



# Northern Health Physicians Partners in Wellness

Public Health Newsletter for Northern Health Physicians  
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## Understanding Our Youth's Health- McCreary's Adolescent Health Survey

It is important for health care providers to understand the health of the youth in the community they serve. Reports generated from the McCreary's British Columbia (BC) Adolescent Health Survey (AHS) can improve the way in which care is delivered and engagement is coordinated with community partners to support vulnerable youth.

### What is the Adolescent Health Survey?

The BC AHS is an information gathering survey used to collect valuable information about young people's physical and emotional health, and about factors that can influence health during adolescence or in later life.<sup>1</sup> This survey has been in place in BC since 1992 and is conducted every five years by the McCreary Center Society in collaboration with provincial government, public health systems and school districts.

### What is happening in Northern BC?

In Northern Health the AHS is currently being administered to the identified public schools in all health service delivery areas to youth grades 7-12 and aged 12-19. All school districts in BC, both public and private, were invited to participate in the survey. In 2018, ten school districts in the Northern Health region are participating:<sup>1</sup> school district #28 Quesnel; #50 Haida Gwaii; #52 Prince Rupert; #54 Bulkley Valley; #57 Prince George; #59 Peace River South; #60 Peace River North; #81 Fort Nelson; #82 Coast Mountains, and; #91 Nechako Lakes.

### Why is the Adolescent Health Survey Important – For Your Community?

The survey has contributed to the longitudinal data repository on what youth *know, think* and *do* about their own health.<sup>1</sup> The survey helps all those working with school aged children to better understand physical, mental and social health of their community's youth cohort. The aim of this work is to inform policy and program changes by identifying what is working well as well as areas for improvement. It supports new program and project development by identifying targeted areas for health promotion and prevention initiatives.<sup>1</sup>

### Why is Adolescent Health Survey Important – For Your Practice?

Health care providers across BC strive to understand the life of youth, such as sexual orientation, mental health, substance use, their social and family relationships, to provide holistic, person centered care. Thus, the survey and its findings can support health care providers to tailor practice with their youth clients.

For example, the 2013 McCreary provincial report identified that the number one reason youth did not access needed mental health services was because they did not want their parents to know (see below).<sup>1</sup> This information is valuable for healthcare providers when speaking with youth, building a trusting and confidential relationship, and explaining mature minor consent legalities in BC.<sup>2</sup>

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## Notable Quotable:



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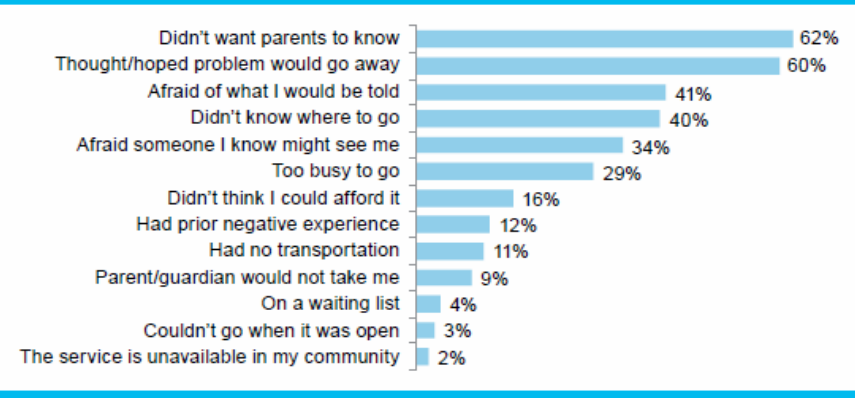
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**Reasons for not accessing needed mental health services in the past year (among students who felt they needed services)**



Note: Youth could choose more than one response.

For more information about the AHS and other youth surveys, please visit the McCreary Centre Society website: [https://www.mcs.bc.ca/2013\\_AHS\\_Reports](https://www.mcs.bc.ca/2013_AHS_Reports).

If you would like more information on the AHS happening in your community, please connect with your local school district or contact NH's Healthy Schools Lead, Taylar Endean ([HealthySchools@northernhealth.ca](mailto:HealthySchools@northernhealth.ca))

**References:**

1. McCreary Centre Society (2012). Research and Action for Youth Health. [https://www.mcs.bc.ca/about\\_the\\_bc\\_ahs](https://www.mcs.bc.ca/about_the_bc_ahs)
2. Zucker, Noah A. et al. (2017). Confidentiality in the Doctor-Patient Relationship: Perspectives of Youth Ages 14–24. Journal of Adolescent Health, Volume 62, Issue 2, S92. DOI: <https://doi.org/10.1016/j.jadohealth.2017.11.187>

**Submitted by:**

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Lara Frederick, Public Health Program Lead  
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**Antimicrobial Stewardship Program Update**

Bacterial resistance and adverse effects from antimicrobials are growing concerns in the general public and health care systems nation-wide. We are losing our antimicrobials to multi-drug resistant bugs and patients are experiencing adverse events such as *C. difficile* infection due to over use of antimicrobials.

Antimicrobial Stewardship (AMS) is a term used to describe a variety of clinical interventions where the sole purpose is to improve and measure the appropriate use of antimicrobial agents (i.e. antibiotics, antifungals, antivirals). The goal of an AMS program is to improve clinical outcomes related to antimicrobial use, including reducing costs of infections, minimizing toxicities and adverse events and limiting selection of antimicrobial resistant strains.

**Q: Does Northern Health have an AMS program?**

**A:** Northern Health's AMS program research and development began in 2014. Today it consists of a program lead and medical lead, interdisciplinary committee and has several collaborative relationships with other programs and departments in northern health (e.g. Infection Prevention and Control, Microbiology). The members of the program have been working on creating and providing clinical tools/supports and policies. Using clinical pharmacists across the region to review and evaluate patients receiving antimicrobials in NH facilities has led to over 2000 recommendations made to prescribers regarding antimicrobial therapies in the past 1.5 years.

**Q: Who is involved in the AMS program and it's initiatives?**

**A:** Any physician, pharmacist and nurse can work together to ensure that the right antimicrobial at the right dose and time is given for the right duration. In addition to the lead pharmacist/program coordinator Alicia Rahier, an interdisciplinary regional subcommittee has been established with Dr. Hamour as the Medical Lead.

**Q: How can I get more information?**

We need to start the change now! The longer we use antimicrobials inappropriately (drug/bug mismatch, using broad spectrum agents when better options available and giving antimicrobials for too long) we cause negative outcomes in our patients (e.g. *C. Diff* infections) and we run the risk of not having antimicrobials that will work in the future!

You can access resources created and or provided by the AMS program by visiting the NH physician's website or OurNH. Both websites contain a page dedicated to AMS and it's initiatives.

For more information on Northern Health's program, current and future initiatives please contact the AMS Program Coordinator at [alicia.rahier@northernhealth.ca](mailto:alicia.rahier@northernhealth.ca)

**Submitted by:** Alicia Rahier, Antimicrobial Stewardship Program Coordinator



## The Truth and Reconciliation Commission

The Truth and Reconciliation Commission's report was released in December 2015. The report details 94 Calls to Action (recommendations) for Canadians to redress the legacy of residential schools (Actions 1-42) and advance the process of reconciliation (Actions 43-94). This newsletter series will walk through the 94 Calls to Action to support Northern physicians and other providers to learn about the legacies and take actions towards reconciliation in their practices, relationships, and communities.

The categories to redress the legacy of residential schools include; child welfare, education, language and culture, health, and justice. This issue we highlight 8 Reconciliation Calls to Action. Others will be shared in upcoming newsletters.

To learn more about the Truth and Reconciliation Commission and the Calls to Action, visit <http://nctr.ca/>

### Missing Children and Burial Information

71. We call upon all chief coroners and provincial vital statistics agencies that have not provided to the Truth and Reconciliation Commission of Canada their records on the deaths of Aboriginal children in the care of residential school authorities to make these documents available to the National Centre for Truth and Reconciliation.
72. We call upon the federal government to allocate sufficient resources to the National Centre for Truth and Reconciliation to allow it to develop and maintain the National Residential School Student Death Register established by the Truth and Reconciliation Commission of Canada.
73. We call upon the federal government to work with churches, Aboriginal communities, and former residential school students to establish and maintain an online registry of residential school cemeteries, including, where possible, plot maps showing the location of deceased residential school children.
74. We call upon the federal government to work with the churches and Aboriginal community leaders to inform the families of children who died at residential schools of the child's burial location, and to respond to families' wishes for appropriate commemoration ceremonies and markers, and reburial in home communities where requested.
75. We call upon the federal government to work with provincial, territorial, and municipal governments, churches, Aboriginal communities, former residential school students, and current landowners to develop and implement strategies and procedures for the ongoing identification, documentation, maintenance, commemoration, and protection of residential school cemeteries or other sites at which residential school children were buried.
76. We call upon the parties engaged in the work of documenting, maintaining, commemorating, and protecting residential school cemeteries to adopt strategies in accordance with the following principles ...

### National Centre for Truth and Reconciliation

77. We call upon provincial, territorial, municipal, and community archives to work collaboratively with the National Centre for Truth and Reconciliation to identify and collect copies of all records relevant to the history and legacy of the residential school system, and to provide these to the National Centre for Truth and Reconciliation.
78. We call upon the Government of Canada to commit to making a funding contribution of \$10 million over seven years to the National Centre for Truth and Reconciliation, plus an additional amount to assist communities to research and produce histories of their own residential school experience and their involvement in truth, healing, and reconciliation.

**Submitted by: Dr. Sandra Allison, Chief Medical Health Officer**

