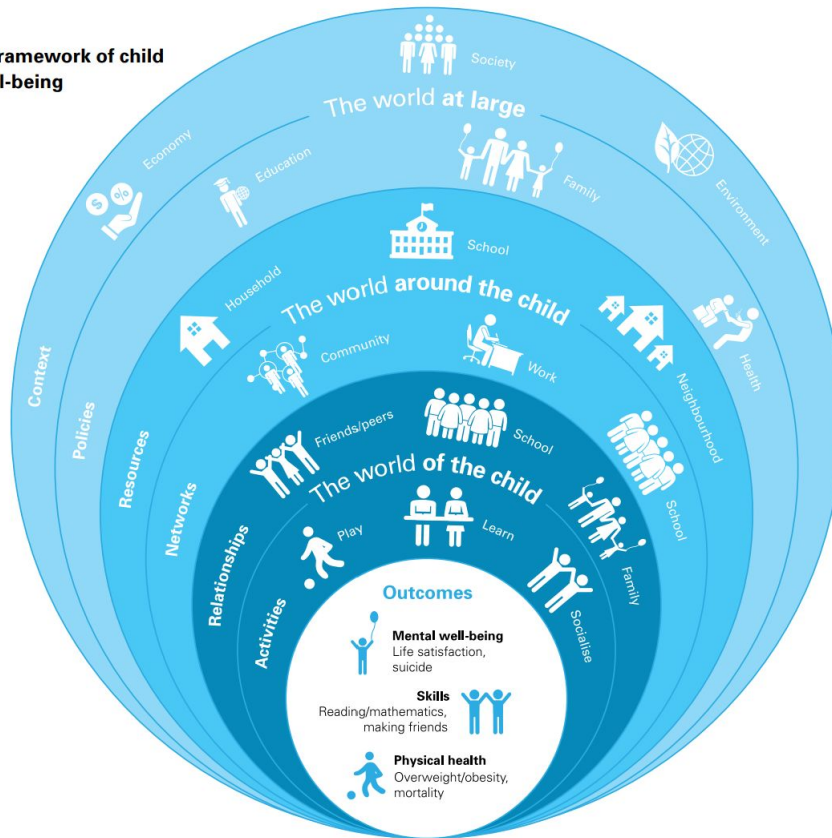
In British Columbia...

~1 in 5 children (19.1%) live in poverty.
 Child vulnerability has increased in the past decade.

Take home message: We all practice Social Pediatrics!

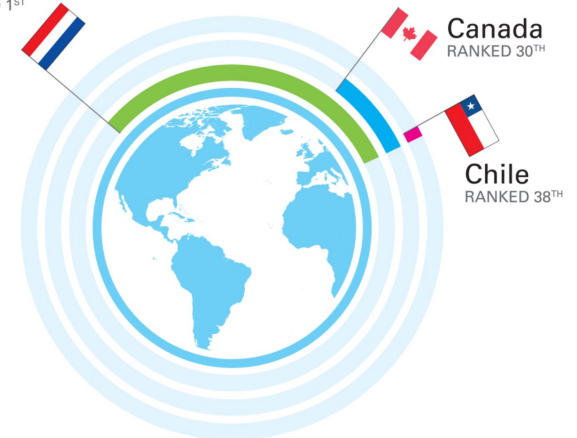
'Social Pediatrics' is about who we are not seeing and asking why...

Figure 2:
A multi-level framework of child and youth well-being



UNICEF Report Card 16: Child and Youth Well-being

Netherlands
RANKED 1ST





Surgery & Society



30 Questions + Optional ACEs

Participants: Convenience sample of families/caregivers at BCCH (N>610)

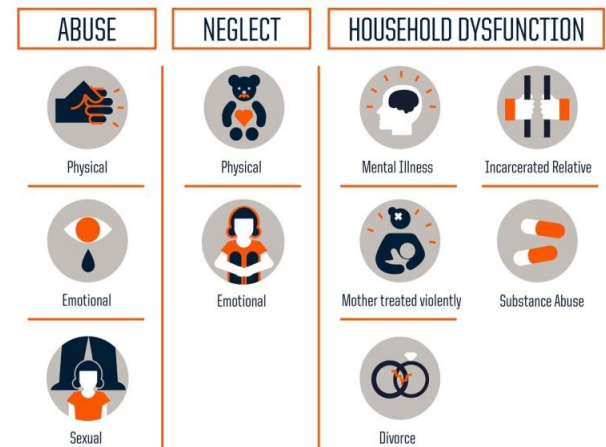
10 Ambulatory Surgical Clinics

1. Cerebral Palsy [Ortho]
2. Dentistry
3. ENT
4. General Surgery
5. Neurosurgery
6. Ophthalmology
7. Ophthalmology [RICHER]
8. Orthopedics
9. Plastics
10. Urology

3 MDT Clinics

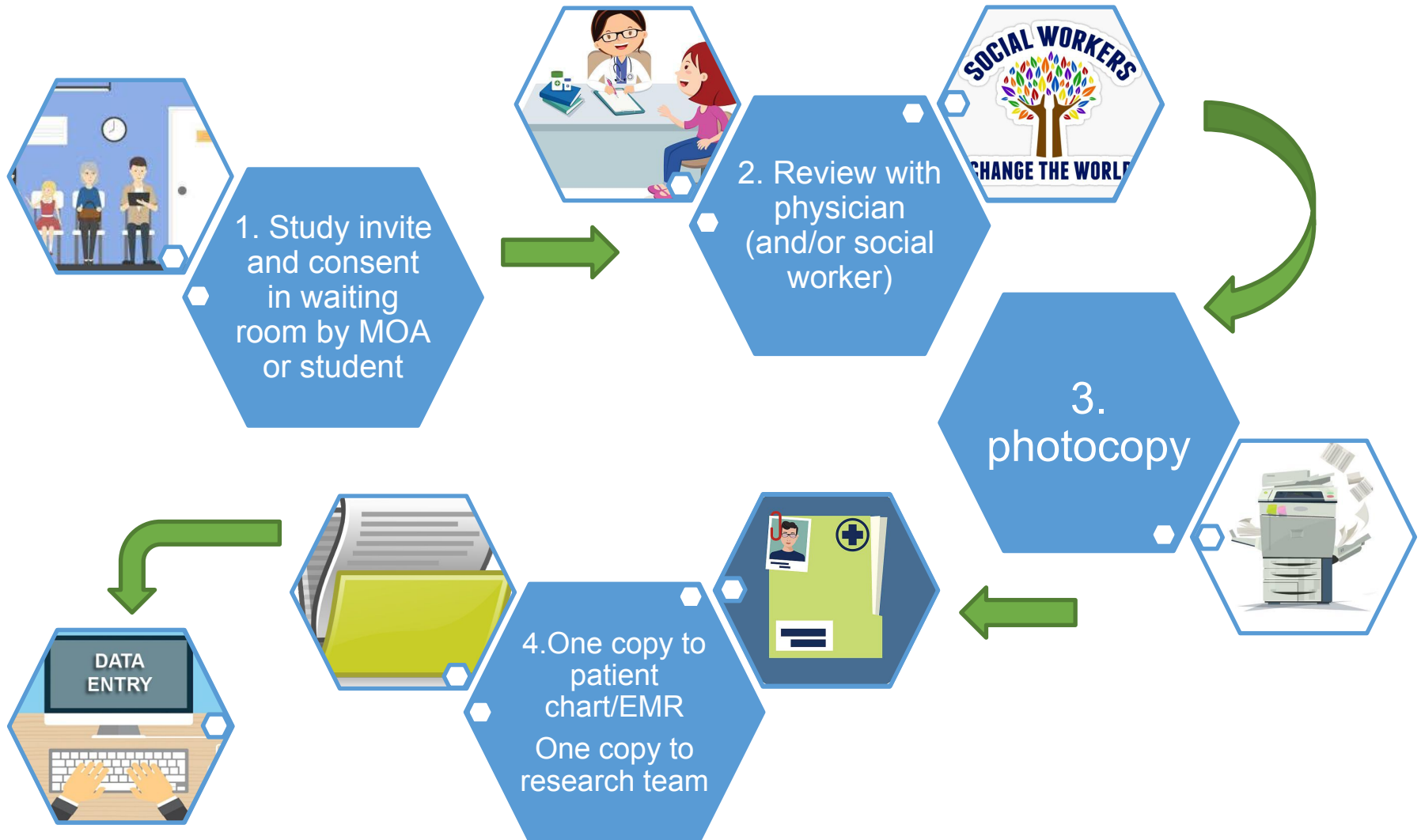
1. Cleft Palate Craniofacial
2. VIP (Vision)
3. Spinal Cord

ACEs Optional





SDoH SAS QI Study: Methods



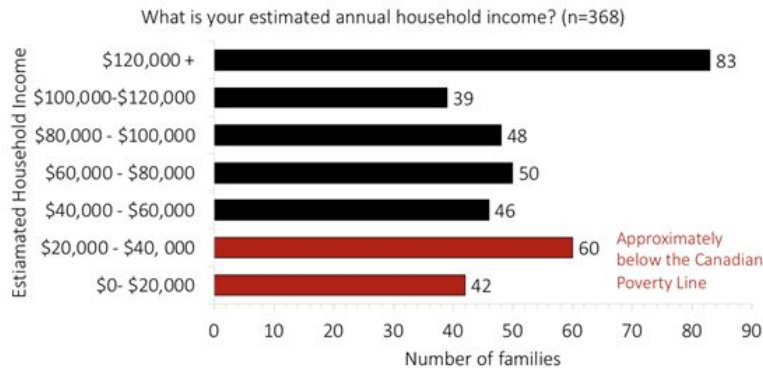
Surgery & Society

Dr. Tanjot Singh

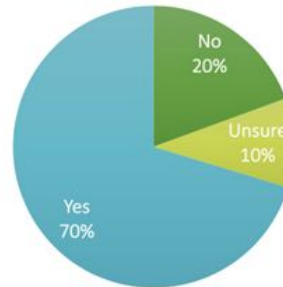
Economic

- Half of families reported having difficulty making ends meet (n=364, 53.3%).
- Twenty-three percent of families had an income below \$40,000, with \$37,542 being the Canadian Poverty Line (2015).

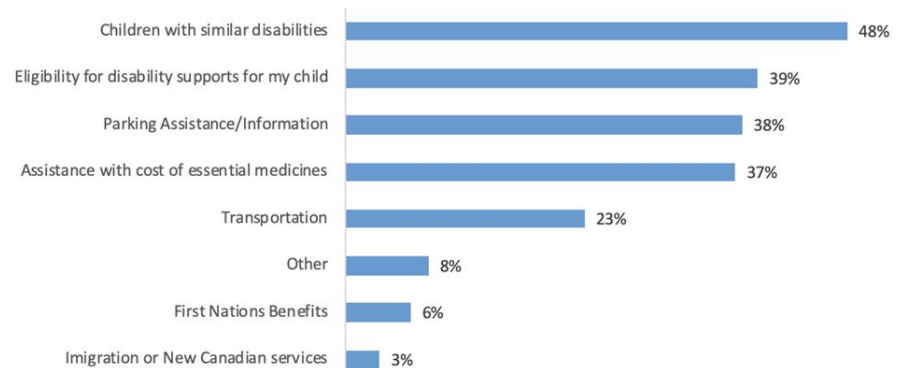
Nearly 1 in 4 families live below the poverty line



Have you completed your tax forms to be considered for benefits? (n=391)



What types of information do you think might assist you in your child's health journey? (n=610)



Surgery & Society

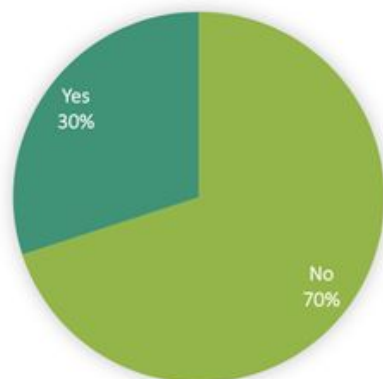
Dr. Tanjot Singh

Social

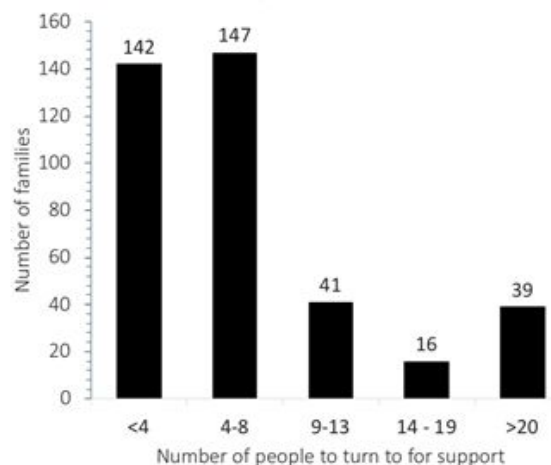
- While almost all families had a primary care provider (n=366, 94.3%), only 76.9% (n=321) reported being able to turn to them for assistance.
- One third (30%, n=360) of participants identified as a visual/cultural minority.

1 in 3 families had fewer than 4 people to turn to for support

Do you or anyone in your household identify as a minority visually or culturally?
(n=360)



In times of stress, how many people can you turn to for support? (n=385)



Surgery & Society

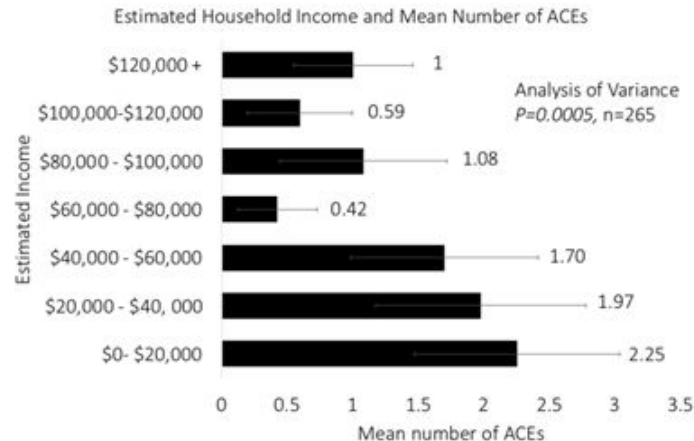
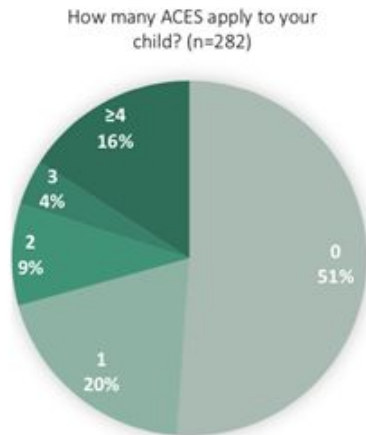
Dr. Tanjot Singh

Adverse Childhood Experiences

- Sixteen percent of children in our study had an ACE score of 4 or more (≥ 4) (16%, n=282), compared to the US national average of 12.5%, where ACE scores ≥ 4 are significantly related to poorer health outcomes.
- We found a significant difference in mean ACE scores between income brackets (ANOVA, $P=0.0005$, n=265), with those of the lowest income having the highest mean ACE score (mean=2.25).

1 in 6 children had an ACE score of 4 or greater

Lowest income bracket had highest number of ACEs





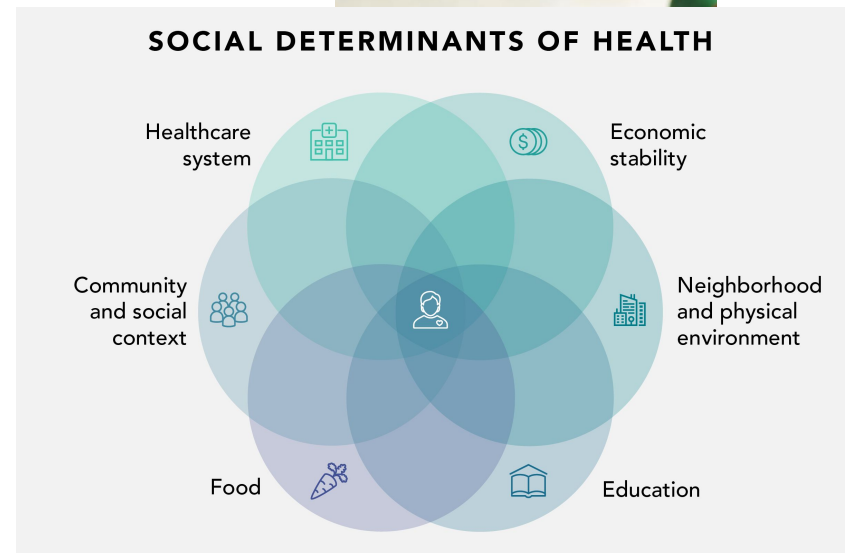
Social inequities and visual function in pediatric ophthalmology populations



Dr. Jane Gardiner and Bonnie He

Introduction

- Expand the initial study to look in detail at the pediatric ophthalmology population
- Good vision is crucial for a child's physical, emotional, social, educational and developmental well-being
- Few and mixed reports in the literature on SDoH in ophthalmology and the relationship with vision



Social inequities and visual function in pediatric ophthalmology populations

Dr. Jane Gardiner and Bonnie He

Methods

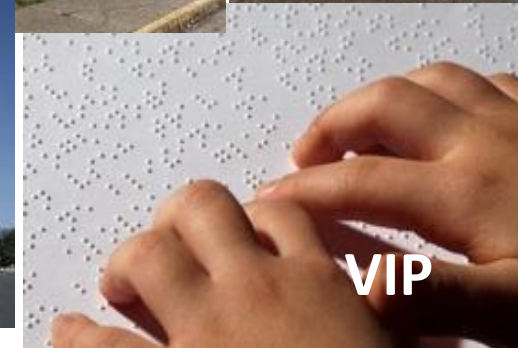
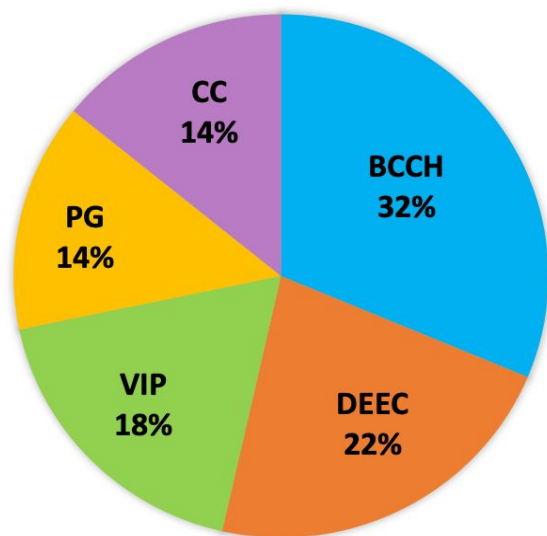
- Prospective cross-sectional study
- 5 different pediatric ophthalmology outpatient settings in British Columbia
- Institution approved survey on various socioeconomic factors and ACEs (same survey - Surgery & Society)
- Ophthalmological information (VA, eye condition) extracted from participants' charts

Social inequities and visual function in pediatric ophthalmology populations

Dr. Jane Gardiner and Bonnie He

5 Pediatric Ophthalmology Outpatient Clinics

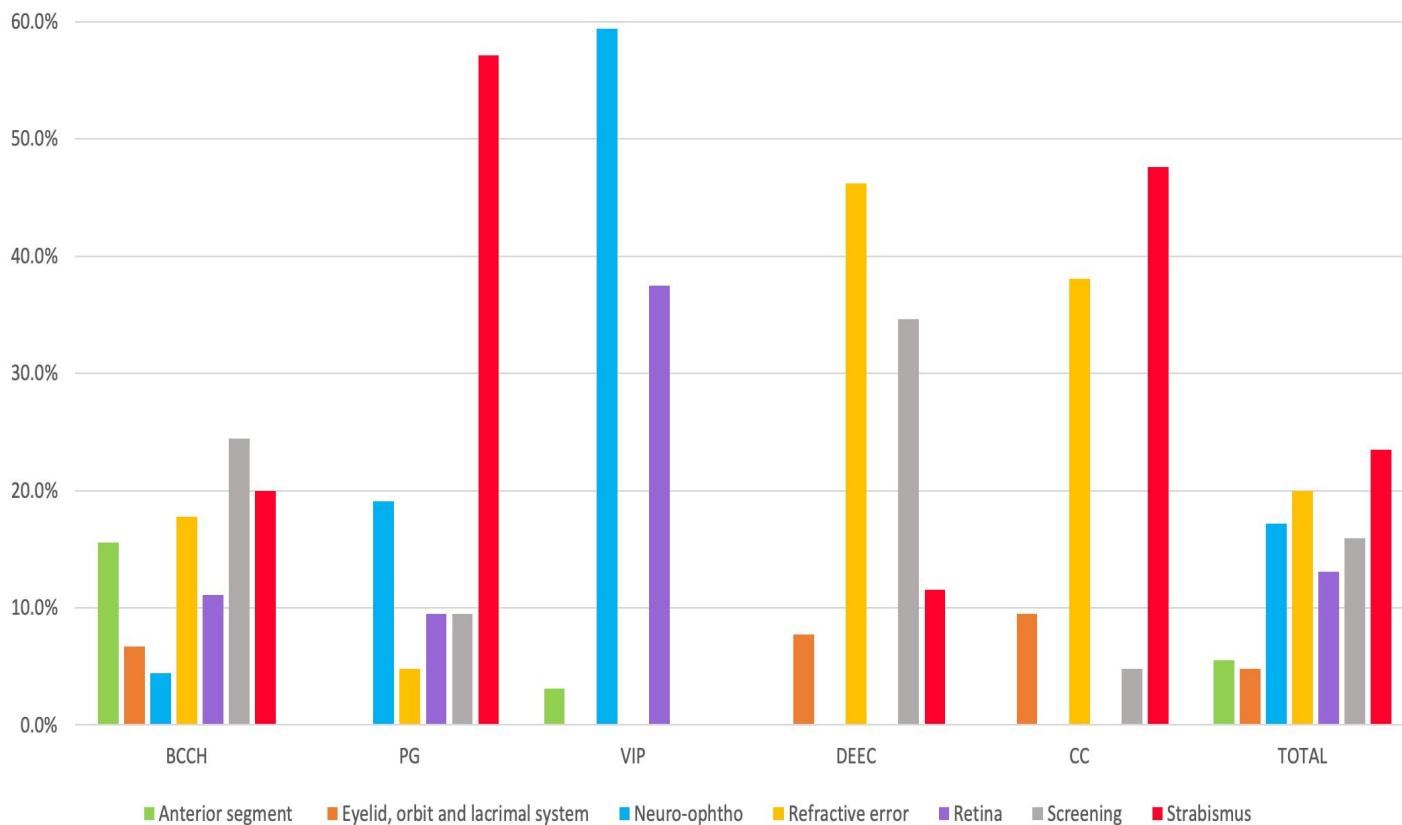
- 145 participants
 - BCCH: 45 (31%)
 - DEEC: 32 (22%)
 - VIP: 26 (18%)
 - PG: 21 (14%)
 - CC: 21 (14%)



Social inequities and visual function in pediatric ophthalmology populations

Dr. Jane Gardiner and Bonnie He

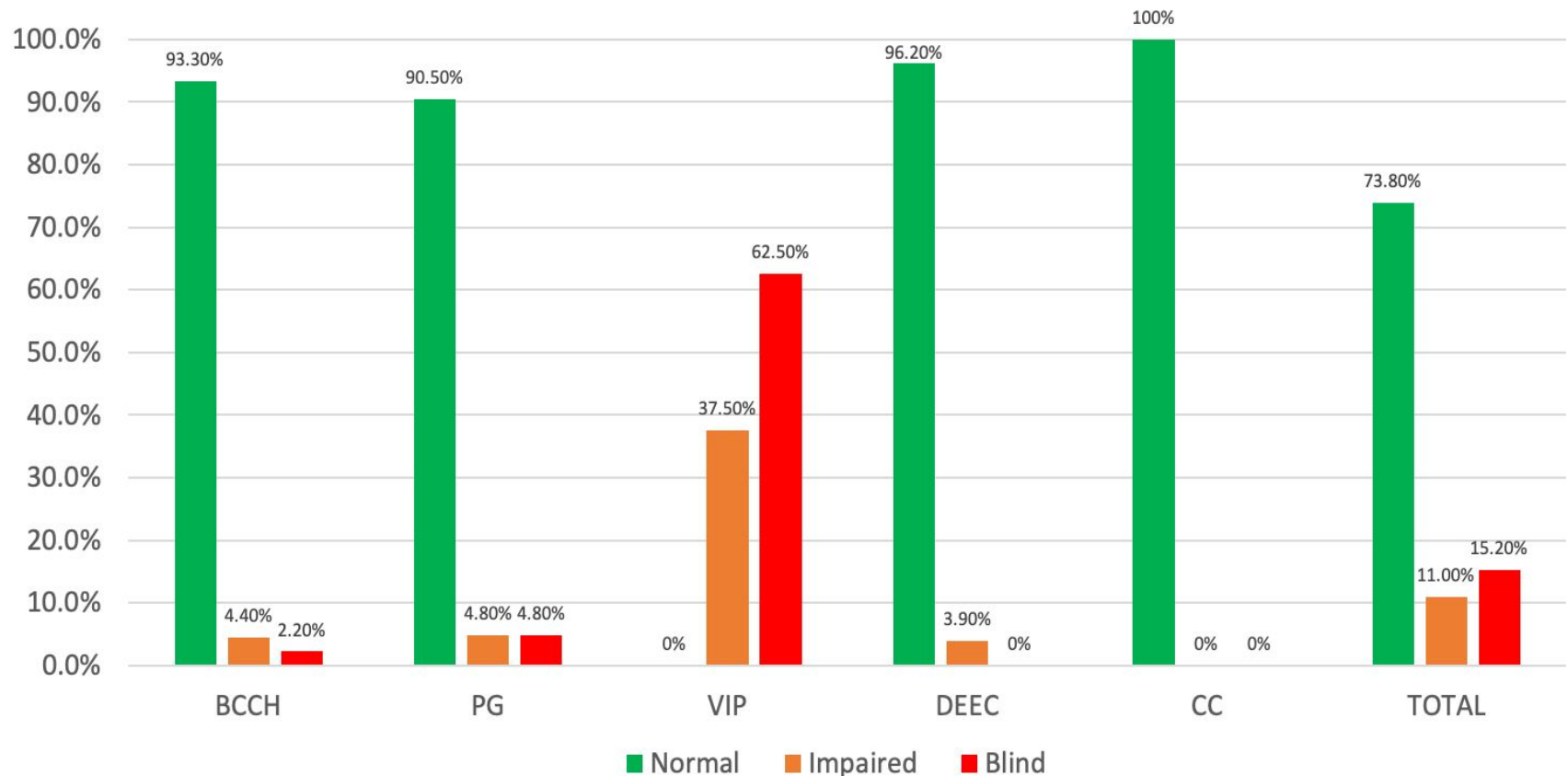
Results – Diagnosis vs Clinic site



Social inequities and visual function in pediatric ophthalmology populations

Dr. Jane Gardiner and Bonnie He

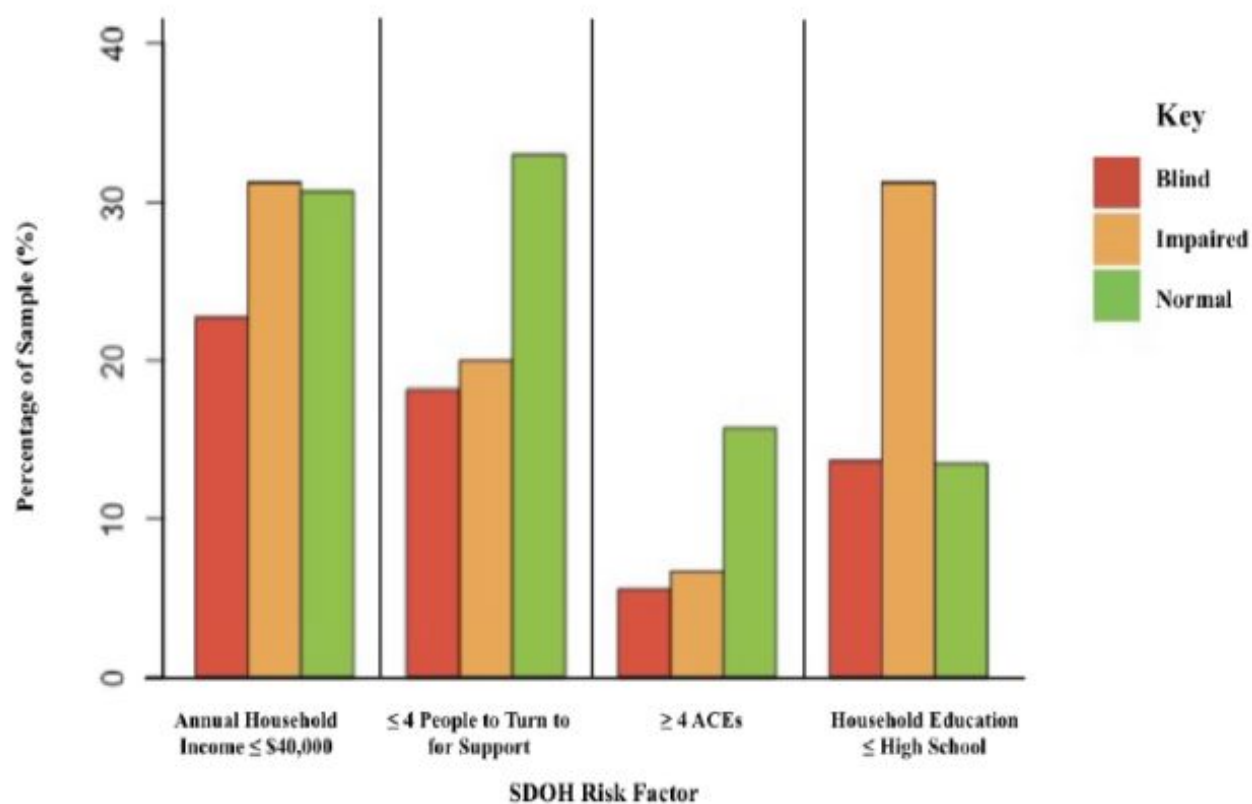
Results – Visual function vs Clinic site



Social inequities and visual function in pediatric ophthalmology populations

Dr. Jane Gardiner and Bonnie He

Results – Visual function vs SDOH risk factors



Social inequities and visual function in pediatric ophthalmology populations

Dr. Jane Gardiner and Bonnie He

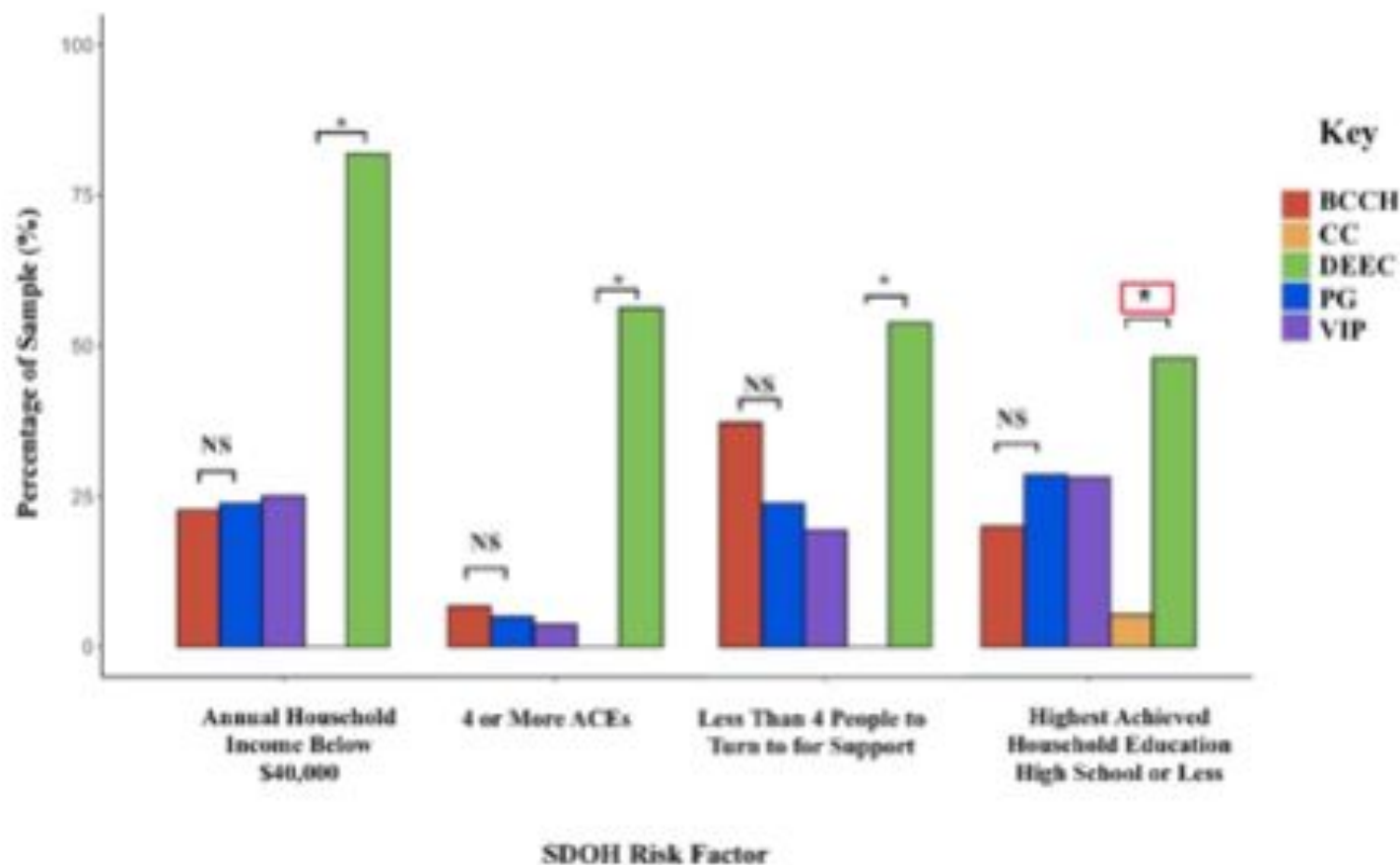
Results – SDoH

- 28.3% with annual income of \$40,000 or less for a family of four (BC poverty rate is 20.3%)
 - 59% DTES
 - 0% Community Clinic
- 25.5% had parents whose highest level of formal education was only a high school diploma
 - 48% DTES
 - 5% Community Clinic
- 37.2% identified as being in a visual, ethnic or cultural minority
 - 68% VIP
 - 60% DTES
 - 45% Community Clinic
 - 39% BCCH
 - 19% PG

Social inequities and visual function in pediatric ophthalmology populations

Dr. Jane Gardiner and Bonnie He

Results – SDOH risk factors vs Clinic site



Social inequities and visual function in pediatric ophthalmology populations

Dr. Jane Gardiner and Bonnie He

Results – SDOH risk factors and ACEs

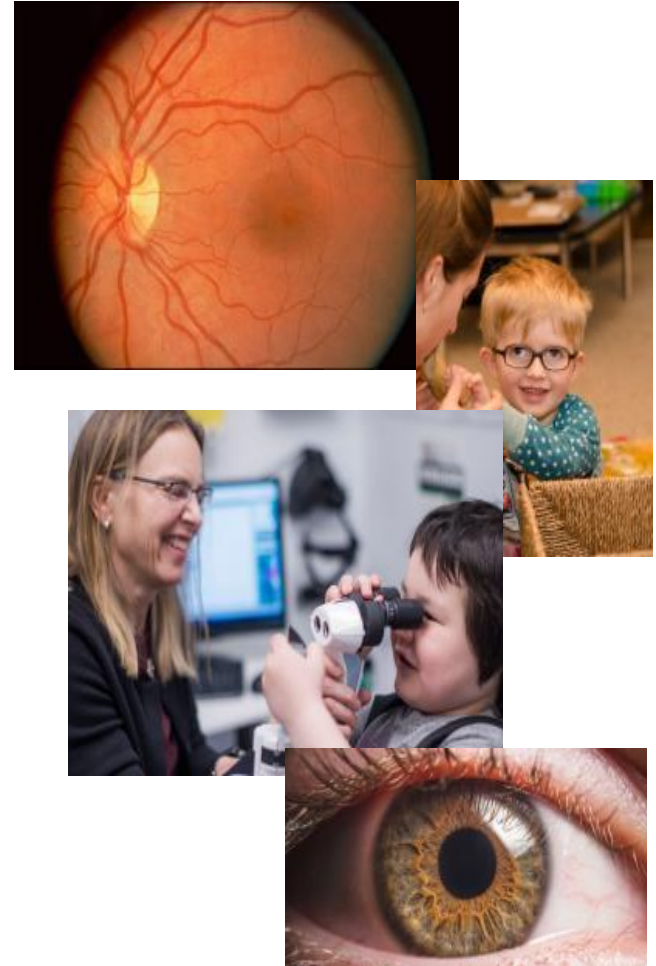
	ACE≥4	ACE < 4	Crude OR	Crude 95% CI	Adjusted OR	Adjusted 95 % CI
Number of Subjects	13	90	---	---	---	---
No SDOH risk factors (%)	7.69	25.56	1.00	Reference	1.00	Reference
First Nations (%)	23.08	7.78	3.56	0.69-15.25	4.54	0.63-32.18
Unable to access nutritious foods (%)	53.85	12.22	8.38	2.389-30.82	7.14**	1.47-38.44
Unstable housing (%)	15.38	1.11	16.18	1.44-365.30	1.37	0.04-84.36
Always having difficulty making ends meet (%)	23.08	6.67	4.10	0.77-18.35	2.02	0.07- 23.89
Secondary education or less (%)	30.77	47.78	0.49	0.12-1.61	0.64	0.12-3.10
Annual income < 40k (%)	61.54	23.33	5.18	1.56- 18.79	2.60	0.56-11.77
Social support < 4 people (%)	53.85	23.33	3.78	1.14-12.96	1.227	0.21-6.11

Social inequities and visual function in pediatric ophthalmology populations

Dr. Jane Gardiner and Bonnie He

Conclusion

- It is feasible to screen for, and respond to, SDoH in outpatient clinical settings
- Level of visual impairment was not associated with the measured SDoH risk factors
- No pediatric population is immune to SDoH risk factors
- Highlights importance of social work support in pediatric ophthalmology outpatient clinics





Social 'BEARS' Survey

BEARS & BEARS-Youth



Online version (REDCap) launching soon!



BEARS (adult/caregiver)
BEARS-Youth

- Barriers
- Economic Status (SES)
- Adversity
- Resiliency
- Social Capital + PCEs (BEARS-Y)
- Optional ACEs

Resiliency



Social emotional competence of children



Concrete support in times of need



Supportive social connections



Knowledge of parenting and child development

POSITIVE
CHILDHOOD EXPERIENCES
that shape mental health in adults

ADVERSE CHILDHOOD EXPERIENCES INCLUDE:



ADVERSE CHILDHOOD EXPERIENCES HAVE BEEN LINKED TO:





BEARS (Caregivers)



Ethan Ponton

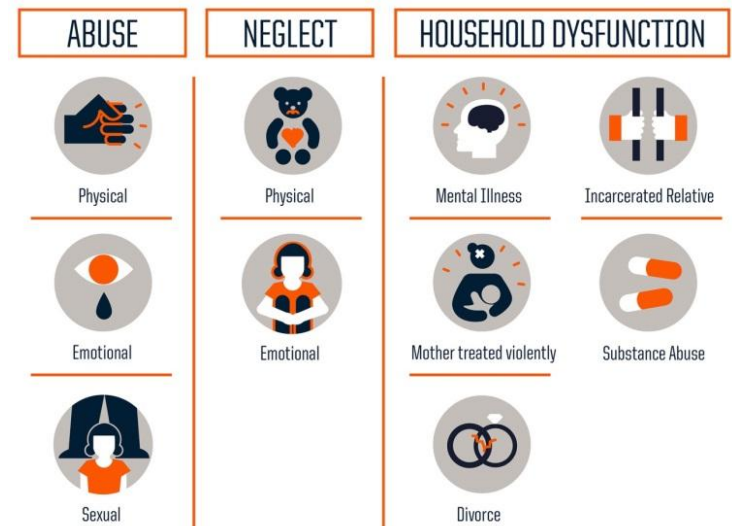
19 Questions + Optional ACEs

Participants: Convenience sample of families/caregivers in the Cleft Palate and Craniofacial clinic at BCCH.

Data range: Aug 2019 – Feb 2020 (n = 159)

Developed from the Surgery & Society Questionnaire to focus on the key questions and reduce the time commitment to addressing SDoH and ACEs in a clinical setting.

ACEs Optional

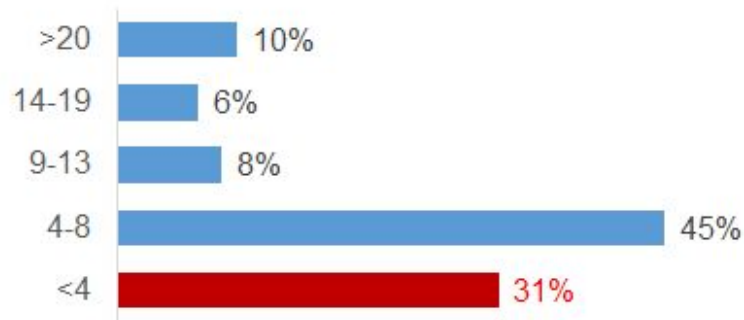


BEARS (Caregivers)

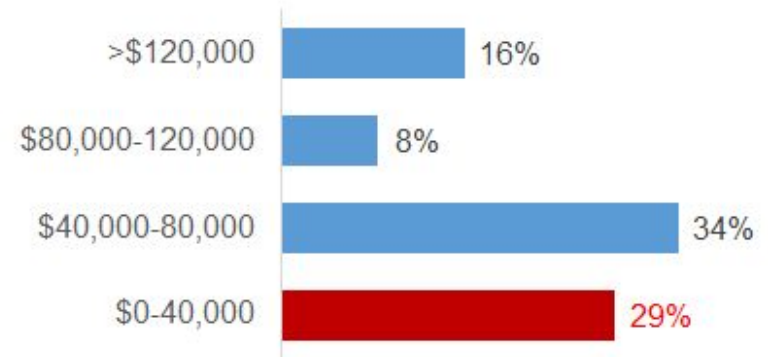
Ethan Ponton

Snapshot

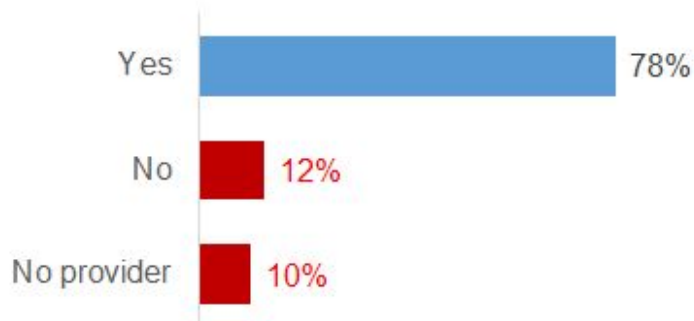
In times of stress, how many people can you turn to for support?



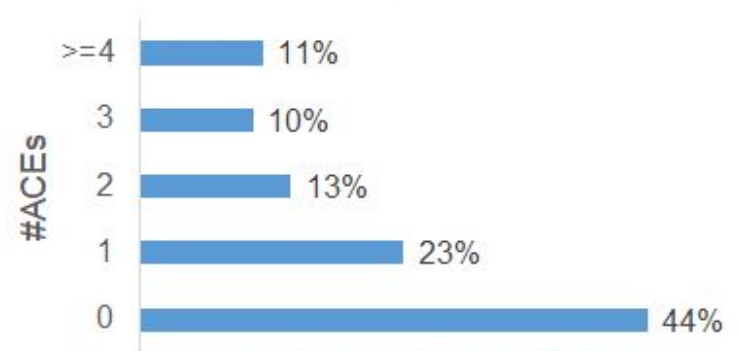
Household Income



Can you turn to your primary care provider for support?



ACES



Response Rate 77%



BEARS-Youth (12+)

Participants: Convenience sample of youth at BCCH, RICHER, and schools*

Data range: Dec 2019 – Mar 2020 (n=37)

Age Range: 12 – 21yo [Mean 16yo; StdD: 2yrs]

23 BEARS Questions + PCEs + 5 feedback question + Optional ACEs

POSITIVE
CHILDHOOD EXPERIENCES
that shape mental health in adults

- ① Ability to talk with family about feelings
- ② Felt Experience that family is supportive in difficult times
- ③ enjoyment in participation in community traditions
- ④ Feeling of belonging in high school.

Lead researcher
Dr Christina Bethell
& coauthors propose:

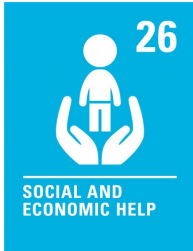
↑ Kids w/ HIGH PCE's
BECOME → Adults able to seek & get care & support → which IMPROVES Symptoms EVEN IF mental illness is present.

the relationship btwn PCE's & good mental health is "DOSE RESPONSIVE"
the more a child gets, the better adult health

- ⑤ Feeling of being supported by friends
- ⑥ having at least two non-parent adults who genuinely care.
- ⑦ feeling safe and protected by an adult at home

BEARS-Youth (12+)

Dr. Eva Moore & Will Lau



Finance

- 29% feel they do not have enough to live on
- 19% have dependents



Connections

- 92% feel connected to family
- 85% participate in extracurriculars
- 69% feel lonely, 17% always feel lonely



Supports

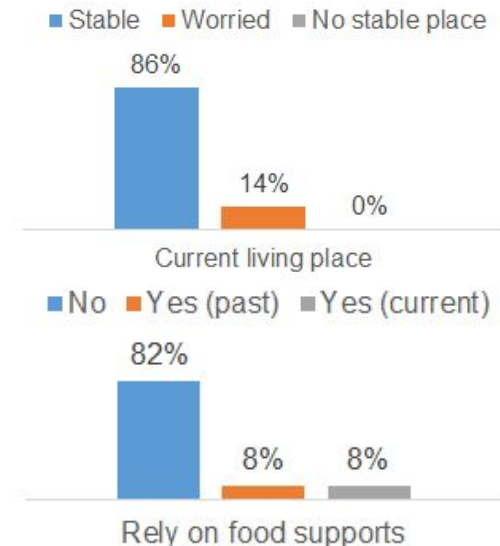
- 80% have ≥ 2 adults they can turn to in times of stress, but 9% feel they have no adults they can turn to in times of stress
- 79% feel safe and protected at home; however, 16% feel they have no one to call if they needed help

Housing

- 32% report experiences with street-involvement (≥ 3 nights without stable housing)
- 27% report history of living away from caregivers

Food security

- 28% report history of worrying or experiencing running out of food
- 6% currently worried or experiencing food insecurity



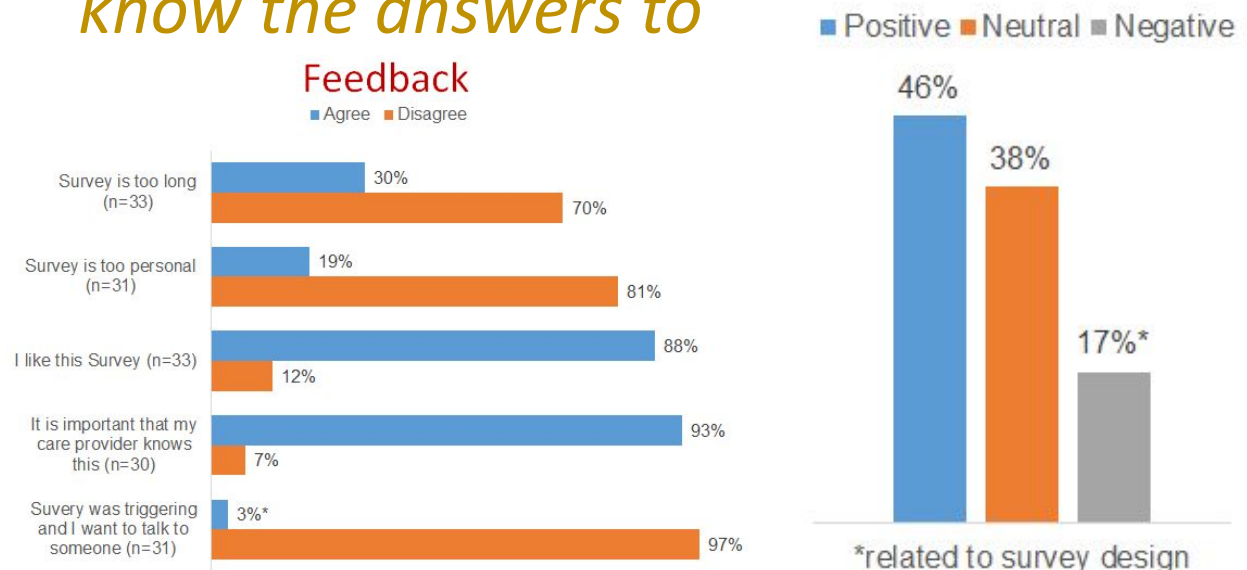
How did BEARS-Youth make you feel?

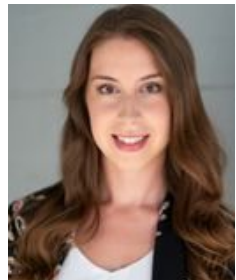
“Happy, because they wanted my opinion”

“Makes me feel like someone would understand me if they look at this”

“People take interest in me”

“lots of important questions to know the answers to”





BEARS Impact & Feasibility



Dr Matt Carwana with Alesia Diccio & Taylor Ricci

Purpose

To evaluate the SDoH BEARS Questionnaire that is currently in use at BC Children's Hospital by collecting data from clinicians and medical staff who have adopted this survey into their clinics.

Objectives

1. To determine if and **how** the BEARS Questionnaire **changed the practice** of adopting clinicians.
2. To determine the **utility and the functionality** of the BEARS Questionnaire as a **social history questionnaire**.

Methods

Part 1. Online Survey and Interviews

Part 2. Analysis of Responses and Themes





BEARS Impact & Feasibility

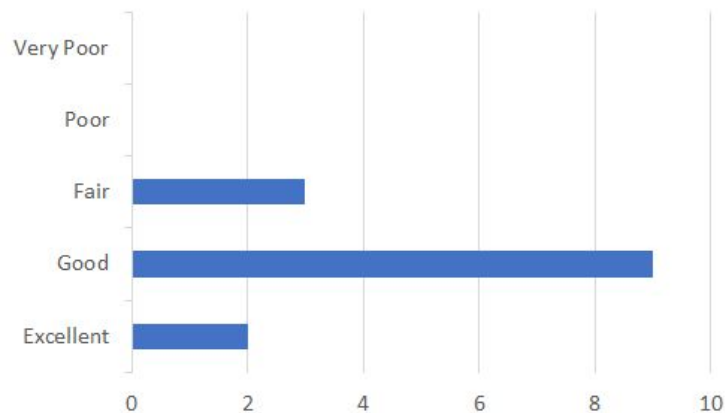
Dr Matt Carwana with Alesia Diccico & Taylor Ricci

Progress

- Feedback from Nurse Clinicians (1), Pediatricians (2), Social Workers (2), Speech-Language Pathologists (2) and Surgeons (7)
- Results show that implementation of the SDoH BEARS questionnaire increased the frequency with which clinicians **assessed** families' SDoH and **made management plans** when additional needs were identified

"I think this is an excellent tool to increase understanding of the SDoH and substantial needs that exist for families who are seen at BCCH, and is especially useful in highlighting the need for more robust psychosocial screening and an increase in social work and patient navigation FTE/services."

How was the SDoH/BEARS Questionnaire at asking about social history topics for your patients and their families?



"We have the tendency to ask what is going wrong and what's going badly and try to work from that deficits-based approach, and the resiliency piece of BEARS allows us to identify what's working well and how can we utilize those strengths to empower families."



The COVID Check-in

Lisa Szostek

How can we improve care?

The “COVID check-in” was added as part of the Cleft Palate and Craniofacial Clinic Pre-Clinic Appointment Questionnaire to ask questions pertaining to the impact that COVID-19 has had on families.

Objective

To evaluate responses to COVID check-in questions to assess how we can improve care for families. This may include looking at health disparities between socio-economic classes, racial groups, or other social determinants of health.



Cleft Palate - Craniofacial Pre-Clinic Appointment Questionnaire

Facial Appearance and Function (Plastic Surgery/Craniofacial)

Do you or your child have any concerns about their facial appearance or function, including basic activities required for daily living (like eating, communicating, and social functions)?

Yes

No

reset

When was your child last seen by a plastic surgeon? (Doctor name and date)

Is your child waiting for a craniofacial, cleft, jaw or

Resize font:
+ | -

The COVID Check-in

Lisa Szostek

Methodology

E-Survey emailed to families when booking appointments.

Progress

We are in the early stages of this project and are seeking out institutional approval and doing a literature review.



Social History & Supports Due to COVID Impact - April 2020
"Pediatric health care providers should take a social history during all patient encounters to better identify core social determinants impacted by the COVID-19 pandemic, inquiring about income, food and housing security, safety, social support, access to services and medications and (other) risk factors" -Suleman, Ratnani, Loock et al. Canadian Pediatric Society, 2020
<https://www.cps.ca/en/documents/position/what-paediatricians-can-do-to-support-children-and-youth-during-the-covid-19>

Has anything changed for your family since COVID began?

Yes

No

reset

Social Capital: How many people can you call on for help during this time if you needed more support?

More than 20

Between 9-20

Between 5 to 8

Less than 5

reset

Economic Security: "Have you had any difficulty making ends meet?"

Yes

No

reset

Access to food: "Are you having trouble getting the right food for your family?"

Yes

No

reset

Access to housing: "Are you concerned about having a stable and safe place to live?"

Yes

No

reset

Employment changes: "Has COVID had any effect on your employment?"

Yes

No

reset

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Child Rights Dialogue

Amy Beever-Potts

Project

A community driven project exploring the experiences of youth worker staff, families, and youth in the Downtown Eastside and associated inner city neighbourhoods (DTES-IC) regarding the UN Convention of the Rights of the Child (UNCRC) and the accessibility of youth and child rights in community.

Objectives

1. To facilitate and empower meaningful participation and partnerships
2. To explore knowledge and experiences regarding UNCRC
3. To compare 'child rights literacy' among community staff, parents, and youth
4. To explore community priorities



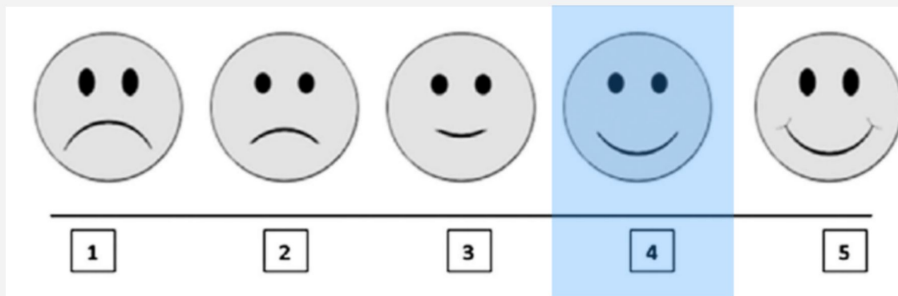
Child Rights Dialogue

Amy Beever-Potts

Methodology

Phased survey rollout, adapted to (1) Community staff (2) Parents (3) Children/Youth.

19. Do you feel comfortable discussing child/youth rights with children/youth you work with?



- 1. Very uncomfortable
- 2. Somewhat comfortable
- 3. Fairly comfortable
- 4. Comfortable
- 5. Very comfortable

Progress

Staff survey in progress.

All respondents felt that the pandemic has impacted youth access to their rights.

25. Which of the following rights would you say that children/youth have the most access to? Please select 1.





Food Sovereignty Study

Melody Tsai

Assessing Food Sovereignty Among Women & Children in the Downtown Eastside (DTES) During COVID-19

YWCA Crabtree Corner Community Centre & RayCam Co-operative Community Centre provide services to support women and families in the DTES

- Families continue to experience food insecurity and lack of food sovereignty
- Further research is required to better understand food insecurity among vulnerable families

Objectives

To determine what is most important to the vulnerable families at YWCA Crabtree Corner Community Centre and RayCam Co-operative Community Centre in terms of food security, sovereignty, and nutrition, in order to develop and improve resources and programs



Food Sovereignty Study

Melody Tsai

Methodology

- **Survey** (50 questions)
 - Household Food Security Survey Module from Canadian Community Health Survey
 - 5210 Healthy Habits Questionnaire
 - BEARS survey
 - COVID-19 Check-in
- **Goal:** 100 surveys
- **Remuneration:** \$20 grocery voucher

Progress to Date: 8/100 surveys

Women & children have had more difficulty accessing nutritious foods, health care, and essential needs after COVID-19.



"I have a physical disability and to shop is very difficult so I go to the closest grocery store and buy basics that are overpriced. Not all basics are on sale so I buy what I can with what money I have."



Conclusions

- Families, children and youth appreciate dialogues about SDoH.
- It is possible, important and actionable to ask about SDoH in all clinic settings.
- Asking about **social capital** and **protective childhood experiences** may help support dialogue about ACEs
- More work is needed to improve how we engage youth in these dialogues.
 - i.e. better understanding what was “too personal” (i.e. ACEs?)
- **Mentoring with QI studies** can mitigate risks of “moral distress” and professional “burnout”.
- Incorporate “Social Vital Signs” into your practices to help identify red flags and begin to take action.





SDoH Red Flags



Child Poverty

A Financial Assessment and Resource Guide for Children with Complex Medical Conditions



(Adapted from Drs. Julia Morinis, Leo Levin, Gary Bloch, Lee Ford-Jones and the Social Pediatrics Working Group)

What can we do as palliative care specialists and health care providers to address this potentially modifiable risk factor and reduce disparities?

Poverty requires intervention like other major health risks. The evidence shows that socioeconomic status and child health are strongly linked. There is strong and growing evidence that children with a life limiting

illness who are living below the poverty line are less likely to: receive medications for pain and symptom management, have access to palliative and hospice care, and die in a preferred location such as home.

ASK

Families tell us that caring for a very ill child can mean extra financial stress. We want to help understand this more by asking a few questions.

- 1 Do you have trouble making ends meet?
- 2 Do you have trouble feeding your family?
- 3 Do you have trouble paying for medications?
- 4 Do you receive the child tax benefit?
- 5 Do you have legal or immigration challenges?
- 6 Do you have a safe place to live?
- 7 Do you have enough help caring for your child?

See back for resources →

- Barriers
- Economic Status (SES)
- Adversity (e.g. ACEs)
- Resiliency
- Social Capital + PCEs (BEARS-Y)

The Hunger Vital Sign™ identifies households as being at risk for food insecurity if they answer that either or both of the following two statements is 'often true' or 'sometimes true' (vs. 'never true'):

“ Within the past 12 months we worried whether our food would run out before we got money to buy more.”

“ Within the past 12 months the food we bought just didn't last and we didn't have money to get more.”

The peer-reviewed journal article on the Hunger Vital Sign™ has been cited in hundreds of publications since its release and the screening tool has been used widely in medical and community-based settings around the country. In 2015 the Hunger Vital Sign™ was validated for use among youth and adolescents, and in 2017 the Hunger Vital Sign™ was validated for use among adults as well.

SDoH & Jordan's Principle

“Substantive equality means giving extra help when it is needed.... When substantive equality in outcomes does not exist, inequality remains.”

Government of Canada / Gouvernement du Canada
Search Canada.ca

MENU

Canada.ca > Health > Health science, research and data > Determinants of health

Social determinants of health and health inequalities

On this page

- [Social and economic influences on health](#)
- [Health inequalities in Canada](#)
- [Supporting the reduction of health inequalities](#)
- [Funding Opportunities](#)

Social and economic influences on health

Many factors have an influence on health. In addition to our individual genetics and lifestyle choices, where we are born, grow, live, work and age also have an important influence on our health.

Determinants of health are the broad range of personal, social, economic and environmental factors that determine individual and population health. The main determinants of health include:

1. Income and social status
2. Employment and working conditions
3. Education and literacy
4. Childhood experiences
5. Physical environments
6. Social supports and coping skills
7. Healthy behaviours
8. Access to health services
9. Biology and genetic endowment
10. Gender
11. Culture
12. Race / Racism

Social determinants of health refer to a specific group of social and economic factors within the broader determinants of health. These relate to an individual's place in society, such as income, education or employment. Experiences of discrimination, racism and historical trauma are important social determinants of health for certain groups such as Indigenous Peoples, LGBTQ and Black Canadians.

“Substantive equality is both a process and end goal relating to outcomes that seeks to acknowledge and overcome the barriers that have led to the inequality in the first place.”

Government of Canada / Gouvernement du Canada
Search Canada.ca

MENU

Canada.ca > Indigenous Services Canada > Indigenous health > Health care services for First Nations and Inuit > Jordan's Principle

Jordan's Principle: substantive equality principles

To find out who is covered, visit [Step 2](#).

This document was developed as a tool to help build understanding and provide practical guidance, to assist in the operationalization of substantive equality across the country in the context of ensuring Canada's full implementation of Jordan's Principle. This document remains evergreen and will be periodically updated to ensure that it remains relevant and is aligned with Government of Canada priorities.

On this page

- [Summary](#)
- [What is substantive equality?](#)
- [What is Canada's obligation under Jordan's Principle with respect to substantive equality?](#)
- [How does substantive equality apply to Jordan's Principle?](#)
- [Understanding substantive equality](#)
- [Applying substantive equality](#)
- [Assessing requests](#)

Summary

Substantive equality means giving extra help when it is needed, so that First Nations children have an equal chance to thrive as other children in Canada. When a request is submitted to Jordan's Principle, Indigenous Services Canada considers the needs and circumstances of First Nations children, which could be:

- cultural
- social
- economic

and often due to disadvantages because of the past mistreatment of First Nations in Canada. This document provides a description of substantive equality, Canada's obligation under Jordan's Principle and how to apply substantive equality.

What is substantive equality?

Substantive equality is a legal principle that refers to the achievement of true equality in outcomes. It is achieved through equal access, equal opportunity and, most importantly, the provision of services and benefits in a manner and according to standards that meet any unique needs and circumstances, such as cultural, social, economic and historical disadvantage.

Substantive equality is both a process and an end goal relating to outcomes that seeks to acknowledge and overcome the barriers that have led to the inequality in the first place.

When substantive equality in outcomes does not exist, inequality remains.



Unit area: _____

Name: _____

Date of birth: _____

MRUN: _____

Physician: _____



Social Work Referral-Consultation Services

Send to Fax: (604)875-2770 Phone: (604)875-2149

REFERRAL SOURCE

Date of referral: _____ clinic area: _____

Referring person and position: _____

Contact number & Email for referrer: _____

Is referral urgent? Yes ___ no ___

Upcoming clinic visit date: _____

PATIENT/FAMILY CONTACT

Parent(s)/guardian(s): _____

Relationship: _____

Phone: _____

Address: _____

Email: _____

IS THE FAMILY AWARE OF THIS REFERRAL? YES ___ NO ___

REASON FOR REFERRAL

Safety/Risk: **Please Explain** _____

Psychosocial Assessment and Crisis Intervention: **Please Explain** _____

Access to Resources: Urgent ___ Non-Urgent ___ **Please Explain** _____

Additional Information: _____

HAVE YOU REFERRED TO ANY OTHER PROFESSIONAL SERVICE?

Psychology Child Life Other: _____

INTERNAL USE ONLY: SOCIAL WORK INTAKE

Date/ Time Received: _____

Date/Time Assigned: _____ Assigned To: _____

Social Work Intervention: _____

www.bcchr



Resources & Practical Tips

*more available for staff on pathwaysbc.ca/community www.linkvan.ca

The screenshot shows the LINKVAN Home website interface. At the top, there is a navigation bar with 'Hospital', 'Foundation', and 'Research Institute' tabs. The main header includes the BC Children's Hospital Research Institute logo, the LINKVAN Home logo, a search bar for facilities, and a 'SEARCH' button. Below the header, there is a section titled 'What service are you looking for?' with an 'Alert' button. A list of services is displayed, each with an icon and a right-pointing arrow: COVID-19, Overdose Prevention, Shelter, Food, Medical, Hygiene, Technology, and Legal. On the left side, there is a sidebar with the OPSEI logo and two sections: 'FAMILY RESOURCES' and 'STAFF RESOURCES'. A red arrow points to the 'Patient and Family' link in the 'FAMILY RESOURCES' list. The URL 'https://www.bcchr.ca/opsei' is visible in the bottom left corner.

Hospital | Foundation | **Research Institute**

BC Children's Hospital Research Institute

LINKVAN | Home

Search Facilities SEARCH

Last updated: Nov 10, 2020

What service are you looking for? Alert

FAMILY RESOURCES

- Vancouver Free e
- Vancouver Intera
- BC Family Reside
- Parent Support S
- Inclusion BC
- Vancouver Supp
- Angel Flights
- BC Bus Pass Pro
- Cops for Kid
- Patient and Fami

STAFF RESOURCES

- What Else Matter Health
- The BEARS Surve
- The BEARS-Youtl
- Mini BEARS Surv
- Using BEARS in e
- Results and Resc
- Surgery and Soci
- Surgery and Soci
- Social Work Refe
- SickKids Trauma
- PHSA Trauma Int
- Alberta Health C

COVID-19

Overdose Prevention

Shelter

Food

Medical

Hygiene

Technology

Legal

<https://www.bcchr.ca/opsei>

Resources & Practical Tips

- Resource lists are challenging as they take enormous effort to keep up-to-date.
- Many organizations compiled resources from March-May 2020, but many are now out-of-date.
- Community members more reliable source of information than resource lists.
- Building relationships with our community partners is key.
- OPSEI keeps an up-to-date list of patient and family social supports (updated every three months) for staff reference
 - For more information, contact the OPSEI program coordinator: ethan.ponton@cw.bc.ca

Kate Hodgson

Coordinator, RayCam Co-operative Community Centre

“It’s about dignity and community”

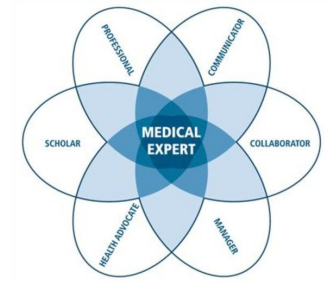
“Talking about people feeling not trapped in poverty, it does take all of us working together”

Substantive Equity *“Residents need to be involved as citizens in what happens in their community on the government and funding level”*

Community Development *“There’s a wealth of assets, community expertise, and knowledge here that needs to be recognized but also leveraged and captured in a way that we can have an impact on policy”*

Community Collaboration *“Instead of coming once again to the community and saying, ‘this is what’s wrong’, actually [try] to implement a solution hand in hand with the community”*

Thank you OPSEI!



Surgery and Community

ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF CANADA | CANMEDS

“Children grow up in communities, not programs”

Let’s ‘build it back better’!

Community voiced five essential needs early on during the COVID-19 Pandemic

1. Health Care Services: Thank you community and outreach teams
2. Food Security: Thank you OPSEI, Damian, and Melody
3. Digital Divide: New project starting, thank you OPSEI and Damian
4. Child Care, Protection and Activities
5. Mental Health Services and Resilience

CPR for advocacy and accountability

Community Engagement

Partnerships & Relationships

Research & Training for Sustainability



Thank you to our RICHER Partners



NEVCO
NICCSS

- **R**esponsive
- **I**ntersectoral & **I**nterdisciplinary
- **C**ommunity
- **H**ealth
- **E**ducation
- **R**esearch



Surgery and Society



M A S E S

Project
Day
2019

Questions?

We all practice Social Pediatrics!



*OPSEI Surgery and Society site
<https://www.bcchr.ca/opsei/surgery-and-society>



**<https://www.cps.ca/en/documents/position/what-paediatricians-can-do-to-support-children-and-youth-during-the-covid-19>



Submitting Questions

- ▶ Questions can be submitted to [Slido.com](https://www.slido.com) using the event code **#SSGR17Nov**
 - ▶ Before submitting a question, scan the list of already submitted questions in case your question has already been asked.
 - ▶ “Like” questions to prioritize them.
 - ▶ Not all questions will be answered due to the time allotted for this webcast.

BEARS (Caregivers)

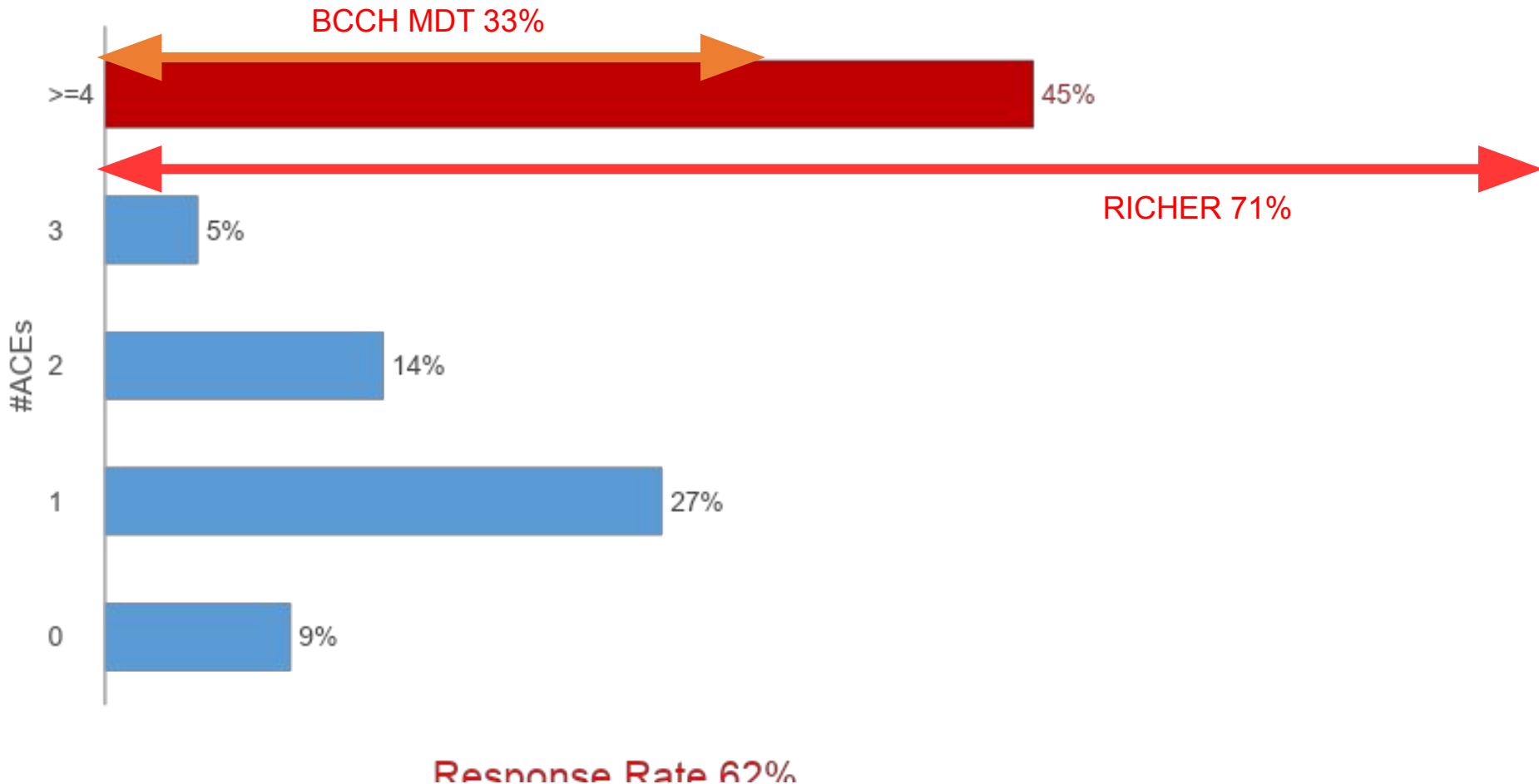
Remember “Fours” ...

1. While the majority of our BCCH patients report having a primary healthcare provider, one in 4 do not have a primary care provider or can not turn to them for assistance.
2. One third of families have fewer than 4 people they can turn to in times of stress.
3. Approximately 1 in 4 of our BCCH families live below the BC poverty line.
4. Less than 1 in 4 families skipped the ACEs question.



BEARS-Youth (12+)

Adverse Childhood Experiences



BEARS-Youth (12+)

Will Lau

Feedback

Disagree Agree

