



**What Else Matters?:
BEARS and BEARS-Youth – Dialogues with patients
regarding Social Determinants of Health**



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



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Study team

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THANK YOU!

BCCH Social Work
 UBC Faculty of Medicine, Department of
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 MASES Engagement Fund
 RICHER team + Community partners
 BC Children's Youth Advisory Council
 BC Women's Indigenous Health

Collaborators

Dr. Andrew MacNeily



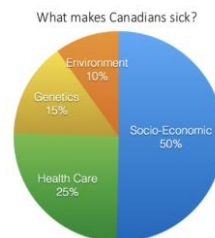
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Background/Objectives

Background:

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

By 2019, over 600 families in BCCH waiting rooms completed a ~10mins/30 items questionnaire which was well received.



Goals and Objectives:

1. To explore what BC healthcare professionals can do to mitigate the impact of social, financial and other adversities on children, youth, and their families
2. To create a (shorter) 5 point (BEARS) questionnaire with similar acceptability
3. To create a youth friendly and trauma-informed version

In Canada...

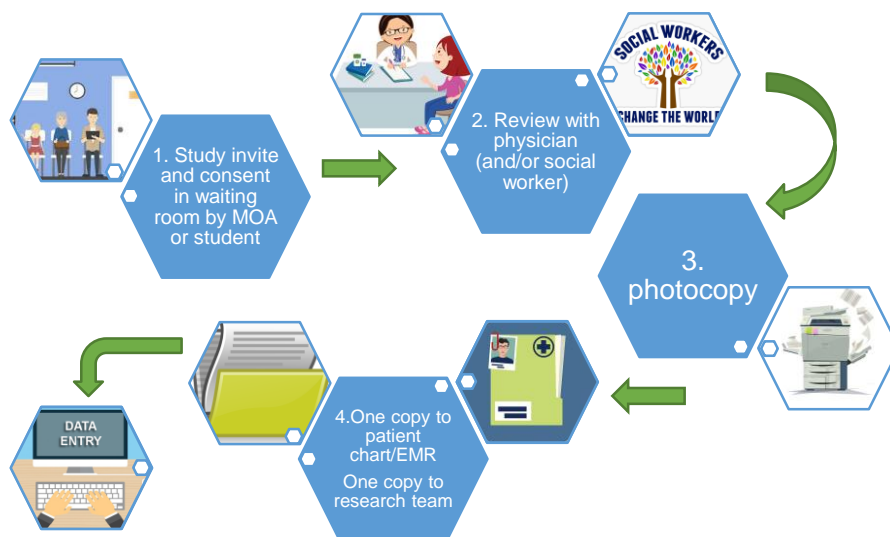
~1 in 6 children (16.8 %) live in poverty.
 1 in 2 children with disabilities live in poverty.
 1 in 2 Status First Nations children live in poverty.

In British Columbia...

~1 in 5 children (18.7%) live in poverty.
 BC has the highest provincial child poverty rate.

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Methods – QI Study



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Social 'BEARS' Survey

BEARS & BEARS-Youth



BEARS (adult/caregiver)
BEARS-Youth

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



Optional ACEs



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BEARS (caregivers)

19 Questions + Optional ACEs
2017 (from 30 Questions + Optional ACEs initially)

Participants: Convenience sample of families/caregivers at BCCH
Data range: Aug 2019 – Feb 2020 (n = 159)

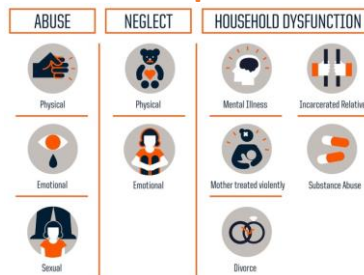
2 Ambulatory Surgical Clinics

1. General Surgery
2. Ophthalmology/Outreach [RICHER]

2 MDT Clinics

1. Cleft / Craniofacial
2. VIP (Vision)

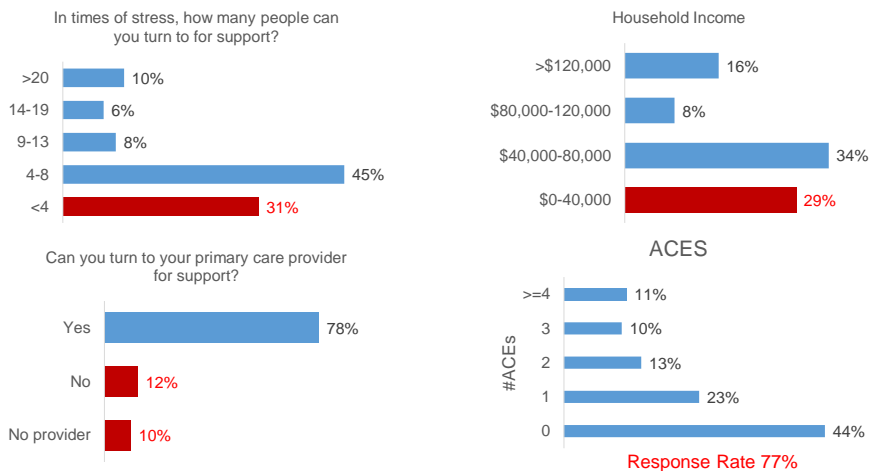
ACES Optional



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Results & Conclusions

Snapshot



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Results & Conclusions

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.



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BEARS-Youth (12y+)

Participants: Convenience sample of youth at BCCH, RICHER, and school* clinics
 Data range: Dec 2019 – Mar 2020 (n=37)

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



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Results & Conclusions (n=37)

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

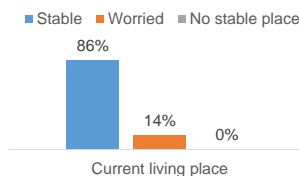


Finance

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

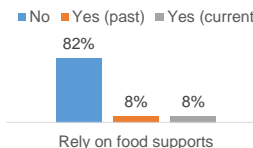
Housing

- 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



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Results & Conclusions (n=37)

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



Identity

- 45% youth self identify as a minority (vs 30% parents, SAS study 2019)



Connections

- 92% feel connected to family
 - 78% to friends, 30% to care team
- 85% participate in extracurriculars
- 69% feel lonely, 17% always feel lonely



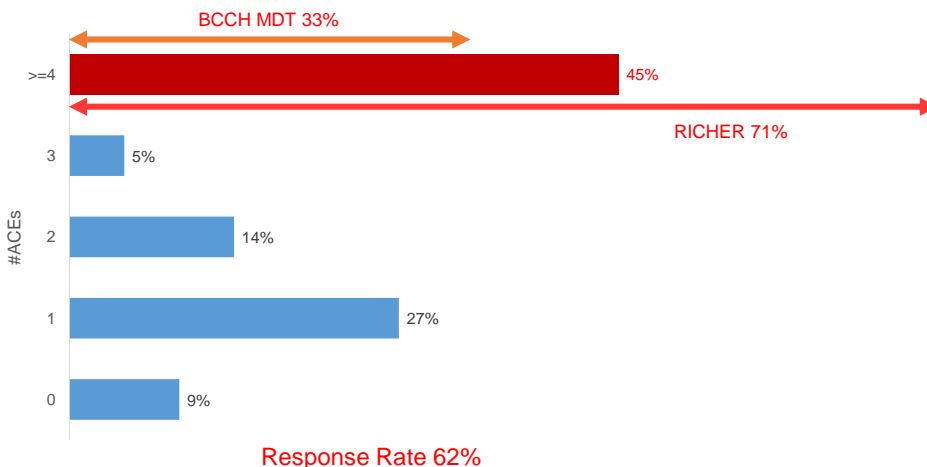
Supports

- 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

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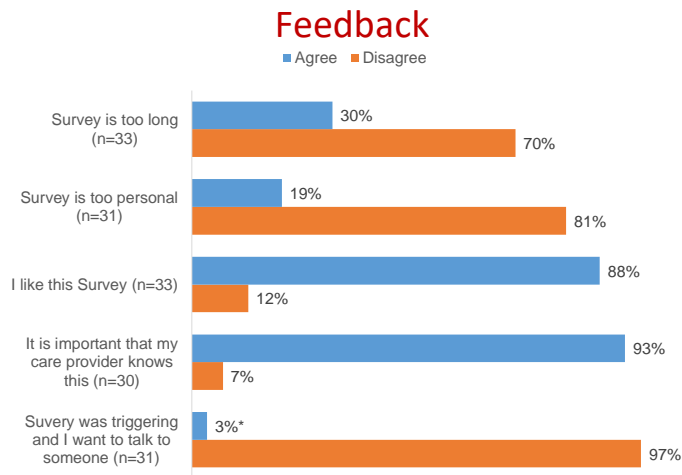
Results & Conclusions (n=37)

Adverse Childhood Experiences



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Results & Conclusions (n=37)



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How did BEARS-Youth make you feel?

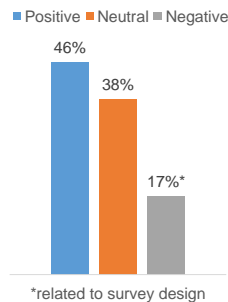
“Happy, because they wanted my opinion”

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

“lots of important questions to know the answers to”



“People take interest in me”



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Results & 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 dialogue
 - i.e. better understanding what was “too personal” (i.e. ACEs?)
- **QI Studies** can mitigate risks of “moral distress” and professional “burnout”
- Innovate to ‘renew and restore childhood’ for youth
- Thinks about using the “5 BEARS”



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Thank you to our RICHER Partners



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NICCSS







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- **I**ntersectoral & **I**nterdisciplinary
- **C**ommunity
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- **R**esearch



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Surgery and Society







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