DR. EVA MOORE, MD

UBC CPD
Medicine
CONTINUING
PROFESSIONAL
DEVELOPMENT

Social Determinants of Health & Youth

UBC Continuing Professional Development

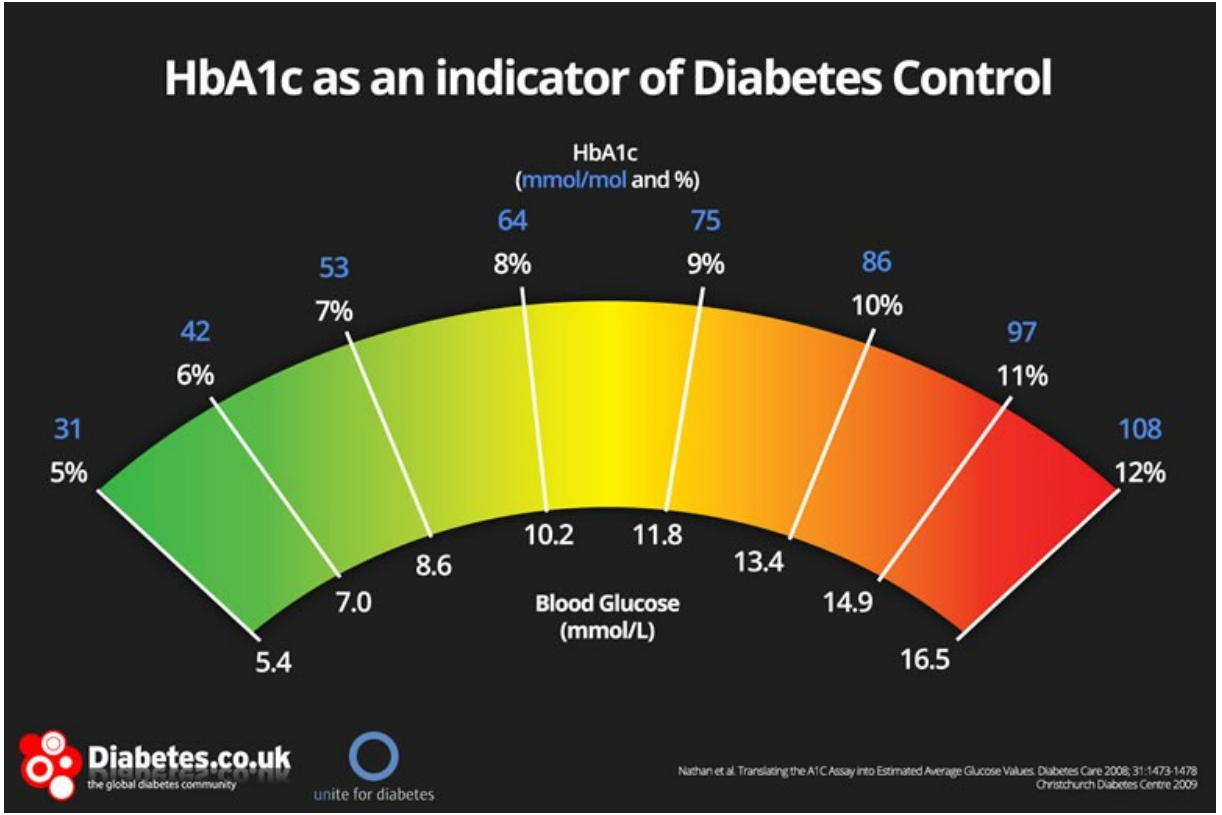
Eva Moore, MD, MSPH, FAAP
Adolescent Medicine Pediatrician
University of British Columbia
BC Children's Hospital, Vancouver BC
February 23, 2023

BC Children's Hospital™
An agency of the Provincial Health Services Authority

Sandy*, age 16

*composite case

Sandy


HbA1c as an indicator of Diabetes Control
HbA1c
(mmol/mol and %)
31
5%
42
6%
53
7%
64
8%
75
9%
86
10%
97
11%
108
12%
5.4
7.0
8.6
10.2
11.8
13.4
14.9
16.5
Blood Glucose
(mmol/L)
Diabetes.co.uk
the global diabetes community
unite for diabetes
Nathan et al. Translating the A1C Assay into Estimated Average Glucose Values. Diabetes Care 2008; 31:1473-1478
Christchurch Diabetes Centre 2009

7 Positive Childhood Experiences;

Photographs with permission by Kent Danielson, 2022

Before age 18:

1. Able to talk with my family about my feelings.
2. Felt that my family stood by me during difficult times.
3. Enjoyed participating in community traditions.
4. Felt a sense of belonging in high school.
5. Felt supported by friends.
6. Had at least two non-parent adults who took a genuine interest in me.
7. Felt safe and protected by an adult in my home.

https://jamanetwork.com/journals/jamapediatrics/fullarticle/2749336

Loock et al. 2022

Common Elements of Social Pediatrics Programs

Horizontal Relationships

Knowledge Support

Bridging Trust

Empowerment

Tyler et al. International Congress of Pediatrics, 2016

DR. JIM KETCH, MD

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Medicine
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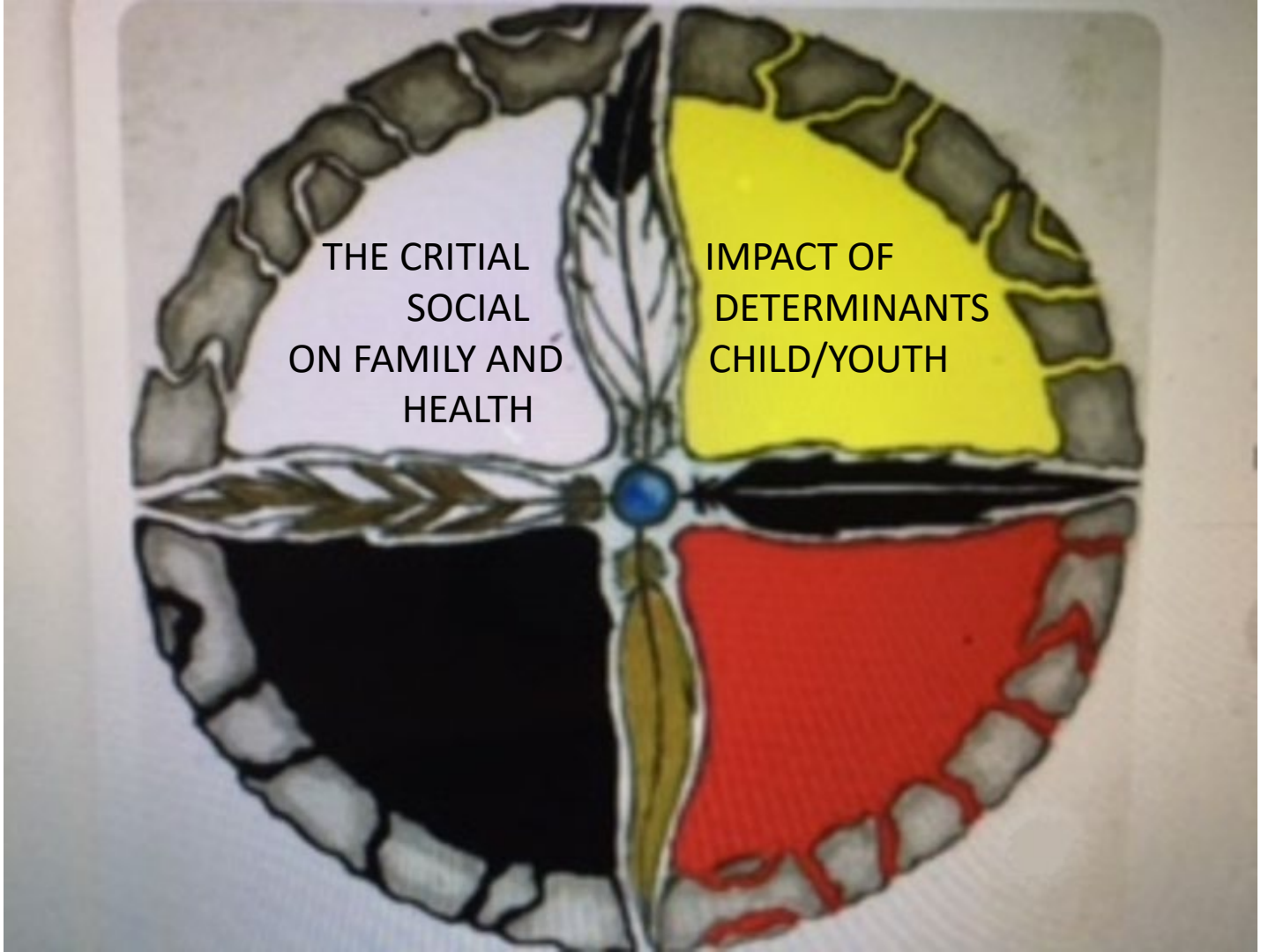
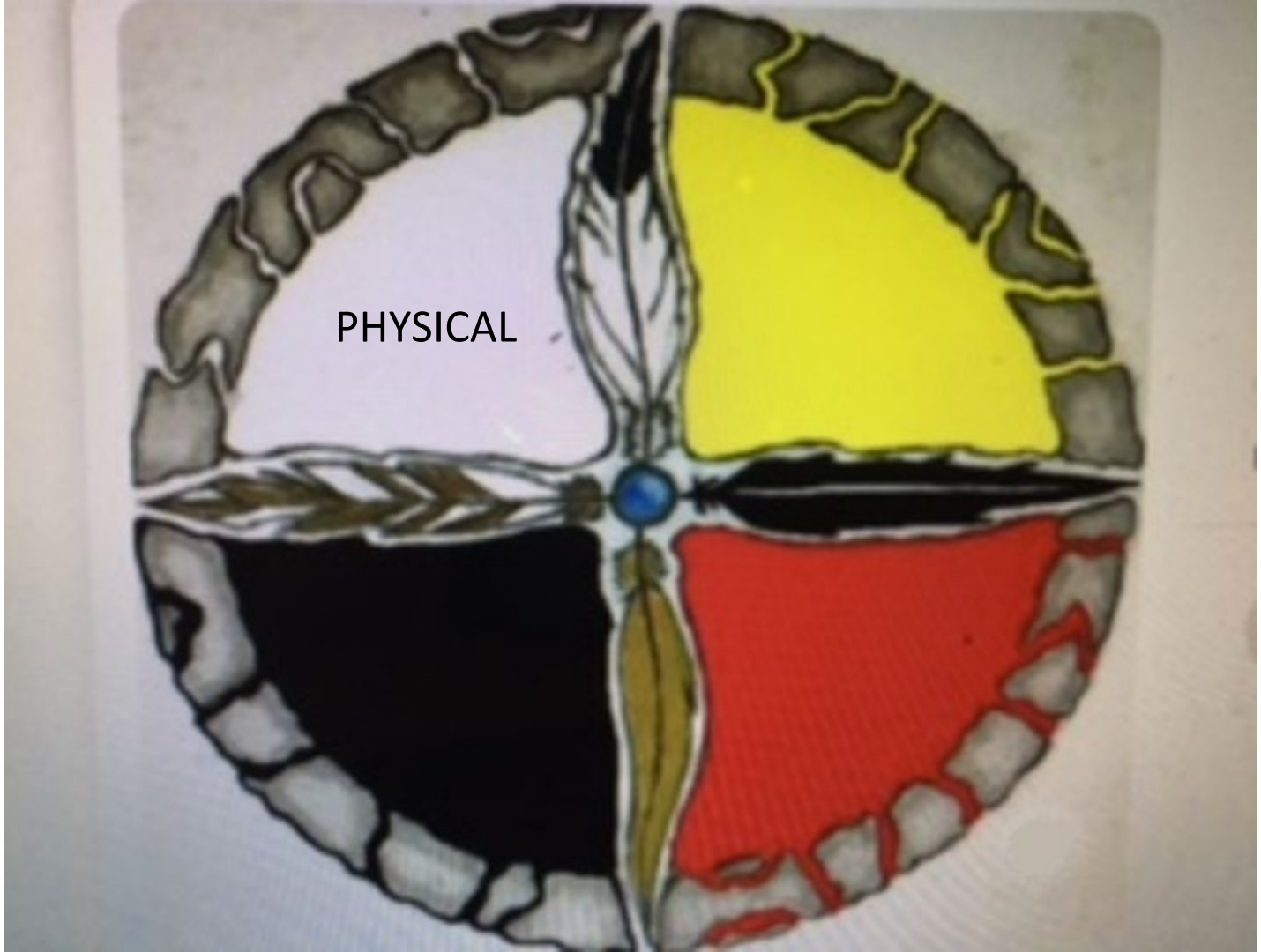
PROFESSIONAL
DEVELOPMENT


THE CRITIAL
SOCIAL
ON FAMILY AND
HEALTH
IMPACT OF
DETERMINANTS
CHILD/YOUTH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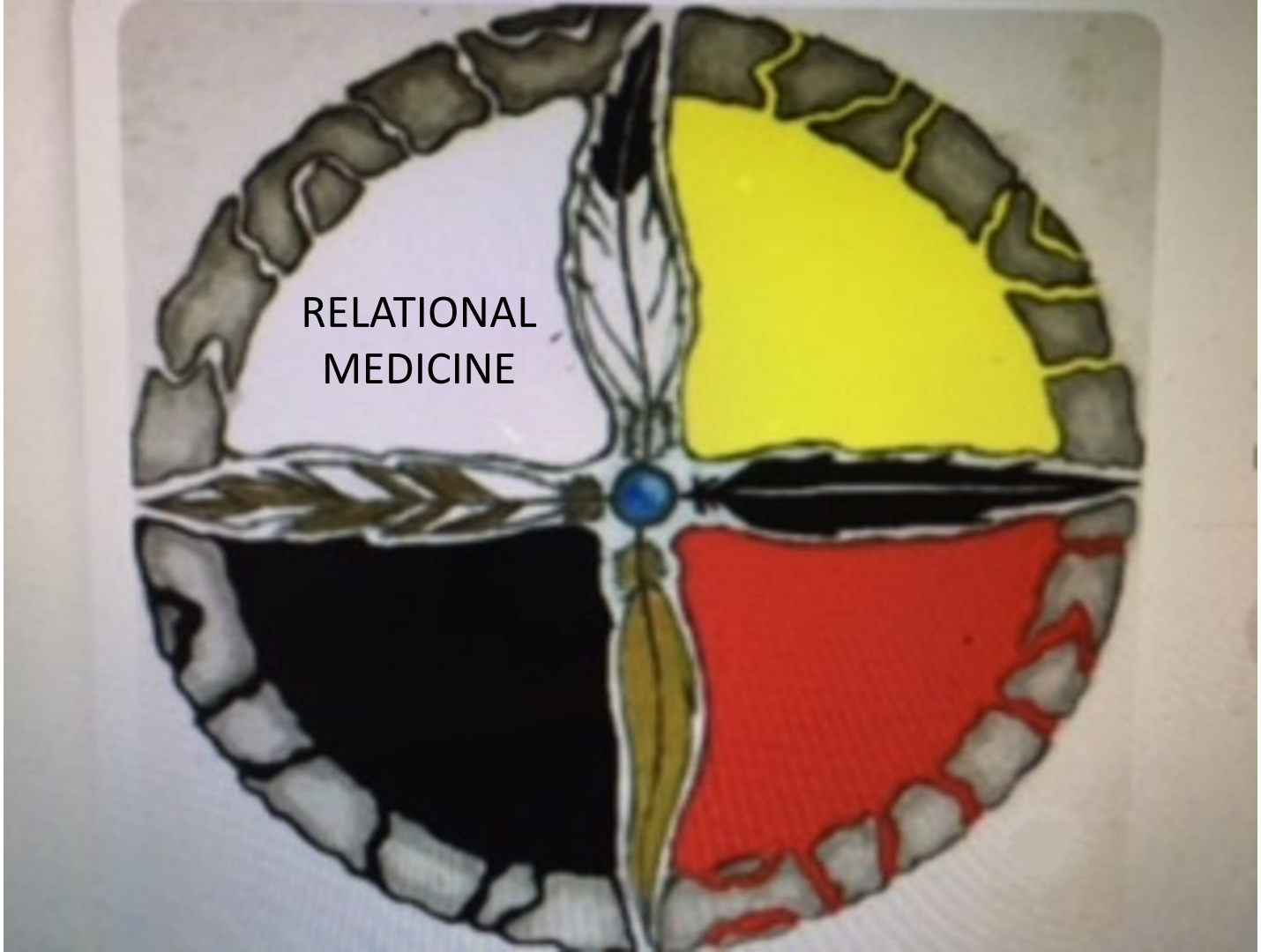
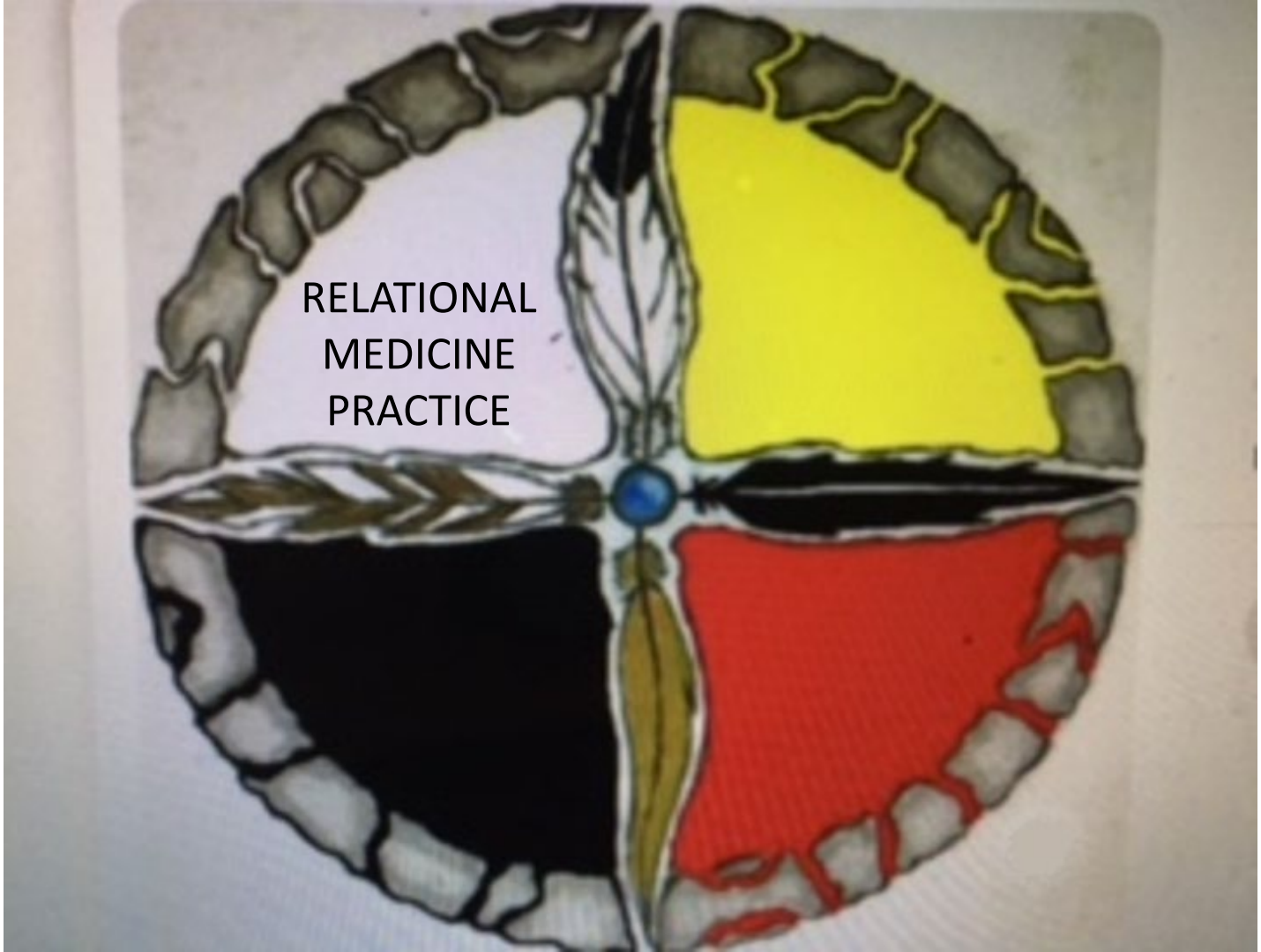
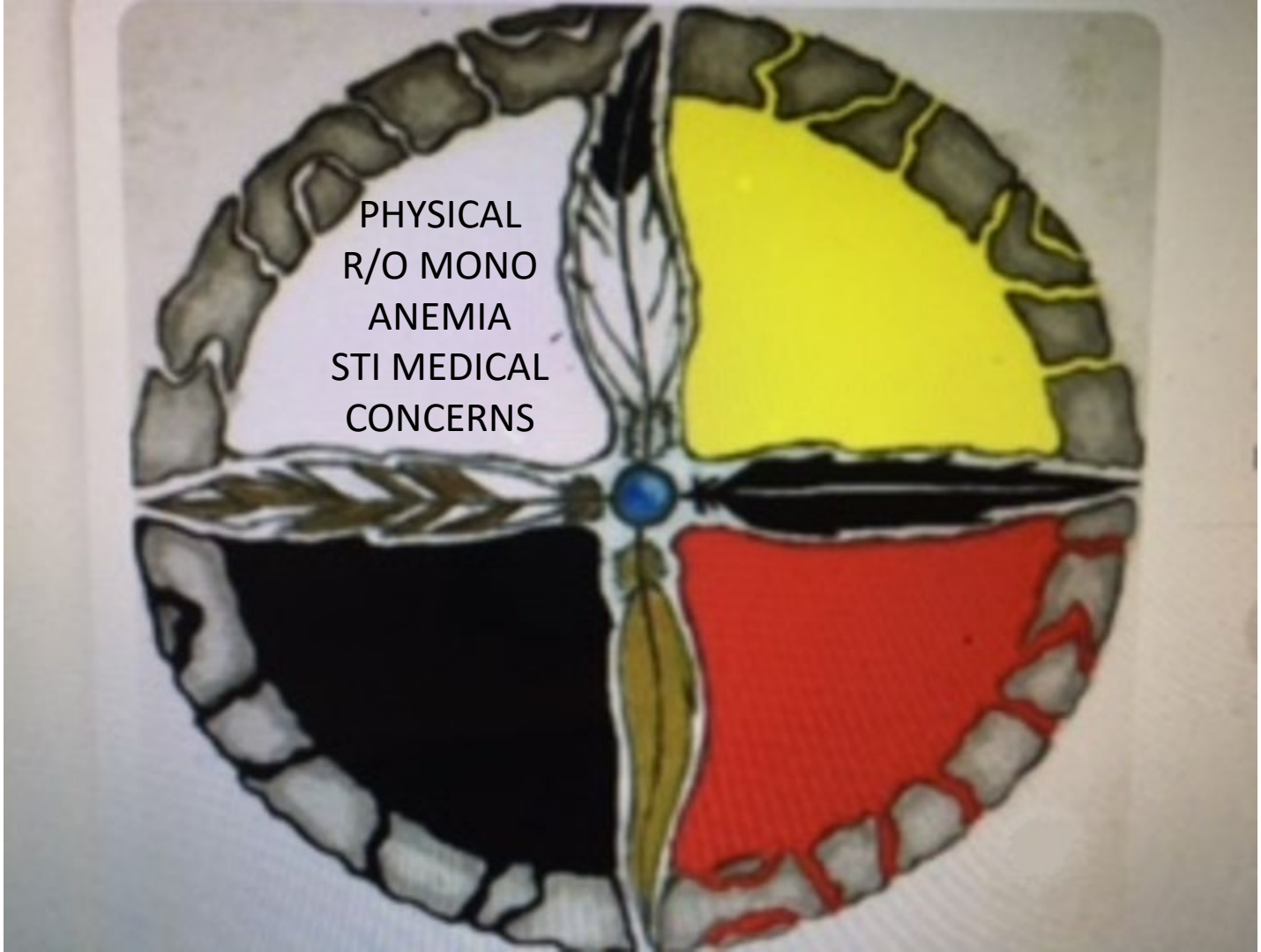
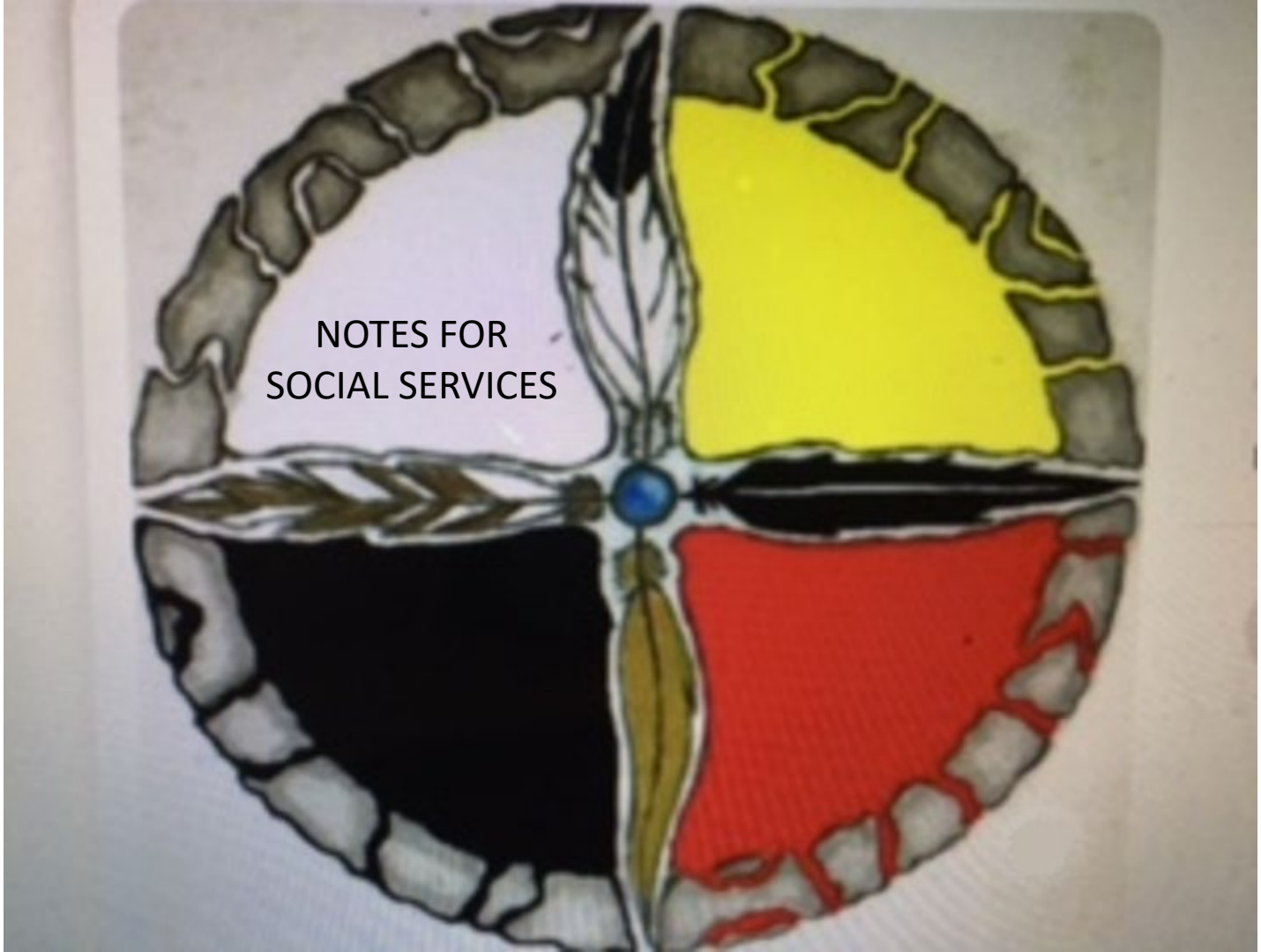

RELATIONAL
MEDICINE


RELATIONAL
MEDICINE
PRACTICE


PHYSICAL
R/O MONO
ANEMIA
STI MEDICAL
CONCERNS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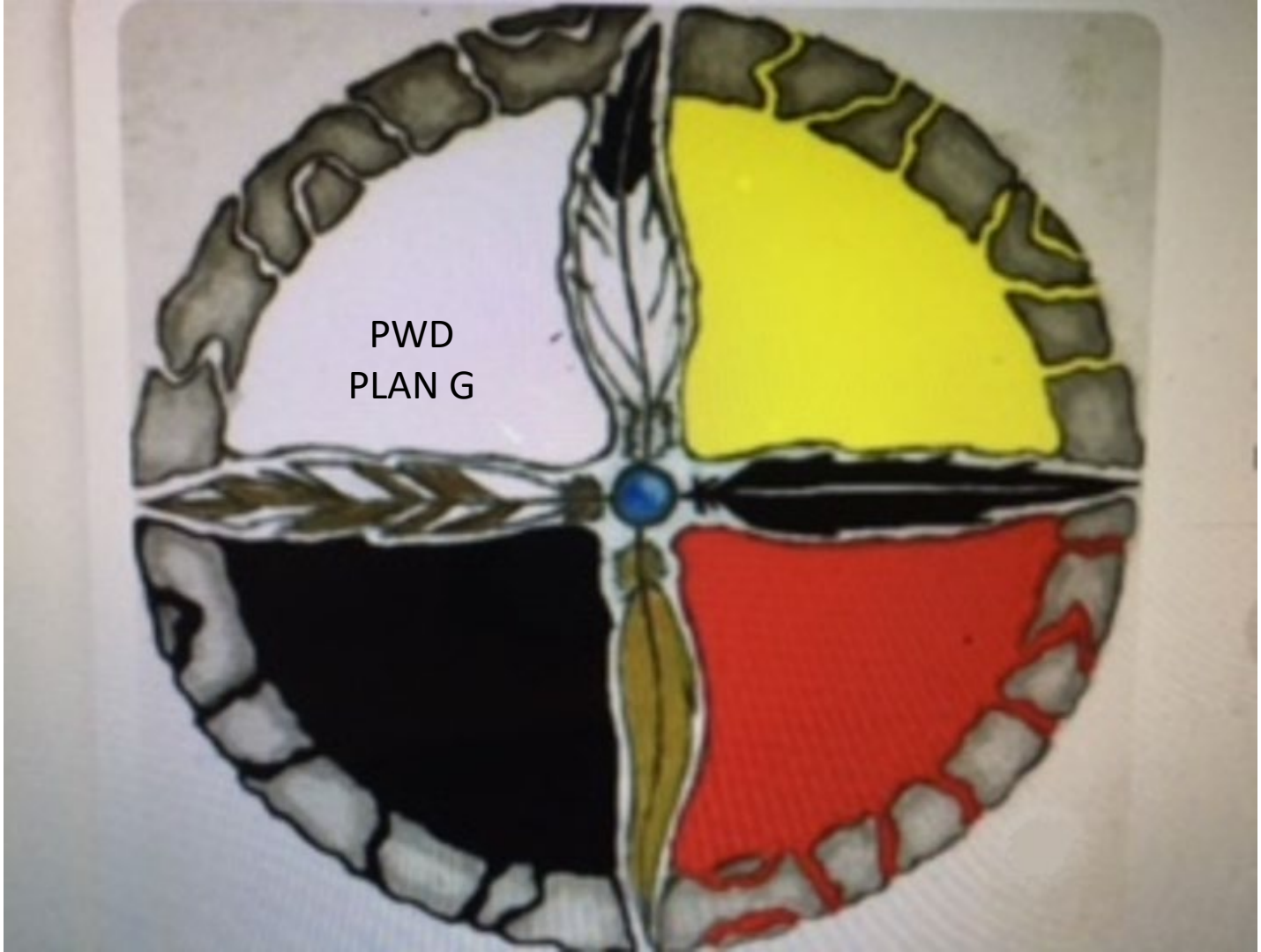
SOCIAL SERVICES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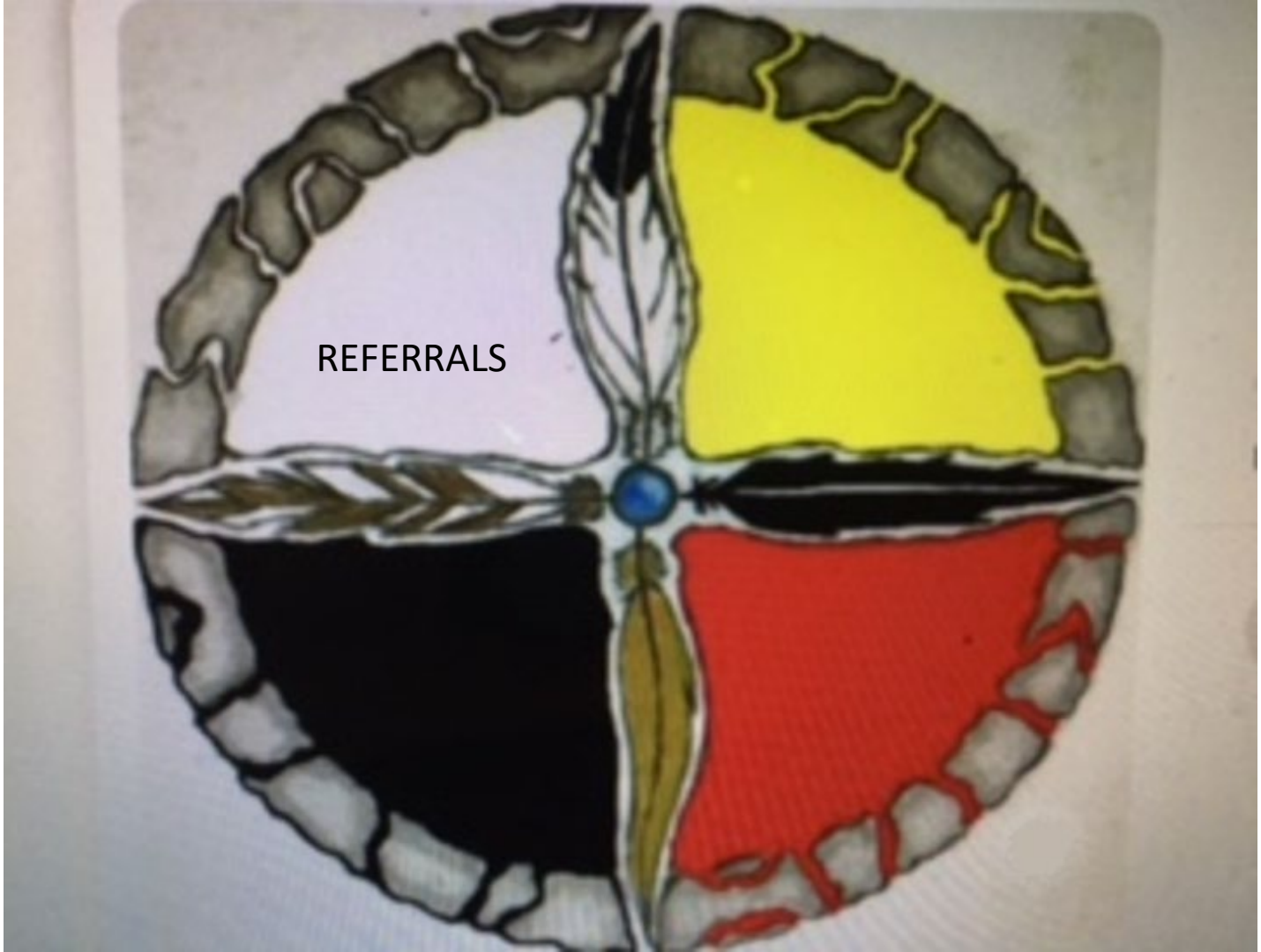
PLAN G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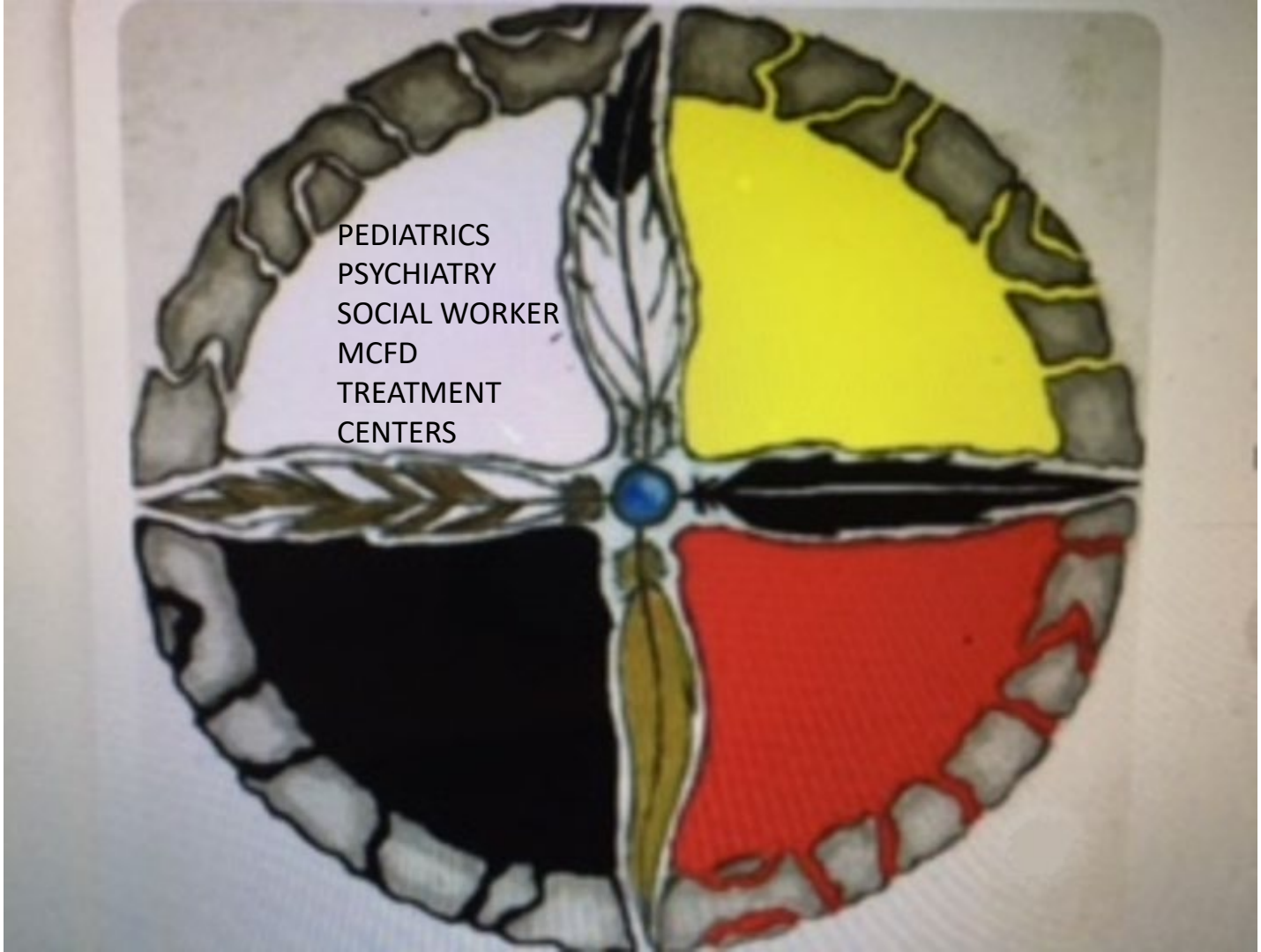
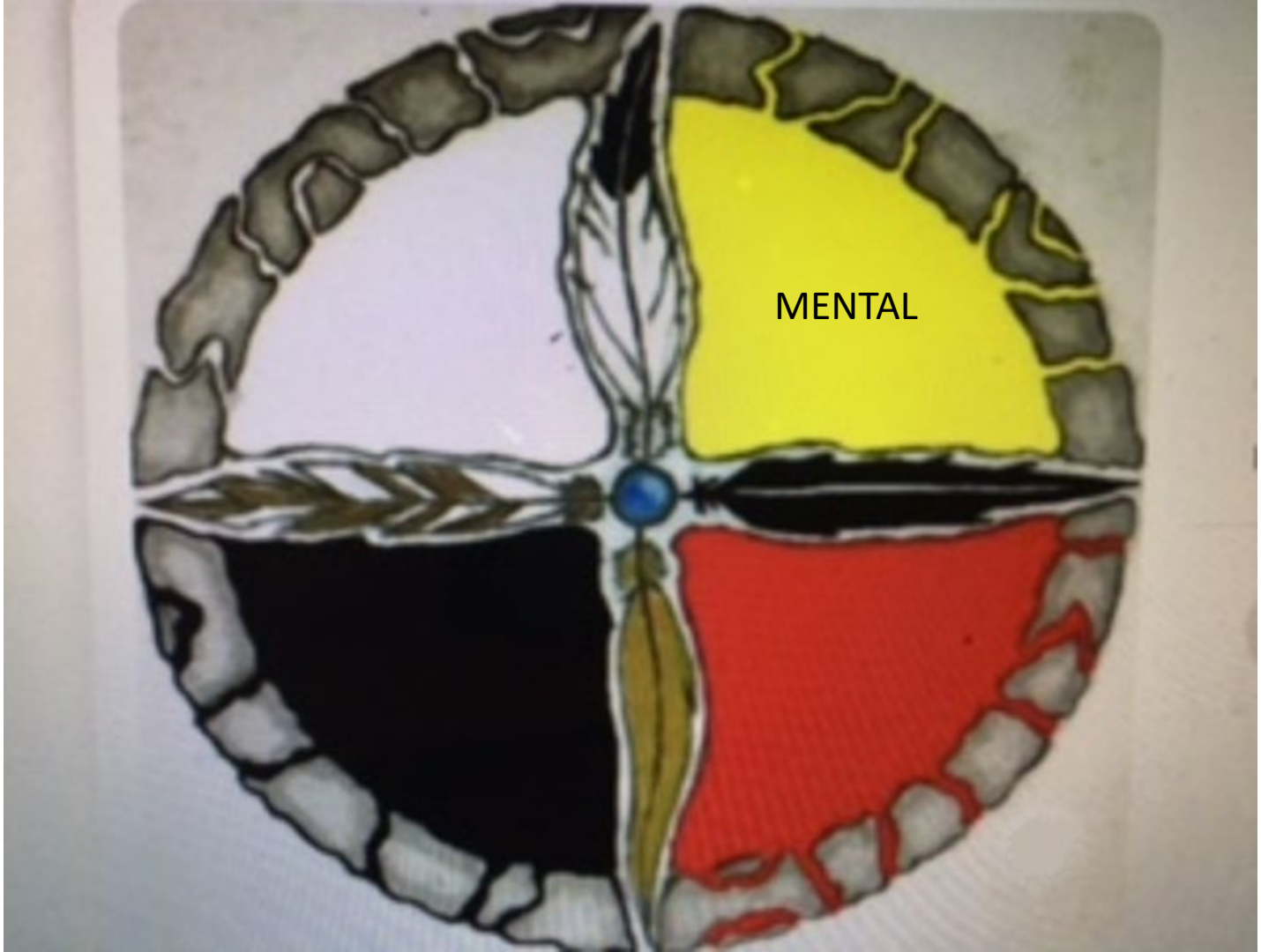

PEDIATRICS
PSYCHIATRY
SOCIAL WORKER
MCFD
TREATMENT
CENTERS


MEDICATIONS
DEPRESSION
ANXIETY
ADHD
OAT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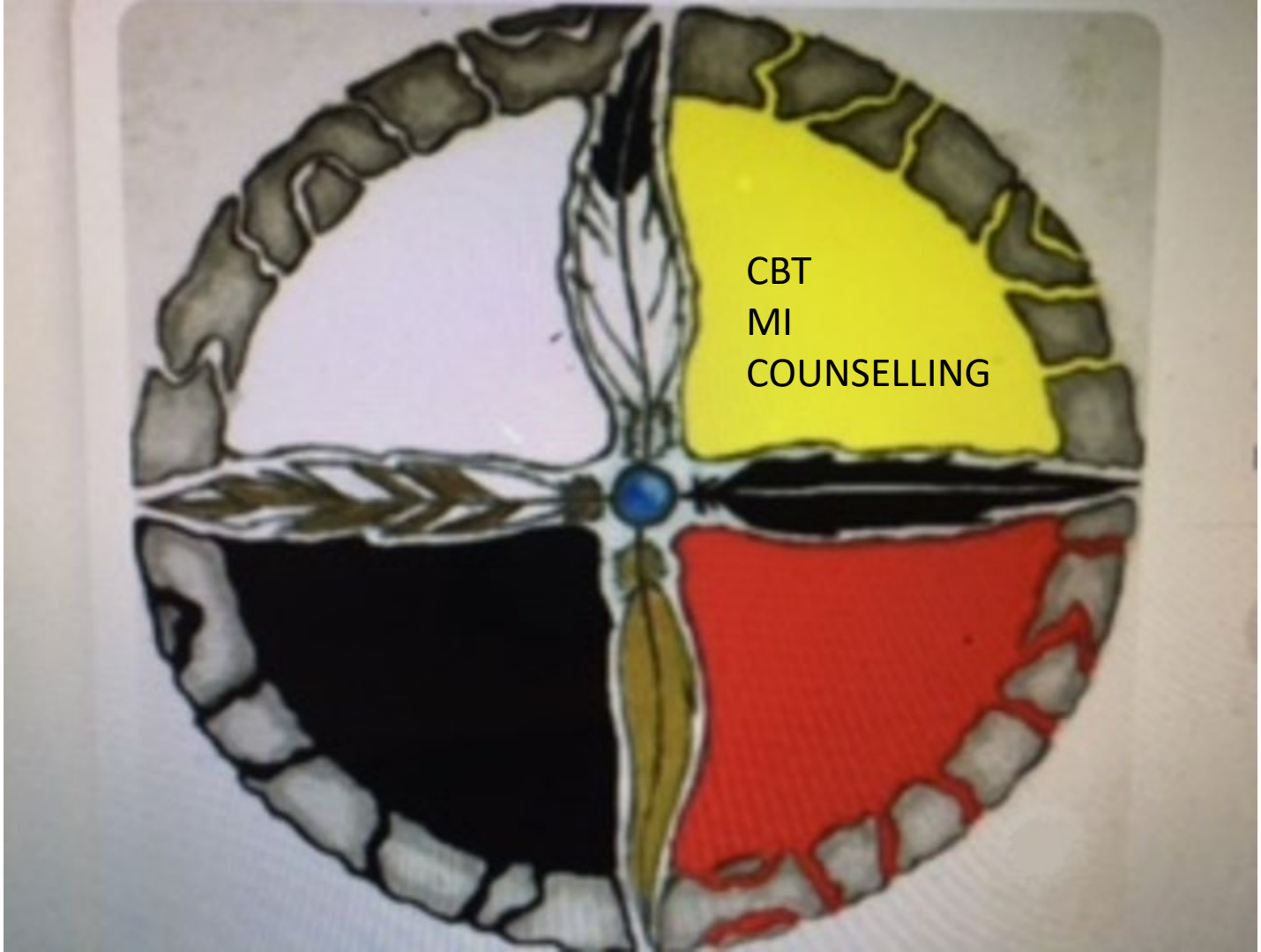
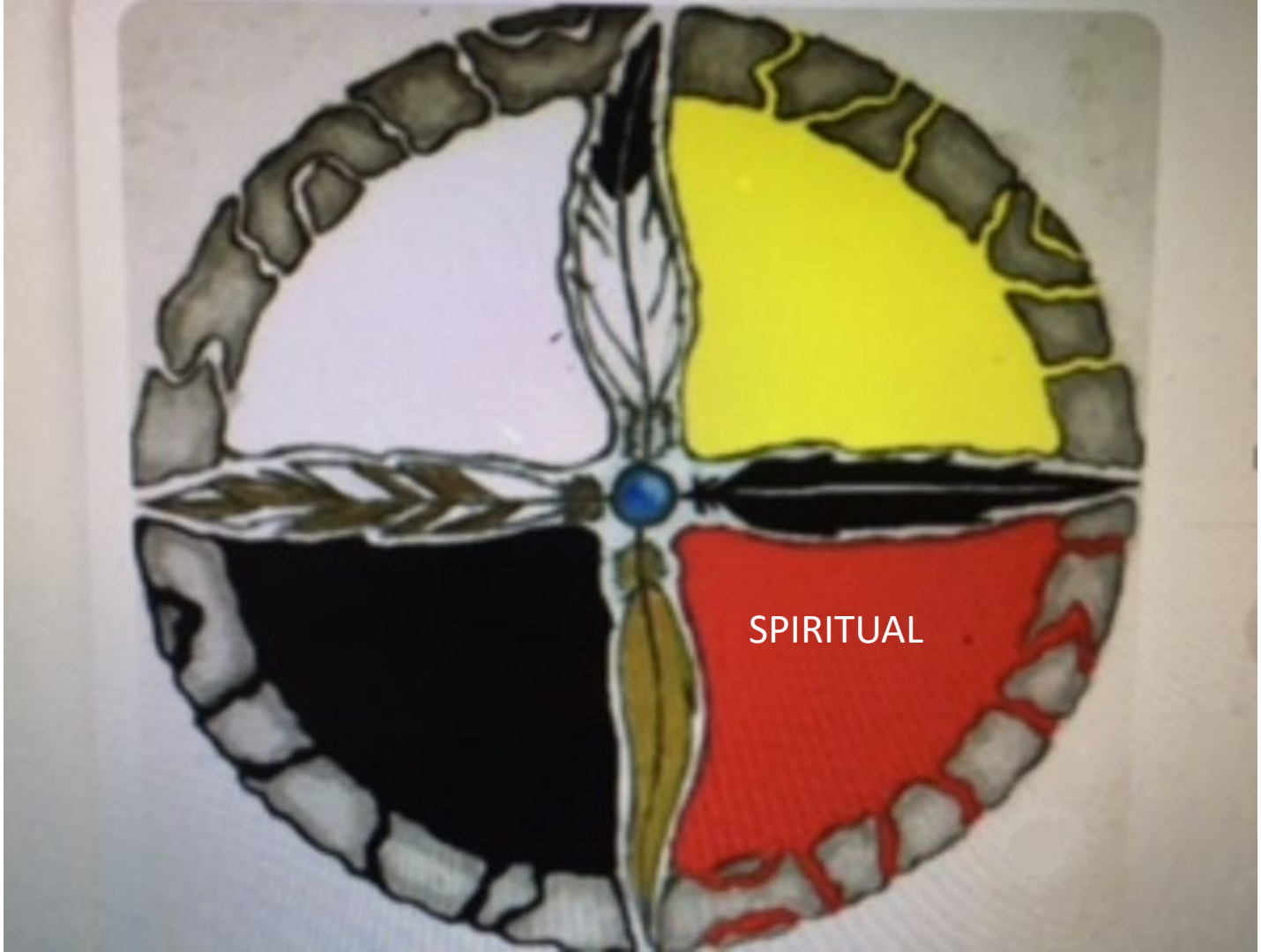
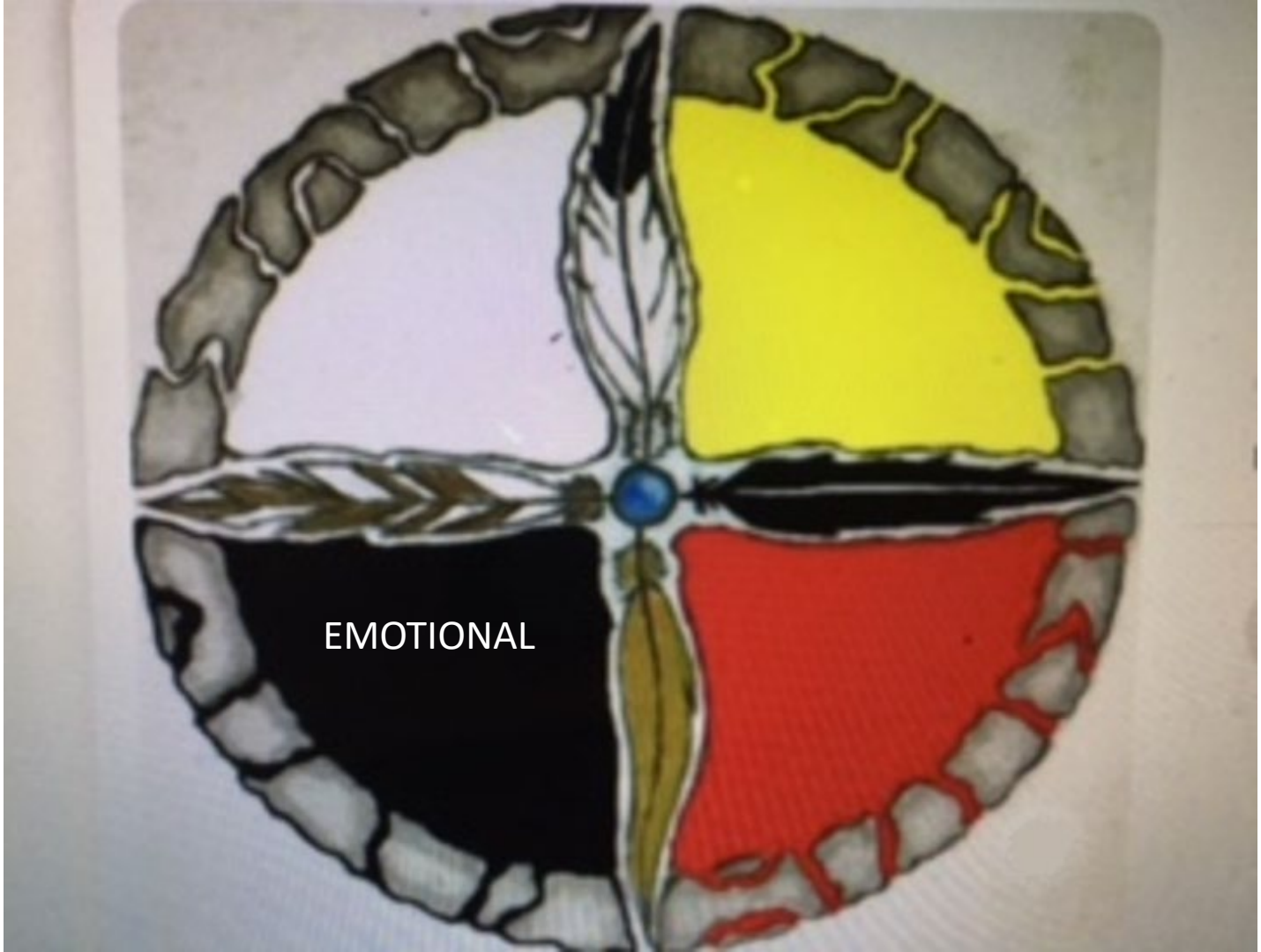

CBT
MI
COUNSELLING


SPIRITUAL


MINDFULNESS
SQUARE BREATHING
GROUNDING
CULTURAL
PRACTICE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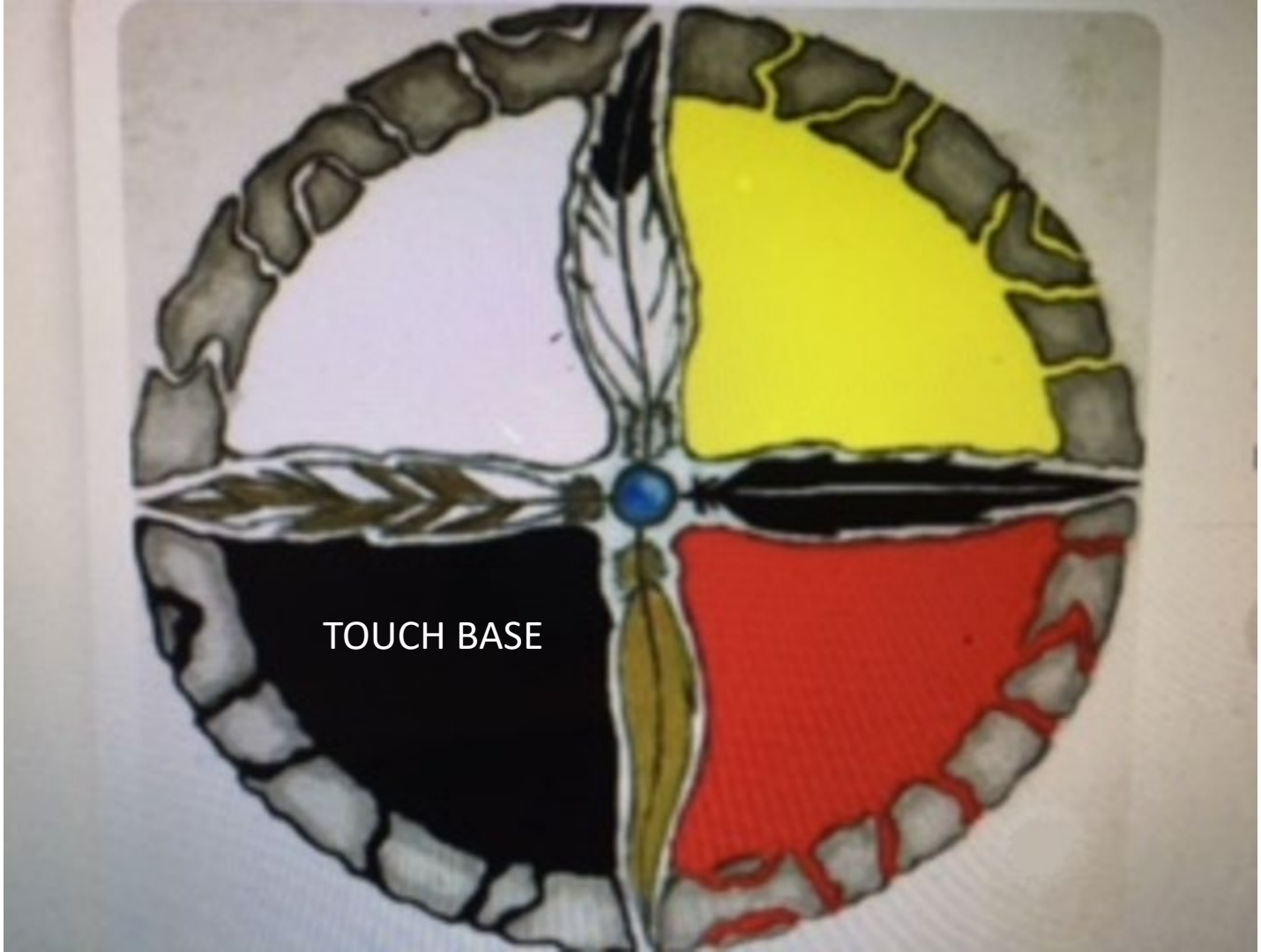
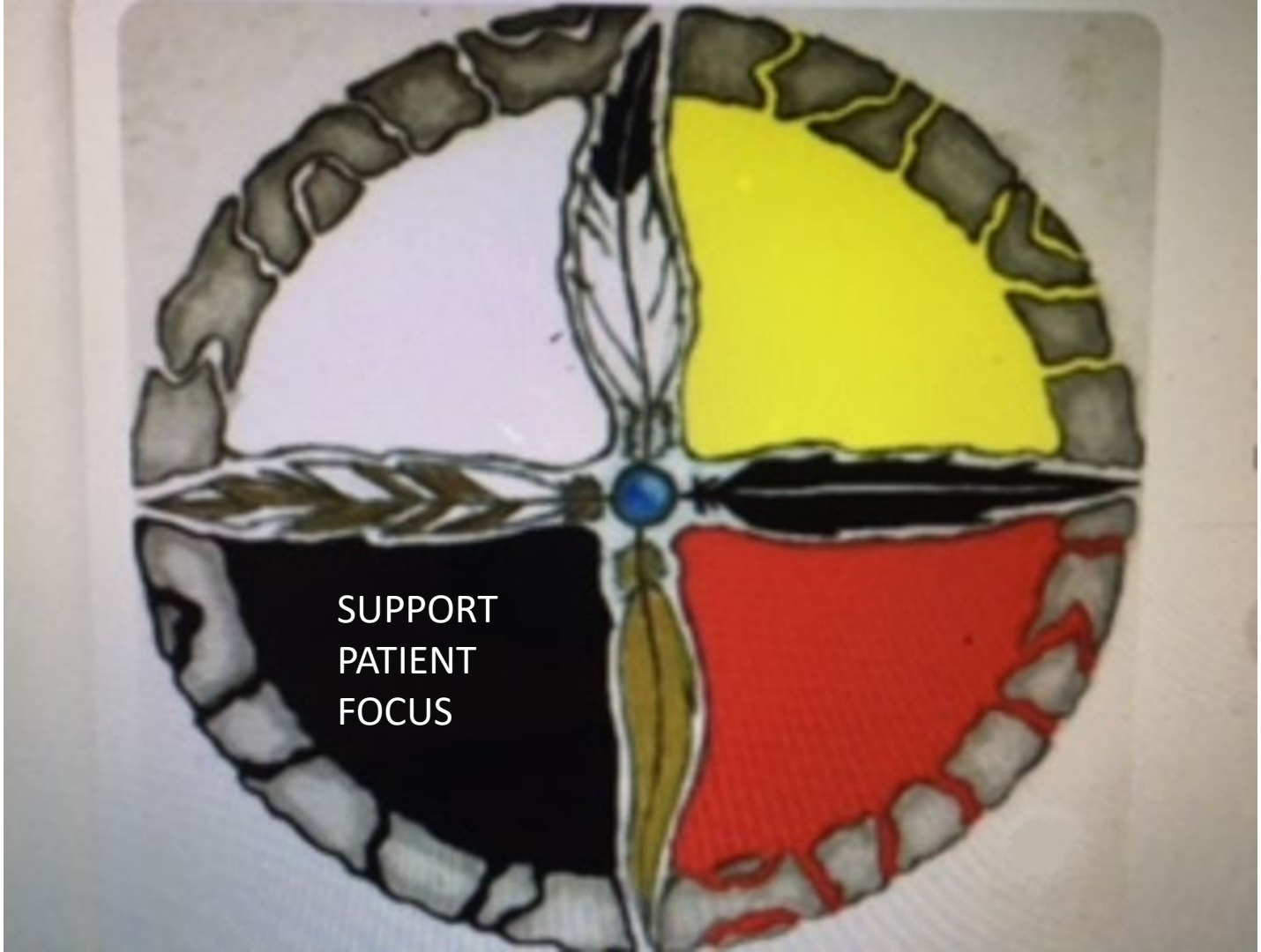
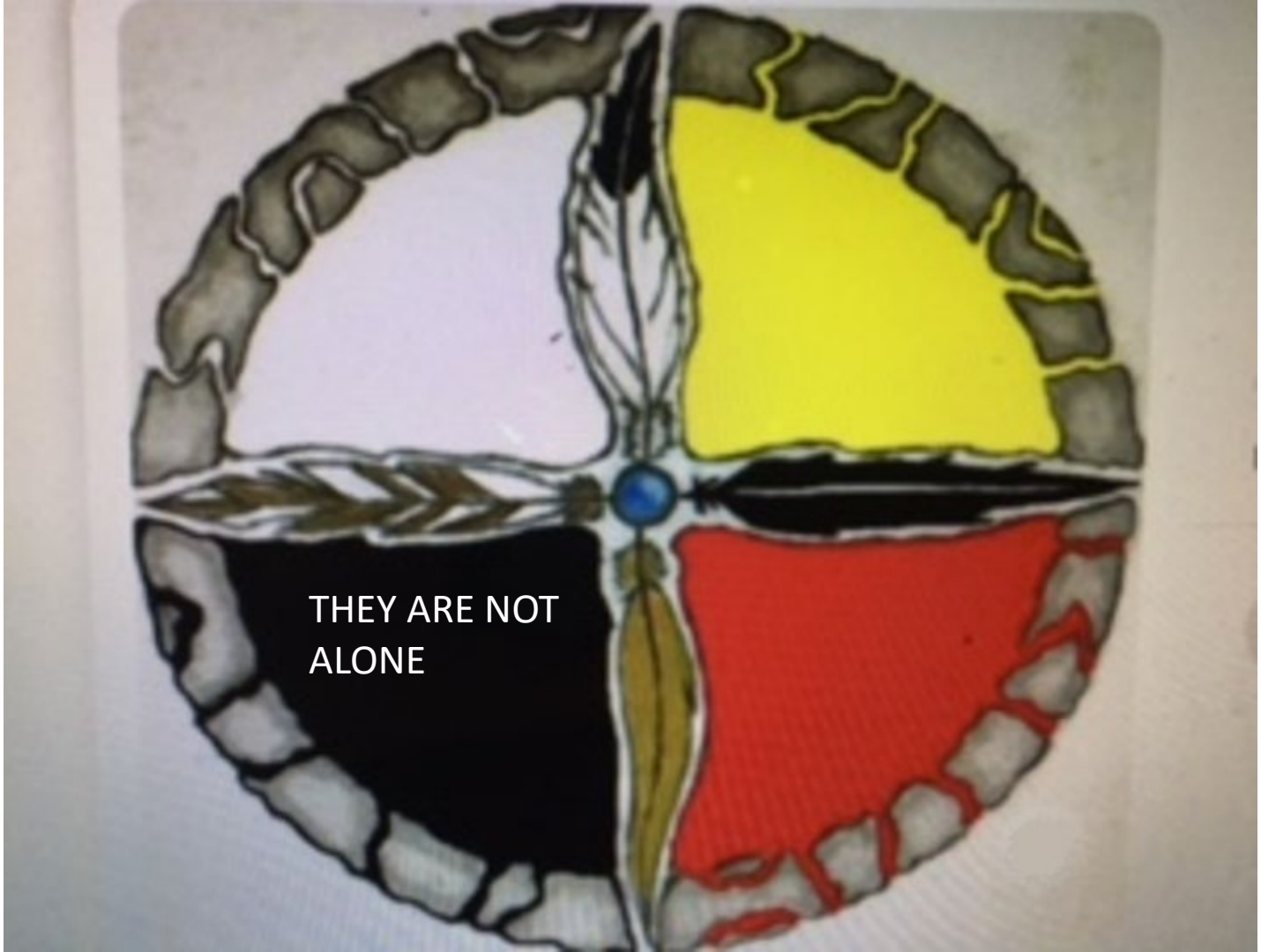
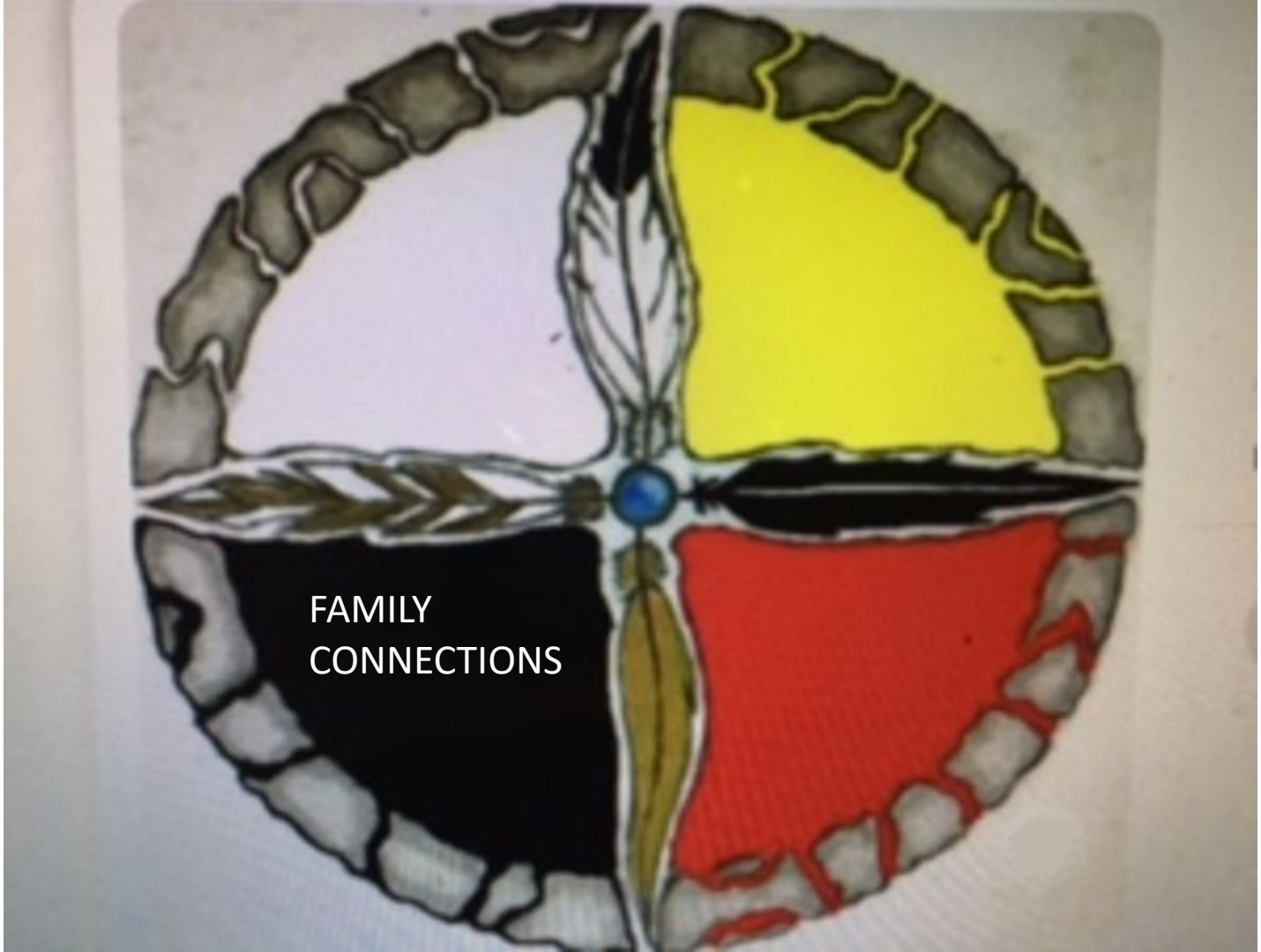
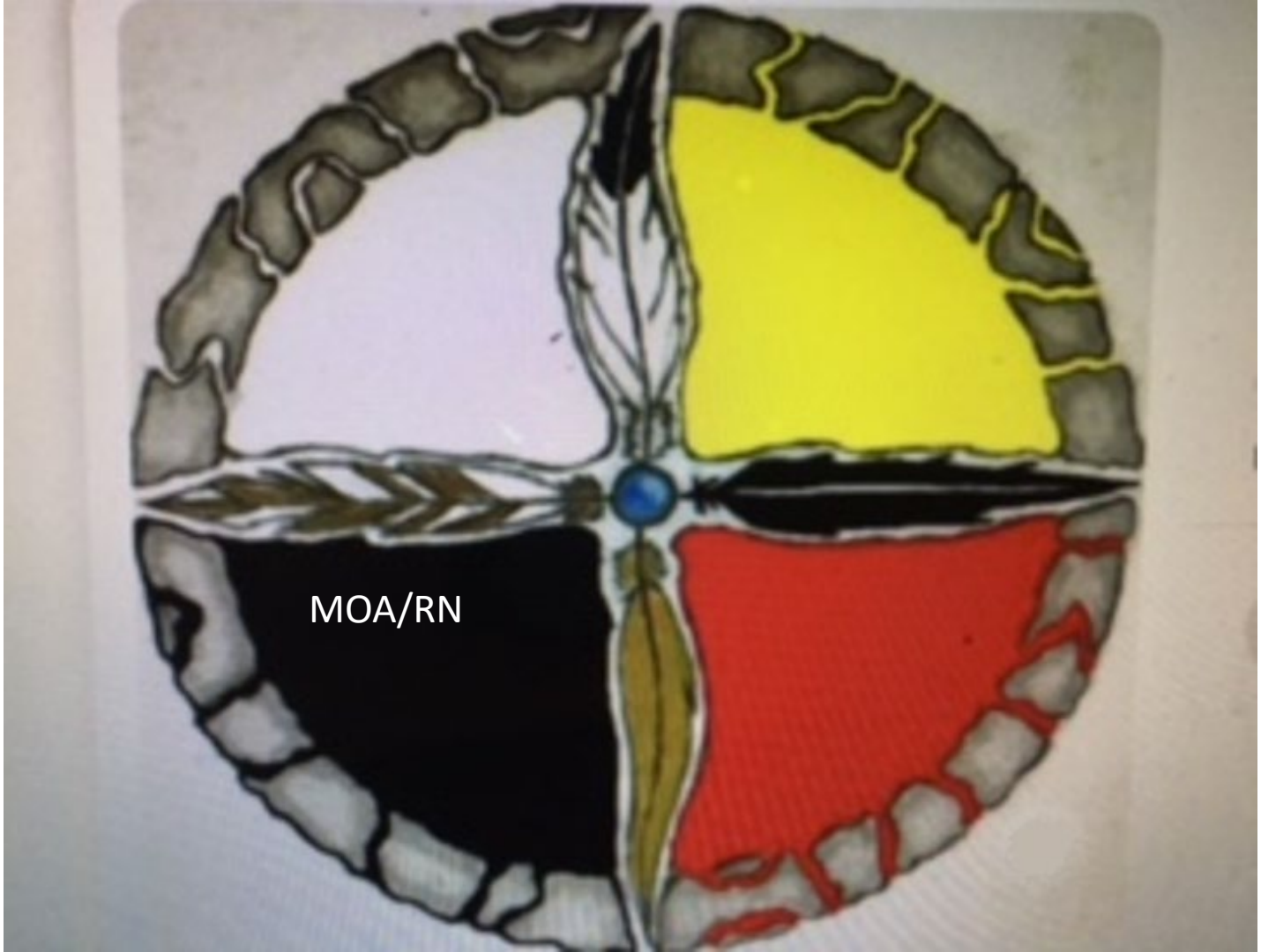

TOUCH BASE


WHO WE ARE AS
CARE GIVERS


SUPPORT
PATIENT
FOCUS


THEY ARE NOT
ALONE


FAMILY
CONNECTIONS


MOA/RN

DR. LEILA DALE, PHD

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Medicine
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Kootenay Boundary
Division of Family Practice
An FPSC initiative

SharedCare
Partners for Patients

Social Determinants of Health

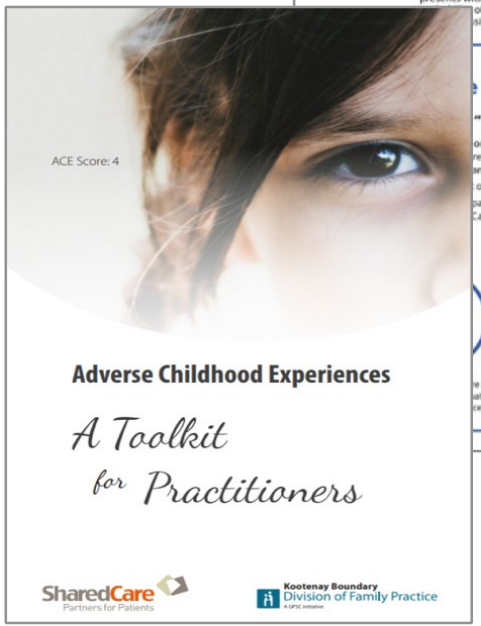
Kootenay Boundary | Leila Dale, PhD

Territorial Acknowledgement & Blessing

We acknowledge, respect and honor the Ktunaxa, Syilx, Sinixt, and Secwepemc peoples, on whose unceded traditional territory we conduct our work.

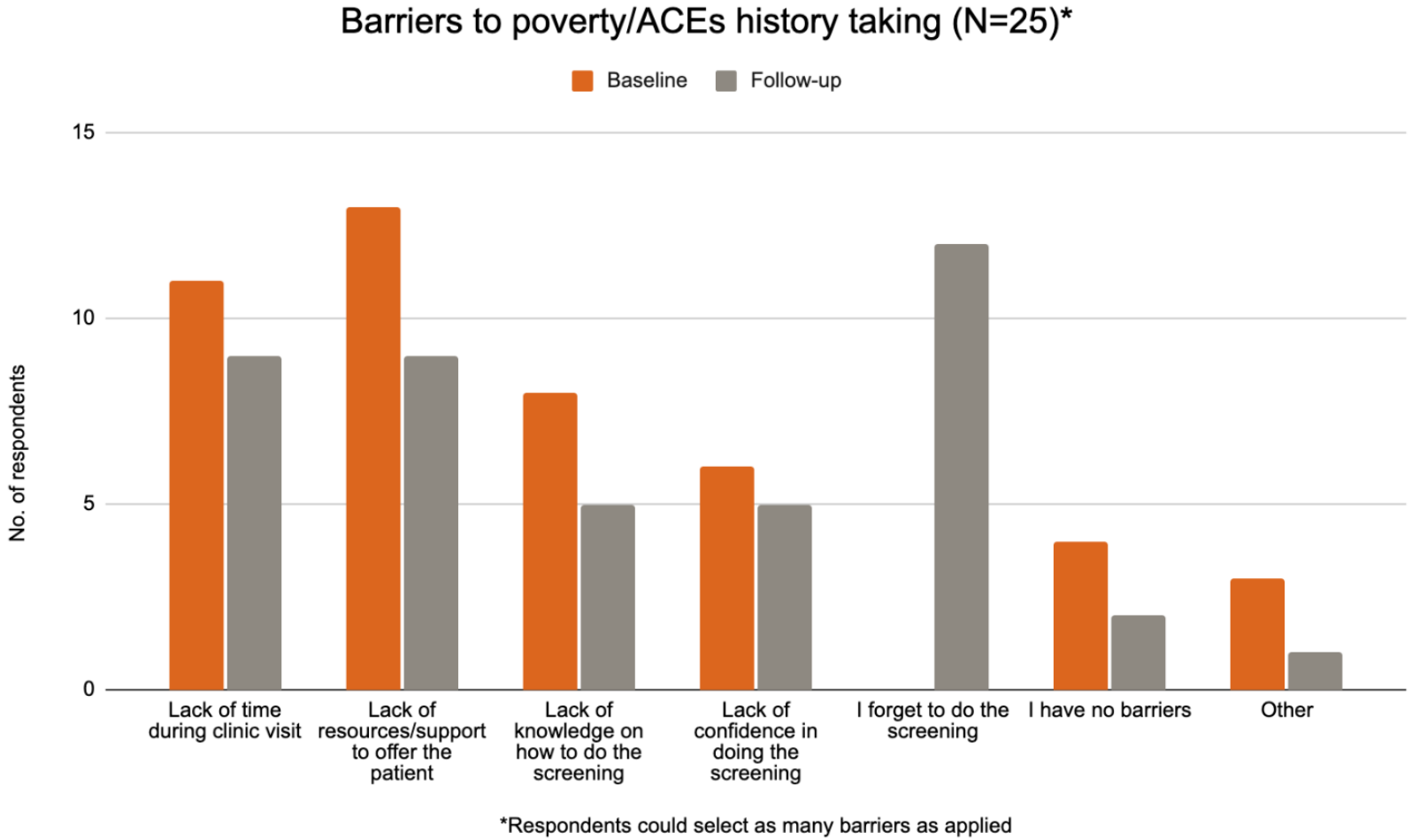
SDH work in KB:

- Embedsdh.ca
- Poverty Intervention Tool
- ACEs toolkits & in-clinic training for family practitioners & Primary Care Network staff



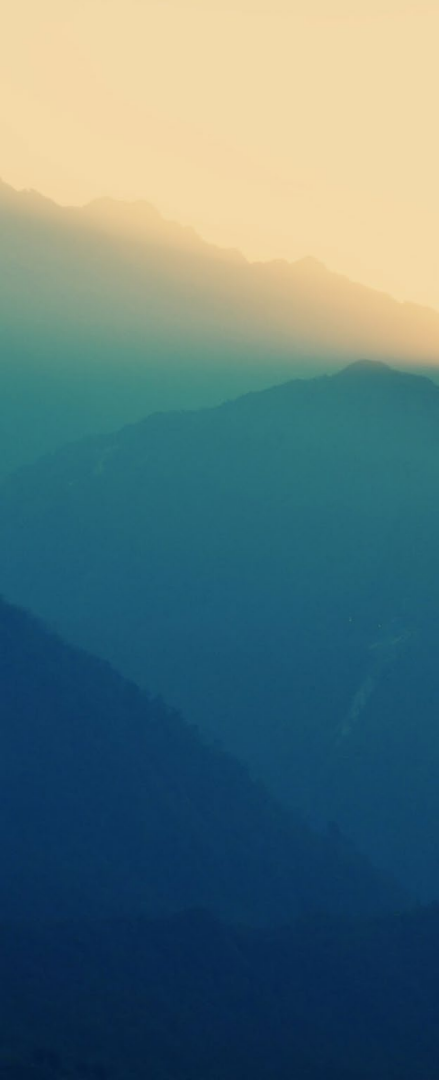
The impacts & challenges

- Presentations to over 150 GPs, NPs, SPs, allied health, & PCN staff in KB
- Family practitioners' knowledge on how SDH impacts health and confidence to do this history taking improved
- Most family practitioners felt doing SDH history taking improved the relationship with their patient
- Barriers to SDH history taking remained
- Covid reduced momentum


Barriers to poverty/ACEs history taking (N=25)*
Baseline
Follow-up
No. of respondents
15
10
5
0
Lack of time during clinic visit
Lack of resources/support to offer the patient
Lack of knowledge on how to do the screening
Lack of confidence in doing the screening
I forget to do the screening
I have no barriers
Other
*Respondents could select as many barriers as applied

“

System change in medicine takes forever. In getting people thinking about the ideas of poverty, of trauma, how can I be more validating, or people’s experiences that might not be my experiences, even to know that [SDH] exists, to me it feels like that was the biggest goal...My colleagues have heard of it now, they have tools to use. I think we’ve made an impact on the culture in our area and we’ll see this continue to develop and grow over time. [Physician]



Next for SDH in KB:

- Continue to liaise & listen to our physicians, PCN staff, and patients
- Further evaluation to determine sustainability of past SDH work
- Refresh & re-launch resources
- Continue to network and learn from other provincial groups


Thank You

DR. PAUL KERSHAW, PHD

UBC CPD
Medicine
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DEVELOPMENT

Applying Health in All Policies at the Highest Level of Government Budgeting

www.getwellcanada.ca

Dr. Paul Kershaw

"The Critical Impact of Social Determinants on Family and Child/Youth Health"

February 23, 2023

Hosted by:

CYMHSU Webinar & UBC Continuing Professional Development

Fire Prevention

No one would choose to jump from the window of their burning home – that's why firefighters spend so much time emphasizing the need for fire prevention. We're grateful that we can call on the fire department to put out the flames when we need them, but preventing fires is much less deadly, damaging and costly.

So it is with health care

Waiting to invest until people are ill is like showing up with hoses once the fire is already raging. When what we really want is to prevent sparks from getting out of hand.

This means clinics and hospitals should be the last stop, not the first stop, in our health system. The first stops for good health are found in our neighbourhoods, jobs, child cares and schools – something the pandemic made painfully clear.

Something many doctors know when they want (but can't) prescribe poverty reduction, child care and housing.

Health in All Policies (HiAP) Science

HiAP science that shows social supports contribute more to our wellbeing than medical care.

RESEARCH HEALTH SERVICES

Effect of provincial spending on social services and health care on health outcomes in Canada: an observational longitudinal study

Daniel J. Dutton PhD, Pierre-Gerlier Forest PhD, Ronald D. Kneebone PhD, Jennifer D. Zwicker PhD

Cite as: *CMAJ* 2018 January 22;190:E66-71. doi: 10.1503/cmaj.170132

See related article at www.cmaj.ca/lookup/doi/10.1503/cmaj.171530

ABSTRACT

BACKGROUND: Escalating health care spending is a concern in Western countries, given the lack of evidence of a direct connection between spending and improvements in health. We aimed to determine the association between spending on health care and social programs and health outcomes in Canada.

METHODS: We used retrospective data from Canadian provincial expenditure reports, for the period 1981 to 2011, to model the effects of social and health spending (as a ratio, social/health) on potentially avoidable mortality, infant mortality and life expectancy. We used linear regressions, accounting for provincial fixed effects and time, and controlling for confounding variables at the provincial level.

RESULTS: A 1-cent increase in social spending per dollar spent on health was associated with a 0.1% (95% confidence interval [CI] 0.04% to 0.16%) decrease in potentially avoidable mortality and a 0.01% (95% CI 0.01% to 0.02%) increase in life expectancy. The ratio had a statistically nonsignificant relationship with infant mortality ($p = 0.2$).

INTERPRETATION: Population-level health outcomes could benefit from a reallocation of government dollars from health to social spending, even if total government spending were left unchanged. This result is consistent with other findings from Canada and the United States.

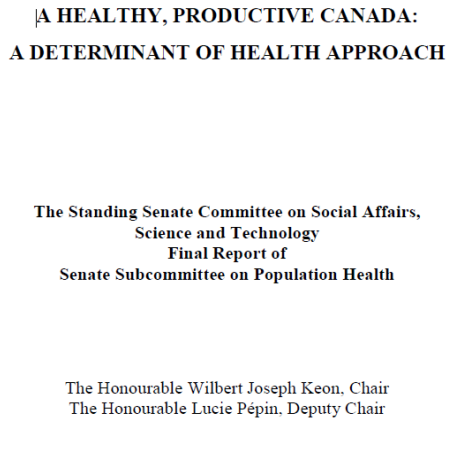
Canadian Journal of Public Health (2020) 111:8–20
https://doi.org/10.17269/s41997-019-00291-4

QUANTITATIVE RESEARCH

A "health in all policies" review of Canadian public finance

Paul Kershaw [1]

Received: 4 April 2019 / Accepted: 20 December 2019 / Published online: 19 February 2020



A HEALTHY, PRODUCTIVE CANADA:
A DETERMINANT OF HEALTH APPROACH

The Standing Senate Committee on Social Affairs, Science and Technology
Final Report of
Senate Subcommittee on Population Health

The Honourable Wilbert Joseph Keon, Chair
The Honourable Lucie Pépin, Deputy Chair

HiAP Science shows:
Most important health decision that a government can a make…

Grow social spending more urgently than medical spending!

(i.e. apply HiAP to Finance allocations *between ministries)*

Quintessential example of: "An ounce of prevention is worth a pound of cure."

Provinces retreated on leadership re SDoH, allocating gains from econ growth to illness treatment.

Provincial Social & Education/Medical ratio: Then and Now (Pre-Pandemic)			
	1976'ish	2019	Change
AB	1.36	0.74	-0.61
BC	1.22	0.72	-0.50
ON	1.16	0.95	-0.20
QC	1.53	0.78	-0.74
SK	1.30	0.76	-0.53
MB	0.97	0.75	-0.22
NS	1.03	0.51	-0.52
NB	1.58	0.98	-0.60
PEI	N/A	0.73	
NFL	1.55	0.52	-1.02

Eg. since 1976 (in 2021 $/year)

BC increased social: $3.9 billion

BC increased education: $6.4 billion

BC increased medical: $17.9 billion

ON increased social: $13 billion

ON increased education: $30.4 billion

ON increased medical: $49.2 billion

So it’s no coincidence

Medical costs rise, while access doesn’t

Many medical professionals are burning out even as doctors per capita rises.

All doctors:

1976: There were 143 doctors per 100,000 in Canada (BC: 161)

2020: There are 242 doctors per 100,000 in Canada (BC: 254)

Family physicians:

1976: 72 per 100,000 in Canada (BC: 87)

2020: 123 per 100,000 in Canada (BC: 134)

Lack of attention to HiAP →

Our governments are failing to invest equally urgently in wellbeing from the early years onward:

$8,700* per BC resident < age 45 (up $3,500 since 1976)

$27,000* per person age 65+ (up $6,700 since 1976)

*Excludes tax expenditures, which grow the age gap still further.
All figures adjust for inflation

Lack of attention to HiAP →

Of the more modest increase in spending on younger residents, medical care grows faster

$8,700* per BC resident < age 45 (up $3,500 since 1976)

(1/3 = medical care; up from ¼ in 1976) (because 1/2 of growth = medical care)

This trend for < age 45 does not align with HiAP science.

By contrast, age 65+: ¼ of $6,700 increase is medical $, more in line with HiAP science.

Cultural Problem

When it comes to making wise choices about health, Canadians have a thorny problem. Our medical system is beloved, and is as much a part of Canadian identity as the maple leaf and hockey.

But we've left the system unfinished, and now we're paying the price. Costs are rising, but access isn't, leaving many patients feeling frustrated among long waitlists and doctors and nurses burned out.

Get Well Canada calls on governments to

reduce pressure on the medical care system and tackle the affordability crisis via single, winning strategy.

Canadians “Get Well” when we invest in affordable homes, livable incomes, $10aday childcare and a healthy environment more urgently than medical care.

These social investments not only reduce cost of living pressures, they slow the flow of sickness that is demoralizing our health professionals and overcrowding our clinics and hospitals.

What we do

Better tracking: we monitor the social/medical spending ratio

Better public reporting: we encourage CIHI to report this ratio

Better balance in gov't budgets: we support governments to monitor, in order to grow, the social/medical spending ratio.

Culture change: broaden how Canadians understand health, because public opinion constrains/empowers policy action.

Join at www.getwellcanada.ca

Get Well Canada is an alliance of researchers, community leaders and medical professionals who want to fulfill the promise of Canada's commitment to health care.

So long as Canadians can't access safe homes, good incomes, quality child care, and a healthy environment, our medical care system will never be enough to prevent people from dying early.

Recall the wisdom of Tommy Douglas

“Let’s not forget that the ultimate goal of Medicare must be to keep people well rather than just patching them up when they get sick.”

It’s time to rally around this goal once again.

DR. VERONIC CLAIR, MD

UBC CPD
Medicine
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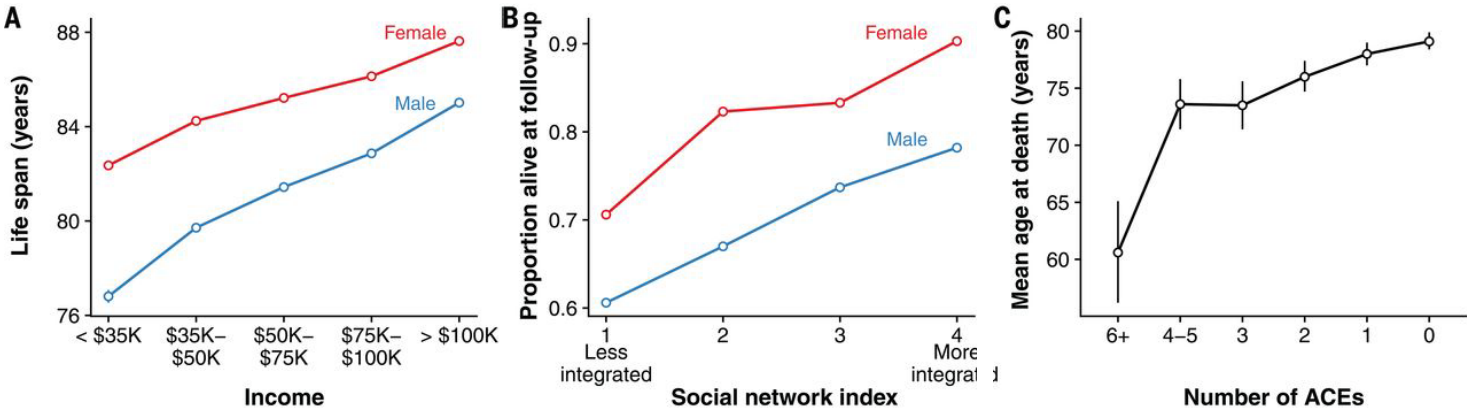
Social determinants, ACEs, families, generations, communities, society and us!

Dr. Veronic Clair

MD, MSc, CCFP, FRCPC, PhD

Social Determinants, ACEs and Life Expectancy



Social determinants of health and survival in humans and other animals, Volume: 368, Issue: 6493, DOI: (10.1126/science.aax9553)

Outcomes following exposure to ≥ 4 ACEs

	Odds ratio (95% confidence intervals)
Physical inactivity	1.25 (1.03–1.52)
Overweight or obesity	1.39 (1.13–1.71)
Diabetes	1.52 (1.23–1.89)
Cardiovascular disease	2.07 (1.66–2.59)
Heavy alcohol use	2.20 (1.74–2.78)
Poor self-rated health	2.24 (1.97–2.54)
Cancer	2.31 (1.82–2.95)
Liver or digestive disease	2.76 (2.25–3.38)
Smoking	2.82 (2.38–3.34)
Respiratory disease	3.05 (2.47–3.77)
Multiple sexual partners	3.64 (3.02–4.40)
Anxiety	3.70 (2.62–5.22)
Early sexual initiation	3.72 (2.88–4.80)
Teenage pregnancy	4.20 (2.98–5.92)
Low life satisfaction	4.36 (3.72–5.10)
Depression	4.40 (3.54–5.46)
Illicit drug use	5.62 (4.46–7.07)
Problematic alcohol use	5.84 (3.99–8.56)
Sexually transmitted infections	5.92 (3.21–10.92)
Violence victimization	7.51 (5.60–10.08)
Violence perpetration	8.10 (5.87–11.18)
Problematic drug use	10.22 (7.62–13.71)
Suicide attempt	30.14 (14.73–61.67)

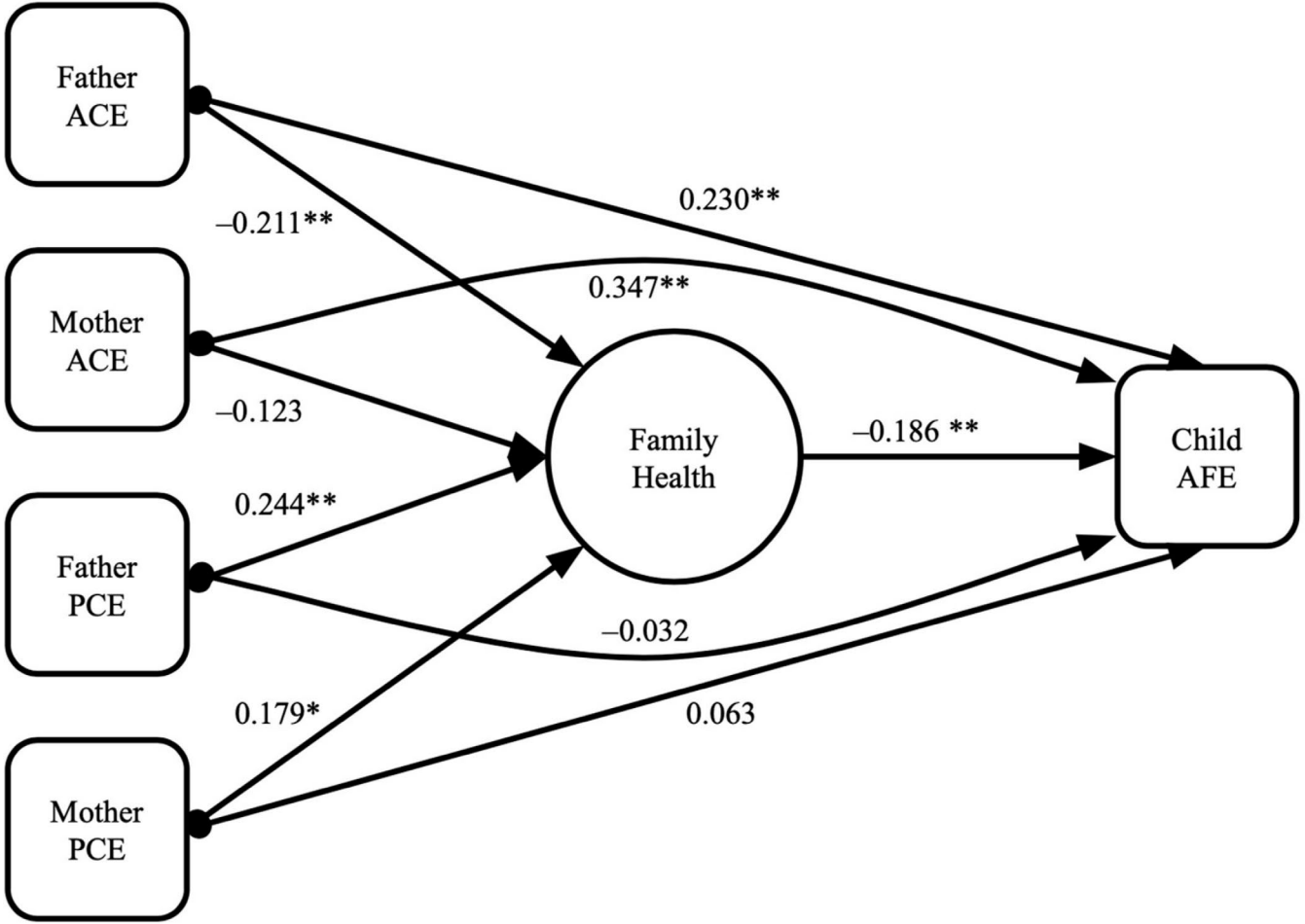
Pooled odds ratios (ORs) from random-effects meta-analyses.

Modified with permission from Hughes et al.[41]

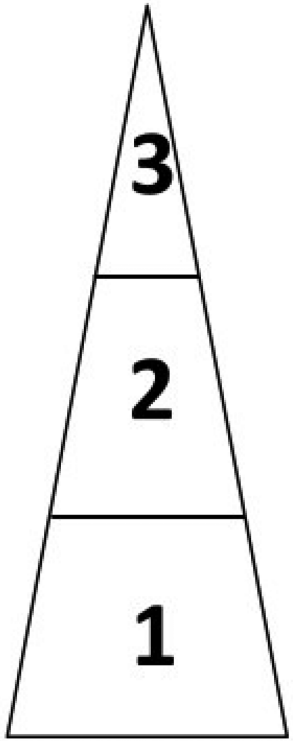
The social ecology of childhood and early life adversity
Pediatr Res. 2021 Jan;89(2):353-367. doi: 10.1038/s41390-020-01264-x. Epub 2021 Jan 18. The social ecology of childhood and early life adversity | Pediatric Research (nature.com)

Addressing Adverse Childhood Experiences: It's All about Relationships. *Societies* **2018**, *8*, 115. https://doi.org/10.3390/soc8040115

Adverse and Positive childhood experiences transmit across generations



Safe, stable, and nurturing relationships buffer adversity

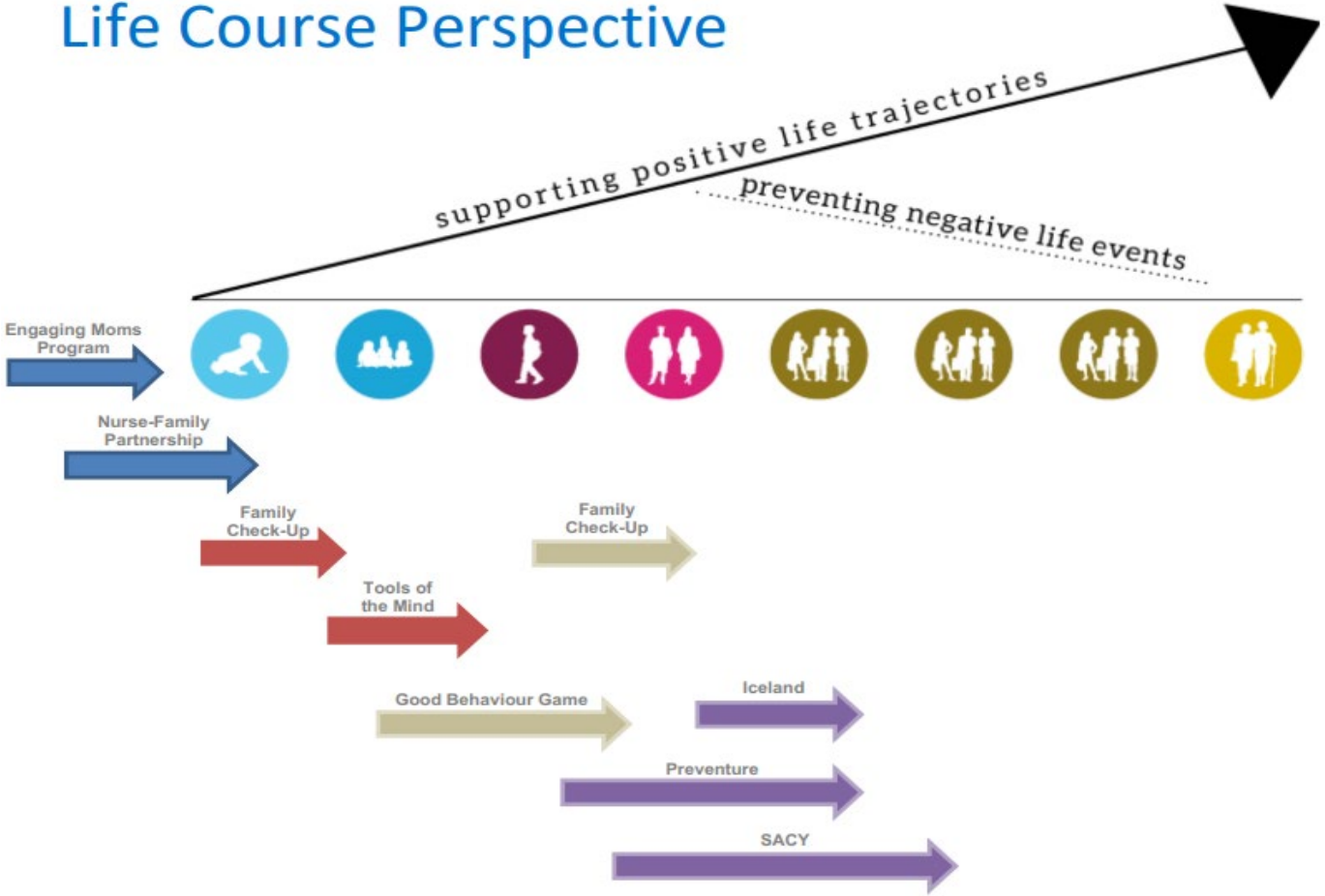


Public Health Level	Types of Prevention	Approaches to Toxic Stress	Examples	Approaches to Relational Health
3	Tertiary	Indicated treatments for toxic stress related diagnoses (e.g, anxiety depression, PTSD)	ABC PCIT CPP TF-CBT	Repair strained or compromised relationships
2	Secondary	Targeted interventions for those at higher risk for toxic stress responses	Parent/Child ACEs SDoH BStC	Identify and address potential barriers to SSNRs
1	Primary	Universal preventions for all	Positive parenting ROR Play Consistent messaging	Promote SSNRs by building 2-generational skills

From: Preventing Childhood Toxic Stress: Partnering With Families and Communities to Promote Relational Health

Pediatrics. 2021;148(2). doi:10.1542/peds.2021-052582

Life Course Perspective



SOCIAL DETERMINANTS OF HEALTH

determine 75% of our overall health

BCCDC Foundation for Public Health

3 Realms of ACEs

Adverse childhood and community experiences (ACEs) can occur in the household, the community, or in the environment and cause toxic stress. Left unaddressed, toxic stress from ACEs harms children and families, organizations, systems and communities, and reduces the ability of individuals and entities to respond to stressful events with resiliency. Research has shown that there are many ways to reduce and heal from toxic stress and build healthy, caring communities.

https://www.pacesconnection.com/pages/3RealmsACEs

Summary and Some Recommendations

Graphic adapted from de Beaumont Foundation and Trust for America's Health. (January 2019) "Social Determinants and Social Needs: Moving Beyond Midstream"