



Child and Youth Health and Well-Being Indicators Project:
Appendix M—Indicator Summary Tables

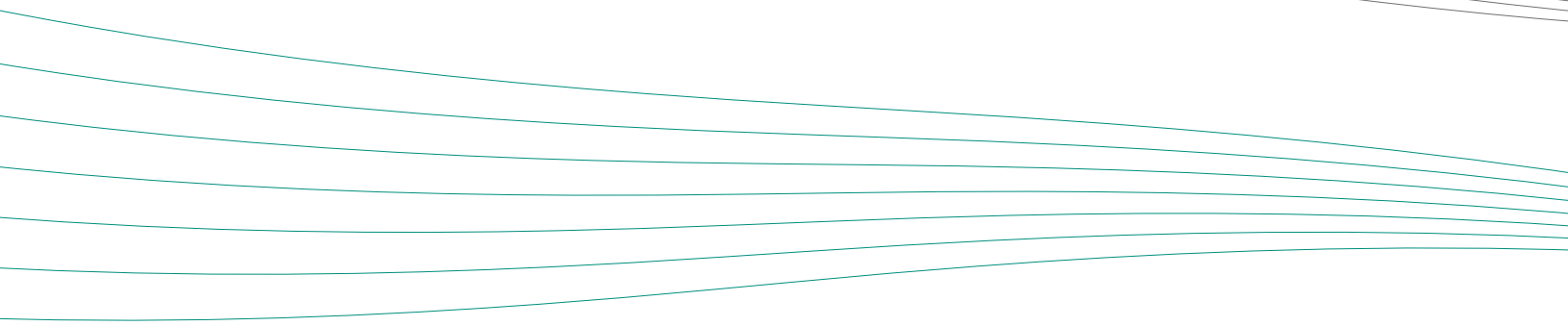
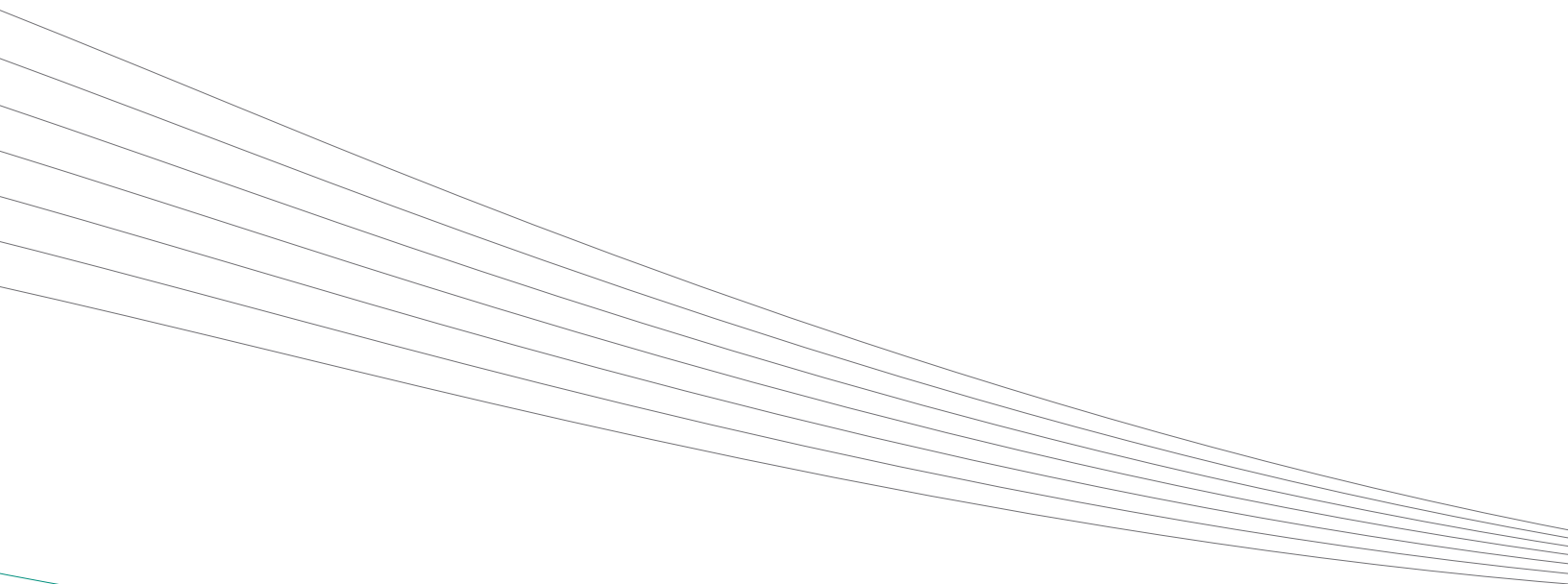


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Domain	Concept	Recommended for Inclusion	Rationale
Health & Well-being	Birth Weight	Yes	Evidence Review—adverse health outcomes associated with low birth weight
Health & Well-being	At-risk Pregnancies	Yes	Evidence Review—risks associated with smoking and alcohol consumption during pregnancy
Health & Well-being	Nutrition	Yes	Evidence Review—association between breastfeeding and health. Second measure of fruit and vegetable consumption added based on consultations with Provincial Nutritionist
Health & Well-being	Vision Screening	Yes	Evidence Review and Government priority—contributes to well-being beyond physical health
Health & Well-being	Hearing Screening	Yes	Evidence Review and Government priority—contributes to well-being beyond physical health
Health & Well-being	Oral Health	Yes	Evidence Review—Dental caries are considered to be the most common childhood disease
Health & Well-being	Healthy Weight	Yes	Evidence Review identified association between overweight/obesity and poor physical outcomes. Advisory Committee identified that this is an issue of concern to all children whereas the evidence review only identified this as an issue to those currently overweight/obese
Health & Well-being	Self-Rated Health	Yes	Evidence Review—measures overall health and well-being not just physical health
Health & Well-being	Physical Activity	Yes	Evidence Review—good measure of physical fitness and other developmental impacts of the pediatric population.
Health & Well-being	Tobacco Use	Yes	Evidence Review—strong association with adverse health effects
Health & Well-being	Alcohol Use	Yes	Evidence Review—risk factor for health related outcomes both short and long term
Health & Well-being	Drug Use	Yes	Evidence Review and high priority of youth focus group. Marijuana has the best prevalence data and use rates

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Health & Well-being	Immunization	Yes	Evidence Review—the essential value of vaccines with respect to health is generally beyond debate
Health & Well-being	Chronic Diseases	Yes	Evidence Review and Advisory Committee. Asthma also relates to other important aspects of childhood health rooted in their environment
Health & Well-being	Childhood Injuries	Yes	Evidence review noted the low population magnitude of major childhood injuries. Advisory Committee recognized the potential significance major childhood injuries have on the lives of children and viewed this as an important morbidity indicator.
Health & Well-being	Sexually Transmitted Infections	Yes	Youth focus group—identified sexual health as an important youth health issue. STIs are increasing and Chlamydia is the most prevalent STI.
Health & Well-being	Teenage Births	Yes	Evidence Review—non-physical health outcomes are associated with teen pregnancy, many of them socioeconomic.
Health & Well-being	Motor Skills	Yes	Evidence Review—motor skills correlated with a number of adverse academic, cognitive, and psychosocial outcomes, at preschool/K level
Health & Well-being	Infant Mortality	Yes	Advisory Committee—standard international measure of child health
Mental/ Emotional Well-being	Mental Health Disorders	Yes	Evidence Review—strong evidence associating child/adolescent mental disorders with compromised mental/ emotional health.
Mental/ Emotional Well-being	Self-esteem	Yes	Evidence Review—significant mediator of depression, suicidality, and behavioural adjustment during adolescence. Youth priority
Mental/ Emotional Well-being	Mental Well-Being	Yes	Evidence Review—self-rated mental health consistently shows positive associations with quality of life outcomes.
Mental/ Emotional Well-being	Life Satisfaction	Yes	Evidence Review—strong correlation between life satisfaction and positive mental health and well-being.
Mental/ Emotional Well-being	Suicidal Ideation	Yes	Evidence Review—indicator of multiple causal pathways to mortality. Subject to modification through public policies and initiatives. Measure of mental health distress

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Mental/ Emotional Well-being	Suicide	Yes	Evidence Review—important because of lethal outcomes. Indicator of multiple causal pathways to mortality. Subject to modification through public policies and initiatives.
Mental/ Emotional Well-being	Prescription Drug Use	Yes	Evidence Review—strong circumstantial grounds to assess inappropriate drug use in children as a particularly serious public health concern.
Social Relationships	Relationship with Parents	Yes	Evidence Review—evidence is clear that parents have a strong influence on the well-being of their children
Social Relationships	Relationship with Adults	Yes	Youth focus group—young people identified having supportive adults in their lives as a major contributor to their well-being.
Social Relationships	School Connectedness	Yes	Evidence Review—survey and available research positively associate school connectedness with health and well-being
Social Relationships	Community Connectedness	Yes	Evidence Review—evidence suggests a positive effect on child health and well-being
Social Relationships	Physical Abuse/ Neglect	Yes	Evidence Review—associated with significant negative effects on health and well-being.
Social Relationships	Sexual Abuse	Yes	Evidence Review—associated with significant negative effects on health and well-being.
Social Relationships	Children in Care	Yes	Evidence Review—associated with significant negative effects on health and well-being.
Social Relationships	Discrimination	Yes	Evidence Review—perceived racism is a robust predictor of negative health effects in youth.
Social Relationships	Bullying	Yes	Evidence Review—bullying associated with significantly higher levels of psychological distress.
Social Relationships	Youth Justice	Yes	Advisory Committee—Evidence Review looked at incarceration rates which are low in BC. Involvement with community justice impacts upon over all well- being and life trajectories.
Social Relationships	Constructive Use of Time	Yes	Evidence Review—associated with positive social, academic and health outcomes.

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Economic Well-being	Low Income	Yes	Evidence Review—economic disadvantage is a risk factor for a wide variety of physical, emotional and social health problems in children.
Economic Well-being	Parental Employment	Yes	Evidence Review—parental employment and unemployment impact child health independently of income.
Economic Well-being	Housing Conditions	Yes	Evidence Review—poor housing conditions have an adverse effect on health and well-being among children
Economic Well-being	Food Security	Yes	Evidence Review—there is a relationship between food insufficiency and negative outcomes for children and youth.
Economic Well-being	Idle Youth	Yes	Advisory Committee—adopted indicator as a vulnerable youth measure. Through the review process this was identified as particularly important to track among resource poor populations.
Cognitive Development	Communication	Yes	Evidence Review—research identifies the fundamental importance of language for human development and future well-being.
Cognitive Development	Personal Behavioural Skills	Yes	Evidence Review—studies of personal social behaviour skills have shown a correlation with a number of adverse related academic outcomes.
Cognitive Development	Literacy	Yes	Evidence Review—the dominant body of evidence for children’s reading and writing skills having an impact on health and well-being is in the area of behavioural outcomes.
Cognitive Development	Numeracy	Yes	Based on additional information from the Ministry of Education. Ministry statistics correlate early numeracy with future academic success.
Cognitive Development	English Proficiency	Yes	Based on additional information from the Ministry of Education. Predictive importance of both how well a student is doing at the time and into the future regarding academic success.
Cognitive Development	Math Proficiency	Yes	Based on additional information from the Ministry of Education. Predictive importance of both how well a student is doing at the time and into the future regarding academic success.

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Cognitive Development	High School Completion	Yes	Evidence Review—educational attainment may be considered a robust predictor of positive socioeconomic outcomes.
Health & Well-being	Cause specific disability	GAP	Advisory Committee- recognized the importance of disability in terms of health and well-being. Issues with definition of disability in regards to chronic, congenital and acute causes and issues with data availability
Health & Well-being	FASD	GAP	Advisory Committee—identified FASD as a provincial concern. Further information required on consistency of diagnosis and data sources.
Health & Well-being	Sleep Levels	GAP	Evidence Review and Advisory Committee—Emerging evidence suggests that sleep deprivation can lead to specific cognitive and behavioural impairments in children. Issues with defining adequate sleep levels and available data sources.
Health & Well-being	Cause specific emergency department use	GAP	Evidence Review—overlap with other indicators such as injury and infectious diseases. Advisory Committee identified new Emergency Department data collection which will provide a broader picture of child health. Need to support NACRS and review what data can tell us about child health.
Mental/ Emotional Well-being	Family functioning	GAP	Evidence Review—the association between family functioning and child mental and emotional health has been empirically established. Further work is required with respect to measurement and data availability
Mental/ Emotional Well-being	Stress	GAP	Youth focus group—stress was identified as an important measure of youth well-being. Issues of definition and measurement need to be resolved
Mental/ Emotional Well-being	Spirituality	GAP	Evidence Review—consistent association between religiousness/spirituality and mental/emotional health among youth. Literature is primarily American. Need to resolve issues of definition, measurement and data collection.

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Mental/ Emotional Well-being	Parental mental health status	GAP	Evidence Review—psychopathology among parents is a risk factor for mental health problems in children. Issues of measurement and data collection need to be resolved.
Social Relationships	Neighbourhood safety	GAP	Evidence Review—neighbourhood safety impacts upon physical and mental health as well as behaviour.
Social Relationships	Children who witness domestic violence	GAP	Evidence Review—associated with significant negative effects on health and well-being. Issues regarding measurement and data sources need to be resolved.
Social Relationships	Parental alcohol/ substance misuse	GAP	Youth focus group—this was identified by young people as being an important negative contributor to their health and well-being. Issues of measurement and data source need to be resolved.
Economic Well-being	Recreation Program Registrations	GAP	Evidence Review and Youth Focus Group— young people identified this as an important indicator for their well-being. Issues of measurement and data sources need to be resolved.
Economic Well-being	Homelessness	GAP	Evidence Review—the biggest impediment to homelessness as an indicator is data availability.
Economic Well-being	Adequate Child Care	GAP	Evidence Review—there is either moderate evidence but no indicator data on the quality issue or the existence of data but no evidence on the health effects of the quantity issue. Measurement issues and data sources need to be resolved.
Cognitive Development	Early Childhood Education	GAP	Evidence Review—there is good evidence of the positive effects of quality early childhood education. There are issues with data availability and quality that need to be resolved.
Cognitive Development	Reading by an Adult	GAP	Evidence Review—this contributes to language development and a literacy advantage that emerges either concurrently or at an early stage of formal schooling. Measurement and data issues need to be resolved.

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Cognitive Development	School Attendance	GAP	Evidence Review—strong relationship between problematic school absenteeism and drug use / poor academic performance. There is a need to establish an appropriate data collection process that is both reliable and valid.
Health & Well-being	Sexual behaviour	No	Evidence Review—limited evidence regarding sexual activity among youth and health and well-being. Better indicators around STIs and Teen Births
Health & Well-being	Health services accessibility	No	Evidence Review—access constitutes only one aspect of health service delivery. Not clear what should be measured as a population health indicator
Health & Well-being	Major childhood infectious diseases	No	Evidence Review—low incidence of infectious diseases among pediatric population. Improvements in data concerning pediatric influenza may be more pertinent.
Health & Well-being	Newborn screening	No	Evidence Review—tracking newborn screening as a metric would essentially be the equivalent to birth incidence.
Health & Well-being	Environmental exposures	No	Evidence Review—limited data collection exists. Studies reviewed showed little evidence between environmental exposures and child physical health.
Health & Well-being	Antenatal care	No	Evidence Review—relatively low magnitude of children affected as a population indicator and a lack of routine data
Health & Well-being	Cause specific mortality	No	Evidence Review—main causes of pediatric death are perinatal conditions and accidents which are covered by other indicators.
Mental/ Emotional Well-being	Parenting style and practice	No	Evidence Review—relatively low level of evidence between parenting style and child mental health. Family functioning a better measure.
Mental/ Emotional Well-being	Self-rated emotional health	No	Evidence Review—literature on emotional health emphasized emotional regulation which is relatively stable early in life.
Mental/ Emotional Well-being	Self-efficacy	No	Evidence Review—self efficacy is behaviour specific and no indicator was suggested in the review.

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Mental/ Emotional Well-being	Optimism	No	Evidence Review—largely described as dispositional (and often innate) character trait. Life satisfaction a better population health indicator.
Mental/ Emotional Well-being	Mental health system utilization	No	Evidence Review—system utilization does not measure well-being. As a measure of the mental health system, choice of interventions and timely access to evidence based services are important.
Social Relationships	Child protection caseload	No	Does not measure health and well-being of children. Child welfare impact is captured under the children in care indicator.
Social Relationships	At-risk children and youth supported to stay at home	No	Child welfare impact is captured under the child in care indicator.
Social Relationships	Social support of parents	No	Evidence Review—research looked at economic and poverty supports which are addressed under economic and material well-being indicators.
Social Relationships	Prenatal parental alcohol/substance abuse	No	This issue is addressed under physical health and well-being indicators
Social Relationships	Relationship with peers	No	Evidence Review—research suggests that being part of a prosocial group is a better predictor of health and well-being than positive peer relationships.
Social Relationships	Youth receiving alternative sentences	No	Impact of youth involved with the justice system is captured under the youth justice indicator.
Economic Well-being	Lone parent families	No	Evidence Review—income is an important mediating variable with lone parent families. There are no viable policy responses to prevent lone parent families.
Economic Well-being	Children in families receiving social assistance	No	Evidence Review—the volume of social assistance families is not necessarily equivalent to the “true” need for such support as distribution is controlled by government policy. Low income family is a more appropriate measure.

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Economic Well-being	Children SES circumstances	No	Evidence Review—not recommended because of the challenges in measuring the concept when positioned as an indicator.
Economic Well-being	Family income	No	Evidence Review—does not always correspond accurately with disadvantage since the cost of living can vary considerably between provinces and cities.
Cognitive Development	Number knowledge skills	No	Evidence Review—majority of studies evaluated kindergarten/grade 1 numeracy or mathematics against grade 3 outcomes. Data availability is an issue. Recommended indicator set includes 2 numeracy (grade 4 and 7) and 1 math proficiency (grade 10) indicators.
Cognitive Development	Copy and writing skills	No	Evidence Review—the literature does not suggest a great deal of support for this concept as a marker of later pediatric health and well-being.
Cognitive Development	English language skills	No	Evidence Review—there are clear differences in English language skills between native English speakers and ESL students but much of this difference disappears after a number of years in the school system.
Cognitive Development	Education expenditures	No	Educational expenditures in general cannot be linked to child well-being in the absence of knowing what the expenditures are being used for.
Cognitive Development	Reading as a leisure activity	No	Evidence Review—there are few signs that the reading as a leisure activity acts as a good predictor of broader health effects over a longer period.
Cognitive Development	Early school leavers	No	Concept captured in High School Completion and Idle Youth indicators
Cognitive Development	Readiness to learn	No	Evidence Review—there is no operational indicator of readiness to learn matching current definitions for the concept, and thus no independent literature search possible for such a concept

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