

Overall, child health in BC is good



- 900,000 under 19
- 21% of the population
- Low infant mortality rate
- 80% graduate by age 19
- Youth suicide rates are low and dropping
- 80% of youth report a sense of belonging to their community

But Some Children Struggle...

Children in poverty

- BC has highest rate of child poverty in Canada
- 16.4% of families lived in poverty in BC in 2008
- Aboriginal (49%), immigrant and families with disabilities are more likely to be living in poverty.



Aboriginal Children



- Highest incidence of low birth weight and high birth weight
- 50% of aboriginal children finish high school
- More likely to report feeling unsafe at school or being picked on and bullied
- Strengths: engagement in organized activities, cultural connections, land connection

Children in Care

- 1% of children are in care in BC
- Aboriginal children/youth are 6 times more likely to be in care
- Less likely to be at their age appropriate grade
- Only 25% graduate HS
- More likely to consider and/or attempt suicide, have a teenage pregnancy, drink alcohol or use substances





REPRESENTATIVE FOR
CHILDREN AND YOUTH

Trauma, Turmoil and Tragedy:

Understanding the
Needs of Children &
Youth at Risk of
Suicide and Self-Harm

The Representative's aggregate review which examines the life circumstances of 15 youth who died as a result of suicide and 74 youth who engaged in self-injury behaviours.

Multiples Adverse Childhood Experiences (ACEs) in the lives of these children and youth:



- Lack of stable living arrangements – most notably, children in care being subject to multiple moves (Mean =12, Range -30).
- Domestic violence – a significant feature in the lives of more than half the youth.
- Mental health issues – identified in nearly 70 per cent of the youth and compounded by a lack of clarity of services to address these issues.
- Substance abuse – by family members as well as the youth themselves.
- Learning disabilities and lack of attachment to school.
- Significant romantic conflict in the 24-hour period leading to these incidents

Adverse Childhood Experiences Lead to Lifelong Health Consequences



Categories of the ACE

1. Recurrent physical abuse
2. Recurrent emotional abuse
3. Contact sexual abuse
4. An alcohol and/or drug abuser in the household
5. An incarcerated household member
6. Someone who is chronically depressed, mentally ill, institutionalized, or suicidal
7. Mother is treated violently
8. Only one or no parents
9. Emotional or physical neglect

ACE Score has a strong and graded relationship to health-related behaviours and outcomes during childhood and adolescence including...

- Early initiation of smoking
- Sexual activity
- Illicit drug use
- Adolescent pregnancies
- Suicide attempts
- As the number of ACE increases the number of co-occurring conditions increases

Poor People Live in Poor Communities



Poor communities have poor health due to:

- Concentrated poverty
- Social deprivation
- Limited access to care
- Resident instability
- Historical trauma

Shaw & McKay 1972; Sampson, Morenoff, Gannon-Rowley 2002; Evans-Campbell 2008

Socio-Economic Status Index

-  Most Advantaged
-  Advantaged
-  Average
-  Disadvantaged
-  Most Disadvantaged

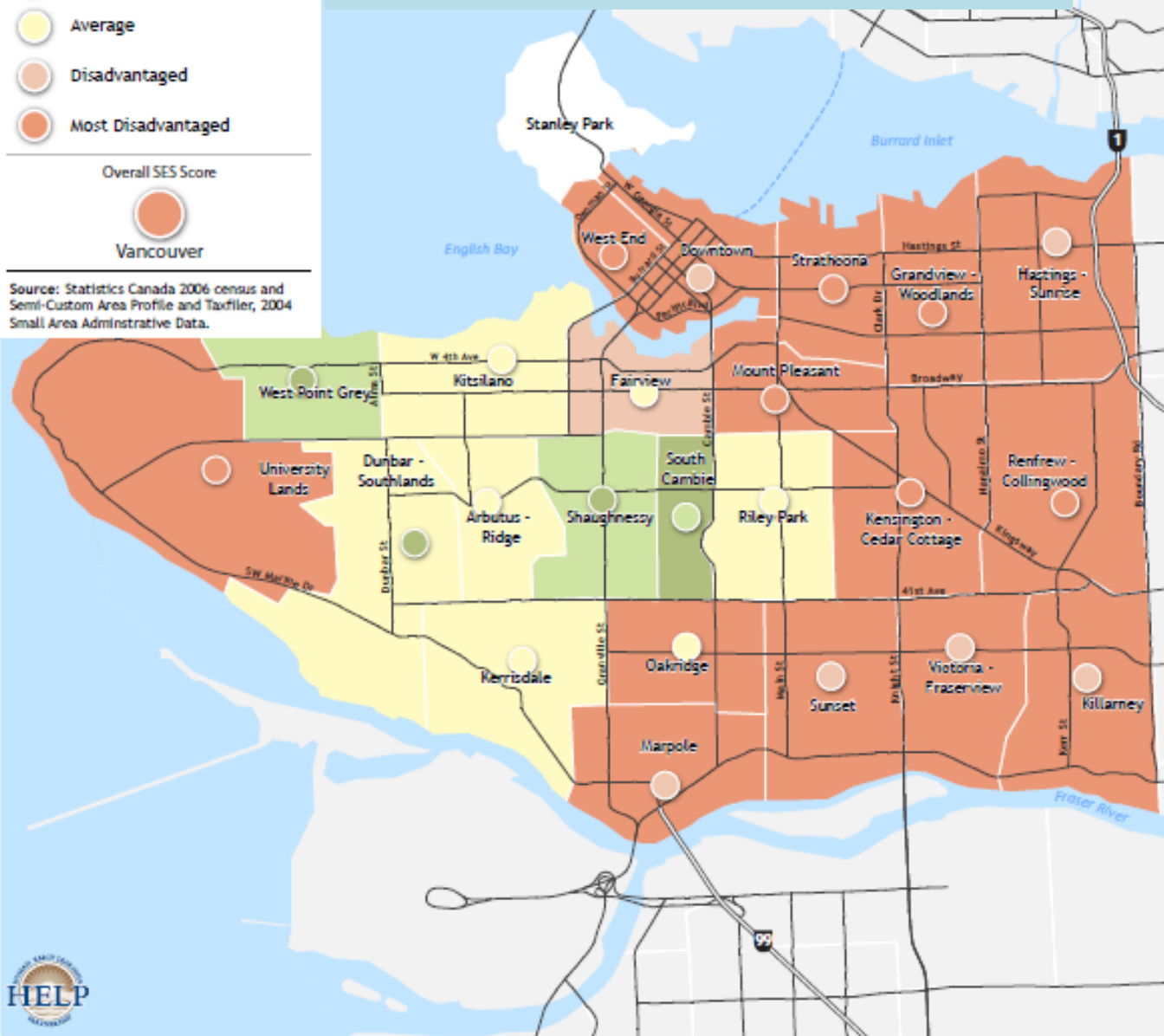
Overall SES Score



Vancouver

Source: Statistics Canada 2006 census and Semi-Custom Area Profile and Taxfiler, 2004 Small Area Administrative Data.

SES EDI Vulnerability



Vancouver

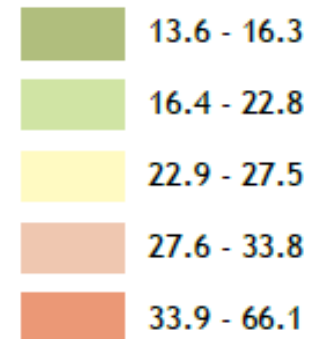
School District 39

2008 - 2009
EDI

SES - EDI Relationship

Shows the relationship between the level of vulnerability on one or more scales of the EDI and the socio-economic status of the neighbourhood

Percent Vulnerable



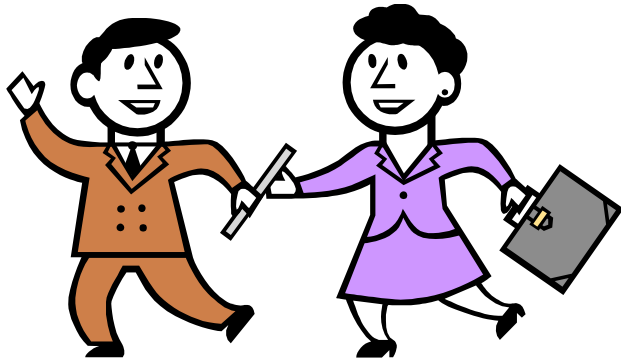
Notes:

The total EDI population for the School District is 3582.

Source: EDI 2008-2009 (includes 2007-2008 EDI results) Human Early Learning Partnership.

CC - August 2009

Seven Key Transitions



1. Going home after birth of a child
2. Kindergarten Entry: transition from home/ preschool /daycare
3. Grade 4: transition from learning to read to reading to learn
4. Grade 8: Start of High School
5. Transition in and out of care
6. Housing instability
7. Transition out of Pediatric care

What is RICHER?

Responsive
Intersectoral & Interdisciplinary
Child & Community
Health
Education &
Research



*RICHER is an innovative
partnership based community
outreach PHC model*

Research Colleagues: Dr. S. Wong, Dr. C. Loock, L. Scott, Dr. K. Khan,



Funders CIHR, CNA and MSFHR & BCMSF

Community Partners

NEVCO - NICCSS
Ray Cam
Child Health BC
Vancouver Native Health
ALIVE



UBC Academic Partners

School of Nursing
Faculty of Medicine

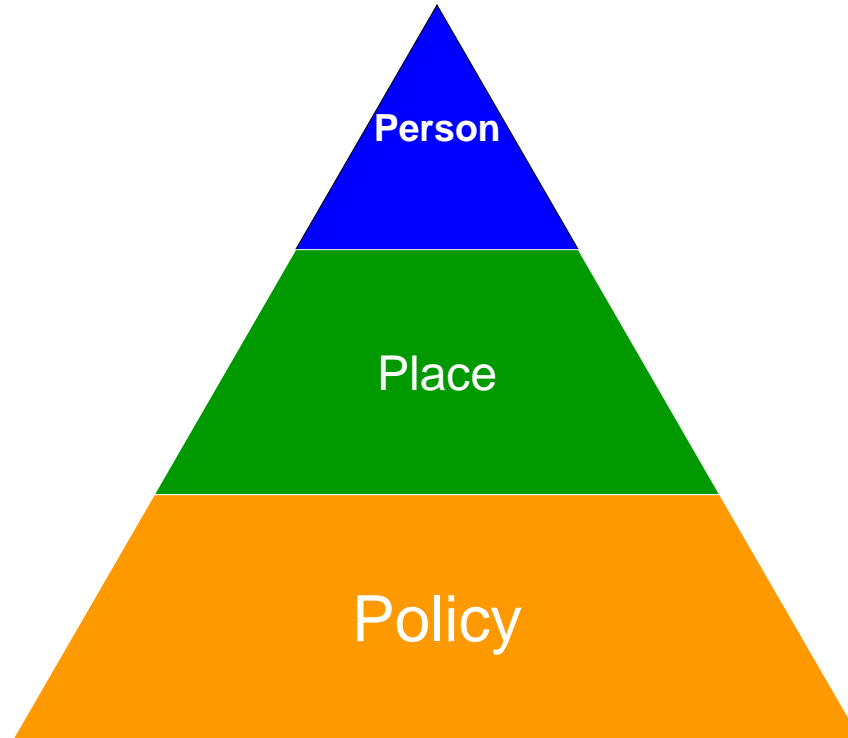


Health Authorities

Provincial Health Services Authority
BC Children's, Sunny Hill & BC Women's
Vancouver Coastal Health Authority (VCHA)



Medical Legal Community Partnership



Person, Place & Policy

IT HELPS:

Take a Social History

- Income
- Transportation
- Housing
- Education
- Literacy
- Legal Status
- Personal Safety
- Primary Care
- Supports



Loock et al 2012

Moving Forward



HOPE IN SHADOWS

Portraits of our Community

2013

From Hope in the Shadows
<http://www.hopeinshadows.com>